

PO Box 368  
Camden, ME 04843  
tel 207 236 8087  
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info@camdenfirstaid.org  
www.camdenfirstaid.org

Dear Ladies and Gentlemen:

Enclosed please find Camden First Aid Association's proposal for emergency medical services to the region including Camden, Rockport, Lincolnville and a portion of Hope, together with the following documents:

- Biographies of Service Chief, Deputy Service Chief, and Supervisor
- Replacement Plan for Equipment
- Copies of insurance policies
- Endorsements from individuals/businesses/hospital staff

As the Executive Summary indicates, Camden First Aid Association has provided emergency medical services for over 77 years to the region and our desire is to continue to remain providing this valuable service. We have experienced , well trained staffing that have a genuine concern for the residents in the communities that we serve.

The Board of Directors and management continue to attempt to contain costs without compromising the services. It is difficult at this time to predict the future revenues and effects of the new Affordable Care Act. One thing we can anticipate is the reimbursement will certainly change from what it is today.

It is our goal to continue our long standing partnership with the Region. One step towards that goal is to extend an invitation to the Region to appoint a representative from each Select Board of the communities we serve to attend our Board of Directors meetings. We feel this would form an even more cohesive bond as we work towards a mutually beneficial resolution. The proposal contained within is just one possible avenue.

We have worked tirelessly and diligently for the past two years to overcome serious challenges and feel confident that with the Region as our partner we can achieve financial stability in a mutually agreed upon method and continue to provide the excellent care and service that has been our tradition.

If you should have any questions regarding the proposal, feel free to contact me.

A handwritten signature in black ink, appearing to read "Julia Libby". The signature is fluid and cursive, written over the printed name.

Julia Libby  
Camden First Aid Association  
EMS Chief

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**CAMDEN FIRST AID ASSOCIATION**

**Proposal for Emergency Medical Services for the Region**

**(Camden, Hope, Lincolnville, Rockport)**

SERVING CAMDEN, HOPE, LINCOLNVILLE AND ROCKPORT

## Included Documents

- Proposal

Please see Appendix for the following materials accompanying this proposal

- References
- Organizational Chart
- Cost Comparison Chart
- Expense Budget
- Licenses
- Roster of employees to indicate staffing available to provide covered services
- Biographies of the management team
- Copies of Liability insurance; Malpractice insurance; Workers Comp. insurance; Vehicle insurance
- Letters from customers
- Definitions

**Camden First Aid Association Emergency Ambulance Service  
P.O. Box 368  
Camden, Maine 04843  
(207) 236-8087**

**PROPOSAL for the PROVISION of EMERGENCY MEDICAL SERVICES COVERAGE to the REGION  
(Camden, Hope, Lincolnville, Rockport)**

**Executive Summary**

Camden First Aid Association (CFAA), founded in 1936, is a mature and well established independent, free-standing, non-municipal, not-for-profit emergency ambulance service. This ground ambulance service is permitted by State of Maine License to the Advanced Life Support level. Four (4) ambulances housed in Camden provide ALS and BLS emergency care to sick or injured residents and visitors in its primary service area of Camden, Hope, Lincolnville, and Rockport. The service also has a skilled extrication team that responds to vehicular incidents and a skilled technical team for mountain rescue and wilderness first aid.

The CFAA employs Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Paramedics licensed by the State of Maine. CFAA provides emergency medical services to the towns identified in this proposal as the Region, twenty-four (24) hours per day, seven (7) days per week. CFAA responds immediately in accordance with applicable dispatch protocols. The average response rate for the service from the call to arrival at the scene is 8.5 minutes. If CFAA is unable to respond an ambulance immediately due to multiple calls or disaster situations, Regional Dispatch is notified.

CFAA provides emergency medical services in accordance with prevailing industry standards of quality and care applicable to emergency medical services. All staff and vehicles are licensed, certified, and equipped in accordance with federal, state, or local laws.

There has not been any investigation by state or federal authorities or disciplinary action against CFAA.

The service maintains primary medical direction and medical control from Penobscot Bay Medical Center. CFAA is in good standing with Penobscot Bay Medical Center and Waldo County General Hospital. The three (3) CFAA managers currently serve on local, regional, and/or state Emergency Medical Services (EMS) oversight boards.

In 2011 CFAA was restructured. A typical board structure made up of outside community members representing the four (4) towns in the primary service area replaced the less common advisory board made up of employees of the organization. Under the By-laws adopted January 10, 2011, no officer or employee of the corporation may be a Director. The Board of Directors is empowered to oversee and manage the activities of the corporation. The Board officers are Chair, Vice Chair, and Secretary. The Board Chair currently also serves as the Treasurer. The Organizational Chart is attached.

Over the next two years efforts were undertaken to reduce costs. The Board of Directors, EMS Chief, and Deputy EMS Chief have carefully reviewed the anticipated revenue from billing for services, and other revenue sources, reduced the operating budget, and recalculated the expenses associated with providing emergency services and transport. A significant gap between revenue and expenses remained.

Reimbursement by third party payers has changed resulting in decreased revenue. Insurance companies will only pay a certain percentage of a claim submitted for payment. There is quite a difference between what we bill third party payers and the dollars we receive. Medicare (our primary revenue source) is expected to decrease reimbursement by 4%.

To evaluate how we allocated our costs, we compared our percentage of cost accounted for by certain cost components in our current budget to the national average reported in a study issued by the United States Government Accountability Office in October 2012. The percentage of our budget by cost component is comparable to that of the ground ambulances in this national report. (see Appendix)

After thorough evaluation, the Board determined it was necessary to increase the appropriations paid by the towns in the primary service area. The annual bequest from each town has been a portion of our revenue stream but not a true measure of the cost associated with providing this public safety service. Our efforts as a non-profit organization for the last two years have been, and continue to be, to ensure our solvency and meet the challenges of fiscal surety.

The Fiscal Year 2014 and 2015 appropriation for each of the four towns in aggregate is thirty seven percent (37%) of the CFAA expense budget or \$407,000 per year. The per community subsidy is as follows:

\$174,000	Town of Camden
\$129,000	Town of Rockport
\$ 77,000	Town of Lincolnville
\$ 27,000	Town of Hope (portion of Hope as in the current contract)

## **Goals**

- To continue meeting the demands in delivering high quality emergency services to the Region (Camden, Hope, Lincolnville, Rockport)
- To work cooperatively with the leadership of the towns in the Region to meet the emergency needs of their residents and visitors
- To provide a high quality of emergency medical care to the people in the communities we serve in a compassionate, dignified and professional manner
- To create an ethical, caring and supportive team environment for employees with emphasis on safety and competency
- To advocate and promote public awareness of EMS and the service we provide through public education and prevention programs
- To establish a Community Para-medicine program in collaboration with the State of Maine EMS
- To meet the challenges of fiscal surety by continuing development of an economically efficient service to ensure the communities have access to ambulance and crew for immediate emergency response

## **Assumptions**

Contracts for emergency medical services would be negotiated with town(s) if the proposal is accepted.

The emergency medical coverage for Hope will be for half of the town as in the current contract.

**Timing** : If CFAA is awarded the bid, the contract(s) for emergency services will need to be negotiated. Current contracts will expire on or around June 30<sup>th</sup>. In the event this process is not completed with town meeting vote(s) by the expiration of contracts, existing contracts may be extended for up to thirty (30) days.

If CFAA is not approved to continue emergency service contract(s), a minimum of thirty (30) days is necessary to meet Maine EMS rules of 30 days notification of required entities.

**References**: A list of references is attached.

## Licenses

CFAA provides emergency medical services in accordance with the prevailing applicable Maine Emergency Medical Services Rules. Staff and vehicles are licensed, certified, and equipped in accordance with federal, state, or local laws.

## Service

Since its inception in 1936 the service has transitioned from a volunteer or on-call service to one in which paid staff are now consistently on duty to ensure immediate response to initial emergency medical calls with BLS and ALS licensed staff.

CFAA will continue to provide emergency service for sick or injured persons in the Region twenty-four (24) hours a day, seven (7) days per week. Staffing levels have been adjusted to maximize coverage for call volume trends /peak hours as follows:

- Two response teams are on duty 6 am to 6 pm seven (7) days a week.
- One response team is on duty 6 pm to 6 am seven (7) days a week.
- A minimum of one Paramedic is on duty each shift.
- A minimum of two (2) persons will respond to each emergency call

A response team is made up of a minimum of two people, but more than two people may respond to serious calls. A Paramedic or Advanced EMT will respond on average to 90% of the emergency calls. Response level(s), ALS or BLS, to emergency calls are determined by the seriousness of the call and local dispatch protocols. From January 2010 through December 2012, Seventy one percent (71%) of the calls were ALS level.

CFAA is capable of providing the coverage noted above. Most employees live within the primary coverage area and will respond to augment existing on-duty staffing on serious calls when requested or to cover additional calls that the on-duty staff cannot cover. Also some employees can leave their regular daytime jobs to assist. The service has first responders in the primary coverage area.

The service responds immediately to emergency medical calls in accordance with applicable dispatch protocols. If CFAA is unable to respond an ambulance immediately due to multiple calls or disaster situations, Regional Dispatch is notified. They dispatch mutual aid backup services per protocols. Mutual aid back-up response is Rockland Fire Department EMS, Union Ambulance Service or Belfast EMS.

If the emergency is a serious vehicular accident, the Access Team is automatically dispatched with the Access vehicle that is equipped with extrication gear including the Jaws-of-Life. The

Technical Team for a mountain rescue is dispatched, if needed, with its specialized rescue equipment.

CFAA may respond to requests for paramedic intercept or to mutual aid calls with a paramedic or other emergency personnel to assist an ambulance service outside the primary coverage area when requested by a service or Regional Dispatch. CFAA only responds to these requests if staffing for the CFAA primary coverage area is met. We have responded to such calls in Rockland, Union, Washington, Appleton, Thomaston, Northport, and Searsmont.

CFAA responds to disasters and hazardous material incidents and participates in a reasonable number of scheduled and unannounced tests of local Emergency Management Plans.

CFAA is being considered by Maine EMS to be one of twelve (12) sites throughout the state to participate in a pilot program for Community Para-medicine. Paramedics in services selected will receive additional training to prepare them for making house calls on people in the community with acute or chronic health problems. They will assess the individual in their home, consult with a medical control physician, treat the person as directed, allowing the individual to remain at home without an unplanned visit to their physician or emergency room with possible admission to inpatient care. We look forward to partnering with physicians and patients to advance the care of our friends and neighbors in their homes.

### **Personnel/Staffing**

All employees meet State of Maine requirements for licensure, certification, and recertification. CFAA has staff licensed to the following levels: EMT; Advanced EMT and Paramedic. The service also has four (4) employees who only serve as drivers. They have completed the Maine EMS Basic Ambulance Vehicle Operator Course. Other certifications or training includes the following:

- All employees are trained within 30 days of employment in O.S.H.A. workplace safety.
- All employees complete the Maine EMS approved Basic Ambulance Vehicle Operator Course(AVOC)
- All employees have completed a National Incident Management System (NIMS) program
- All Paramedics are certified in:
  - Pediatric Advanced Life Support (PALS)
  - Advanced Cardiac Life Support (ACLS)
  - Advanced Medical Life Support (AMLS).

The three employees in management roles also respond to emergency calls either as a primary response team member or to augment a team responding to a serious event.

The Technical team and Access team are made up of volunteers from the area. They train regularly to maintain and enhance skills necessary to perform their life saving role. Experts are brought in to teach programs. The Technical Team members are certified to the NFPA standard for technical rescue.

A background check is performed on all prospective new personnel including:

- Criminal history
- Driving record
- Child/elder abuse history
- Office of the Inspector General List of Excluded Individuals from Medicare or state health care programs

A roster of all employees, their licensure level, and date of hire is provided to demonstrate staffing available to cover services.

Biographies of EMS Chief of Service, EMS Deputy Chief, and Supervisor, the key people involved in management of the service, are attached.

### **Response Times**

CFAA is proud of our on-time record for arriving fully staffed and equipped to all 911 emergency calls. This is our community and we respond as if a family member is in need.

The State of Maine Emergency Medical Service Regulations specify response to emergency medical calls within a service's primary coverage response area should be an *annual average of twenty minutes or less* from the call for emergency assistance to arrival at the scene.

In the first quarter of 2013 (January, February, March) the service had an average enroute time to emergency calls of one (1) minute fifty three (53) seconds. The average response time (time from call to arrival at the scene) was six (6) minutes and one (1) second in the same time period.

Our average response time over the three year period of January 1, 2010 through December 31, 2012 was 8.5 minutes. (This data is from Maine Emergency Medical Services Run Reporting System without delineation of response time for BLS and ALS service)

With an average response time of 8.5 minutes over a three year period, we do better than meet the annual average of 20 minutes or less stated in Maine EMS rules.

Our expected response time on average to specific locations within the primary coverage area is:

- Camden: Camden –Rockport Middle School 4 minutes
- Hope: Hope Corner Fire Station 13 minutes  
Hope Elementary School 15 minutes
- Rockport: Camden Hills Regional High School 4 minutes
- Lincolnville: Lincolnville Central School 15 minutes

### **Force Majeure**

CFAA shall not be responsible for any delay in or failure of performance resulting from acts of God, riot, war, civil unrest, natural disaster, or other circumstances not reasonably within its control.

### **Vehicles and Equipment**

CFAA maintains a fleet of four (4) ambulances garaged in the CFAA building on John Street in Camden. All are equipped for ALS response. All have current Maine ground ambulance licenses and are fully equipped as required in the Maine EMS rules. The volume of calls and overlapping of emergency calls and transfers warrants the need to maintain four ambulances to allow adequate coverage to the communities served.

Our current ambulance fleet and replacement plan is:

<u>Vehicle</u>	<u>Type</u>	<u>Replacement Plan</u>
• 1997 Ford E-450	Type I	Replacement FY2014
• 2002 Ford E-450	Type I	Replacement FY2016
• 2004 Chevrolet C4500	Type III	Replacement plan to be determined
• 2004 Chevrolet C4500	Type III	Replacement plan to be determined

Capital equipment replacement plan:

- LifePak 12 (cardiac monitor /defibrillator) Replacement FY2015
- LifePak 12 (cardiac monitor / defibrillator) Replacement FY 2017

In addition to the four ambulances, the service has the following non-transporting vehicles:

- 2002 Chevrolet 2500 HD pick-up truck used as a rapid response vehicle; snow plowing and other maintenance chores; to pull the Technical Response Trailer; to assist emergency teams to access to unplowed driveways and other situations of difficult access

- 1994 Chevrolet 30 HD used by the Access team that is equipped with the Jaws of Life and other extrication equipment
- Haulmark trailer used by the Technical Response team that is equipped with specialized mountain rescue gear

### **Cost / Fee Arrangement**

Reimbursement rates and high fixed costs for maintaining readiness with a crew and ambulance for immediate response to emergency calls contribute to the cost of providing the service.

The Fiscal Year 2014 and 2015 appropriation for each of the four towns in aggregate is thirty seven percent (37%) of the CFAA expense budget or \$407,000 per year. (expense budget displayed in the Appendix) The per community subsidy is as follows:

\$174,000	Town of Camden
\$129,000	Town of Rockport
\$ 77,000	Town of Lincolnville
\$ 27,000	Town of Hope (portion of Hope as in the current contract)

Twenty-five percent (25%) of the annual payment shall be payable quarterly.

### **Financial Management, Billing, and Service Reports**

The organization has submitted three prior years IRS 990's to the Camden Town Manager.

CFAA will submit quarterly financial and service reports to the Region as requested.

Billing for emergency medical services rendered in the towns within the primary service area / Region is currently carried out in-house under the direct supervision of the Billing Supervisor who also serves as EMS Deputy Chief of Service. We plan to continue to manage and staff our Billing Department in-house to ensure that we treat our community members with the utmost respect, as well as to ensure that we are directly aware of organizational performance. Services provided by the Billing Department have been evaluated and restructured to ensure timely submission of claims. In addition customer service has been enhanced through these measures.

The Billing Supervisor has National Coding Certification in Ambulance Coding and maintains current knowledge with continuing education in national education forums; Center for Medicare and Medicaid newsletters and web based forums; and information provided by the local fiscal intermediary.

CFAA will bill and keep all fees for emergency medical services provided from its ambulances, paramedic intercept services, and mutual aid fees. The Region or any part thereof will not seek fees or payment from CFAA, patients, or other third party payers for any emergency services. CFAA shall accept assignment from Medicare, Medicaid, and all private insurance carriers with which CFAA has a valid agreement. CFAA will be responsible for the collection of any and all fees due and owing it by those persons furnished with emergency services.

The Billing Supervisor manages collections of outstanding bills including sending out monthly statements, arranging a payment plan with individuals; sending individuals a "Notice of Intent to File for Small Claims", and submitting outstanding bills to small claims court when all else has failed.

The Billing Department also has a part time employee who has an undergraduate degree in Business Administration from the University of New England who assists in developing financial reports for the CFAA board. This individual is also an EMT and serves on emergency response teams.

CFAA is current on all local, state, and federal taxes, fees, and assessments.

We are focused on providing value to our patients for every dollar because they are our friends and neighbors. We simply cannot pull up anchor and move on when times are hard; our commitment to the community has stood for 77 years.

### **Bills for the Transportation of Municipal Officials**

There will be no additional charge for the emergency transportation of municipal firefighters, police officers, and other municipal officials representing the Region who are injured in the line of duty.

### **Insurance**

CFAA has and will maintain comprehensive general liability, property insurance, professional liability insurance, automotive insurance, and worker's compensation insurance. An employee who experiences an occupational disease exposure or injury is referred to Health Connections, a Department of Penobscot Bay Medical Center, or the Emergency Department.

Copies of insurance(s) are attached.

If CFAA is awarded the bid, insurance policies will be amended to include the names of the contracted town(s).

### Indemnity

The Region, or any part thereof that is party to this agreement, hereby agrees to indemnify and save CFAA, its officers, employees, and agents harmless from and against any and all liability (ies), costs, or expense(s) arising or claimed to have arisen from negligence or other fault (except unlawful, willful, or malicious acts or omissions) with respect to responses to a call for emergency services with CFAA personnel.

CFAA agrees to indemnify and save the Region, or any part thereof that is party to this agreement, its officers, employees, and agents harmless from and against any and all liability (ies), cost(s), or expense(s) arising or claimed to have arisen from negligence or other fault (except unlawful, willful, or malicious acts or omissions) with respect to responses to call from emergency services in the Region, or any part thereof, that is party to this agreement.

### Quality Assurance

For many years the service has been recognized in the region as a leader in clinical excellence and implementation of best practices as new advancements in pre-hospital care have been introduced.

Our quality efforts have focused on retrospective review to assess what we could do better and applying that knowledge to enhance future performance.

CFAA quality program includes:

- Attendance at Penobscot Bay Medical Center quarterly EMS quality reviews
- Review of the Maine EMS Run Reporting System (MEMSRR) quarterly report that benchmarks EMS data, provides feedback to help improve quality of patient care reports
- Internal audits of patient care reports and billing documentation
- Continuing education to maintain and improve skills in assessment and patient care
- Customer concern and complaint review / investigation

Findings from the quality review processes above are communicated to employees so they are aware of areas with potential for improvement or areas in which we are doing well. A negative finding may trigger an education program to improve performance.

We do not have a formal patient satisfaction program using a satisfaction survey process. We do receive unsolicited reports from customers by telephone or letters in recognition of outstanding performance by the service or by individuals who provided care to them or a loved one. (see Appendix).

We recognize customer service is important at all times and especially when a person or loved one is faced with an unexpected health problem. To allay stress we allow a family member or caretaker to accompany the patient in the ambulance as long as the team members feel this would not aggravate the problem.

The on-duty supervisor and management team are in contact daily with staff and provide performance feedback and support on a consistent basis.

### **Value Added Services**

We advocate and promote programs on public awareness of EMS through participation in special events. We also have demonstrated a consistent history of community education that contributes to the health and wellbeing of people who live in our communities. The following is a list of some of the positive things CFAA offers to the community.

- CFAA is recognized in Maine as a HeartSafe Community due to its excellent work with community partnerships to improve cardiovascular health and to decrease deaths due to cardiovascular-related events including sudden cardiac arrest.
- Lift assist/ citizen assist such as help to move a citizen from chair to bed or from car into the house
- Blood pressure check stations at local businesses
- Walk-in blood pressure checks at the ambulance station; some residents come in weekly
- CPR and First Aid Classes for local police, fire fighters, schools
- Standby at local school sporting events such as hockey, football, wrestling, mountain biking
- Standby at public events such as the Toboggan Nationals; Camden Windjammer Weekend
- Participation in health and safety fairs
- Education about EMS in day care programs, pre-schools, elementary schools
- Training with the Ragged Mountain Ski Patrol
- Assistance at Flu clinics in schools
- Assists with Special Olympics events and sponsors a team of local athletes
- Firefighter rehabilitation at fire and emergency scene (program developed in conjunction with local fire departments)
- Standby at fire department calls when requested
- Provides continuing education programs for EMTs from all over the area to attend to earn CEHs for renewing their licenses
- New EMT classes are held in the CFAA classroom
- Mentoring program for new EMTs

- Off duty employees serve as first responders to emergency events in the community where they live

Not only do we want to deliver the highest level of patient care through education, training, and equipment, we are connected to the communities we serve and believe in collaborating with our communities for the benefit of the citizens and community partners in the provision of public safety.

### **Transition Provisions**

In the event CFAA is not selected to continue providing emergency medical services to any of the towns with which it currently has a contract, the service will meet the Maine EMS rules for termination of service. CFAA will make written notification to Maine EMS at least 30 days prior to the termination date of the emergency service. The Service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the primary service area. The notice shall state:

- A. The name of the service
- B. The date of service termination
- C. The names of municipalities affected by the service's termination.

In addition, CFAA will make written notification to the Regional Dispatch Center at least 30 days prior to the service termination.

CFAA will cooperate with the selected provider in the transition of emergency services.

If CFAA is not selected to provide emergency services to the towns herein referred to as the 'Region', in part or total, this does not imply a change of ownership. CFAA will retain ownership of the fleet, equipment, supplies, and the ambulance building. Therefore Maine EMS rules concerning change of ownership shall not apply until such time as CFAA may make this determination.

CFAA personnel have and will continue to have the option of seeking employment elsewhere.

If CFAA is awarded the bid, the contract(s) for emergency services will need to be negotiated. Current contracts will expire on or around June 30<sup>th</sup>. In the event this process is not completed with town meeting vote(s) by the expiration of contracts, existing contracts may be extended for up to thirty (30) days.

If CFAA is not approved to continue emergency service contract(s), a minimum of thirty (30) days is necessary to meet Maine EMS rules of 30 days notification of required entities.

## APPENDIX

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[info@camdenfirstaid.org](mailto:info@camdenfirstaid.org)  
[www.camdenfirstaid.org](http://www.camdenfirstaid.org)

Proposal:

References:

Chief Charles Jordan  
City of Rockland  
Rockland Fire Department  
118 Park Street  
Rockland, Maine 04841  
Tel: 594-0318

Mr. Carl Chadwick  
Knox Center for Long Term Care  
6 White Street  
Rockland, Maine 04841  
Tel : 594-6800

Ray Sisk  
Knox County Emergency Management Agency  
Park Street  
Rockland, Maine 04841  
Tel: 594-5155

04/21/2013

To Whom It May Concern,

This letter is in support of the Camden First Aid Association (CFAA). I am a resident of Camden, however, I am also an Emergency Department physician and the Service Medical Director for CFAA. My role is medical oversight, quality assurance, and education. I review the documentation of the care that these providers offer to our community. This gives me a unique perspective on how this organization is operated and the medical care that it delivers. We are very lucky to have such a strong group of talented and caring individuals available for the people of Camden.

There has been quite a bit of press lately about the expense that would be incurred to maintain the services to which our town has become accustomed. One must remember that quality has a price. CFAA maintains a staffing plan that assures that the highest level of Emergency Medical Services (EMS) is always on call. This large group of paramedic providers is a seasoned and skilled collection of professionals. I review the care that they give, and I would feel confident having my family treated by them, as they have in the past. It is easy to put these services out of your mind until you need them in an emergency situation. It is critical to assure that the medical care offered is always of the highest quality.

There is a Request for Proposal now pending for the EMS services offered to Camden and nearby communities. I would take great care in examining far more than the price of the proposal. There are several important factors to take into account. First, what is the training and experience of the providers? Equally important, will a paramedic level provider always be available, especially in times of high volume? What will be the response times in all of the affected communities? What ties to the midcoast region do the personnel have to enhance their investment in the care that they render? It is not my intent to disparage the companies that may offer alternative bids. I do, however believe that we will receive the most reliable and highest level of care with the services that are currently being provided.

I would strongly recommend maintaining Camden First Aid as our Emergency Medical Services provider. I hope that the local communities agree and vote to retain CFAA.

Thank you,

  
David Ettinger M.D.

Camden, Maine



# CAMDEN FIRE DEPARTMENT

31 Washington Street  
PO Box 1207  
Camden, Maine 04843  
207.236.7950  
cfarley@camdenmaine.gov



April 22, 2013

Regional EMS Proposal  
Town Manager's Office  
Town of Rockport  
PO Box 10  
Rockport, Maine 04856

Dear EMS Review Team,

At the request of the Service Chief at Camden First Aid Association, I am providing a letter of reference for the organization's proposal to provide regional emergency medical and transport services. As the Fire Chief for the Town of Camden I interact with Camden First Aid and its personnel on a regular basis.

Over the course of the last five years, I have seen a marked improvement in the service provided by Camden First Aid. The improvements have been noted in several service delivery areas. In the last two years the availability and response times of EMS personnel with advanced licenses has improved. Prior to the noticeable level of improvement; ambulances would often respond in town with personnel at the basic level. On several instances I observed patients who needed a higher level of care than the personnel were capable of providing. During those times, municipal employees of the Fire Department who have higher license levels than the responders from Camden First Aid have would be required to step in to provide an appropriate level of care. Those situations have not occurred recently. Now the case is that ambulances more frequently arrive with personnel at the highest license level. I have also noted an improved response time in general during the evening and weekend. I attribute this to having more scheduled personnel assigned to an ambulance.

I have also seen a palpable improvement in interactions with personnel from Camden First Aid. There is a willingness to work together in providing quality services to the community. There has been a significant shift from an 'us versus them' attitude to one where we work together both during emergency situations and in planning for various activities in the region. Those activities vary from working on emergency plans for events such as the Windjammer Festival and Toboggan Weekend to personnel recruitment and retention issues. This simple shift in attitude has made working together far more enjoyable.

The areas where I have seen improvement are likely indicative of other positive changes in the organization. With the changes in the areas I have noted, the service provided to patients in the region covered by Camden First Aid Association has likely improved as well. I am happy to talk with you further about the organization, its personnel and the service they provide.

Respectfully,

Chris Farley  
Fire Chief

SERVING SINCE 1847.

ATLANTIC ENGINE COMPANY NO. 2

"WE COME TO SAVE."

April 5, 2013

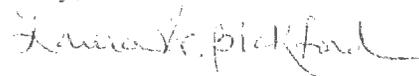
To Whom It May Concern:

I am writing a letter of reference for Camden First Aid Association regarding RFP application. I am currently the Nurse Manager for the PARC Unit (Psychiatric and Addiction Recovery Center) at Pen Bay Medical Center, and have been in this position for the past 15 years. I have also been the Nurse Manager of the OB/Gyn Unit at PBMC from 2007 to January 1, 2013. During my tenure on both units I have been very pleased with the services offered by Camden First Aid Association.

As you can imagine, these two clinical areas are quite different. Despite that, I have been very pleased with the services CFAA has provided to both units. When the OB/Gyn Unit calls for an ambulance, we usually have a critical or urgent labor patient who needs to get to Maine Medical Center as quick as possible. The response has been consistently excellent from response in time (quick!) to making sure the right level of staff are available on the ambulance and communication about our patient's status has been thorough. We routinely send an OB nurse from the unit with our patients and they have consistently stated excellent working relationships with all CFAA staff. When transporting an acute psychiatric patient to another facility, we have often asked for special requests (for example a couple of large strong males) to be on the ambulance related to a patient who could be potentially violent. This has always been accommodated. I have also been very impressed with the level of professionalism from all the staff I have dealt with from CFAA. They have been excellent with very anxious and psychotic patients, just to name a few.

In summary, I highly recommend CFAA as an excellent organization and highly competent staff who have consistently met the needs of the patients on both of the units that I have been manager of. Please do not hesitate to call me or e-mail me with any need for further information. I can be reached at (207) 596-8395 or [lbickford@penbayhealthcare.org](mailto:lbickford@penbayhealthcare.org). Thank you.

Sincerely,



Laura W. Bickford RN, BSN, MBA  
PARC Nurse Manager, PBMC



## Knox Regional Communications Center

301 Park St, Rockland ME 04841

207-593-9132 Fax: 207-594-0441

Linwood L Lothrop  
Director

Stephanie A Gibbs  
Supervisor

April 4, 2013

To Whom it may concern,

I am happy to provide this letter of reference for Camden First Aid Association, an EMS service that I have had the pleasure of working with for over a decade.

From the time that my agency, Knox Regional Communications Center started dispatch services for Camden First Aid, we have always entertained a good working relationship. From setting up response protocols, dealing with response issues to dealing with Critical Incident debriefings; I have found Camden First Aid to be accommodating, straightforward and dependable.

Camden First Aid currently provides my agency with initial and recertification CPR classes. We've been involved together in various open houses, public educational events and department trainings and I have always found professional, caring and hardworking individuals to work with.

I have no hesitation in recommending Camden First Aid as an Emergency Services Provider, and look forward to a continued relationship with them.

Sincerely,

Stephanie Gibbs, Supervisor  
Knox Regional Communications

To whom it may concern:

This is a note of reference for Camden First Aid Association.

AI Blackadar NP and myself (Denise Lindahl RN) have been employees of Waldo County General Hospital in Belfast for over 30 years (myself 37 years and AI for 26years). We have been familiar with Camden First Aid Association for all of this time. They have always been a respectful organization (although they went through a rough time and have done a great job under new management to have turned their organization around).

They come to us with many folks from the Camden / Lincolnville area as many folks have primary care providers affiliated with our facility. They also meet the Islesboro EMS at the ferry terminal and transport their pts to the hospital - some come to Waldo County and some go to PBMC.

Their staff provide great care for their patients. They are professional and efficient. They present themselves in a professional and calm manner. They communicate well with their patients, their families as well as the Emergency Department staff.

Camden First Aid is also one service that we call when we need EMS for an interfacility transfer. They try hard to accommodate our requests but there have been times when their staffing levels are unable to accommodate us. They always get back to us in a timely fashion too.

We would recommend that Camden First Aid Association be allowed to continue to serve the communities that they have been serving. The public knows most of the staff as they are friends, family and some are neighbors. It certainly helps to have staff that folks are familiar with and have confidence in caring for them. To change this in our minds would be a disservice to the communities and the public.

Feel free to contact us if you have any questions or concerns.

AI Blackadar NP  
Denise Lindahl RN

Speaking for myself, I have to say, I am not sure of the issues here. Camden First Aid is an exemplary service dedicated to serve their community. I have never witnessed anything but excellent care given by their members. My understanding is that they are only asking for a reimbursement which will enable them to stay in business and continue to serve Camden and it's outlying community. The budget seems very much in line with EMS budgets across the state. In the immortal words of Bert Lance "If it ain't broke, don't fix it".

Sincerely,

Albert Blackadar NP

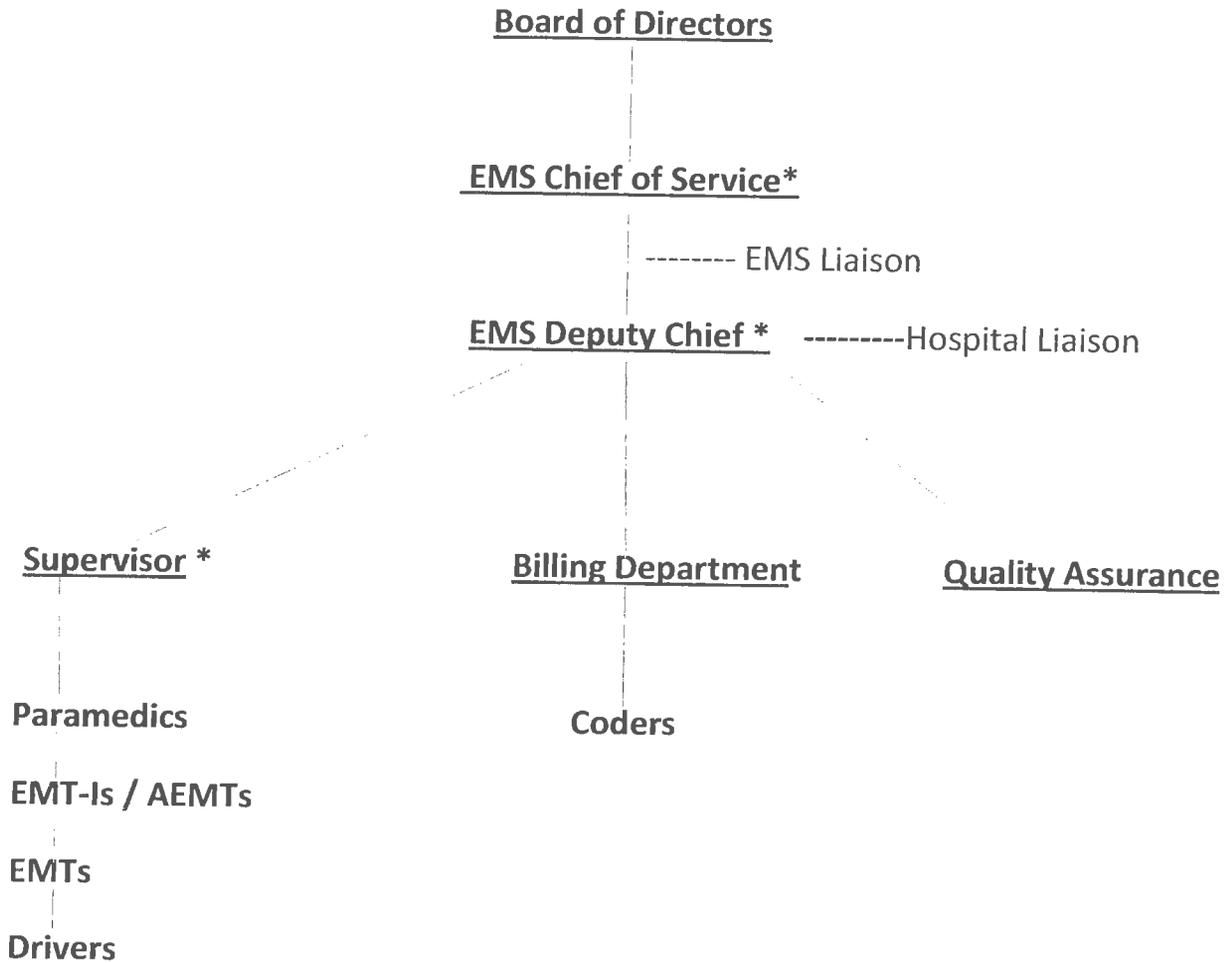
# CAMDEN FIRST AID ASSOCIATION EMERGENCY AMBULANCE SERVICE

(a Maine Nonprofit Corporation)

covering

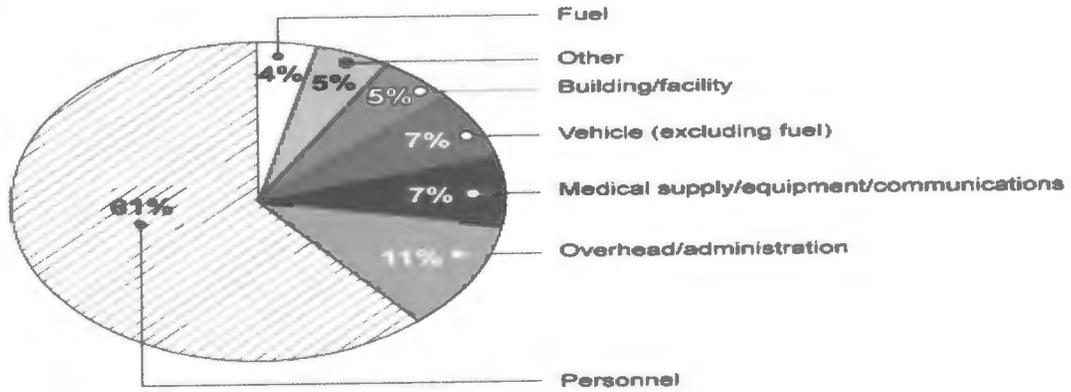
Camden Rockport Lincolnville Hope

## ORGANIZATIONAL CHART



\*Position responds to emergency and non-emergency transports

**Figure 3: Average Percentage of Ambulance Providers' Total Cost Accounted for by Certain Cost Components**

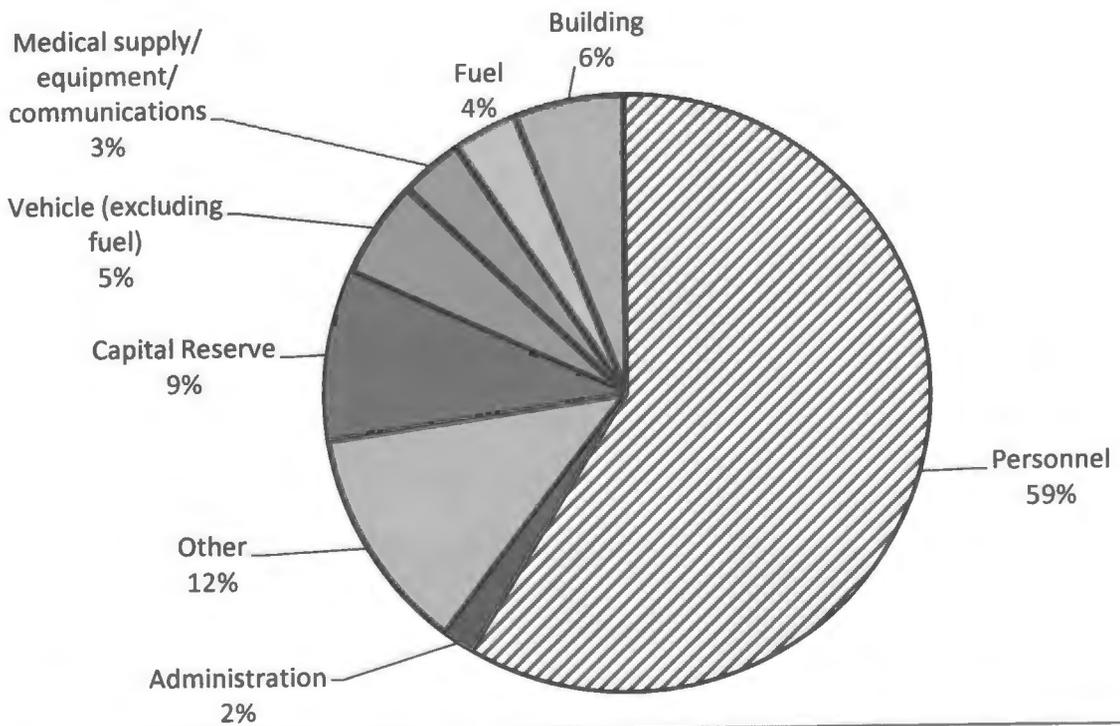


Source: GAO

Notes: Data were from the 2012 GAO Survey of Ambulance Services. Percentages are based on reported data from a sample of 154 ground ambulance providers in the United States that billed Medicare in 2003 and 2010, were still operational in 2012, and did not share costs with nonambulance services or air ambulance services. Analysis excludes 11 providers that could not determine cost component percentages. "Other" category includes percentages for cost components not specified in the survey, such as insurance (including workers' compensation, liability, and building insurance), billing services, bad debt, and depreciation.

Source: GAO---Unites States Government Accountability Office  
 Graph above from GAO report October 2012 "Ambulance Providers"

**CFAA percentage of total Cost Accounted for by Certain Cost Components**



**CFAA Expense Budget Cost Components**

**Personnel**

Payroll EMS	\$363,500
Administrative Payroll	\$222,000
Health Insurance	\$35,500
Uniforms	\$3,500
Education /Training	\$15,800
<b>Total</b>	<b>\$640,300</b>

**Administration / overhead**

Professional Liability	8,000
Legal fees	6,500
Accounting	1,600
Dues	1,200
Mutual Aid	1,000
<b>Total</b>	<b>\$18,300</b>

**Medical Supply/equipment/communications**

Medical Supplies	25,000
Billing software	2,000
Computer repairs	125
Telephone	8,000
Internet	2,000
<b>Total</b>	<b>\$37,125</b>

**Vehicle**

Vehicle insurance	24,000
Fleet expense	34,400
<b>Total</b>	<b>\$58,400</b>

**Fuel**

<b>Total</b>	<b>\$38,000</b>
--------------	-----------------

**Capital reserve**

<b>Total</b>	<b>\$100,000</b>
--------------	------------------

**Building**

Building expense	31,500
Heat	13,000
Insurance	9,000
Electricity	5,000
Propane	2,000
Water	2,000
Cable	1,500
Sewer	500
<b>Total</b>	<b>\$64,500</b>

**Other**

Loan Payment	60,000
Interest	45,400
MEMIC	18,000
Billing supplies	2,575
Postage billing	3,300
Travel expense	2,400
Access team	2,500
<b>Total</b>	<b>\$134,175</b>

**Total all expense budget cost components**

Personnel	\$640,300
Administration	\$18,300
Med supply/equipment/communication	\$37,125
Vehicle	\$58,400
Fuel	\$38,000
Building	\$64,500
Other	\$134,175
Capital reserve	\$100,000
<b>Total</b>	<b>\$1,090,800</b>

## Camden First Aid Association List of Employees and Volunteers

<u>Paramedics</u>	<u>Date of Hire</u>	<u>ACCESS TEAM</u>	<u>Date of Hire</u>
Allen, Julie	Feb-00	Bartley, N	Nov-08
Bentley, William	Jul-87	Brown, Phil	Mar-11
Clark, Samantha	Nov-12	Eaton, Mike	
Hills, Justin	Apr-01	Fullington, Don	Feb-95
Melanson, Brandon	Jul-09	Gibbons, Steve	Jul-10
Montoya, Kevin	Jun-10	Guala, Joe	Mar-87
Thompson, Jesse	Aug-06	Laite, Steve	Apr-11
Tooley, Debra	Jan-96	Leach, Logan	Nov-12
<b><u>AEMT (Advanced EMT)</u></b>		Rollins, Pete	May-11
Adams, Ellie	Dec-09	Ryan, Virginia	Feb-04
Lawrence, Paul	Sep-01	Young, Todd	Oct-08
Libby, Julia	Apr-83		
Walsh, David	Feb-12		
Wright, Brian	Jul-05		
<b><u>EMT (Basic)</u></b>		<b><u>TECHNICAL RESCUE TEAM</u></b>	
Adams, Ben	Apr-12	Bentley, William	Jul-87
Allen, Brian E	Oct-00	Boston, Jeff	Apr-11
Allen, Brian J	May-10	Martin, Kevin	Apr-11
Ettinger, Kyle	Sep-12	Orsmond, David	Apr-11
Keller, Clarence	Jan-03	Rees, Allen	Jun-11
Lamontagne, Mike	Feb-11	Silverio, Matt	Jan-11
Marriner, Ann	May-87	Wagner, Steve	Oct-11
Martinez, Adam	Oct-12	Weaver, John	May-11
Morton, Ryan	Feb-12	Winters, Eric	Oct-12
Verite, Eric (RN)	Mar-07		
Widdecomb, Deanna	Feb-11		
<b><u>DRIVERS</u></b>			
Crockett, Arthur	Jul-97		
Olmsted, Steve	Feb-12		
Oxton, Robert	Jul-07		
Vaughn, Andy	May-10		

MAINE  KEMS



AMBULANCE SERVICE LICENSE

*Issued  
To*

**Camden First Aid Emergency Ambulance**

To render ambulance service at the **EMT-Basic** license level. This license is hereby issued in accordance with Chapter 588, Section 1, Public Laws of Maine 1991 32 M.R.S.A., s81 et. Seq. by Maine Emergency Medical Services.

Permit Level: **Paramedic**

Service #: **0120**

Expiration Date: **12/31/2013**



Jay Bradshaw, Director

**KEEP CONSPICUOUSLY POSTED  
NON-TRANSFERABLE**

## BIOGRAPHIES

**Julia Libby, EMS Chief of Service:** Became Chief of Service in 2010. Julia has been with CFAA since 1983. In 1983 she became an EMT and later was in the first State of Maine Intermediate class. She maintains EMT-I license and certifications. Julia provides oversight in all areas of the organization and the day to day operations. She has been active in EMS serving on the Mid Coast Region 6 Critical Incident Debriefing Team for six years (a team trained to assist EMT's, Firefighters, Law Enforcement and public in coping with tragedy); State of Maine Tester for practical exams for Basic & Intermediate students for 16 years. She currently serves on the EMS Regional Advisory Council and sits on the State of Maine EMS Board.

In addition to her administrative duties, she responds to emergency medical calls in the primary service area.

Julia is actively involved in the community. She served 15 years on the Anita Card Montgomery Foundation (10 years as President) and currently sits on the following:

- Lincolnville Select Board (2<sup>nd</sup> year of 3 year term)
- Mid Coast Solid Waste Board of Directors
- Mid Coast Solid Waste Personnel Committee
- Elected Treasurer for Camden Rotary Club (position takes effect 7/1/2013)
- Camden District Nursing Association (20 years & past President)

Julia worked 33 years at the law firm of Harmon, Jones & Sanford in Camden as Office Manager. She was responsible for the Real Estate Division, Probate, Payroll, Accounts Payable and, Accounts Receivable. She also served as bookkeeper at Lincolnville Telephone Company for 2 years.

Julia is the face of Camden First Aid Association in the community.

She has been a resident of Lincolnville all her life.

**Julie Allen; Deputy EMS Chief and Billing Department Supervisor:** Julie came to CFAA in 2000, beginning as an EMT. She continued her EMS studies and in 2007 became a Paramedic. In 2010, Julie achieved national certification in Ambulance Coding as well as certification from Medicare's Skilled Nursing Facility Consolidated Billing Training Course. She is responsible for the Billing Department, provides financial reports to the CFAA Board. Julie also is the Deputy Chief and assists the Chief of Service with operations. She is the CFAA Public Information Officer, receiving her certification from FEMA US Department of Homeland Security in September 2012. She attended the Institute for Civic Leadership and successfully completed a course in 'Building a Board of Directors'. She is responsible for Quality Assurance/Quality Improvement at CFAA, as well as Human Resources. Julie created the Junior EMS Program for Camden First Aid which was certified by the State of Maine. Over the years at CFAA she has been active as a CPR/First Aid Instructor, an EMS Instructor Coordinator teaching several licensure classes.

Julie currently sits on the Regional EMS Board of Directors, the Regional Mid Coast Council, and Penobscot Bay Medical Center's Continuity in Care Committee.

Julie maintains her Paramedic license and has certification in ACLS (Advanced Cardiac Life Support), AMLS (Advanced Medical Life Support) and PALS (Pediatric Advanced Life Support). She responds to emergency medical calls in addition to her administrative duties.

Her business background includes work in local businesses in which responsibilities included: financial statements, purchasing, payroll, Accounts Receivable; General Manager of a large company, and her own Bookkeeping business.

Julie is a graduate of the Shepard Gil School of Practical Nursing at Massachusetts General Hospital. She worked for 16 years in area hospitals. She lives in Lincolnville with her family.

**Justin Hills: Supervisor:** An EMT in 2002 and a Paramedic since 2007. Justin supervises all ambulance crew members to ensure compliance with all organization procedures and state regulations. He orients new team members, schedules crews for shift coverage, ensures the fleet is good working order; is responsible for equipment and supply inventories for ambulances; instructs new employees in the Ambulance Vehicle Operator Course (AVOC). He is certified in ACLS (Advanced Cardiac Life Support), AMLS (Advanced Medical Life Support) and PALS (Pediatric Advanced Life Support).

He is a certified instructor for AVOC; CPR / first Aid; EMTs. He is certified in HazMat; SCBA; NFPA extrication (Jaws-of-Life); Ice water Rescue; State of Maine Bureau of Labor Standards for interior firefighting. Justin received recognition at the State House in Augusta for assisting the communities CFAA serves (Camden, Hope, Lincolnville, Rockport) to become 'Heart Safe Communities'. He teaches CPR and First Aid in adult education programs and to local businesses. Justin has attended seminars and workshops for Active Shooters and School Violence, including working closely with local law enforcement on simunitons. He has also certified local law enforcement in CPR/First Aid, the use of tourniquets and QuickClot. He is an instructor for the Priority Dispatch System for Knox Regional Communication Center dispatchers.

Justin currently serves on the board of education for the Eastern Maine Community College Paramedic Program; the Executive Committee for the Knox Regional Communications Center (dispatch for this region); and the Board of Directors of Lincolnville Fire Department.

As a paramedic he responds to emergency ambulance calls in the primary service area. He is also a fire fighter with the Lincolnville Fire Department.

He attended Stonehill College in N. Easton, MA receiving a bachelor's degree in Criminal Justice and has worked as a police officer in the Mid Coast area.

In his "down" time he enjoys volunteering for the CFAA Special Olympics Team. He lives with his family in Lincolnville.

Justin's leadership is well respected in CFAA and in this community.

# Commercial Insurance Proposal

Kreed@allenif.com

## Camden First Aid Association

Emergency Ambulance Service



Presented by:

Karen L. Reed, CRIS  
Valerie Robinson  
Allen Insurance and Financial  
PO Box 578  
Camden, ME 04843  
Phone: 800-439-4311

March 28, 2013

**THIS DOCUMENT SUMMARIZES THE PROPOSAL FOR YOUR INSURANCE. THIS IS NOT A CONTRACT. THE TERMS OF THE POLICY FORMS WILL CONTROL THE INSURANCE CONTRACT WITHOUT REGARD TO ANY STATEMENT MADE IN THIS PROPOSAL.**

# Location Schedule

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Loc #	Bldg #	Address
1	1	123 John Street • Camden, ME 04843
2	1	437 Main Street • Saint Agatha, ME 04772

# Property

Insurance Company : AAIC  
 Proposed Policy Period : 02/09/13 to 02/09/14

## Coverage Detail

Subject		Amount	Val	Co-Ins %	Cause of Loss	Ded	Add'l Info.
Loc #: 1	Bldg #: 1	Ambulance Rescue Building					

Building	\$1,926,634	GRC			\$ 500	Actual Loss Sustained
Business Personal Property	\$177,914	RC			\$ 500	
Business Income/ Extra Expense					\$1,000	
Flood					\$105,227	
Earthquake						

Loc #: 2	Bldg #: 1	Office Building					
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Building	\$221,431	GRC			\$ 500	Actual Loss Sustained
Business Personal Property	\$24,333	RC			\$ 500	
Business Income/ Extra Expense					\$1,000	
Flood					\$12,888	
Earthquake						

Mortgagee/Loss Payee: Camden National Bank

Money & Securities: On or Off Premise \$10,000  
 Data & Media: \$250,000

# General Liability

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Insurance Company: AAIC  
 Proposed policy period: 02/09/13 to 02/09/14

## Coverage Detail

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Limits of Liability	Description
\$1,000,000	Per Occurrence
\$3,000,000	Annual Aggregate, Other Than Products
\$3,000,000	Annual Aggregate, Products & Completed Operations
\$1,000,000	Personal And Advertising Injury Aggregate
No Coverage	Damage to Rented Premises
\$5,000	Medical Expense Each Claim
\$1,000,000	Cyber Liability Each Event Limit
\$50,000	Privacy Crisis Management Each Event Limit
\$50,000	Privacy Crisis Management Expense Aggregate Limit
\$1,000,000	Management Liability
\$3,000,000	Management Liability Aggregate
\$25,000	Each Action for Injunctive Relief

# Equipment Floater

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Insurance Company: AAIC  
Proposed policy period: 02/09/13 to 02/09/14

## Coverage

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Portable Equipment - Unlimited Guaranteed Replacement Cost

## Deductible

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\$250

## Scheduled Equipment

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Item #	Description	ID/Serial #	Owned	Amount of Ins.
1	Portable equipment			Guaranteed Replacement Cost

# Commercial Auto

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Insurance Company: AAIC  
 Proposed policy period: 02/09/13 to 02/09/14

## Coverage Detail

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Limits	Description
\$1,000,000	Liability Combined Single Limit
\$1,000,000	Uninsured Motorist Protection
\$5,000	Medical Payments
\$1,000,000	Underinsured Motorist
\$1,000,000	Un-Insured Motorist
Included	Non-Owned Auto Liability – Employees
Included	Non-Owned Auto Liability – Volunteers
Included	Hired & Borrowed Auto Liability
Included	Hired Auto Physical Damage – Comprehensive (\$50 Ded)
Included	Hired Auto Physical Damage – Collision (\$100 Ded)
	Employees as Additional Insured
	Rental Reimbursement
Included	Towing and Labor - Auto Extension Endorsement
Included	Agreed Value for Physical Damage on Autos as per Stated Amounts on each Vehicle

## Vehicles

Vehicle	Liab	Med Pay	UM	UIM	Comp Ded	Coll Ded
2002 Chevy First Responder 1GCHK29U22E232880	•	•	•	•	500	500
1994 Chevy Rescue LT 1GBKH32N3R3309442	•	•	•	•	500	500
1997 FORD AMB ALS 1FDLE40FXVHA23641	•	•	•	•	500	500
2002 Haulmark Trailer 16HCB12173P029016	•	•	•	•	No Coverage	No Coverage
2004 CHEVY AMB ALS 1GBE4V1254F521861	•	•	•	•	500	500
2004 CHEVY AMB ALS 1GBE4V1214F522036	•	•	•	•	500	500
2002 FORD AMB ALS 1FDXE45F12HB02055	•	•	•	•	500	500

Auto Liability Extension Endorsement

Auto Physical Damage Extension Endorsement

Agree Value Endorsement

## Garage Liability

Insurance Company: AAIC  
Proposed policy period: 02/09/13 to 02/09/14

### Coverage Detail

Limits	Deductible	Description
\$50,000	\$250	Comprehensive (primary basis)
\$50,000	\$500	Collision (primary basis)

# Workers Compensation / Employers Liability

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Insurance Company: Maine Employers Mutual  
 Proposed policy period: 07/21/12 to 07/21/13

## Coverage Detail

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Limits	Description
\$500,000	Employers Liability: Each Accident
\$500,000	Employers Liability: Disease – Policy Limit
\$500,000	Employers Liability: Disease – Each Employee
Included	Workers Compensation: Statutory Benefit

## Locations & Classifications

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Loc#	St	Code	Description	Payroll	Base Rate
1	ME	7705	Ambulance Svc/Ems Pr	\$385,338	6.87
1	ME	8385	Ambulance Svc Co:Gar	\$6,667	4.47
1	ME	8810	Clerical Office Empl	\$93,975	.48
Experience Modification Factor					Current term 1.11

**Voluntary Compensation and Employers Liability Coverage Endorsement:** 60 Volunteers at \$7.50/hour at 287 hours/month

# Commercial Umbrella

Insurance Company: AAIC  
 Proposed policy period: 02/09/13 to 02/09/14

## Coverage Detail

Limits	Description
\$1,000,000	Per Occurrence
\$2,000,000	Annual Aggregate Limit
None	Retained Limit
No First Dollar Defense Form	

## Underlying Coverages

Policy Type	Carrier / Policy #	Policy Period	Limits
Automobile Liability CSL Bodily Injury Property Damage	Amer Alternativ VFISTR2065877	02/09/13 - 02/09/14	\$1,000,000 None None
General Liability Each Occurrence General Aggregate Products & Comp Ops Personal & Advertising Injury Fire Damage Medical Expense	Amer Alternativ VFISTR2065877	02/09/13 - 02/09/14	\$1,000,000 \$3,000,000 \$3,000,000 \$1,000,000 None None
Employers Liability Each Accident Disease Policy Limit Disease Each Employee	MEMIC 1810014703	07/21/12 - 07/21/13	\$100,000 \$500,000 \$100,000
Management Liability	VFISTR2065877	02/09/13 - 02/09/14	\$1,000,000 \$3,000,000

## Premium Summary / Comparison

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### Premiums

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Line of Business	Expiring Premium	Current Premium
Package	\$25,550.00	\$30,053.00*
Workers Compensation	\$24,891.00	\$24,891.00
Umbrella	\$3,995.00	
<b>Total Premium:</b>	<b>\$54,436.00</b>	<b>\$54,944.00</b>

\*The Umbrella Policy is being issued on the Commercial Package policy at the time of renewal. The Proposed Package premium includes the Umbrella coverage.

234 River Road  
Edgecomb ME 04556  
October 30, 2012

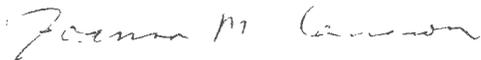
Camden First Aid Association  
123 John Street  
Camden ME 04843

To Whom It May Concern:

On September 29, while visiting the Cellardoor Winery in Lincolnville, my husband, Dr. Bruce Cameron, suffered a fainting spell. Since we were on a tour, we had no car; your ambulance transported us to Pen-Bay Medical Center.

I want to thank and commend your driver, Steve Olmsted, and your EMT, Dave Walsh, for their professionalism, courtesy and good humor, which made a very scary experience much more bearable for both of us.

Yours truly,

A handwritten signature in cursive script that reads "Joanna M. Cameron".

Joanna M. Cameron

tremendous sense of humor, generosity and a huge heart — as you

experienced quite liberally! My

Thanks to your entire team and everyone at the Camden First Aid

Association for your exceptional work

and your ongoing commitment to

the well-being of everyone in Camden.

I will never ~~the~~ forget the gift you

gave us all, and most especially

my father, that day.

Yours sincerely,  
Amy Sullivan

Dear Keon,

On Tuesday, April 2nd, you

and your colleagues responded to

a call at 7 Central Street and

saved the life of my father,

Bernard Sullivan. I am at a loss

for words adequate to express

my gratitude. In saving my dad,

you saved his wife, children,

grandchildren, friends and community

from the loss of a man with a

## Emergency Medical Technician - Basic

EMT-Basic (EMT-B) is considered the entry-level point for the majority of EMS providers in Maine. A person must be licensed (at least) as an EMT-B in order to provide unsupervised care in the patient compartment of an ambulance.

The EMT-B curriculum includes medical emergencies, trauma emergencies, pediatrics, obstetrics, EMS operations, special patient populations, and others. The Maine Spinal Assessment Program is also included in the EMT-B curriculum. EMT-B students must also complete observational clinical time in the hospital Emergency Department (ED) and an EMS agency "ride-along". Licensed EMT-Bs may perform the following skills:

- Oxygen administration
- Use of basic airway devices
- CPR
- Use of an AED
- Emergency childbirth
- Spinal immobilization
- Application of simple extremity splints and traction splints
- Vital signs, patient physical assessment and history taking
- Care for amputated parts
- Control bleeding
- Dealing with special patient populations (pediatrics, geriatrics)
- Assist the patient with self-administration of the patient's own prescribed medications – limited to nitroglycerin, EpiPen, or metered-dose inhalers as directed by On-line Medical Control (OLMC)
- Administration of Aspirin with On-line Medical Control (OLMC) direction to patients experiencing ischemic type chest pain
- Administration of oral glucose preparations to the conscious patient experiencing a diabetic emergency

## Emergency Medical Technician - Intermediate / Advanced

EMT-Intermediates provide all the care authorized at the EMT-Basic (EMT-B) level as well as limited intermediate life support (ILS) interventions.

The Maine EMS EMT-Intermediate curriculum includes: advanced airway management, single lead electrocardiogram (ECG) monitoring, medical emergencies, trauma management, intravenous/intraosseous (IV/IO) therapy, basic pharmacology, and ALS operations.

Clinical rotations occur both in the hospital and field. Hospital clinical includes rotations in the ED, OR, ICU, IV team, and Respiratory Therapy. Hospital clinical time is designed to build on skills learned in the classroom and lab settings, as students begin to apply newly learned therapies under the supervision of a preceptor.

Field clinical time focuses on developing the student into a functioning field ALS provider. Decision-making, skill performance, and team management skills are assessed during this phase.

The focused nature of the curriculum allows the EMT-Intermediate to perform the following low risk, high benefit ILS skills in the prehospital setting:

- ECG monitoring (limited rhythms)
- Manual defibrillation
- Advanced airway management options (per protocols)
- Limited medication administration (most with On-line Medical Control direction)
- Intravenous (IV) insertion
- Intraosseous (IO) insertion
- Continuous positive airway pressure (CPAP) \*
- 12-lead ECG acquisition \*

\* For those who have successfully completed this Maine EMS approved upgrade training.

## Emergency Medical Technician - Paramedic

EMT-Paramedic is the highest level of EMS provider in Maine. The EMT-Paramedic possesses advanced assessment, treatment and patient-management skills and knowledge.

As in the EMT-Intermediate training program, the EMT-Paramedic student must complete a significant didactic and clinical education program. The EMT-P program provides a more in-depth course of study of the topics covered in both the EMT-B and EMT-I programs and also includes: pathophysiology, advanced patient assessment, advanced pharmacology, cardiac emergencies, respiratory emergencies, neurological emergencies, endocrine emergencies, trauma assessment, and ALS operations.

Clinical rotations occur both in the hospital and field. Hospital clinical includes rotations in the ED, OR, ICU, IV team, pediatric intensive care unit (PICU), neonatal intensive care unit (NICU), Respiratory Therapy, Labor and Delivery, Psychiatry, Geriatrics, Civic leadership, and electives.

Field clinical time is designed to allow the student to start to gain mastery of the necessary prehospital skills under the evaluation and guidance of a paramedic preceptor.

Maine EMS licensed Paramedics are permitted under the Maine EMS Prehospital Treatment Protocols and Maine EMS Rules to provide all the skills of the other licensure levels plus:

- Endotracheal intubation (oral, nasal or digital)
- Needle cricothyrotomy
- Surgical cricothyrotomy
- Needle thoracostomy
- Synchronized cardioversion
- Medication administration
- 12-lead acquisition and interpretation
- Transcutaneous pacing
- CPAP \*

\* For those who have successfully completed this Maine EMS approved upgrade training.



# North East

## Mobile Health Services

### REGIONAL EMS PROPOSAL TO THE TOWNS OF CAMDEN, HOPE, LINCOLNVILLE AND ROCKPORT



North East Mobile Health Services - Rockport Division Base

24 WASHINGTON AVE ♦ SCARBOROUGH, ME 04074 ♦ 207-510-0073 EXT 109

Our Website: [www.mobilehealthmedics.pro](http://www.mobilehealthmedics.pro)

Our Facebook Page: [www.facebook.com/nemhs](http://www.facebook.com/nemhs)

## Regional EMS Proposal

**Submitted to:** Town Manager's Office  
Town of Rockport  
101 Main Street PO Box 10  
Rockport, ME 04856

**Prepared by:** North East Mobile Health Services  
Scarborough, Maine

**Date:** April 23, 2013

**Contact Information:** Polly M. Miller  
Vice President  
(207) 510-0073 ext.109  
[pmiller@mobilehealthmedics.pro](mailto:pmiller@mobilehealthmedics.pro)

Dennis Simmons, EMT-P  
Rockport Division Commander  
(207) 831-6784  
[dsimmons@mobilehealthmedics.pro](mailto:dsimmons@mobilehealthmedics.pro)

Kevin McGinnis, MPS, EMT-P  
Chief  
(207) 512-0975  
[chief@mobilehealthmedics.pro](mailto:chief@mobilehealthmedics.pro)

## **(1) EXECUTIVE SUMMARY**

North East Mobile Health Services proposes to serve the towns of Camden, Hope, Lincolnville, and Rockport with emergency medical services (EMS) at a higher level than those now provided and at half the cost the four towns now experience. Our 9-1-1 response service will be provided entirely at the paramedic level.

Our staff have more patient care specialty certifications required than most services in Maine. North East's EMS medical director is Dr. Matt Sholl, who also serves as the Maine EMS state medical director. North East also has a community paramedicine medical director, who is dual boarded in emergency medicine and internal medicine and specializes in geriatric care.

We will operate with four ambulances staffed in comparable fashion to the service now provided. Services will initially be provided from our current Rockport base on Route 1 in Rockport. North East will try to negotiate purchase and/or use of the current Camden First Aid Association (CFAA) base and transition our operation to that base. North East will also try to negotiate a smooth transition with CFAA, given the short timeframe between announcement of the service selection and initiation of service.

North East will establish an EMS performance committee with representatives of the four towns to monitor response quality and to continuously improve this service. A community service program with training, public education, and community support components, similar to that provided by North East's 9-1-1 service in the Richmond area will be implemented here. North East will expand its community paramedicine program; one of the first approved in the state, to this area and will employ a local physician as medical director for community paramedicine.

We intend to develop and support first responder resources in the towns in the manner they are now provided under CFAA. North East will also incorporate the technical rescue team under its current leadership into the North East specialty team structure (along with our Strike Team, Bariatric Response Team, and other specialty response teams and groups). We will negotiate with the Camden Fire Department a transition of the extrication response capability to that Department if it can be provided as readily to the towns as it is now.



## (2) SCOPE

### A. SERVICE

North East commits to provide 9-1-1 emergency response to the Towns of Camden, Hope, Lincolnville, and Rockport at the paramedic level 24 hours a day, seven days a week. We will also provide standby and rehab services for fire departments in the Towns served for fire emergencies where they are requested. North East will maintain a network of first responders in the Town areas most distant from our bases similar to that now maintained by CFAA.

We maintain and are further developing specialty teams within North East's response capabilities. Each team has a supervisory structure and training requirements appropriate to the services provided. There are nine specialty teams or operational groups, including:

- **Angel Team** – our neonatal and pediatric intensive care mobile response with the Barbara Bush Children's Hospital.
- **Bariatric Team** - a specially equipped and staffed ambulance to provide care and transport to patients weighing over 500 pounds.



- **Strike Team** – we have the ability to staff and deploy four-ambulance teams to the scenes of emergencies requiring mass patient care and/or evacuation. We can scale that response up to include our wheelchair van and bus fleet depending on the emergency.
- **Specialty Events Team** – we provide medical care coverage for many specialty events from ATV races, to team sport operations such as the Portland Pirates and Maine Red Claws, to large events such as the Beach to Beacon road race.
- **Community Paramedicine Group** – coordinates our community paramedicine services throughout our response areas.

Not only are these specialty response teams offered as a part of our service to the Towns, but they demonstrate our commitment to organized, well-supervised specialty services.

We would integrate the current, volunteer staffed, technical rescue team into our specialty team structure, and would support its current leadership in continuously improving that service and perhaps expanding it to other response areas lacking such resources. We see this as an important area of EMS expertise for this response area given the features of the hills and coast. It is a service that is best provided by EMS practitioners.

The current volunteer extrication service is a different matter. Fire rescue personnel working closely with EMS responders provide extrication tool operations in most settings. We see little advantage within the scope of EMS practice to providing this service and believe it is best handled within the local fire department, unless they cannot be made available to all of the Towns any other way. We would encourage this service to be transferred to Camden's Fire Department if it can be offered from there to all four towns as needed. If this did not prove feasible, we would continue the current extrication team arrangement.

Having reviewed the current CFAA staffing, as well as Maine EMS data on call volume fluctuation by day of week and time of day for the response area, we would provide:

- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 24 hour a day, seven day a week basis at the base.
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 12 hour a day, seven day a week basis at the base during daytime.
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 12 hour a day, seven day a week basis on call (to report to base when all other crews are out).
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 18 hour a day, seven days a week basis at the base.
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 6 hour a day, seven days a week basis at the base.

The first three crews listed would be the primary 9-1-1 coverage for the Towns. The last two crews listed are primarily Interfacility transfer crews now staffing the Rockport base, but who would be available as back-up for 9-1-1 response.

## **QUALITY ASSURANCE/IMPROVEMENT AND COMPLIANCE**

North East employs a full-time Clinical Compliance Officer whose job is to assure not only our service's continuous compliance with state licensing provisions, but also Medicare, MaineCare, HIPAA, OSHA and other regulations impacting EMS providers. Our Clinical Compliance Officer also coordinates our Quality Improvement (QI) program, working closely with our primary medical director, Dr. Matthew Sholl. He supervises the work of two paramedic QI reviewers and one compliance reviewer who is a paramedic and is also an attorney versed in reimbursement and other compliance law. These reviewers assure that a representative sampling of our emergency and non-emergency call volume is accomplished for clinical quality, documentation adequacy, and compliance with Medicare and other reimbursement requirements. We are one of the few, if there are any other, Maine ambulance services to operate a Compliance Committee and review process to assure that our Medicare, MaineCare and other reimbursement requests are appropriate.

Our Quality Improvement plan, including a description of the QI Committee and all protocols for its operation is attached as an appendix to this proposal.

We have piloted patient satisfaction surveying in some of our 9-1-1 towns, and plan to expand that to all 9-1-1 response areas.

## **HIPAA**

North East is compliant with all Privacy and Security provisions of HIPAA. We maintain Business Associate agreements with all contracted healthcare facilities and require confidentiality agreements with certain vendors and other third parties. Other components of our HIPAA program include the following:

- a) Appointment of designated compliance officer
- b) HIPAA training for all new employees and annual training for the entire staff
- c) Distribution of privacy policy to all patients
- d) Appropriate safeguarding of all Protected Health Information ( PHI )
- e) Secure storage of all patient records
- f) Implementation of all computer security measures
- g) Strict limitation on personnel access to PHI
- h) Maintenance of logs to document requests for PHI.

## **MEDICARE/MAINECARE COMPLIANCE**

We are particularly proud of the program we have developed to ensure compliance with all applicable provisions of Medicare and MaineCare. Every effort is made to ensure that all of our policies, practices and operations are consistent with current rules and regulations. Our compliance program is administered by Butch Russell, our Clinical Compliance Officer. Each and every employee at North East plays a role in the compliance program. Our program consists, in part, of the following elements:

- a) Development of comprehensive policies and practices
- b) Regular staff training on compliance issues
- c) Compliance training in association with contracted healthcare facilities
- d) Regular run report and billing form review to ensure compliance
- e) An employee reporting program that requires employees to bring potential irregularities relative to the provision of services or billing to the attention of management for further inquiry and review
- f) Screening of all applicants for employment through the national Medicare exclusion data base to ascertain possible ineligibility
- g) Regular attendance at compliance conferences and seminars by key personnel to ensure that all policies reflect the current law
- h) Post submission billing audits to ensure proper billing.

## **OSHA/SAFETY**

Compliance with OSHA is overseen by our Safety Committee. The Committee takes a very aggressive stand on safety and in many cases requires adherence to standards beyond those required by law or regulation. Our focus is on the concept of “Best Practices” as defined by our industry. Elements of our program include the following:

- a) Prompt investigation of all accidents to identify causation and assist in making recommendations for changes in behavior or policy so as to avoid further accidents
- b) Routine inspections of all facilities and vehicles to identify potential safety hazards
- c) Purchase of vehicles with state of the art safety innovations such as power assisted hydraulic stretchers that help avoid injuries to both employees and patients
- d) Safety and driver training for all employees
- e) Safety committee meetings to review policies, procedures and investigative reports
- f) Coordination of our safety efforts with MEMIC, our workers compensation insurance carrier.



## **B. PERSONNEL/STAFFING**

North East's professional staff stands at approximately 200 full time and per diem employees. Many of our employees have been with us since the company started thirteen years ago. We have made a concerted effort to have more full time staff dedicated to meet the clinical, emotional and financial needs of our patients, our company and our facilities and municipalities. Our employees understand customer service and they continue to meet and exceed our patients' and facilities' expectations with respect to patient care, compassion, safety and efficiency - the qualities that we believe have established our reputation as one of the best services in Maine.

A recent snapshot of our field EMS staff looked like this:

### SERVICE-WIDE EMS PERSONNEL

	SCARBOROUGH	BIDDEFORD	TOPSHAM	ROCKPORT	SANFORD
Full Time	78	18	18	6	7
Per Diem	25	3	9	1	0
Paramedic	23	6	14	4	3
Intermediate	18	3	8	1	2
Basic	40	10	5	2	2
Chair Car	14	1	0	0	0
Chair Car Bus	5	0	0	0	0

### STAFFING FOR PROPOSED CAMDEN-HOPE-LINCOLNVILLE-ROCKPORT SERVICE

For the sake of completeness here, again, is the staffing plan. We would provide:

- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 24 hour a day, seven day a week basis at the base.
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 12 hour a day, seven day a week basis at the base during daytime.
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 12 hour a day, seven day a week basis on call (to report to base when all other crews are out).
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 18 hour a day, seven days a week basis at the base.
- One EMT or Advanced EMT (EMT-Intermediate) and one Paramedic crew on a 6 hour a day, seven days a week basis at the base.

The first three crews listed would be the primary 9-1-1 coverage for the Towns. The last two crews listed are primarily Interfacility transfer crews now staffing the Rockport base, but who would be available as back-up for 9-1-1 response.

This staffing model would increase our personnel roster in this response area from seven to approximately 20. Clearly, we have the depth of service-wide staffing to accomplish a transition to providing this service, however, it would be our intent to invite current CFAA staff to apply for positions with us and to take advantage of the collective knowledge and experience that they would bring.

We utilize our internal computer aided dispatch (CAD) program and our human resources scheduling and tracking platform to analyze our call volume on a regular basis. Our staffing schedule is directly related to our call volume. Each month we evaluate several quality indicators that dictate how and when we staff our trucks. Our schedule is adjusted, as needed, to meet the demand. Although we constantly monitor volume and staffing schedules, we do not staff down based on short term volume fluctuations. We depend on our system status management tools and deep resources to re-allocate staff and trucks as needed.

Our current Rockport Division staff consists of six professionals. Three *are licensed as EMTs or Advanced EMTs* and have over 24 years of service. Three are licensed as paramedics *and have 66 years of service*. Their training and certifications are consistent with the description of training/certification requirements which follow below.

The following are our licensing and training/certification requirements for professional field staff. They exceed the requirements of most Maine EMS licensed services.

## LICENSING OF PERSONNEL

**EMS LICENSING:** All ambulance personnel are licensed as EMS providers by the State of Maine and are required to maintain their licenses in good standing as a requirement of their job.

**DRIVERS LICENSES:** All personnel who operate North East vehicles must meet standards of both North East and our insurance carrier. Dept. of Motor Vehicles records of all job applicants are reviewed by our insurance carrier prior to hire, and driving records of all personnel are reviewed every six months to ensure that personnel have not received violations nor been involved in accidents that would render them ineligible to drive under current standards. Our carrier requires that all drivers be at least twenty-one (21) years of age. All personnel are required to have successfully completed an AVOC program (Ambulance Vehicle Operators Course) as a condition of employment. In addition, all new personnel must complete our in-house driver training program.

## TRAINING/CERTIFICATION AT NORTH EAST

Professional staff at North East are subject to the following training/certification requirements:

### OFFICE STAFF

1. First Aid and CPR
  - a. AHA Heartsaver CPR and First Aid

### EMT-BASIC REQUIREMENTS

1. Ambulance Operator Course (one of the following / one time only) – MUST be completed within 6 months of hire date
  - a. Maine EMS Ambulance Vehicle Operators Course (AVOC)
  - b. DOT EVOC-Ambulance
  - c. VFIS Emergency Vehicle Driver Training Program
  - d. Maine Fire Training & Education EVOC Program
  - e. Maine Criminal Justice Academy EVOC course
  - f. CEVO-II (if practical driving course with program)
  - g. Department of Defense EVOC – Ambulance Course
2. Basic Life Support
  - b. AHA BLS CPR
2. Prehospital Pediatric Course
  - a. Basic Pediatric Education for Prehospital Providers (PEPP)
3. Prehospital Trauma Education (*one of the following*)
  - a. Prehospital Trauma Life Support (PHTLS)
  - b. Assessment and Treatment of Trauma (ATT)
  - c. International Trauma Life Support (ITLS)

### EMT-INTERMEDIATE REQUIREMENTS

1. Ambulance Operator Course (one of the following / one time only) – MUST be completed within 6 months of hire date
  - a. Maine EMS Ambulance Vehicle Operators Course (AVOC)
  - b. DOT EVOC-Ambulance
  - c. VFIS Emergency Vehicle Driver Training Program

- d. Maine Fire Training & Education EVOC Program
- e. Maine Criminal Justice Academy EVOC course
- f. CEVO-II (if practical driving course with program)
- g. Department of Defense EVOC – Ambulance Course
2. Basic Life Support
  - a. AHA BLS CPR
3. Prehospital Pediatric Course (*one of the following*)
  - a. Advanced Pediatric Education for Prehospital Providers (PEPP)
  - b. Pediatric Advanced Life Support (PALS)
4. Prehospital Trauma Education (*one of the following*)
  - a. Prehospital Trauma Life Support (PHTLS)
  - b. Assessment and Treatment of Trauma (ATT)
  - c. International Trauma Life Support (ITLS)

## **PARAMEDIC REQUIREMENTS**

1. Ambulance Operator Course (one of the following / one time only) – MUST be completed within 6 months of hire date
  - a. Maine EMS Ambulance Vehicle Operators Course (AVOC)
  - b. DOT EVOC-Ambulance
  - c. VFIS Emergency Vehicle Driver Training Program
  - d. Maine Fire Training & Education EVOC Program
  - e. Maine Criminal Justice Academy EVOC course
  - f. CEVO-II (if practical driving course with program)
  - g. Department of Defense EVOC – Ambulance Course
2. Basic Life Support (AHA BLS)
3. Advanced Cardiac Life Support (AHA ACLS)
4. Prehospital Pediatric Course (*one of the following*)
  - a. ALS Pediatric Education for Prehospital Providers (PEPP)
  - b. Pediatric Advanced Life Support (PALS)
5. Prehospital Trauma Education (*one of the following*)
  - a. Prehospital Trauma Life Support (PHTLS)
  - b. Assessment and Treatment of Trauma (ATT)
  - c. International Trauma Life Support (ITLS)
6. Advanced Medical Life Support
  - a. Advanced Medical Lift Support (AMLS)
  - b. Emergency medical Patients: Assessment, Care & Transport (EMPACT)
7. Paramedic Interfacility Transfer Training (*one of the following*)
  - a. Maine EMS PIFT Program
  - b. CCEMT-P Program (one time only, do not need to maintain certification)
8. Cardiac Cath Lab Activation for STEMI (in 9-1-1 areas served by cath labs)

I



## **SUPERVISION AND OVERSIGHT**

Each North East division is led by a Division Commander, who is usually assisted by a supervisor. Under this proposal, our Rockport Division Commander, Dennis Simmons, will continue to serve in that capacity and will hire a supervisor to assist with Division responsibilities and to lead the unit in his absence.

In addition, we provide day and night supervisory coverage service-wide from our Scarborough base to assist crews at all divisions. It is also our policy to provide an “administrator on duty” (AOD) on a 24/7 basis. The AOD is a chief, division commander or other senior leader in the Service.

## **C. RESPONSE TIMES**

North East expects to be able to maintain the same response time performance on an annual average basis in the response area as a whole as now provided by CFAA. Response times will approximate the following non-emergency driving times from our current base in Rockport.

Camden-Rockport Middle School - 7 minutes  
Hope Corner Station and School - 13 minutes  
Camden Hills High - 6 minutes  
Lincolnvile Central School - 16 minutes  
Camden Snow Bowl - 7 minutes  
Camden Hills State Park - 8 minutes  
Lincolnvile Beach - 14 minutes  
Rtes. 17 & 90 intersection - 9 minutes  
Mid Coast Rec Center - 7 minutes  
Mirror Lake - 11 minutes  
Windward Gardens - 6 minutes  
Quarry Hill - 4 minutes

These response time approximations would be for paramedic level response.

Because we are augmenting our current Rockport Division staff, who will continue to do primarily inter-facility transports, that staff can serve as an “internal mutual aid” when our 9-1-1 staff is occupied. That staff will also enable the emergency crews to remain in the immediate response area. In addition, we will maintain mutual aid agreements with neighboring services as is the custom and practice in Maine.

North East will maintain access to response time records and will provide reports of these to the Towns on at least a quarterly basis. In addition, we will establish an EMS performance committee, consisting of Town representatives to establish response time guidelines and to monitor performance against these. This committee will meet on at least a quarterly basis.

## **D. VEHICLES AND EQUIPMENT**

North East's fleet is described in the table below. The Rockport Division is currently served by a primary ambulance and a reserve ambulance. As needed, we also place a "paramedic fly car" at the Division. This will have a permanent presence under the 9-1-1 contract. It is used to allow the division commander or an on call paramedic to respond quickly to a call where their assistance is required. It will also be used for community paramedic service. Under the proposed 9-1-1 service, we will add two Type III (box style) ambulances to the Rockport Division, bringing the total to four.

The current ambulances include:

2012 Crestline Type III  
2006 AEV Type II

Our replacement schedule, service-wide, brings at least four new ambulances into the service each year. We intend to purchase additional vehicles to service the Regional 9-1-1 contract. As vehicles in our fleet age, they are generally moved into local Interfacility service in southern Maine, with newer units being retained for 9-1-1 and longer Interfacility use. The exact replacement process depends on the performance of the individual vehicles and their history of repair.

We also have an aggressive and effective vehicle maintenance program with our own in-house mechanics that are able to provide routine, scheduled maintenance of all fleet vehicles, as well as being able to promptly address any repair issues that arise. Most repairs can be, and are, done in-house. Our computerized vehicle maintenance program enables us to keep timely and accurate records of all maintenance and repairs for each vehicle in the fleet. Our fleet size enables us to provide replacement vehicles while usual vehicles are being repaired; something smaller services cannot do.

We believe that we now have the safest and most fuel efficient fleet in Maine.



2012 Ford E-350 Crestline  
Coach utilized at NEMHS  
Rockport Division.

## **NORTH EAST MOBILE HEALTH SERVICES FLEET OF VEHICLES**

<b>PORTLAND</b>	<b>TOPSHAM</b>	<b>BIDDEFORD</b>	<b>ROCKPORT</b>	<b>SANFORD</b>
17 Ambulance	5 Ambulances	4 Ambulances	2 Ambulances	1 Ambulance
11 Chair Cars	1 Paramedic Fly Car	1 Chair Car	1 Paramedic Fly Car	
4 Shuttle Busses		1 Paramedic Fly Car		
6 Paramedic Fly Cars				

## **TECHNOLOGY AT NORTH EAST MOBILE HEALTH SERVICES**

All of our ambulances are GPS equipped and may be tracked to determine location and assist in assigning the nearest appropriately staffed ambulance. All ambulances have on-board computers (NOMADS) to receive their call assignments. Information supplied to these computers also includes patient demographics and call information. Call assignments are paged to the ambulance personnel and vehicle simultaneously. Each truck also has a tablet computer, which is connected wirelessly to an internet router. The encrypted information is downloaded to the crew's tablet computer to be used in completing the patient run report. Once the patient care record is completed, call times, mileages and other information is merged with the patient document and the run sheet is sent back to the North East CAD (Computer Aided Dispatch system). From there, extracts are sent to the State of Maine EMS Information site and to our billing office. For patients being transported to the hospital emergently, the server will automatically fax the patient run report, as well as supporting data such as EKG monitor strips, directly to the hospital.

All information is encrypted and North East maintains a very strict health information security program that is HIPPA compliant.

## **DISPATCH TECHNOLOGY**

While we will utilize Knox Regional Communications Center dispatch services for 9-1-1 purposes as is now the case for CFAA. North East and Eastern Maine Medical Center are partners in MedComm, a full service emergency medical dispatch center. MedComm provides dispatch service 24 hours a day 365 days a year and will also support our crews in the Region. All dispatches will be coordinated by North East using local public safety 9-1-1 dispatch and our MedComm service. All MedComm dispatchers have been certified by the National Academy of Emergency Medical Dispatchers and have graduated from Medical Priority Dispatch Training. MedComm provides call taking services, for emergent, non emergent ambulance transport along with wheelchair transports. MedComm dispatches over 75,000 calls not only to North East Mobile Health Services but other services including Life Flight of Maine, Capital Ambulance and County Ambulance. MedComm's state of the art technology includes GPS Mapping; Fleet Eyes vehicle tracking system, along with Rescue Net a computer aided dispatching and billing system. These systems allow MedComm to track the fleet system wide to utilize assets more efficiently to save time, money and energy.



## CLINICAL TECHNOLOGY

All paramedic and intermediate ambulances are equipped with Zoll “M” and/or “E” series with cardiac monitors that have 12 lead capability, NIBP (Non-Invasive blood pressure monitoring), end-tidal CO<sub>2</sub> and SPO<sub>2</sub> monitoring, IV Pumps and external pacing.

Our ambulances are equipped with hydraulic stretchers. These stretchers are battery powered and can easily lift or lower a patient weighing as much as 750 pounds. These stretchers are a valuable ergonomic tool for our staff as well, potentially reducing injuries associated with lifting and moving patients.

## COST

North East will assess a per Town subsidy at exactly half that now being paid, for a total of \$28,000, in the first two years of the contract, as follows:

- Camden - \$10,000
- Hope - \$1,000

- Lincolnville - \$5,000
- Rockport - \$12,000

## **FINANCIAL MANAGEMENT, BILLING AND SERVICE REPORTS**

The service will provide at least quarterly service reports through the EMS performance committee consisting of Town appointed representatives.

North East maintains its own billing staff for primary billing and receives back-up support as needed and secondary billing services from MedComm, our partner in dispatch and billing. The collection of outstanding bills is accomplished through Affiliated Health Collections, a subsidiary of Eastern Maine Health Care.

## **INSURANCE**

North East maintains a comprehensive insurance portfolio that includes general liability, professional liability, property liability, workers compensation and business auto insurance. Limits of coverage, in most cases, are one million dollars per incident and three million dollars general aggregate.

North East assures that these insurances will be maintained and will name the Towns as additional insured's in an amount not less than \$1,000,000.00 for injuries to each person in one accident and \$1,000,000.00 for damages to or destruction of property in any one accident. We agree to maintain, as we do now, at our own expense, Workers Compensation Insurance, including occupational disease provisions, in accordance with the laws of the State of Maine. North East will issue certificates of insurance with each town with 30 days of contract award and subsequently each year upon renewal of said insurances.. The insurances will contain provisions that they not be cancelled without at least seven days' prior written notice to the Region.

## **REFERENCES**

North East has provided 9-1-1 service in the following towns in the past ten years: See attached.

Town of Dresden:

Alan Moeller, Sr. Selectman- 207-380-7886 or [DresdenTownoffice@roadrunner.com](mailto:DresdenTownoffice@roadrunner.com)  
5 year contract beginning on July 1, 2009- current

Town of Richmond:

Scott MacMaster, Chief of Police, 207-737-2615 or [smacmaster@richmondmaine.com](mailto:smacmaster@richmondmaine.com)  
contract beginning on July 1, 2009- current

Town of Woolwich:

David King Sr., Select Board Chairman, 207-442-7642 or [selectboard@woolwich.us](mailto:selectboard@woolwich.us)  
Contracted since 2004- current

Town of Bowdoinham:

William Post- Town Manager, 207-666-5531 or [wpost@bowdoinham.com](mailto:wpost@bowdoinham.com)  
Contracted since 2002- Current

Town of Durham:

Deb Larrabee - [selectmanlarabe@durhamme.com](mailto:selectmanlarabe@durhamme.com) or 207-240-1637  
Contracted from 2001-2005- began own transporting ambulance service in 2005.

## Value Added Services/Options

**AVAILABILITY TO BE PRESENT AT FIRE DEPARTMENT CALLS WHEN REQUESTED:** - As previously described, North East would respond to fire emergencies for standby and rehab purposes when requested by fire departments in the Towns. These services would be planned with those departments so that all responders have the same expectations about how, what, and when these services will be provided.

**STANDBY COVERAGE AT TOWN-SPONSORED FUNCTIONS ATTENDED BY 500 OR MORE PEOPLE:** - We would provide standby coverage when asked by the Towns of Camden, Hope, Lincolnville or Rockport.

**STANDBY COVERAGE AT PUBLIC HIGH SCHOOL ATHLETIC EVENTS:** North East will provide standby coverage at any high school athletic event as long as the school has a certified athletic trainer on scene as specified by Maine EMS Rules.



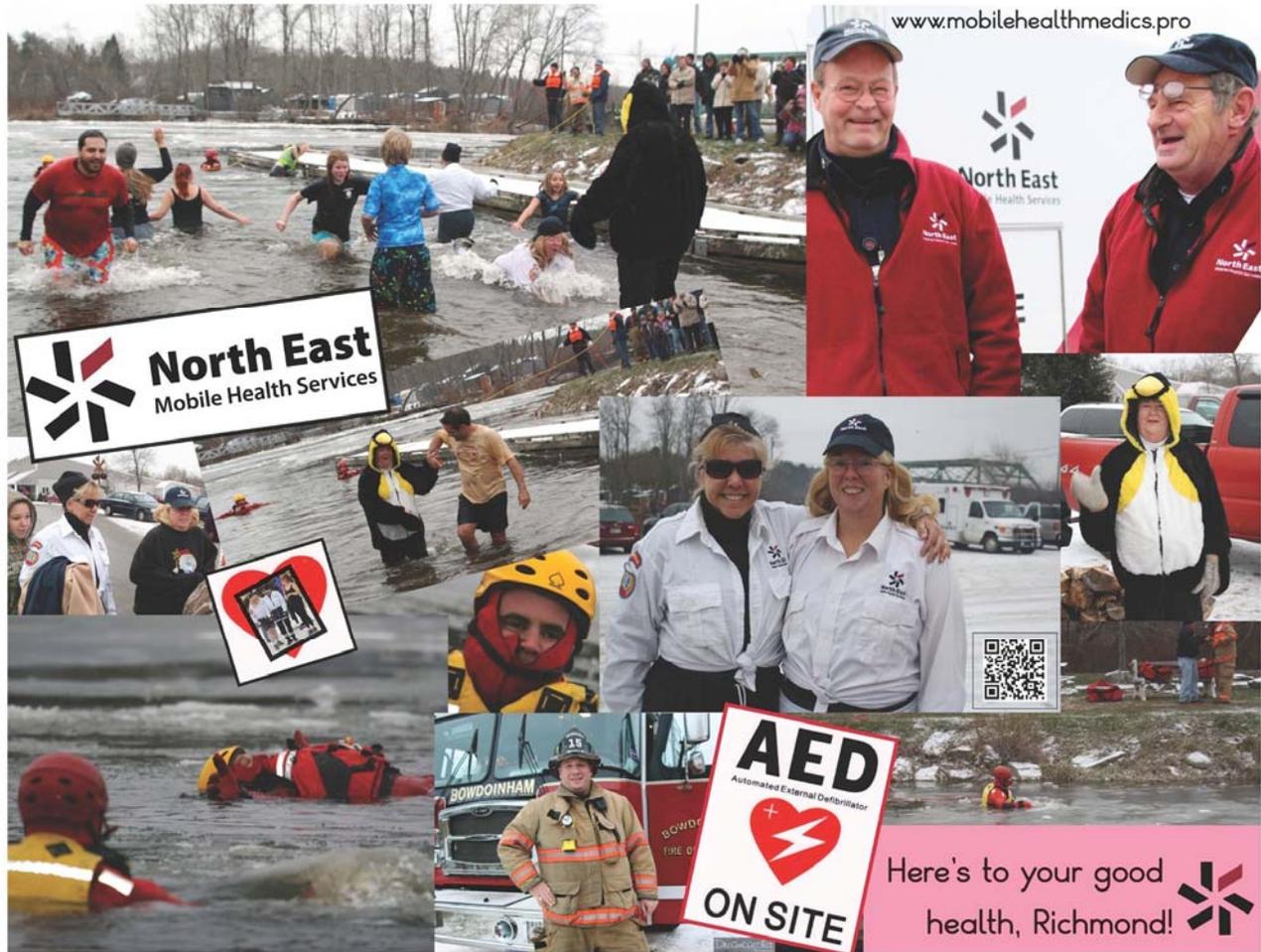
Rockport Division Commander Gives North East Donation to Knox County Clinic this winter

**COMMUNITY WELLNESS CLINICS, COMMUNITY SUPPORT, CPR EDUCATION, AND SIMILAR OUTREACH:** We will provide these services as we do now in other 9-1-1 towns such as Richmond. In that town in the last year, we have:

- Provided AEDs to the police department and senior center and have replaced AED pads for the unit in the fire department. One AED was purchased in part through donations from North East staff who participated in a “polar bear dip” to raise money for this.
- Have held CPR/AED training and have provided blood pressure awareness clinics.
- Have gotten the town designated as a Healthy Heart Community by State of Maine.
- Have sponsored a youth baseball team.
- North East and our staff in the area donated funds to buy one patient and his family a load of oil last winter, and provided that family and another patient’s family holiday meals.
- Created a complete haunted house attraction for the Town’s Halloween celebration and donated all proceeds to the senior center.
- Have donated first aid kits to the summer rec program and youth baseball league.



North East Mobile Staff Listen to Town Residents at Grange Dinner in Richmond



North East Staff Raise Money At polar Dip for Richmond Senior Center Defibrillator (AED)

**COMMUNITY PARAMEDICINE SERVICES:** North East was one of the first services in Maine approved by Maine EMS for its community paramedicine (CP) pilot projects. Our Chief, Kevin McGinnis, is a national leader in CP and served as Maine EMS' community paramedicine coordinator for two years. The current North East pilots will begin in the next two months. One project, a trauma telemedicine service, will be offered from all of our bases, including Rockport, in the next three months. We have already begun CP planning with Pen Bay Medical Center, and will soon hire a CP medical director affiliated with that facility. North East operates the largest national standard CP training program in Maine, and will soon have nine trained community paramedics, including two in Rockport.



Central Maine Newspapers Feature North East's Community Paramedicine Program

**TRANSITION PROVISIONS**

North East is committed to maintaining a smooth transition of service from CFAA. Given the two week time-frame between announcement of the winning proposal and establishment of the service, it would be a hardship for CFAA to suddenly go out of business and for North East to suddenly take over (though we would stand ready to bring vehicles and crews in to do so if necessary). Therefore, we would propose a four month transition period to allow leaders at both services to plan the transition. During this time, CFAA would continue to provide response as it does now. Subsidies collected for the transition period by North East would be turned over to CFAA. Negotiations on purchase or other use of the CFAA base would also be conducted during the transition. The EMS performance committee would be stood up and would participate in the transition process so that its members could keep their town officials apprised. Once the EMS performance committee agrees that transition would happen successfully and a process for dispatch cut over was agreed upon by all parties, North East would begin its service either from its own base or the CFAA base.

**(3) BUSINESS AND BACKGROUND**

North East Mobile Health Services began as a vision formed by its two principals, Charles McCarthy and Dennis Brockway, both well known for their prior accomplishments in medical transportation. The idea was to create a quality medical transportation company that was able to provide a full range of services for healthcare facilities... a true one-call approach to medical transportation. With one call, a healthcare facility could obtain services for a routine local transport, a critical care transport to a tertiary facility, a long distance transport out of state, an air medical transport or a basic wheelchair van transport across town.

Achieving this goal presented real challenges but these challenges were addressed with enthusiasm and commitment and eventually overcome. North East Mobile Health Services became a reality and the concept was quickly embraced by the healthcare community. Starting with a single base of operations, five ambulances, three wheelchair vans and fewer than 50 employees, North East has

grown in just 13 years to a company that now has thirty ambulances, eleven wheelchair vans and some 200 employees. Bases of operation are now located in Scarborough, Biddeford, Sanford, Topsham, Dresden and Rockport.

In a typical week, North East handles more than 500 ambulance transports and 250 wheelchair transfers. Trips will include 100 9-1-1 emergency calls from our town contracts and skilled nursing facilities, Basic Life Support level discharges from a local hospital or other healthcare facility, cardiac transfers to a tertiary care facility, and long distance transfers to out of state destinations. Many of our transfers include those designated as PIFT (Paramedic Interfacility Transport) transfers. Under this program, specially trained paramedics are now able to transfer patients on a wide variety of medications and/or medical devices. North East currently handles more PIFT calls than any other service in the State of Maine.

North East requires its paramedicine professionals to maintain a greater array of education certifications than virtually any other EMS provider in Maine. Specialty training in the critical care of children, cardiac and injury basic and advanced intervention, and adult medical life support are among these requirements. Our staff take these credentials, as well as their state licenses as EMTs and paramedics, out on some 30,000 patient calls a year....more than any other service in Maine, bar none. Our wheelchair van staff transport 14,000 patients a year, and thousands of Maine people ride hospital shuttle services provided by North East.

We train well and reinforce often with more patient experience than most in the State. We have also been selected to train paramedicine students from around the region, under careful guidance by our Field Training Officers, because we provide such a healthy example of mobile health professionals in action. We operate our own training center to meet the needs of our staff, and to serve as a regional resource for other emergency medical services.

Finally, what really sets us apart from other medical and transportation providers is our desire and ability to serve a community or health system with cutting edge mobile health services. We value imagination and innovation among our staff...constantly assessing patient and service needs to figure out a better way to do them. In short, we like to think outside the box on wheels!

We embrace Community Paramedicine, a relatively new concept to integrate EMS providers into the community health team to address health care gaps in the community that are best engaged by professionals in the community 24/7 and available on quick notice. A North East vehicle may come to your home (no red lights or siren) simply to help with a health need that is best managed in your home without transportation anywhere. No waiting room– more comfortable and less expensive for you! We also embrace telemedicine and other technology that allows our paramedicine professionals to better connect you to hospital and clinic specialists in times of emergency– or just to save you that trip.

## **INTRODUCING THE NORTH EAST MANAGEMENT TEAM**

### **CHARLES MCCARTHY, OWNER**

Charlie McCarthy first became interested in EMS as a teenager, after receiving a scholarship to Outward Bound's winter program in 1982. "Convinced that being an Outward Bound instructor was the career for me, I enrolled in a required EMT course. Shortly after completing the course I learned that a local volunteer ambulance service was in need of EMT's. I signed up, was assigned on a crew— and fell in love with it."

Three years later, having graduated from high school, he attended the Vermont Paramedic Program in Brattleboro, VT and became a nationally registered paramedic. In 1989 Charlie earned his BS in Emergency Health Services Management from the University of Maryland; and that same year he founded Capital Ambulance of Augusta and, shortly thereafter, of Bangor.

Capital Ambulance, a 1995 recipient of the Governor's Business Excellence Award, was the first service in Maine to institute a Critical Care Transport program and was the first, in concert with Eastern Maine Medical Center, to create a neonatal transport program.

In 1996, recognizing the need for alternative approaches to the provision of EMS, Charlie partnered with longtime colleague Dennis Brockway to launch North East Mobile Health Services. Soon thereafter, Kevin McGinnis joined the effort for the early years of its growth. They engaged in system building projects that resulted in MedComm (a full service emergency medical communications center) and, in concert with its later Director, Tom Judge, made early progress towards forming LifeFlight of Maine.

Charlie, who lives with his family in Brewer, is an active volunteer in his local school system, and a supporter of the Bangor Area Homeless Shelter

### **DENNIS BROCKWAY, PRESIDENT**

Dennis Brockway was also drawn to EMS at an early age. "I started at 16 with Arrow Ambulance in Waterville in 1971, before there was any thought of the EMT curriculum. Red Cross First Aid was the only thing going at the time. But I remember vividly the thrill of helping others, and relieving pain. And I felt that I had a God given talent to handle situations with tact and calmness that gave me an unusual degree of confidence. I felt good doing what I was doing and derived a lot of satisfaction out of this work. I still do today."

After becoming an EMT in 1972, he worked at Delta Ambulance, one of Maine's largest not-for-profit ambulance services, for 15 years as a field paramedic and supervisor, and then a decade as its Executive Director. While at Delta, Dennis was responsible for expanding Delta's service area from Waterville into the Augusta and Farmington areas. He was instrumental in forming the Maine Ambulance Association (MAA) and currently holds the position of Vice President. He is a member of the American Ambulance Association (AAA) and sits on its Regulatory and Legislative Subcommittee, and also on the Governor's Providers Advisory Committee (PAC). He continues to be very active in local, state and national politics and policy areas relating to EMS.

In 1996, Dennis worked with Charlie McCarthy and others to develop North East Mobile Health Services (see Charlie McCarthy's bio above). Dennis initiated innovative projects that included home patient monitoring, and the ambulance service that became today's North East. He was largely the success behind the growth of what is today's largest paramedic service in the state of Maine.

Dennis is also on the MeCMS provider Advisory Group, Nursing Home Administrators Board of Directors, MidCoast EMS Council, Board Of Directors for Medtrans Insurance Company, and President of the Board of Directors of Atlantic Partners EMS.

#### **KEVIN MCGINNIS, CHIEF**

With his local, national and growing international reputation as a visionary leader in such areas as advanced communications technology and community paramedicine, Kevin was invited to join NEMHS in 2011 to spearhead its transformation into a true mobile health service.

Kevin McGinnis has been building EMS systems for nearly 40 years. He earned his undergraduate and graduate degrees from Brown University and Cornell University in health care delivery systems and hospital administration. He started working on ambulances in Rhode Island and has held EMT, EMT-Intermediate and Paramedic licenses in New York and Maine. Kevin has been an ambulance service chief for volunteer and hospital-based services, a regional EMS coordinator, a hospital emergency department director, and Maine's state EMS director from 1986 through 1996 (interim state E9-1-1 director for a year as well). He has been an EMS system consultant for the past 15 years, evaluating regional and state EMS systems and local ambulance services.

Kevin also serves as communications technology advisor for the National Association of State EMS Officials, the National EMS Management Association, the National Association of EMTs, the National Association of EMS Physicians, and the National Association of EMS Educators. He was recently named to the Board of Directors of the First Responder Network Authority (FirstNet) which has been authorized to build a nationwide public safety broadband network (in effect the largest such system after Verizon, AT&T, Sprint and T-Mobile). He represents the nation's EMS community on the Board. He has served on several public safety bodies of the Federal Communications Commission, including the Joint Advisory Committee on Communications Capabilities of Emergency Medical and Public Health Care Facilities and the Communications Security, Reliability & Interoperability Council. Past Chairman of the U.S. Department of Homeland Security's SafeCom Program, he continues as Vice Chair of the Public Safety Spectrum Trust and serves on the governing board of the National Public Safety Telecommunications Council. He is widely published in and a national speaker on the areas of public safety/EMS communications, rural EMS, and airmedical systems.

In 2004, Kevin authored the groundbreaking Rural/Frontier EMS Agenda for the Future. Now a classic, this book paved the way for the development of forward thinking concepts such as Community Paramedicine. Kevin was a member of the first class of students who will become Maine's first Community Paramedics. Kevin has also provided the vision and driving force behind the Maine EMS Memorial and Education Project, honoring Maine's EMS system and all those who contribute to it daily, as well as those who have given their lives in the line of duty, to be unveiled on the State Capitol complex in 2013.

Throughout his career, he has made a personal commitment to make his day job that of building EMS systems, while his night job has been in the back of an ambulance "to see how badly I screwed up my day job". That is the mix to which he aspires at North East. Kevin divides his time between Hallowell and downeast Maine, where he enjoys family hikes with his wife Nancy and their husky "lead dog" Zap, looks forward to taking up golf again, and makes a wicked good, award-winning pot of chili.

#### **STEPHEN BENNETT, DEPUTY CHIEF & CHIEF OPERATIONS OFFICER**

Steve began his career in EMS in 1984, when he earned his basic EMT license. After advancing to Intermediate in 1987 and on to Paramedic in 1993, he completed the Critical Care Paramedic program through the University of Maryland in 2004. Steve's EMS career has been primarily in the private

sector, with a focus on management. He spent more than 20 years working in the EMS private sector, including 18 years on Topsham Rescue, six years on the Brunswick Fire Department Call Force, and five years as EMS Deputy Chief for Bowdoinham EMS. He has been with North East Mobile Health Services since 1999.

Steve has served as President of the Board of Directors of the Southern Maine Emergency Medical Services Council, and as the Private Services representative to the Board of Directors of the Maine Ambulance Association. Steve is a certified Instructor/Coordinator for Pre-Hospital Trauma Life Support and Ambulance Vehicle Operations, and has also completed the American Ambulance Association's nationally recognized Ambulance Service Management Certification. At North East, Steve oversees all aspects of day to day operations.

"EMS has always been, and continues to be, very gratifying and challenging for me. There is a lot of reward in seeing an ill or injured person smile during some of their worst times. What interests me about EMS is being able to make a difference and offer a helping hand— and keeping up with the ever changing field of modern medicine."

Steve resides in Turner with his fiancée Lisa and their Golden Retriever, Cadi.

#### **POLLY MILLER, VICE PRESIDENT OF BUSINESS DEVELOPMENT**

Polly brings to North East Mobile Health Services her background in Long Term Care and Assisted Living marketing and sales. Her role at North East is to meet the needs of hospital and other facility clients, and develop new and expanded partnerships with other health care providers. She coordinates an extensive offering of charity and other free services for the communities we serve. A Vermont native, Polly earned her B.A. in Business Administration at Colby Sawyer College in New London, N.H. and has lived in Maine for the past 20 years. Her leisure interests include skiing, mountain biking, hiking, cooking and gardening.

#### **JAN DIMAURO, VICE PRESIDENT OF HUMAN RESOURCES**

Jan joined North East Mobile Health Services in 2011, bringing over 15 years of human resource management and supervision.

Her responsibilities with NEMHS include guiding and managing the overall provision of Human Resources services, policies, management development, affirmative action, salary administration, employee health and wellness, as well as assisting and advising the management team regarding Human Resources issues.

Jan is also a current active member of the Diversity Hiring Coalition, HRASM and SHRM and recently received her certification as a Senior Professional in Human Resources.

Jan's hobbies include long distance biking, kayaking, hiking and teaching Zumba. She also volunteers with various cancer fundraising benefits held in the greater Portland area. Jan received her B.A. in Sociology from the University of Maine and resides in South Portland with her family.

#### **MATTHEW SHOLL, MD, CHIEF MEDICAL OFFICER**

Dr. Sholl, who serves as North East's medical director, is also the Maine EMS state Medical Director and provides medical direction for Portland Fire Department's MEDCU as well. Matt also serves as the EMS Medical Director for both Maine Medical Center and MaineHealth.

### **TONY CORREALE, CHIEF TECHNOLOGY OFFICER**

Tony Correale leads the way in developing and implementing innovative technology systems to support our patient care operations at North East Mobile Health Services. He received a B.S. in Mathematics from the University of Massachusetts with subsequent graduate work in Business studies at Syracuse University. Following a lengthy career as a business analyst and sales executive, he taught technology classes at the University of Maine and Andover College, while creating a consulting technology business serving customers throughout Maine and New England. He is currently a partner of BizCompass, LLC in Westbrook. In 2011, North East selected BizCompass to provide leadership for its IT support systems. Never one to sit still, Tony is an avid ice hockey player, and enjoys both domestic and international travel when not at home in Portland with his golden retriever, Buddy.

### **ROBERT “BUTCH” RUSSELL, CLINICAL COMPLIANCE OFFICER**

Butch’s EMS career dates back to 2000, and in the years since then he has been employed around the state of Maine, at Memorial Ambulance (Deer Isle), Peninsula Ambulance (Blue Hill), County Ambulance (Ellsworth), United and PACE. He started at NEMHS in 2002, joined the Critical Care Transport Team, and served as a Supervisor and then Education Coordinator before taking on the position of Clinical Compliance Officer in 2009.

Butch has served as ECC Liaison to the Southern Maine American Heart Association Vol. Board; on the Maine EMS Education Committee, and the Maine EMS Quality Improvement Committee.

A Nationally Registered Paramedic, Butch is also a Maine Instructor/ Coordinator (paramedic level), and instructor in ACLS, BLS, AMLS, and PEPP. He is a member of the National Association of EMS Educators and also the American Academy of Professional Coders (AAPC). His current interests in EMS include education, critical care, compliance with billing and HIPAA regulations, and Quality Improvement.

Butch lives with his family in Windham, and enjoys hiking, skiing, biking, fishing, being outdoors and spending family time with his wife and children.

### **DENNIS RUSSELL, EDUCATION COORDINATOR**

The newest member of the Senior Leadership team, Dennis has already contributed to the development of a strong and progressive education department at North East Mobile Health Services. He is a National Curriculum Training Program Paramedic, licensed Maine EMS Instructor/Coordinator, Certified Athletic Trainer, and Certified Strength and Conditioning Specialist.

Dennis’ prior experience took place at the University of Maine, where he was Chief of Service for the Volunteer Ambulance Corps while earning his Masters in Education (2007); Bowdoin College, an internship with New England Patriots, and volunteering at Lake Placid and internationally with the U.S. Olympic development teams. He has been employed by Lisbon EMS, Capital Ambulance, United Ambulance, and Gray Fire and Rescue, and also served on numerous state and regional boards and committees.

Dennis currently attends Maine EMS Committee Meetings on education, MDPB, PIFT, and QI. He lives in Gray with his wife Alana and their three children.

### **MARIA RUSSELL, HEALTH & WELLNESS COORDINATOR**

Maria holds the distinction of being the only full time health and wellness coordinator at a Maine ambulance service. She earned her Bachelors degree in Physical Education and Health, before continuing her studies to receive an Associates degree in Paramedicine. “I became interested in EMS because I knew that I wanted to help people. EMS is always changing, and the new technology helps us to improve care.”

At North East, Maria teaches CPR and other classes, and works with individual employees and groups to enhance their wellness. She successfully implemented the company-wide healthy weight loss challenge in 2012, in which NEMHS employees collectively lost 750 lbs. Maria also volunteers as the ECC representative for the American Heart Association board.

Maria lives in Windham, where her interests include “any outdoor activity– hiking, biking, swimming and running; and spending time with my family, from nightly dinners to the multitude of sporting events we attend.”

### **DENNIS SIMMONS, DIVISION COMMANDER, ROCKPORT DIVISION**

Dennis, born and raised in Cushing where he still resides, originally studied criminal justice, law enforcement and corrections. He became involved with EMS 12 years ago as a volunteer driver, while owning and operating a wholesale seafood business. In 2004 he sold the business and took up EMS full-time, working up to paramedic in 2007. He has worked on a per diem and volunteer basis for both private and municipal services, including the Town of Warren and the Town of Cushing. “I’ve worked as a police officer, deputy sheriff, and a corrections officer, but find EMS work much for satisfying,” he says.

When they are not caring for their English Springer, four chickens, and a Morgan mare that they hope to show this year, Dennis and his significant other enjoy camping, hiking, snowshoeing and attending horse shows.

### **ADDITIONAL STAFF**

In addition to the foregoing, North East Mobile Health Services has developed a highly-experienced team of mid-level and supervisory level managers who are responsible for day to day operations and staff oversight. Each of these managers and supervisors works directly under the Division Commander. A member of management is available on a 24/7 basis to resolve problems and address issues.



**5) ASSUMPTIONS**

NORTH EAST HAS NONE

**6) TIMING**

SEE THE TRANSITION PROVISION ON PAGE 18

## APPENDIX A

### COMMUNITY AND CHARITABLE ACTIVITIES

North East Mobile Health Services is actively involved in community service and charitable giving. Some of our activities include the following:

**AMBULANCE COVERAGE** for charitable events such as the MS Bike Ride, the YMCA Back Bay 5k Race, Alzheimer's Memory Walk, the MS Walk and the YMCA Peaks to Portland Swim. In many cases we provide coverage without charge.

**SPONSORSHIP AND PARTICIPATION** in charitable golf tournaments including those on behalf of Maine Medical Center, Mercy Hospital, MidCoast Hospital, Southern Maine Medical Center, Volunteers of America and Mid Coast EMS.

**PARTICIPATION** in charitable events such as Camp Postcard, Fox 23 Kids Safety Day, Bath Kids Bike Safety Day and the Senior Healthy Living Expo.

**HOME FOR THE HOLIDAYS:** On major holidays such as Christmas, Easter and Thanksgiving, we offer free transportation to residents of nursing homes and long term facilities to the homes of relatives.

**PORTLAND PIRATES:** North East Mobile Health Services provides EMS Coverage to the home games of the Portland Pirates Hockey Team.

**MAINE RED CLAWS:** North East Mobile Health Services provides EMS Coverage to the home games of the Maine Red Claws Basketball Team.

**CUMBERLAND COUNTY CIVIC CENTER:** North East Mobile Health Services provides EMS Coverage to many of the events held at the Cumberland County Civic Center.

**CHARITABLE PARTNERS IN HEALTHCARE:** We understand that many people have difficulty in paying for healthcare costs and we are committed to providing financial assistance to the extent permitted by law. On a case by case basis, we work with healthcare facilities, patients and family members in establishing payment plans, reducing costs or, in many cases, waiving any costs associated with the delivery of medical transportation. We are proud of our history of working with hospitals in the area in assisting patients with financial difficulties.

**AMERICAN HEART ASSOCIATION:** Our Wellness Coordinator sits on the Board of Directors for the Southern Maine Chapter as well as serving as Regional Faculty.

**HEART SAFE COMMUNITIES:** is a recognition program based on the "chain of survival". The purpose is to recognize the excellent work done by EMS services throughout Maine in regards to:

1. Community CPR training
2. Cardiovascular related education and awareness activities
3. Public AED placement
4. Ongoing education and evaluation
5. ALS level response to medical emergencies

**TOWN OF RICHMOND:** AED Donations to the Police Department

**RICHMOND YOUTH RECREATION ASSOCIATION:** We have sponsored a Little League Team and provide first aid kits and supplies for the team and for the Summer Recreation Program.





Assuring that people with disabilities have safe, healthy and secure homes  
that promote growth and independence.

04/17/13

To Whom It May Concern,

This is a letter of recommendation for North East Mobile Health Services. North East Mobile Health Services provides urgent and non-urgent medical transportation for the clients at Casa.

Casa is an ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) and we have some extremely medically fragile clients as well as some clients with behavioral issues. The staff at North East Mobile Health Services has been very professional in dealing with the needs of our clients and the staff. North East has responded to all our needs in a timely manner. They work well with the local Fire/EMS Department to assure that we have an adequate response time to all our emergency needs.

There are many issues associated with intellectual disabilities. In particular, our clients have difficulty expressing their needs due to difficulty communicating. The North East Mobile Health Services staff responding to Casa has treated our clients with respect, patience and dignity.

The management staff of North East Mobile Health Services is very responsible and addresses any concerns in a timely and professional manner.

Should you have any questions, feel free to contact me at 207-883-6333.

Sincerely,

A handwritten signature in black ink, appearing to read "Leo Bouchard". The signature is written in a cursive style with a large, looping initial "L".

Leo Bouchard, MLNHA  
Administrator

741 Warren Avenue, Portland, Maine 04103-1007  
PHONE 207-879-6165 · FAX 207-879-7466  
www.casamaine.org · info@casamaine.org

Mailing Address: P.O. Box 150, Westbrook, ME 04098

*For a lifetime of caring*



## MID COAST HOSPITAL

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123 Medical Center Drive  
Brunswick, Maine 04011  
(207) 729-0181  
[www.midcoasthealth.com](http://www.midcoasthealth.com)

April 18, 2013

To Whom It May Concern:

It is my pleasure to recommend North East Mobile Health Services to provide non-emergency and emergency transport services in your community. North East Mobile Health Services sets very high standards for quality patient care. The physicians and nurses of Mid Coast Hospital know they can rely on a highly professional, knowledgeable, responsive and collaborative staff when we call upon North East Mobile Health Services to transport our patients in both routine and critical situations.

As an organization, North East Health Services has consistent, efficient and effective operations. They have been a key strategic clinical partner for Mid Coast Hospital and Mid Coast Health Services for more than 15 years.

Sincerely,



Lois N. Skillings  
President/CEO

LNS:r

North East Mobile Health Services

Quality Improvement Plan

## **STRIVING FOR EXCELLENCE**

Last Revised 12-22-11





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## Preface

The following is an outline of the North East Mobile Health Services Quality Improvement Plan. It is the intent of this document to provide guidance regarding implementing and maintaining the QI Program at North East.

## Acknowledgments

North East would like to acknowledge the following documents that were reviewed to get ideas in creating this document.

- New York State EMS Council QI for Prehospital Providers handbook
- Massachusetts EMS QA/QI Program Handbook
- Contra Costa Health Services EQIP Plan and Toolkit

## Mission Statement

It is the mission of the North East Mobile Health Services Quality Assurance / Quality Improvement Program to ensure a high level of emergency care and transport of patients from the towns, hospitals, nursing homes, facilities and partners that we serve. Consistent with this mission, the goal is to provide care and transport that is:

- Safe:** Avoiding injuries to our patients from the care that is intended to help them.
- Effective:** Providing services that are based on scientific knowledge and Maine EMS protocols to patients that would benefit from those services, and refraining from providing services to those not likely to benefit.
- Timely:** Reducing waits and potentially harmful delays, including enroute/scene/transport times and delays in treatments.

## Confidentiality

The North East Mobile Health Services QI Committee, its reviewers and Medical Directors outlined in this program make up the Maine EMS Board approved QA/QI review committee (pending approval). Under Maine EMS law (Title 32 sec 92-A) all proceedings, reports, records and findings of the Committee are to be kept confidential. In accordance with the law, such records are not to be disclosed, are not subject to subpoena or discovery, and cannot be introduced into evidence in any judicial or administrative proceeding.

No member, consultant, advisor or person supplying information to or receiving information from the Committee or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issuing from the Committee or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings, or data shall be made without the authorization of Management at North East.

## QI Advisory Committee Composition

The North East Mobile Health Services QA/QI committee will consist of the following individuals

- QI Coordinator:** ..... **Butch Russell, CCEMT-P**
- Medical Director:** ..... **Matt Sholl, MD**
- Education Coordinator:** ..... **Dennis Russell, Med, EMT-P**
- External Provider:** ..... **Ginny Brockway, CCEMT-P**
- External Provider:** ..... **Nate Yerxa, CCEMT-P**
- Division Managers:**
  - Biddeford:** ..... **Joe Conley, EMT-P**
  - Scarborough:** ..... **Leroy Johnson, NREMT-P**
  - Topsham:** ..... **Lori Rice, EMT-P**
  - Rockport:**..... **Dennis Simmons, EMT-P**
- Hospital Emergency Department :** ..... **Chris Pare, EMT-P**
- Customer Representative:** ..... **(Vacant)**

## Committee Meetings

The QI Advisory committee will meet at least quarterly to review ongoing information and concerns around this plan. The committee will also review any PCRs of concern and discuss educational opportunities to deal with found deficiencies. The committee will also review and update this document as the plan develops and matures.

## Service Level QA/QI

Most of the Quality Improvement efforts will be focused at the Service level. North East has a goal to strive for excellence. In order to achieve that goal the QI committee, Medical Directors and Management feel that all of the following should be performed, reviewed, and/or monitored on an ongoing basis.

### Run Reviews

North East Mobile Health Services will review PCR's on a regular basis. The reviews will be performed by one or all of the following:

- a) QI Medical Director
- b) QI Coordinator
- c) Education Coordinator (as part of New Hire Orientation)
- d) QI Committee Members
- e) Reviewers, selected by the QI committee or the QI Coordinator. These individuals will not be formal members of the committee, but rather will serve in a role of reviewer only and will then report findings back to the Coordinator. It is recognized that the reviewers are a vital part of the QI Plan and will be protected by Maine Laws outlined previously in this plan.

The QI Coordinator will see that all PCRs are reviewed in a timely manner. The review will be performed by an EMT that has a base of knowledge and experience sufficient to adequately perform the function. A paramedic will review ALS PCRs. A PIFT or CC/EMT-P paramedic will review PIFT and SCT runs followed by the medical director's review. Individuals may not review forms for which they were part of the crew. If an alternate EMT is not available those PCRs may be brought to the QA/QI committee for review.

### PCR Review Process

Primarily, quality indicators chosen by the QI committee or QI coordinator, will drive PCR reviews. These indicators will be either clinical based or operational in nature. The purpose of these profiles is to provide an overall assessment of how North East and its employees at all levels respond to and treat various medical conditions and chief complaints. For example, the following subsets could be designated: cardiac calls, difficulty breathing calls, general illness, motor vehicle accidents, other trauma, etc. For each type of call a pre-determined number of run reports would be reviewed to assess quality performance based on factors such as response time, on scene time, appropriateness of treatment, adherence to protocols, etc. Such profiles are particularly useful for emergency calls but can also be used for certain types of targeted interfacility transports. Results of these profiles can be useful training tools. Current projects consist of the following but should be noted are not limited to:

## Clinical Quality Indicators

- a) Emergency Trips with Chest Pain Review
  - Aspirin administration from time from at patient side
  - 12 Lead acquisition from time from at patient side
- b) Airway Management Review
  - Call Types
  - Indication
  - Airway Procedures
  - Was Capnography used?
  - Receiving hospital and Intervention of receiving hospital within 30 minutes
- c) Paramedic Interfacility Transports Review
  - Crew configuration
  - Sending and receiving hospitals
  - What was the illness
  - Stability prior to and after transport
  - Medication and/or procedures
  - Appropriate level of care and transport
  - Protocols followed
  - Was online medical control contacted, if so for what
  - Was there any changes made during transport
- d) BLS / Compliance Review
  - Crew Information
  - Completeness of vital signs and number taken
  - Signature obtain electronically
  - Intervention documented correctly
  - Chief compliant documented
  - Did the narrative illustrate medical necessity

## Operational Indicators

- a) On Time Performance Report
- b) Demand Analysis Report
  - By Year, day of week, hour of day and Division
  - By town as needed
  - Comparison to scheduled units and average and max demand
- c) Total Volume Report
  - By call type, year and week

- d) Passed Calls Report
  - By Year, day of week, hour of day and Division
  - By town as needed
- e) Long Distance Trip Report
  - Transports greater than 60 minutes
    - i. By Year, day of week, hour of day and Division

Additionally, PCRs will be chosen for review using the following criteria:

- a) All New Hire PCRs during the orientation period
- b) All No Transport and/or Pt Refusals
- c) Any run that has been identified by any of the following
  - Billing
  - Management
  - Notification of potential QA/QI issues from a QI Incident Report

### **Training and Performance Improvement Coaching**

It may become necessary to intervene and coach employees when deficiencies are discovered. When problems have been identified a Training & Performance Improvement Coaching Form will be completed and a meeting will be scheduled with the employee. Every effort will be made to train and educate the employee on areas of need. Tracking of progress will be completed and follow up meetings will be made as needed.

In some circumstances when education and coaching fail to change a behavior, normal service disciplinary actions will need to take place.

## Benchmarks

A fundamental part of the QI process is to set and monitor benchmarks for both the company and the individual employee. North East has set the following benchmarks that will be monitored by the QI Coordinator who will report this information to the Company Managers, the QI Committee and employees on an ongoing basis.

- a) On Time Performance Benchmarks
  - Crews will go enroute to all emergency calls within 3 minutes..... 90%
  - Crews will be on time for all scheduled calls ..... 90%
  - Crews will be on time within 15 minutes of scheduled time..... 95%
- b) Skill Performance Benchmarks
  - Advanced Airways placed or maintained will have ETCO2 monitoring..... 100%
  - In the Prehospital setting, patients with chest pain will have
    - i. 12-Lead ECG within 10 minutes of contact..... 100%
    - ii. Aspirin given within 10 minutes of contact..... 100%
  - In the Prehospital setting, patients with Altered Mental Status will have
    - i. Blood Glucose Monitoring within 5 minutes of contact ..... 100%
    - ii. 12-Lead ECG within 10 minutes of contact ..... 100%

## Feedback to Employees

Feedback to the providers at North East will be done in several different ways including but not limited to the following:

- a) General statistics will be posted on the education bulletin board in the crew area of each division. Information to be posted will include statistics like IV success rates, on time performances, etc.
- b) A sit down meeting with each provider going over their Quality Performance Profile (details below)
- c) In the case where problems may need to be addressed immediately, a sit down meeting may be scheduled to review and go over runs on an as needed basis

## Employee Quality Performance Profiles

At least once each year, preferably more, each employee should be provided with a Quality Performance Profile that measures a number of factors including the following:

- d) Appropriateness of patient care by information gathered from the Clinical and Operational Quality Indicators.
- e) Review of any Training and QI Coaching incidents
- f) Compliance with billing requirements including run report documentation, signature and billing form requirements and other necessary documents

- g) Any complaints or compliments received from patients, facility personnel or other parties
- h) attendance at required trainings
- i) test scores on compliance exams
- j) other factors to be determined by management and/or the QI committee

### **Facility Focused Quality Profiles**

All contracted facilities should be the subject of at least one Focused Quality Profile each year. This Profile will enable management to develop a quality snapshot of each facility that can be used for a variety of purposes that range from identification of problems, strategic planning and marketing.

The Profile should incorporate the following information:

- a) Information gathered from the Clinical and Operational Quality Indicators
- b) A review of any complaints received during the review period from the subject facility
- c) A review of on time performance data
- d) Feedback from surveys distributed to various facility personnel
- e) Results of on site visit by a QI team clinical representative

Results of these profiles should be shared with the subject facility and used as part of an ongoing QI process between the facility and NEMHS.

## **Patient Surveys**

The majority of the patients served by NEMHS are elderly and confined to long term facilities which makes patient surveys a challenge. Nonetheless, there are several subsets of patients who might be targeted for surveys. These include patients on emergency calls, certain interfacility transfer patients and long distance transports out of state. Surveys can be mailed but it would also be useful to conduct some surveys by telephone. Surveys should be designed to be simple and should target key areas of satisfaction such as timeliness of response, satisfaction with overall treatment, courteousness and professionalism of the crew, etc.

## **Dispatch Focused Call Review**

A quality review of the dispatch function is essential, particularly for emergency calls. One commonly used method of reviewing dispatch is to listen to recordings of requests for emergency services and then to the recordings of the manner in which the call was dispatched to the crew. This comparison will indicate whether the information dispatched to the crew accurately reflected the information provided by the caller and will also review the questions asked of the caller by the dispatcher. Other dispatch functions can also be reviewed but many of these may already be undergoing review at Medcomm. We should speak with Jon Eames to fully understand the QI process being used at Medcomm.

## **Emergency Department Feedback**

On a regular basis, the QI process should obtain feedback from personnel at the emergency departments of those hospitals to which North East transports emergency calls. This can be accomplished in a number of ways...written surveys, telephone interviews and personal visits. Factors to be reviewed include appropriateness of treatment, ability of North East employees to interact with ED staff, quality of run reports, etc. Parameters for review should be developed by the QI Committee or Coordinator.

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## **Policy and Procedure Review**

On an annual basis, all policies and procedures should be reviewed by the QI Committee to see if they meet current needs of the company and to make recommendations for changes, modifications, deletions and additions to policy.

## **Complaint Review and Monitoring**

All complaints received concerning services provided by North East and its employees should be reviewed by QI Committee to determine patterns and trends. The QI Committee will make recommendations intended to reduce or eliminate issues raised in these complaints.

## **Hiring Process and Orientation Review**

On a regular basis the QI staff will review all elements of the hiring and orientation processes to assess their effectiveness. This includes the applicant interview process, hiring standards, applicant testing and the effectiveness of the orientation process.

## Training and Education

Training and education is viewed by North East as an essential and fundamental element of a successful QI plan. It is therefore critical that the quality improvement and training divisions work hand and hand with one another to maintain a focused improvement of the overall system. Areas that need improvements, found during the QI process, will then be developed into training programs using all data collected and current science. Once training has occurred, ongoing monitoring will happen to assure compliance.

North East also finds a great deal of importance in the initial training of new hires, training of providers with license upgrades and the overall continued assessment of knowledge and skills of each provider annually. Therefore several policies have been developed and can be found in the North East Education Handbook.

## Regional Level QI

North East Mobile Health Services and this QA/QI Committee agree to participate in quality improvement procedures established by the Region Medical Directors and/or any of the Maine EMS Regional offices. Additionally the Committee will report on ongoing findings, studies, recommendations, and trends to the EMS Region as appropriate.

## State Level QI

North East Mobile Health Services and this QA/QI Committee agree to participate in quality improvement procedures established by the State Medical Director, MDPB, Maine EMS Board and/or the Maine EMS office. Additionally the Committee will report on ongoing findings, studies, recommendations, and trends to the State office as appropriate.

## Local Hospital Level QI

North East Mobile Health Services and the QA/QI Committee agree to participate in quality improvement procedures established by local hospitals that North East routinely transports patients to or from. The list of hospitals would include but would not be limited to:

- Maine Medical Center, Portland
- Mercy Hospital, Portland
- Southern Maine Medical Center, Biddeford
- Goodall Hospital, Sanford
- Mid Coast Hospital, Brunswick
- Parkview Hospital, Brunswick
- Pen Bay Medical Center, Rockport

- MaineGeneral Medical Center, Augusta
- Central Maine Medical Center, Lewiston

### **Investigations and Notifications**

Investigations of serious issues need to begin within twenty-four (24) business hours upon notification of the incident to the QI Coordinator. Employees will complete a QI Incident Report outlining the incident and all pertinent information.

Such reportable incidents include, but are not limited to, the following:

- a) Medication errors
- b) Practicing medicine without a license
- c) Failure to provide treatment in accordance with the Statewide Treatment Protocols
- d) Major medical or communications device failure, or other equipment failure or user error resulting in serious injury or delay in response or treatment
- e) Any incident that could have lead to serious injury to a patient but was caught or fixed before it became an incident. (Near Miss)

Additionally, the following must to be referred immediately (within 24 hours) to the EMS Medical Director for review:

- a) Esophageal Intubations (unrecognized)
- b) Patient abandonment issues
- c) Medication errors potentially resulting in patient injury or death

### **Awards and Recognitions**

The QI Committee will recognize providers that have demonstrated an improvement or excellence in EMS. The awards will be given at the company's annual banquet and will be presented by the QI Coordinator and/or the Medical Director if possible.

Additionally this time will also be used to summarize the objectives and achievements that have been met by the company and to list the goals for the coming year. This information will also be disseminated to each employee and be available for viewing on the company LMS and QI bulletin boards.



**Plan of Action:** (Outlines actions that the provider will do after the coaching session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the provider's performance, and include a specific timeline for implementation and assessment (Part IV below):

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**Session Closing:** (The Reviewer summarizes the key points of the session and checks if the Employee understands the plan of action. The Employee agrees/disagrees and provides remarks if appropriate):

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Individual counseled:      I agree / disagree with the information above

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Employee remarks:

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Employee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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**Reviewer's Responsibilities:** (Reviewer's responsibilities in implementing the plan of action):

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Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** (Did the plan of action achieve the desired results? (This section is completed by both the Reviewer and the individual coached, and provides useful information for the follow-up sessions):

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Reviewer: \_\_\_\_\_ Individual Coached: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

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**Note: Both the counselor and the individual coached should retain a record of the session.**





To Whom it May Concern,

I am very pleased to write this letter of recommendation to be included as part of Northeast Mobile's professional file.

We have been working with North East Mobile for over a year now with zero complaints from our residents, their family and our staff. This is an incredible accomplishment. In fact we have received nothing but comments about the courteous service and prompt response.

I would like to share with you an example of their sincere commitment to customer service. This past summer, our nursing facility participated in the LaKermesse Parade in Biddeford. Two weeks prior to the parade, our resident bus brake down and was no longer serviceable. Polly Miller was more than accommodating to provide us their bus and a driver for this resident activity on a Friday evening. An hour before the parade, there was a scheduling problem and the scheduled driver was unable to attend. Joe Connelly, the area representative, quickly gave up his poker night and rushed over to Southridge to transport our residents. Not only did he respond quickly but he came with a smile on his face and warmth in his heart. The residents had a great time with him.

This is just one example of this company's attitude toward providing care. I deal with a lot of companies that provide support to our residents and staff, and I can honestly say that North East Mobile is a leader.

If you have any further question in regards to my recommendation and there qualifications please feel free to call me at 282-4138.

Sincerely,



Eric S. Pooler  
Administrator





***A TRUSTED AUTHORITY IN PROVIDING QUALITY PREHOSPITAL CARE***

Sterling Ambulance proposes to enter into contracts to provide 911 Emergency Medical Service to the Town of Hope. The details are outlined in the attached documents. Being located at 452 Payson Road in Union, Sterling Ambulance is only 1.2 miles to the Hope town line. Sterling Ambulance is staffed 24 hours a day/ 7 days a week with 2 ambulances, 1 wheelchair van, ALS Response Vehicle, and a utility vehicle. Our qualified and experienced staff strives to provide the highest level care to our patients while also maintaining the highest level of professionalism and compassion. Sterling Ambulance proposes these services listed for the sum of \$6,500.00 for each year of the 2 year contract. Sterling Ambulance is prepared to start 911 services with an effective date of July 1, 2013.

Sterling Ambulance is prepared to provide the Town of Hope with 24/7 emergency medical services. Along with that, we are prepared to assist and train with the Hope Fire Department in whatever capacity deemed necessary. We place a great emphasis on training and education. Our training and education programs span from helping our employees obtaining higher license levels, refresher training, and community outreach programs. Along with providing this service, Sterling Ambulance looks forward to establishing relationships with other local EMS and fire departments as part of building excellent communications and work place environments. To the Town Administrator and Board of Selectmen, we look forward to having an open and honest line of communication between the Town and Sterling Ambulance.

Sterling Ambulance was created in 2001 as a non-emergency ambulance transportation provider and mutual aid resource for local EMS services. In 2003, the property on Payson Road was purchased to give Sterling Ambulance a permanent home. In 2004, our first wheelchair van was purchased to provide additional options for medical transportation. In 2008, Sterling Ambulance became licensed to do emergency calls in the Towns of Union, Appleton, Washington, Hope, Rockport, and Rockland. In 2009, a second wheelchair van was added and the Town of Warren was added to our emergency license. Since its inception, the business and the owners have continued to give back to the communities we call home. Sterling Ambulance supports the Littlefield Home Orphanage, the Union and Appleton Little Leagues, and the Thompson Community Center. We are members of the Union Area Chamber of Commerce, Union Historical Society, the Owls Head Transportation Museum, and every August we can be found at the Union Fair. Throughout our 12 year history,

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we have seen slow, steady growth, consistent with our business plan. Sterling Ambulance views this proposal as a positive avenue of growth for the company while continuing the history of service to the communities we call home. The mission of Sterling Ambulance is to provide a quality pre-hospital, post-hospital medical care experience to our clients.

The owners, Jason and Candace Wiley have had a “hands on” approach with the business that still continues today. Jason and Candace can be found in the office every day as well as running calls. Born and raised in Appleton, Jason started his EMS career with Union Ambulance in 1991. Through the years at Union, he rose through the license levels to Intermediate as well as being Ambulance Director. After spending almost 11 years as a guard at the Maine State Prison, and 9 years as a Reserve Police Officer for the Rockport Police Department, he had the opportunity to go to work for Seacoast Ambulance. At Seacoast, it was decided to purchase the company and change its name to reflect the history of that name in Union. In the last 12 years, Jason has obtained Paramedic licensure, Instructor-Coordinator certification, CPR/ACLS instructor certification. He is currently on the Board of Directors for the Thompson Community Center in Union and serves as Chairman of the Board.

Candace has over 30 years’ experience in the medical field. She started her career in the health care field as a CNA and through the years assisting with physical therapy and billing. She is a Notary Public and currently serves as Vice President/Office Manager overseeing the daily duties of employees, scheduling of wheelchair van appointments, and billing. Candace is actively involved in their daughter’s school activities.

David Mejia, our Operations Manager, came to us from Florida. He came to us with a tremendous amount of experience, working for a service doing 60,000 + calls per year. During his career in Florida, David obtained many credentials and accomplishments:

### **Current Certifications**

American Heart Association:

Basic Life Support

Basic Life Support Instructor

Advanced Cardiac Life Support

Advanced Cardiac Life Support Experienced Provider

Advanced International Trauma Life Support

Incident Command Systems 100, 200, 700, 800

Emergency Vehicle Operations Course

PIFT Paramedic

### **Accomplishments:**

Lead Advisor of the Nature Coast EMS Explorer Program

2009 Explorer Advisor of the Year

2009 National Star of Life Award Recipient

2009 VFW Citrus County, Florida EMT/Paramedic of the Year

2010 Instructor of Distinction

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Also part of this management team is Dean Camber. Dean operates our wheelchair vans and serves as our in-house mechanic. Dean has an exceptional amount of experience and talent working with diesel engines, fabrication and body work, and other general automotive skills. This allows us to have a maintenance plan to help prevent any breakdowns. Any breakdowns that do occur are kept to a minimum.

Expanding into 911 emergency services is the next logical step for Sterling Ambulance. Over the last 12 years, we have seen a slow, steady growth in our business and are ready to take the next step on our list of goals. Sterling Ambulance is ready to help serve the residents of the midcoast area by providing high quality, professional, and compassionate service at an affordable price.

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*A TRUSTED AUTHORITY IN PROVIDING QUALITY PREHOSPITAL CARE*

***THIS PROPOSAL IS INTENDED FOR THE TOWN OF HOPE ONLY***

Sterling Ambulance, located in Union, Maine is respectfully submitting this proposal to provide Basic Life Support and Advanced Life Support care to the Town of Hope for the benefit of its citizens.

## **Scope of Services**

### **A. Services**

Sterling Ambulance is prepared to act as the Town of Hope's First Responders. We currently staff at the BLS and ALS level on a daily basis. Monday and Tuesday is staffed with an Advanced EMT level crew and a Paramedic Level crew. Wednesday, Thursday, Friday is staffed with two paramedic crews. On Saturday and Sunday, staffing consists of an Advanced EMT crew with a Paramedic on call as needed. Our day shift runs from 0800 to 1800. At night, we staff with a combination BLS, ALS, and non EMS licensed drivers from 1800 to 0800. Crews are on call and must be available to respond. With the addition of Hope, an additional crew will be put on as an on call at night and weekends so when the primary crew is out on a call, the secondary crew will report to Sterling base for coverage until the primary crew returns.

Sterling Ambulance's Quality Assurance consists of a Paramedic level provider, a BLS level provider, our office manager, and Dr. James Kilgour as our Service's Medical Director. Any patient care issues and Paramedic Inter-Facility Transfers are reviewed monthly by the Medical Director.

### **B. Personnel**

Sterling Ambulance staffs its ambulances with 2 crew members each consisting of, at a minimum, a Basic-EMT level attendant and a non EMS licensed driver. Minimum requirements for all non EMS licensed drivers must be at least 23 years of age, have a clean driving record, and CPR/AVOC certification. Our staff consists of 5

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employees on the day shift, Monday through Friday. Advanced EMTs have a minimum of 3 years' experience, Paramedics range from 14-20 years' experience; Basic EMTs have a minimum of 1 year experience. Non EMS licensed drivers range from 1-10 years' experience.

### **C. Response Times**

Sterling Ambulance expects its average response time to be in the 10-15 minute range with quicker response times in the South Hope area. Expected response times are based on time call received to time on scene. To the Hope Corner Fire Station is 10-12 minutes (7.8 miles). Response time to Hope Elementary School is 5 minutes (1.4 miles). During daytime operating hours, our expectation is to have an ALS ambulance responding in less than 2 minutes. Sterling Ambulance has a policy of no more than 10 MPH over the posted speed limit with lights and sirens activated. These times are for both BLS and ALS service.

No one service can guarantee 100 percent coverage of all calls. Mutual aid is a necessity. Additional resources may be needed in the event of a mass casualty incident, multiple, simultaneous calls, or a sudden, unexpected mechanical breakdown. At the time of this proposal, no agreements have been put in place with any other services. However, with providing emergency medical services to the Town of Hope, agreements would be sought from Union Ambulance, Camden First Aid, and Northeast Mobile Health. These are the closest available resources to the Town of Hope.

Sterling Ambulance strives to provide a quality service. Our ambulances are on the road 7 days a week, much of that is in the Hope, Rockport, and Rockland area. Our staff is ready and willing to offer any mutual aid assistance needed in any of these communities. We look forward to working with all area services as this process moves forward.

### **D. Vehicles and Equipment**

Sterling Ambulance has 2 ALS equipped ambulances, one non-emergency handicapped accessible wheelchair van, an ALS Response Vehicle, and a utility/plow truck. Our current inventory consists of a 2001 Ford E-450 Type III ambulance, 2006 Ford E-450 Type III ambulance, 2006 Ford E-350 wheelchair van, 2004 Ford F-250 4x4 pick up, and a 1999 GMC 2500 plow truck. We are currently in the process of replacing a wheelchair van that was taken out of service. At a minimum, one ambulance is dedicated to covering emergency calls. Vehicles are replaced based on mileage and age. Ambulances are replaced at 160-170,000 miles with newer lower mileage units. Defibrillator/monitors are on a 5 year replacement schedule and power stretchers are on a 7-8 year replacement schedule. Other miscellaneous equipment and supplies are replaced on an as needed basis. All equipment and vehicles respond from 452 Payson Road, Union.

## **Cost**

Sterling Ambulance proposes a cost of \$6,500.00 per year to the Town of Hope.

## **Financial Management, Billing, and Service Reports**

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In April 2013, ambulance billing was outsourced to T.G. Higgins Business Services, PA in Winterport, Me. Collections are handled through Absolute Credit in Bangor, Me. after 90 days of nonpayment. Sterling Ambulance will make payment arrangements on any outstanding invoices.

## References

Sterling Ambulance is licensed to respond to emergencies in 7 towns. Those towns are Union, Appleton, Washington, Hope, Warren, Rockport, and Rockland. We also respond to the Knox County Airport to assist Vinalhaven EMS with their emergency transports that get flown off the island.

### Non-Municipal References

Debbie Anderson      207-785-5935

Paul Lafrance        207-785-4419

Bill Packard         207-691-2659

## Value Added Services/Options

Sterling Ambulance looks forward to the opportunity to working with the Hope Fire Department. Any fire department related responses is figured into the Town's assessment fee. Annual CPR and Bloodborne Pathogen training are also included.

Sterling Ambulance has established an EMS Citizen's Academy that is offered free to the public. This includes general overview of medical emergencies, ambulance operations, and hands-only cpr. Our community outreach programs are available to the public and any organization throughout the year.

Sterling Ambulance can be present at any Town-sponsored function as a "non-dedicated unit" free of charge. Non-dedicated means that the ambulance would need to respond to an emergency call if needed.

Community Paramedicine is an ongoing topic of interest and we are currently researching all options relating to this issue. Sterling Ambulance does respond to well-being checks as needed.

Sterling Ambulance currently does not offer an Extrication or Technical Rescue Team. We do offer to respond as EMS Support for any call out for these specialized teams.

## Transition Provisions

Sterling Ambulance is currently licensed to respond to emergency calls in the Town of Hope. 911 dispatchers can take the information and pass it on to our dispatch center. Once Sterling Ambulance is notified of the call, crew will deal directly with Knox dispatch via radio and/or phone. Sterling Ambulance will look into setting up an alert tone through Knox dispatch to be installed in radios and/or pagers to streamline the flow of information.

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