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

Our Facebook Page: www.facebook.com/nemhs

North East
Mobile Health Services

Regional EMS Proposal

Submitted to: Town Manager's Office
Town of Rockport
101 Main Street PO Box 10
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Scarborough, Maine

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North East
Mobile Health Services

(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 n 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.

North East
Mobile Health Services

(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 paramedic*s 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)

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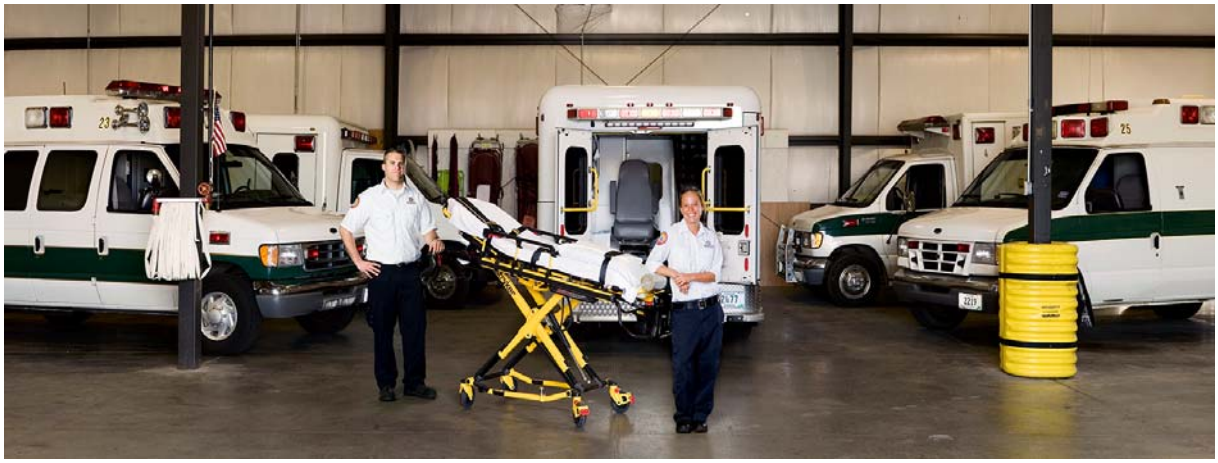


SUPERVISION AND OVERSIGHT

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
Lincolnville Central School - 16 minutes
Camden Snow Bowl - 7 minutes
Camden Hills State Park - 8 minutes
Lincolnville 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

Portland	Topsham	Biddeford	Rockport	Sanford
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 CO2 and SPO2 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, a, m re 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
5 year contract beginning on July 1, 2009- current

Town of Richmond:
Scott MacMaster, Chief of Police, 207-737-2615 or 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
Contracted since 2004- current

Town of Bowdoinham:
William Post- Town Manager, 207-666-5531 or wpost@bowdoinham.com
Contracted since 2002- Current

Town of Durham:
Deb Larrabee - 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.

18 Thursday, March 21, 2013 Medical Journal 2013

Community Paramedicine addresses health issues in rural Maine

New plan taps into an existing resource

Medical Journal 2013 Thursday, March 21, 2013 19

Paramedicine

YOUR LOCAL PHARMACY GUIDE

E.W. MOORE & SON PHARMACY

Taylor's Drug Store

696-3935

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 appraised. 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.”

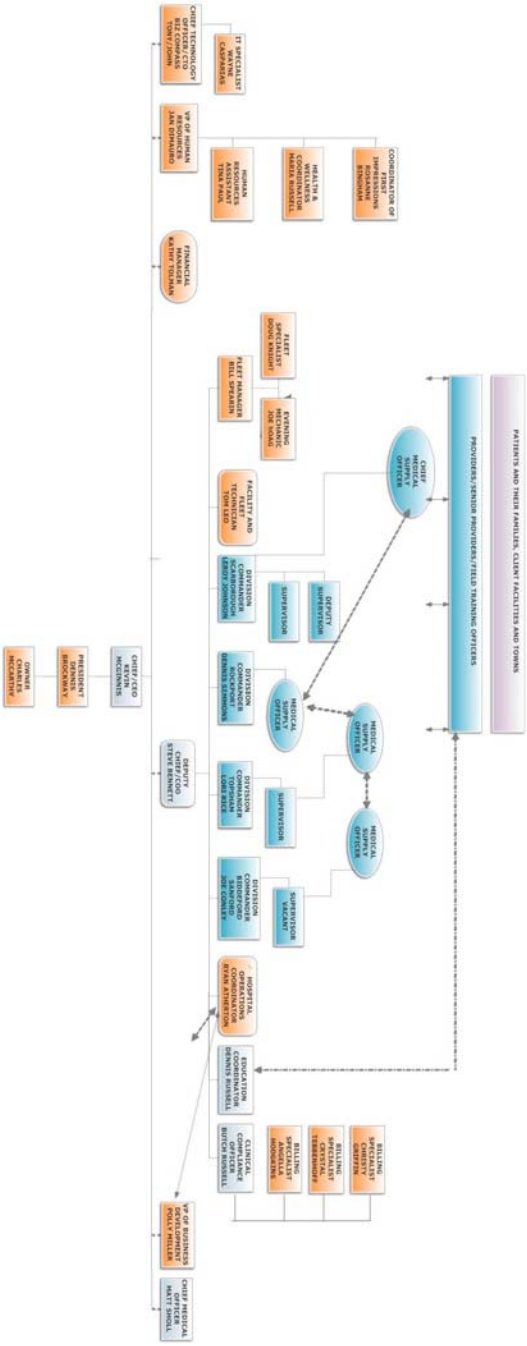
DENNIS SIMMONS, DIVISION COMMANDER, ROCKPORT DIVISION

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.


PATIENTS AND THEIR FAMILIES, CLIENT FACILITIES AND TOWNS
PROVIDERS/SENIOR PROVIDERS/FIELD TRAINING OFFICERS
CHIEF MEDICAL SUPPLY OFFICER
MEDICAL SUPPLY OFFICER
MEDICAL SUPPLY OFFICER
MEDICAL SUPPLY OFFICER
DEPUTY SUPERVISOR
SUPERVISOR
SUPERVISOR
SUPERVISOR VACANT
DIVISION COMMANDER ALCOMBRAGA ERROL JOHNSON
DIVISION COMMANDER ALCOMBRAGA BENNIS SIMMONS
DIVISION COMMANDER TOPSHAM BARRY LEE
DIVISION COMMANDER KENNEBUNKPORT BEACHES BRAD WEAVER
FLEET SPECIALIST DOUG KNIGHT
FLEET MANAGER BILL SPEARIN
EVENING MAINTENANCE JOE NOAG
FACILITY AND FLEET MAINTENANCE TOM LEO
HOSPITAL OPERATIONS COORDINATOR RYAN ATHERTON
EDUCATION COORDINATOR DENNIS RUSSELL
CLINICAL COMPLIANCE RUTH FIGUEROA
BILLING SPECIALIST GRIFFIN
BILLING SPECIALIST CRYSTAL EBERSHOFF
BILLING SPECIALIST ANGELA MORGANS
VP OF BUSINESS DEVELOPMENT POLLY WELLER
CHIEF MEDICAL MATT SHOLL
DEPUTY CHIEF/CFO STEVE BENNETT
CHIEF/CEO KEVIN MCGINNIS
PRESIDENT DENNIS BROGWAY
OWNER CHARLES MCCARTHY
CHIEF TECHNOLOGY OFFICER/CTO RICHARD CLARKE TONY JOHN
IT SPECIALIST WAYNE GARRAMAN
VP OF HUMAN RESOURCES JAN DIPAURO
HUMAN RESOURCES ASSISTANT TERA PAUL
HEALTH & WELLNESS COORDINATOR MARIA RUSSELL
COORDINATOR OF EMPLOYEE RELATIONS SUSANNA BENGMAN
FINANCIAL MANAGER KATHY TOLMAN

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.

casa

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, fell free to contact me at 207-883-6333.

Sincerely,

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

123 Medical Center Drive
Brunswick, Maine 04011
(207) 729-0181
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

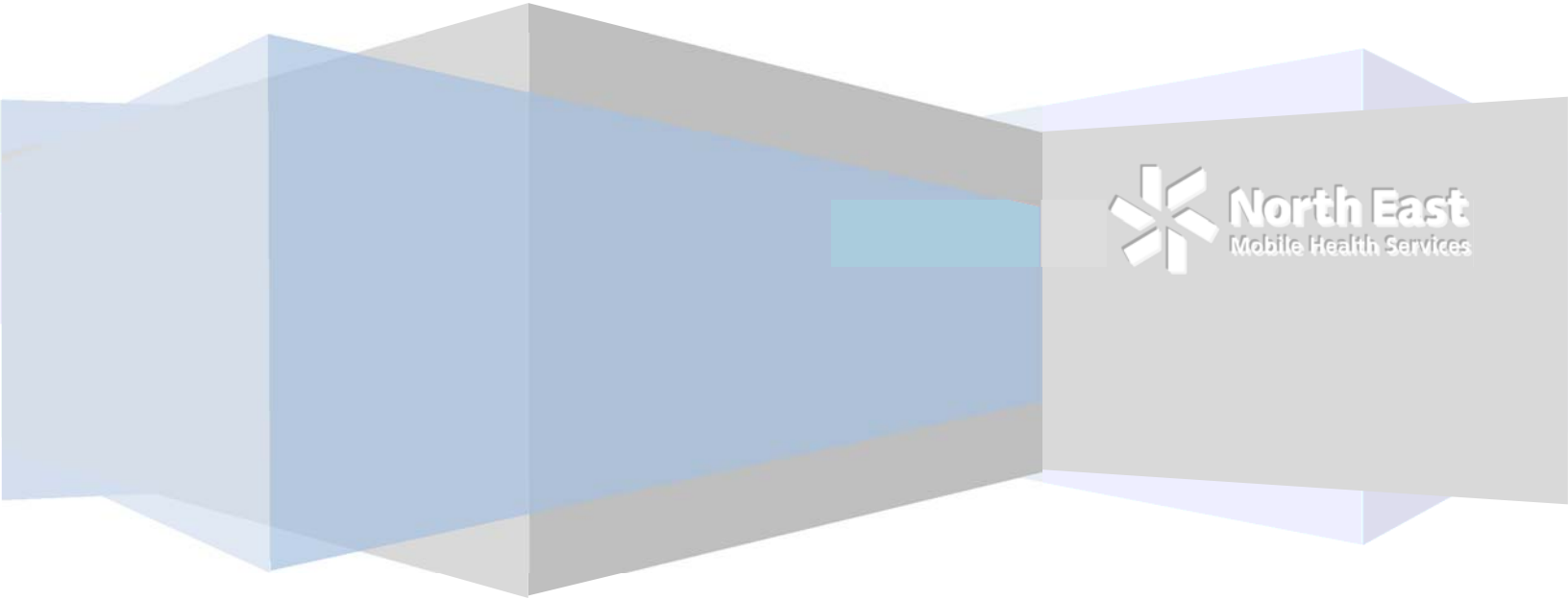
LNS:r

North East Mobile Health Services

Quality Improvement Plan

STRIVING FOR EXCELLENCE

Last Revised 12-22-11



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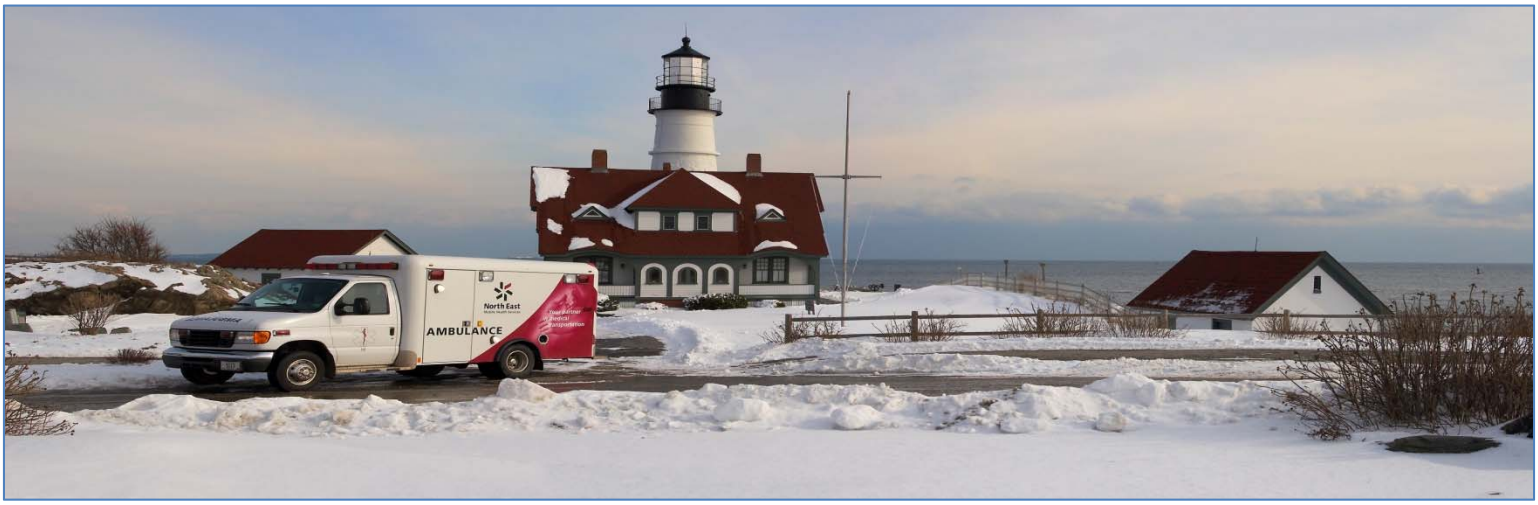

Preface

The following is an outline of the North East Mobile Heath 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 CCEMT-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.

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.

Appendix A

North East Mobile Health Services

TRAINING & QUALITY IMPROVEMENT COACHING FORM

PART I - ADMINISTRATIVE DATA

Name: (Last, First, MI)	EMS Level:	Purpose:	Date of meeting:
Position:		Reviewer's Name:	

PART II - BACKGROUND INFORMATION

Purpose of coaching: (Reviewer states the reason for the coaching session, e.g. Performance related issues and includes the facts and observations prior to the meeting):

PART III - SUMMARY OF COACHING SESSION

Complete this section during or immediately subsequent to the coaching session.

Key Points of Discussion:

Notes:

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):

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):

Individual counseled: I agree / disagree with the information above

Employee remarks:

Employee Initials: _____ Date: _____

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

Reviewer's Signature: _____ Date: _____

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):

Reviewer: _____ Individual Coached: _____

Date of Assessment: _____

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

Appedix B

INCIDENT REPORT/NEAR MISS

FOR QUAILITY IMPROVEMENT

North East Mobile Health Services

PERSON FILING REPORT _____

GENERAL INFORMATION

Today's Date _____ Date of Incident _____ PCR # _____

Location of Incident _____

People Involved and/or Witnesses _____

_____

Supervisor or Manager Contacted _____

EXPLAIN THE INCIDENT

_____

COMMENTS/PLAN (TO BE COMPLETED BY THE CLINICAL DIRECTOR)

_____

SIGNATURES

_____

Signature of person filing report Date

Confidential Quality Improvement Material – Protected by Maine EMS Law Title 32 Section 92-A

Notes

Southridge Rehabilitation & Living Center
10 May Street, Biddeford, ME 04005 Tel. (207) 282-4138 Fax (207) 282-8242

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 broke 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