

PROFESSIONAL SERVICES CONTRACT FOR 240047-DD AMBULANCE SERVICES

THIS CONTRACT is being entered into, effective as of _____, by and between the City of Las Vegas (hereinafter the "City"), a municipal corporation within the State of Nevada having its principal office at 495 South Main Street, Las Vegas, Nevada 89101, and Mercy, Inc., dba American Medical Response, (hereinafter the "Company"), a corporation organized and existing under the laws of the State of Nevada, having its principal office at 7201 West Post Road, Las Vegas, NV 89113.

SECTION A – Contract Overview

A-1 Summary of Contract [CAO-12/30/2020]

This Contract sets forth the terms and conditions for the performance of services described herein, and the execution hereof by the parties hereto forms a legally binding contract. This is a Non-Exclusive Contract.

(a) Contract Synopsis The legally binding Scope of Work is more fully defined in Section C	Ambulance Service transport responding to requests for Emergency Medical Services, as described with more detail in Exhibit A Scope of Work		
Performance Dates The Performance Period is more fully defined in Section A-2	Award Date See first paragraph	Expiration Date One year from Award Date	Option Periods 2 three-year periods
Contract Type As defined in Section B-1	The contract type is Labor Hour Contract		
Contract Amount This Not-to-Exceed Amount is subject to Section C-2	\$7,500,000.00		Annual Not to Exceed Amount

(b) **Contract Exhibits / Attachments** The following documents are hereby incorporated into this Contract

Exhibit A - Scope of Work, including any Addenda
Exhibit B - Supplier Proposal, including forms & attachments
Exhibit 1 - Price Proposal
Exhibit 2 - Dispatch Priorities 1 through 5
Exhibit 3 – Current and Anticipated Posting Locations
Attachment 1 - Certificate - Disclosure of Ownership and Principals

(c) City Project Manager Per Section D-4, (a)	Name Mike Gernes	Phone 702-229-0064	Email mgernes@LasVegasNevada.GOV
Company Representative Per Section D-4, (b)	Name Sarah Baker	Phone 702-931-1580	Email sarah.baker@gmr.net

(d) **City Legal Notice Representative** per Section E-1

Company Legal Notice Representative Per Section E-1	Greg Kelminson	6363 Fiddlers Green Cir. Greenwood Village, CO 80111	Greg.Kelminson@gmr.net
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A-2 Performance Period [CAO-12/30/2020]

- (a) The performance period commences on the Award Date and continues through the Expiration Date.
- (b) The City may at its sole discretion, exercise the option to renew this Contract for the periods set forth above (if any). The City shall provide written notice to the Company of such renewal(s), and the Company may not assume an automatic renewal. Exercise of an option does not commit the City to exercise further options.
- (c) The City reserves the right to temporarily extend this Contract for up to one hundred eighty (180) calendar days from the Expiration Date, for any reason.

SECTION B – Basic Terms**B-1 Definitions [CAO-08/28/19]**

The following definitions apply to this Contract:

- (a) *"Award Date"* means the date that a Contract becomes effective. It is the date entered into the first paragraph of a Contract upon execution by an authorized representative of the City.
- (b) *"Contract"* means this document, consisting of Sections A through E, and the exhibits and attachments attached hereto, which is binding and effective only upon execution by the City.
- (c) *"Contract Amount"* means the maximum amount of compensation that may be paid to the Company for performance of the Contract, which includes, without limitation, compensation for all direct and indirect expenses.
- (d) *"Deliverable"* means any report, software, hardware, data, documentation or other tangible item that the Company is required to provide to the City under the terms of the Contract.
- (e) *"Labor Hour Contract"* means a contract that provides for payment of labor worked at fixed hourly rates by labor category in performing the contract. The Contract price is established at a not-to-exceed amount.
- (d) 911-Dispatched Ambulance Service: Ambulance service that is dispatched by or required to be electronically transferred for dispatch by the CCC to Company.
- (e) "Advanced Emergency Medical Technician" or "Advanced EMT": A person who is qualified, in accordance with the Health District regulations as an EMT-Basic and who is also qualified in accordance with the Health District regulations to perform essential advanced techniques and to administer a limited number of medications. (See LVMC 6.08.020)
- (f) "Advanced Life Support" or "ALS": Whether used alone or as a modifier of other nouns, has the same meaning as the definition of that term in the Code of Federal Regulations (42 CFR 414.605), as may be amended. Likewise, the terms "ALS1" and "ALS2" have the same meanings as the definitions of those terms in 42 CFR 414.605, as may be amended. (See LVMC 6.08.020)
- (g) Ambulance: A motor vehicle which is specially designed, constructed, equipped and staffed to provide basic, intermediate or advanced care for one or more:
 - (1) Sick or injured persons; or
 - (2) Persons whose medical condition may require special observation during transportation.
 - (3) For the purposes of this Contract, the term "Ambulance" specifically excludes non-medically supervised patient transports and special event medical service transports. (See LVMC 6.08.020)
- (h) "Automatic Vehicle Locator," "AVL/GPS" or "AVL": The automated system used to track or determine the physical location of Ambulance vehicles through a Global Positioning System (GPS), on a computerized mapping system that is integrated with the CCC. (See LVMC 6.08.020)
- (i) AVL/GPS data reports: Global Positioning System (GPS) data that Company may use to report that it was "on-scene," thereby providing a means to calculate an official response time. (See LVMC 6.08.020)

- (j) City Manager: The City Manager appointed by the City Council to perform such administrative functions of the City government as may be required of him or her by the City Council, or his or her designee.
- (k) "Combined Communications Center" or "CCC" (previously known as Fire Alarm Office-FAO under LVMC): The office referred to as Firecom in the Health District regulations which is administered by the City of Las Vegas through an Interlocal agreement among the City of Las Vegas, the City of North Las Vegas, and Clark County, or the successor to that office.
- (l) "Computer-Aided Dispatch" or "CAD": Dispatching of emergency and non-emergency resources through the computer technology to calls for service.
- (m) Emergency: Has the same meaning as that term is defined by the Health District, as may be amended.
- (n) Emergency Ambulance: A 911-Dispatched Ambulance Service transport Ambulance responding to requests for Emergency Medical Services only from the CCC, staffed with at least one licensed EMT-Paramedic and one licensed Advanced EMT or EMT-Basic.
- (o) Emergency Medical Care: Medical care given to a patient in an Emergency situation before the patient arrives at a hospital or other medical facility and until responsibility for the patient is assumed by the medical staff at such facility.
- (p) "Emergency Medical Service" or "EMS": A system consisting of a chain of services linked together to provide Emergency Medical Care for the patient at the scene, during transport, and upon entry at a hospital or other medical facility. (See LVMC 6.08.020)
- (q) Emergency Medical Service Priority Dispatch: A dispatch system:
 - (1) whereby certified emergency medical dispatchers give lifesaving pre-arrival instructions to persons requesting the same; and
 - (2) Which provides for the dispatch of the appropriate level of emergency vehicle response, A, B, C, D, E, or O as determined by use of a priority card or computer program, based on the severity of the medical emergency.
 - (3) In which the different levels of dispatch priority are defined as follows:
 - (a) Priority Level 1: Specified critical-level Bravo (B), Charlie (C), Delta (D) and Echo (E) calls for 911-Dispatched Ambulance Service;
 - (b) Priority Level 2: Specified high-level Bravo (B), Charlie (C), Delta (D) and Echo (E) calls for 911-Dispatched Ambulance Service;
 - (c) Priority Level 3: Specified moderate-level Bravo (B), Charlie (C), Delta (D) and Echo (E) calls for 911-Dispatched Ambulance Service;
 - (d) Priority Level 4: Specified low-level Alpha (A), Bravo (B) and Omega (O) calls for 911-Dispatched Ambulance Service; and
 - (e) Priority Level 5: Specified medical aid-level Alpha (A) and Omega (O) calls for 911-Dispatched Ambulance Service.

For purposes of this definition "specified," with respect to a priority level, refers to call types that are selected by the Fire Chief and designated in a separate document as pertaining to that priority level.

- (r) "Emergency Medical Technician-Basic" or "E-Basic": A person who is qualified, in accordance with the Health District regulations to provide basic emergency medical care. (See LVMC 6.08.020)
- (s) "Emergency Medical Technician-Paramedic" or "EMT-Paramedic": A person possessing the qualifications of the Advanced EMT and also, in accordance with the Health District regulations, have enhanced skills that include being able to administer additional Advanced Life Support interventions and medications. (See LVMC 6.08.020)
- (t) Emergency Response: Has the same meaning as the definition of that term in the Code of Federal Regulations (42 CFR 414.605), as may be amended. (See LVMC 6.08.020)

- (u) Financial Statements: Audited financial statements of the local operation of the business. Financial statements are to include: Balance sheet, income statement, statements of cash flows, and statement of retained earnings.
- (v) "Fire Department" or "LVFR" means the City of Las Vegas Department of Fire and Rescue.
- (w) Fire Chief: The Director of the Fire Department or designee.
- (x) Health District: The Southern Nevada Health District, its officers and authorized agents.

Health District Regulations: The applicable EMS regulations adopted by the District Board of Health, as it exists now or as amended in the future.

- (y) "Intermediate Life Support" or "ILS": Whether used alone or as a modifier of other nouns, means transportation by ground ambulance vehicle and medically necessary supplies and services that must be staffed by not less than two individuals, at least one of whom must be trained and qualified to the level of an Advanced EMT. (See LVMC 6.08.020)
- (z) LVMC: The Las Vegas Municipal Code, as it exists now or as amended in the future.
- (aa) On-Scene: When an Ambulance unit actually arrives at the specific address or location dispatched with a speed of zero miles per hour, or when the Ambulance unit actually arrives at the point closest to the specified address or location to which it can reasonably be driven. (See LVMC 6.08.020)
- (bb) "Patient Care Report/Prehospital Care Records" or "PCR": The written or electronically recorded patient record, in a form approved by the Fire Chief, providing documentation of all required medical, legal, billing and other information related to a single patient transport.
- (cc) Purchase Order (or P.O.): The administrative document issued by the City to facilitate the ordering of and payment for the Services purchased pursuant to this Contract.
- (dd) Service Area: The incorporated areas of the City of Las Vegas as those areas are increased or reduced to accommodate new territory annexed to or territory divested by the City.
- (ee) Services: The work to be performed by the Company, which is listed or described in Section C, "Scope of Work" and "Exhibit B – Supplier Response", attached hereto.
911-Dispatched Ambulance Service: Ambulance service that is dispatched by or required to be electronically transferred for dispatch by the CCC to Company.

SECTION C – Scope of Work

C-1 Scope of Work

Services will be provided in accordance with the Scope of Work attached as "Exhibit A", and Supplier Response as set forth in "Exhibit B" attached hereto. If there is a conflict between the Scope of Work and the Supplier Response, the Scope of Work shall take precedence.

SECTION D – Special Conditions

D-1 Payment [CAO-4.2020]

- (a) Payment Payment to the Company will be made only for the actual services performed and accepted by the City, upon receipt of an invoice submitted in accordance with Section D-3, "Invoices".
- (b) Reimbursable Travel Expenses There are no reimbursable travel expenses authorized or payable under this Contract.
- (c) The prices set forth herein include all the costs and expenses associated with providing and performing the Services

for the City including, without limitation, expenses for all taxes (excluding sales and use tax), equipment, supplies, staff, fleet, mileage, fuel costs, service and repair costs, inspections, meeting warranty requirements, insurance, overhead, profit and all other charges, including travel expenses, necessary to meet and comply with all the terms and conditions of this Contract. No additional costs or fees will be considered for payment.

D-2 Fee Revisions [CAO-08/28/19]

For the initial term of this Contract, fees shall remain firm.

- (a) The Successful Offeror's final agreed-upon unit hour rates will be fixed for any subsequent contract's initial term. The Offeror may propose mechanisms that revise unit rate pricing for future renewal periods; however, there is no guarantee that revision to unit-hour rates will be adjusted.
- (b) Each pricing revision requested herein must be approved in writing by the Purchasing and Contracts Manager and, if approved, shall become effective thirty (30) days after notice of the change, or on such earlier or later date as may be agreed upon by the parties.
- (c) Any pricing revision requested pursuant to this section may be delayed or denied if the Supplier fails to submit a timely request, or fails to provide adequate documentation in support thereof.
- (d) Any approved pricing revision is not retroactive, and any invoice pending on the date of approval of the pricing revision shall be paid on the basis of the pricing in effect on the date the services are ordered by the City.
- (e) If the parties hereto fail to agree on a pricing revision after thirty (30) calendar days as permitted herein, either party may terminate this Contract after ten (10) calendar days written notice to the other party in accordance with Section E-1, "Legal Notice".

D-3 Invoices [CAO-9/2020]

- (a) The Company will timely submit a detailed invoice to the City monthly, for work performed to date.. Each invoice shall contain the following information:
 - (i) the date of the invoice and invoice number;
 - (ii) the Purchase Order number;
 - (iii) the Contract Item against which charges are made; and
 - (iv) the performance dates covered by the invoice.
- (b) Upon reconciliation of all errors, corrections, credits, and disputes, payment to the Company will be made in full within thirty (30) calendar days. **Invoices received without a valid Purchase Order number will be returned unpaid.** If the Company does not timely submit a detailed invoice to the City as required herein, the City shall not have any obligation or liability to effect any payment for said late invoice. The City shall also not be liable for any errors or omissions in an invoice once said invoice is paid by the City, all of which shall be expressly waived by Company. Notwithstanding the foregoing, this paragraph shall in no way waive the City's rights and remedies should the City find any errors or omissions in an invoice before or after said invoice is paid by the City.

The Company shall submit the original invoice to:

Department of Finance
ATTN: Accounts Payable
City of Las Vegas
495 South Main Street, 4th Floor
Las Vegas, NV 89101-2986

- (c) The Company shall forward a copy of the invoice to the City's Project Manager, identified in Section D-4, "Project Manager/Company Representative", with the following items:

- (i) receipts for any Reimbursable Travel Expenses, if applicable, associated with the invoice; and
 - (ii) copy of the applicable Deliverable associated with the invoice
- (d) The City may subtract or offset from any unpaid invoice from the Company any claims, which the City may have incurred for failure of the Company to comply with the terms, conditions or covenants of this Contract, or any damages, costs and expenses caused by, resulting from, or arising out of the negligent act or omission of the Company in the performance of the services under this Contract. Within ten (10) calendar days, the City shall provide a written statement to the Company of the off-set which has been subtracted from any payment to the Company along with appropriate documentation and receipts, if any, and a description of the failure, error or deficiency attributed to the Company. The Company may dispute the right or amount of the off-set made by the City by providing written notification to the City within ten (10) calendar days after receipt of the City's written notice. The City shall provide a written response to the Company within ten (10) calendar days of receipt of the Company's written dispute notice. If the Company disputes the City's determination, the Company may file a claim pursuant to Section E-2, "Disputes" of this Contract.

D-4 Project Manager/Company Representative [CAO-8/28/19]

- (a) The City's designated Project Manager for this Contract is named in Section A-1 (c). The City will provide written notice to the Company should there be a subsequent Project Manager change. The Project Manager will be the Company's principal point of contact at the City regarding any matters relating to this Contract, will provide all general direction to the Company regarding Contract performance, and will provide guidance regarding the City's goals and policies. *The Project Manager is not authorized to waive or modify any material scope of work changes or terms of the Contract.*
- (b) The Company's designated Company Representative for this Contract is named in Section A-1 (c). The Company will provide written notice to the City should there be a subsequent Company Representative change. The City has the right to assume that the Company Representative has full authority to act for the Company on all matters arising under or relating to this Contract.

D-5 Insurance [CAO-03/31/2022]

- (a) The Company shall procure and maintain, at its own expense, during the entire term of the Contract, the following coverage(s):
- (i) Industrial/Workers' Compensation Insurance protecting the Company and the City from potential Company employee claims based upon job-related sickness, injury, or accident, during performance of this Contract, and must submit proof of such insurance on a certificate of insurance issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with NRS 616A-616D, inclusive. If Company is a sole proprietor, it will be required to submit an affidavit indicating that the Company has elected not to be included in the terms, conditions and provisions of NRS 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions. The Company's Workers' Compensation policy shall have a waiver of subrogation endorsement in favor of the City of Las Vegas.
 - (ii) Commercial General Liability Insurance (bodily injury, property damage) with respect to the Company's agents assigned to the activities performed under this Contract in a policy limit of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate, for bodily injury, products, completed operations, personal injury and property damages. Such coverage shall be on an "occurrence" basis and not on a "claims made" basis, and be provided on either a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad form CGL endorsement) insurance form. The form must be written on an ISO Form CG 00 01 10 01, or an equivalent form. The Company's General Liability policy shall have a waiver of subrogation endorsement in favor of the City of Las Vegas, and shall be endorsed to include the City, its officers, and employees as additional insured.
 - (iii) Commercial Automobile Liability Insurance of limits no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by Company and any auto used in the performance of services under this Contract. The policy must insure all vehicles **owned** by the Company and include coverage for **hired** and **non-owned** vehicles. If the services requested do not require the use of the vehicle to perform, the Commercial Automobile Liability Insurance requirements as described in this paragraph do not apply. The Company's Automobile Liability policy shall have a waiver of subrogation endorsement in favor of the City of Las Vegas, and shall be endorsed to include the City, its officers, and employees as additional insured.

D-6 Warranty – Services [CAO-3/31/2022]

Company warrants that the services shall be performed in full conformity with this Contract, with the professional skill and care that would be exercised by those who perform similar services in the commercial marketplace, and in accordance with accepted industry practice. In the event of a breach of this warranty, or in the event of non-performance or failure of the Company to perform the services in accordance with this Contract, the Company shall, at no cost to the City, re-perform or perform the services so that the services conform to the warranty.

D-7 Liquidated Damages [CAO-01/20/2016]

Assessment of liquidated damages does not apply to this Contract.

SECTION E – General Conditions**E-1 Legal Notice [CAO-4/2020]**

- (a) Any notice required to be given hereunder shall be deemed to have been given when written notice is (i) received by the party to whom it is directed by personal service; (ii) three (3) days after deposit with the United States Post Office, by registered or certified mail, postage prepaid and addressed to the party to be notified at the address for such party; (iii) one (1) day after deposit with a nationally recognized air courier service such as FedEx; or (iv) by an email sent to the email address of the recipient stated in this Section. All notices shall be effective upon receipt by the party to which notice is given or if it is delivered by email, when the recipient acknowledges having received that email, with an automatic “read receipt” not constituting acknowledgment of an email for notice purposes. Either party hereto may change its address by giving ten (10) days advance notice to the other party as provided herein. Phone and fax numbers, if listed, are listed for information only:

FOR THE CITY:	Manager, Purchasing and Contracts City of Las Vegas 495 South Main Street, 4th Floor Las Vegas, Nevada 89101-2986 Fax: (702) 384-9964 Email: purchasing@lasvegasnevada.gov
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FOR THE COMPANY:	As Noted in Section A-1 (d) of the Contract:
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- (b) The parties shall provide written notification of any change in the information stated above.
- (c) For purposes of this Contract, legal notice shall be required for all matters involving potential termination actions, litigation, indemnification, and unresolved disputes. This does not preclude legal notice for any other actions having a material impact on the Contract.
- (d) Routine correspondence should be directed to the Project Manager or the Company Representative, as appropriate.

E-2 Disputes [CAO-4/2020]

- (a) For each claim or dispute arising between the parties under this Contract, the parties shall attempt to resolve the matter through escalating levels of management. In the event the matter cannot be successfully resolved in this manner, the City is granted the sole right, regardless of which party is asserting the claim or dispute, to determine between arbitration and litigation as the forum in which the party desiring to proceed further shall file to resolve the claim or dispute. For any and all claims or disputes asserted by the Company, the Company shall notify the City of its intent to proceed further with the claim or dispute and in response thereto, the City shall notify the Company as to its selected forum for resolution. For any and all claims or disputes asserted by the City, the City shall notify the Company in the notice of its intent to proceed with further resolution whether it has selected arbitration or litigation as the forum to resolve the claim or dispute. In the event arbitration is the designated forum, such arbitration shall be binding on the parties.
- (b) If arbitration is selected by the City as the forum for further resolution, the claim or dispute shall be filed with the American Arbitration Association under its then current Commercial Arbitration Rules, Expedited Procedures, regardless of the amount of the claim or dispute.

- (c) The laws of the State of Nevada shall govern the validity, construction, performance, and effect of this Contract, without giving effect to its conflict of law provisions. If arbitration is selected, each party hereto consents to, and waives any objection to, venue being the offices of the American Arbitration Association located in Las Vegas, Nevada, or other venue mutually agreed by the parties. If litigation is selected, each party hereto consents to, and waives any objection to, the State courts located in the County of Clark, State of Nevada as the proper and exclusive venue for any disputes arising out of or relating to this Contract or any alleged breach thereof. Each party hereby waives trial by jury in any action, proceeding or counterclaim brought by either of them against the other on any matters whatsoever arising out of or in any way connected with this Contract.

E-3 Notice of Delay [CAO-01/20/16]

- (a) If timely performance by the Company is jeopardized by the non-availability of City provided personnel, data, or equipment, the Company shall notify the City immediately in writing of the facts and circumstances causing such delay. Upon receipt of this notification, the City will advise the Company in writing of the action which will be taken to remedy the situation.
- (b) The Company shall advise the City in writing of an impending failure to meet established milestones or delivery dates based on the Company's failure to perform. Notice shall be provided as soon as the Company is aware of the situation; however, such notice shall not relieve the Company from any existing obligations regarding performance or delivery.

E-4 Termination for Convenience [CAO-08/22/2019]

The City shall have the right at any time to terminate further performance of this Contract, in whole or in part, for any reason whatsoever (including no reason). Such termination shall be effected by written notice from the City to the Company specifying the extent and effective date of the termination. On the effective date of the termination, the Company shall terminate all work and take all reasonable actions to mitigate expenses. The Company shall submit a written request for incurred costs for services performed through the date of termination, and shall provide any substantiating documentation requested by the City. In the event of such termination, the City agrees to pay the Company within thirty (30) days after receipt of a correct, adequately documented written request. The City's sole liability under this Section is for payment of costs for goods and services requested by the City and actually performed by the Company.

E-5 Event of Default [CAO-12/30/2020]

- (a) If, during the term of this Contract, the Company (i) fails to deliver services that comply with the Scope of Work, (ii) fails to deliver the services within the time specified in the Purchase Order or Scope of Work or any extension thereof, (iii) fails to make progress so as to endanger the performance of this Contract, (iv) becomes insolvent, bankrupt or makes an assignment for the benefit of creditors, or if a receiver or trustee in bankruptcy is appointed for the Company, or if any proceeding in bankruptcy, receivership, or liquidation is instituted against the Company and is not dismissed within thirty (30) days following commencement thereof, or (v) fails to perform any of the other obligation or requirement of this Contract, then any of the aforementioned failures shall constitute an "Event of Default" under this Contract.
- (b) If there occurs an Event of Default, the Company shall be entitled to ten (10) calendar days from written notice thereof to remedy the Event of Default, provided, however, such is capable of being remedied within that period. If the Event of Default can be remedied, but the remedy cannot be completed within the ten (10) day period, the Company may be allowed such additional time as may be reasonably necessary to remedy the Event of Default, provided, however, the remedy is commenced within the ten (10) day period and is diligently pursued to completion but in no event later than thirty (30) days after such written notice. Said time period may be extended at City's sole discretion. If the Event of Default is incapable of remediation, or is not remedied as required herein, the City may, in addition to any other remedies available in law or equity, invoke any of the remedies provided for under Section E-6, "Termination for Default", below.

E-6 Termination for Default [CAO-4/2020]

- (a) If the Event of Default is not remedied as required pursuant to Section E-5, "Event of Default", the City may, by written notice to the Company pursuant to Section E-1, "Legal Notice", terminate this Contract in whole or in part.
- (b) If this Contract is terminated in whole or in part because the Company has failed to provide services in compliance with the specifications by the deadline of remediation period, the City may acquire, under reasonable terms and in a manner it considers appropriate, replacement services that are comparable to the services that the Company failed to deliver to the City, and the Company shall be liable to the City for any excess costs related thereto. If the City terminates this Contract only in part, the Company shall continue to perform the un-terminated obligations or portions of this Contract.

- (c) The Company shall not be liable for any excess costs if the failure to perform the Contract arises from circumstances beyond the control of, and without the fault or negligence on the part of, the Company. These circumstances are limited to such causes as (i) acts of God or of the public enemy, (ii) acts of governmental bodies, (iii) fires, (iv) floods, (v) epidemics/pandemics, (vi) quarantine restrictions, (vii) labor strikes, (viii) freight embargoes, or (ix) unusually severe weather. The time of performance of the Company's obligations under this Contract shall be extended by such period of enforced delay; provided, however, that such reasonably extended time period shall not exceed sixty (60) days. If the foregoing circumstances result in a delay greater than 60 days, the City may terminate the affected portion of the Contract pursuant to the terms of Section E-4, "Termination for Convenience".
- (d) The City retains the right to terminate for default immediately if the Company fails to maintain the required insurance, and/or bonding, fails to comply with applicable local, state, and federal statutes governing performance of these services, or fails to comply with statutes involving health or safety.
- (e) If the City fails to perform any of its obligations required under this Contract, and the City does not remedy the failure after notice thereof is provided to the City by the Company pursuant to the requirements of Section E-1, "Legal Notice" above, the Company shall have the right to treat the failure as a claim or dispute subject to the resolution provisions of E-2, "Disputes" of this Contract. During the period of such resolution, the Company shall continue with its performance under the Contract.

E-7 Limitation of Funding/Non-Appropriation [CAO-4/2020]

The Company acknowledges that City is a governmental entity and the Contract's validity is based upon the availability of public funding under its authority. The City reserves the right to reduce estimated or actual quantities, in whatever amount necessary, without prejudice or liability to the City, if funding is not available or if legal restrictions are placed upon the expenditure of monies for the services required under this Contract. In addition, and without prejudice or liability to the City, if funds are not appropriated or otherwise made available to support continuation in any fiscal year succeeding the first fiscal year, this Contract will be deemed to have been terminated automatically when appropriated funds expire and are not available. The City shall notify Company in writing of any such non-allocation of funds at the earliest possible date and shall pay Company any reasonable fees earned and costs incurred in performing this Contract for any period prior to such notice.

E-8 Changes - Fixed-Price Goods or Services [CAO-4/2020]

- (a) The City may at any time, by written order, and without notice to the sureties, if any, make changes within the general scope of this Contract in any one or more of the following:
 - (i) Description of services to be performed or goods to be provided.
 - (ii) Time of performance (i.e., hours of the day, days of the week, etc.).
 - (iii) Place of performance of the services.
 - (iv) Time or place of delivery of goods
- (b) If any such change causes an increase or decrease in the cost of, or the time required for, performance of any part of the work under this Contract, the Company shall provide current, complete, and accurate documentation to the City in support of any request for equitable adjustment.
- (c) The Company must assert its right to an adjustment under this clause within thirty (30) days from the date of receipt of the written order, or shall otherwise be barred and shall have waived any right to an adjustment under this clause.
- (d) The parties shall negotiate a timely requested equitable adjustment by mutual written agreement and the change will be effected by purchase order revision. Failure to agree to any adjustment shall be a dispute under Section E-2, "Disputes"; however, nothing in this clause shall excuse the Company from proceeding with the Contract as changed.

E-9 Entire Contract, Section and Paragraph Headings [CAO-4/2020]

- (a) This Contract represents the entire and integrated agreement between the City and the Company. It supersedes all prior and contemporaneous understandings, negotiations, communications, representations, and agreements, whether oral or written, relating to the subject matter of this Contract.

- (b) The section and paragraph headings appearing in this Contract are inserted for the purpose of convenience and ready reference. They do not purport to define, limit, or extend the scope or intent of the language of the sections and paragraphs to which they pertain.

E-10 Order of Precedence [CAO-7/24/08]

In the event of a conflict between the specific language set forth in Sections A through E of this Contract and any Attachment or Exhibit, the specific language in Sections A through E shall prevail. Any exception to this order of precedence will be addressed through specific language elsewhere in Sections A through E.

E-11 Severability [CAO-7/24/08]

The invalidity, illegality, or unenforceability of any provision of this Contract or the occurrence of any event rendering any portion or provision of this Contract void shall in no way affect the validity or enforceability of any other portion or provision of this Contract. Any void provision shall be deemed severed from this Contract, and the balance of this Contract shall be construed and enforced as if this Contract did not contain the particular portion or provision held to be void. The parties further agree to amend this Contract to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this clause shall not prevent this entire Contract from being void should a provision which is of the essence of this Contract be determined void.

E-12 Waiver [CAO-7/24/08]

Waiver of any of the terms of this Contract shall not be valid unless it is in writing signed by each party. The failure of the City to enforce any of the provisions of this Contract, or to require performance of any of the provisions herein, shall not in any way be construed as a waiver of such provisions or to affect the validity of any part of this Contract, or to affect the right of the City to thereafter enforce each and every provision of this Contract. Waiver of any breach of this Contract shall not be held to be a waiver of any other or subsequent breach of this Contract.

E-13 Modification/Amendment [CAO-7/24/08]

This Contract shall not be modified or amended except by the express written agreement of the parties, signed by a duly authorized representative for each party. Any other attempt to modify or amend this Contract shall be null and void, and may not be relied upon by either party.

E-14 Assignment [CAO-7/24/08]

Neither party may assign their rights nor delegate their duties under this Contract without the written consent of the other party. Such consent shall not be withheld unreasonably. Any assignment or delegation shall not relieve any party of its obligations under this Contract.

E-15 Indemnification [CAO-4/2020]

- (a) In addition to the insurance requirements set forth in Section D-5, "Insurance", and not in lieu thereof, the Company shall protect, defend, indemnify and hold harmless the City, its elected officials, officers, employees, agents, and consultants (collectively herein the "City") from and against any and all claims, liabilities, damages, losses, suits, actions, decrees, arbitration awards and judgments including attorney's fees, court costs or other expenses of any and every kind or character (collectively herein the "Liabilities") which may be recovered from or sought against the City, as a result of, by reason of, or as a consequence of (i) any act or omission, negligent or otherwise, on the part of the Company, its officers, employees, independent contractors, vendors, suppliers, consultants, or agents in the performance of the terms, conditions and covenants of the Contract; or (ii) a breach of any agreement between the Company and its employees, vendors, independent contractors, suppliers, consultants or agents; or (iii) any default in the performance of any obligation on Company's part to be performed under the terms of this Contract, regardless of whether the Liabilities were caused in part by the City. Company agrees that it is assuming the sole risk of any Liabilities related to the contraction by Company's officers, employees, vendors, suppliers, agents, independent contractors, and consultants or any other person of any viral infection or other disease, including, without limitation, COVID 19, related to the performance of this Contract and that Company's indemnity obligations contained herein cover any such Liabilities. In no event shall the language in this Section constitute or be construed as a waiver or limitation of the City's rights or defenses with regard to sovereign immunity, governmental immunity, or other official immunities and protections as provided by the Federal and State Constitutions or by law.

- (b) If a third party claim against the City for negligent performance by the Company is within the limits of its liability insurance, and the insurance company has accepted the City's tender of defense, then the City will pay the Company what is due and owing to them within the payment method specified in this Contract. However, if the claim is greater than the coverage amount, the City, for its protection, may retain any money due and owing the Company under this Contract, until the claim has been resolved. In the event no money is due and owing, the surety, if required, of the Company, may be held until all of the Liabilities have been settled and suitable evidence to that effect furnished to the City.
- (c) It is expressly agreed that the Company shall defend the City at Company's expense, by legal counsel reasonably satisfactory to City, against the Liabilities and in the event that the Company fails to do so, the City shall have the right, but not the obligation, to defend the same and to charge all direct and incidental costs, including attorney's fees and court costs, to the Company. Company's indemnity obligations herein are not intended to nor shall they relieve any insurance carrier of its obligations under policies required to be carried by Company pursuant to the provisions of this Contract. Company's obligations under this Section shall survive any termination of this Contract.

E-16 Patent Indemnity [CAO-12/30/2020]

The Company hereby indemnifies and shall defend and hold harmless the City and its representatives respectively from and against all claims, losses, costs, damages, and expenses, including attorney's fees, incurred by City and its representatives, respectively, as a result of or in connection with any claims or actions based upon infringement or alleged infringement of any patent or other intellectual property and arising out of the use of the equipment or materials furnished under the contract by the Company, or out of the processes or actions employed by, or on behalf of the Company in connection with the performance of the Contract. The Company shall, at its sole expense, by legal counsel reasonably satisfactory to City, promptly defend against any such claim or action unless directed otherwise by the City or its representative; provided that the City or its representatives shall have notified the Company upon becoming aware of such claims or actions, and provided further that the Company's aforementioned obligations shall not apply to equipment, materials, or processes furnished or specified by the City or its representatives.

E-17 Audit of Records [CAO-5/2/12]

- (a) The Company agrees to maintain the financial books and records (including supporting documentation) pertaining to the performance of this Contract according to standard accounting principles and procedures. The books and records shall be maintained for a period of three (3) years after completion of this Contract, except that books and records which are the subject of an audit finding shall be retained for three (3) years after such finding has been resolved. If the Company goes out of business, the Company shall forward the books and records to the City to be retained by the City for the period of time required herein.
- (b) The City or its designated representative(s) shall have the right to inspect and audit (including the right to copy and/or transcribe) the books and records of the Company pertaining to the performance of this Contract during normal business hours. The City will provide prior written notice to the Company of the audit and inspection. If the books and records are not located within Clark County, the Company agrees to deliver them to the City, or to an address designated by the City within Clark County. In lieu of such delivery, the Company may elect to reimburse the City for the cost of travel (including transportation, lodging, meals, and other related expenses) to inspect and audit the books and records at the Company's office. If the books and records provided to the City are incomplete, the Company agrees to remedy the deficiency after written notice thereof from the City, and to reimburse the City for any additional costs associated therewith including, without limitation, having to revisit the Company's office. The Company's failure to remedy the deficiency shall constitute a material breach of this Contract. The City shall be entitled to its costs and reasonable attorney fees in enforcing the provisions of this Section.
- (c) If at any time during the term of this Contract, or at any time after the expiration or termination of the Contract, the City or the City's designated representative(s) find the dollar liability is less than payments made by the City to the Company, the Company agrees that the difference shall be either: (i) repaid immediately by the Company to the City or (ii) at the City's option, credited against any future billings due the Company.

E-18 Confidentiality – City Information [CAO-4/2020]

- (a) All information, including but not limited to, oral statements, computer files, databases, and other material or data supplied to the Company is confidential and privileged. The Company shall not disclose this information, nor allow it to be disclosed to any person or entity without the express prior written consent of the City. The Company will use at least

the same standard of care and exercise equivalent security measures to maintain the confidentiality of the City's information that it uses to maintain the confidentiality of its own confidential information; provided in no event shall such standard be less than reasonable care. The Company shall have the right to use any such confidential information only for the purpose of providing the services under this Contract, unless the express prior, written consent of the City is obtained. City shall be and remain the sole owner of such confidential information. Nothing contained in this Contract shall be construed as granting or conferring any right or license in the City's information or in any patents, software, or other technology, either expressly or by implication to the Company. Upon request by the City, the Company shall promptly return to the City all confidential information supplied by the City, together with all copies and extracts. Company is required to employ the highest ethical standards and shall avoid those actions that are inconsistent with the City's best interest.

- (b) The confidentiality requirements shall not apply where (i) the information is, at the time of disclosure by the City, then in the public domain; (ii) the information is known to the Company prior to obtaining the same from the City; (iii) the information is obtained by the Company from a third party who did not receive the same directly or indirectly from the City; or (iv) the information is subpoenaed by court order or other legal process, but in such event, the Company shall notify the City. In such event the City, in its sole discretion, may seek to quash such demand.
- (c) The obligations of confidentiality shall survive the termination of this Contract.

E-19 Marketing Restrictions [CAO-4/2020]

The Company shall at all times be in compliance with Las Vegas Municipal Code 1.08.050, and shall not publish or sell any information from or about this Contract without the prior written consent of the City. This restriction does not apply to the use of the City's name in a general list of customers, so long as the list does not represent an express or implied endorsement of the Company or its services. The City logo shall not be used without the prior written consent of the City.

E-20 Intellectual Property Rights [CAO-4/2020]

All deliverables produced under this Contract, as well as all data, notes and documentation collected on behalf of the City, are exclusively the property of the City. The Company shall have no property interest in, and may assert no claim or lien on, or right to withhold from the City, or right to use said data other than in performance of its obligations pursuant to this Contract, any data it receives from, receives access to, or stores on behalf of the City. At any time during the term of this Contract, and within thirty (30) days of the expiration or termination of this Contract, the Company will upon request return the data to the City at no charge in the format held by Company. On City request, the Company will delete all City data and will provide appropriate certification to the City to document the disposal. The Company shall promptly notify the City if the Company becomes aware of any unauthorized access, acquisition, disclosure, use, modification, destruction or other misuse of the City's data or other confidential information, and shall fully cooperate with the City in any legal action taken by the City to enforce its rights therein. This Section shall survive termination or expiration of this Contract.

E-21 Taxes/Compliance with Laws [CAO-08/01/13]

- (a) The City is exempt from paying Sales and Use Taxes under the provisions of Nevada Revised Statutes 372.325(4), and Federal Excise Tax, under Registry Number 88-87-0003k. The Company shall pay all taxes, levies, duties and assessments of every nature and kind which may be applicable to any work under this Contract. The Company shall make any and all payroll deductions required by law. The Company agrees to indemnify and hold the City harmless from any liability on account of any and all such taxes, levies, duties, assessments, and deductions.
- (b) The Company, in the performance of the obligations of this Contract, shall comply with all applicable laws, rules and regulations of all governmental authorities having jurisdiction over the performance of this Contract including, but not limited to, the Federal Occupational Safety and Health Act.

E-22 Licenses/Registrations [CAO-01/20/16]

During the entire performance period of this Contract, the Company shall maintain all federal, state, and local licenses, certifications and registrations applicable to the work performed under this Contract, including maintaining an active City of Las Vegas business license if required by Las Vegas Municipal Code 6.02.060.

E-23 Non-Discrimination and Fair Employment Practices [CAO-07/31/13]

- (a) Discrimination: The City of Las Vegas is committed to promoting full and equal business opportunity for all persons

doing business in Las Vegas. The Company acknowledges that the City has an obligation to ensure that public funds are not used to subsidize private discrimination. Company recognizes that if the Company or their subcontractors or subconsultants are found guilty by an appropriate authority of refusing to hire or do business with an individual or company due to reasons of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, national origin, or any other legally protected status, City may declare the Company in breach of contract and terminate Contract.

- (b) Fair Employment Practices: In connection with the performance of work under this Contract, the Company agrees not to discriminate against any employee or applicant for employment because of race, color, religion, national origin, sex, sexual orientation, gender identity or expression, age, disability, national origin, or any other legally protected status. Such agreement shall include, but not be limited to, the following: employment; upgrading; demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.
- (c) The Company further agrees to insert this provision in all subcontracts hereunder. Any violation of such provision by a Company shall constitute a material breach of this Contract.

E-24 Employment of Unauthorized Aliens [CAO-01/20/16]

In accordance with the Immigration Reform and Control Act of 1986, the Company agrees that it will not employ unauthorized aliens in the performance of this Contract.

E-25 Conforming Services [CAO-4/2020]

The services performed under this Contract shall conform in all respects with the requirements set forth in this Contract. The Company shall furnish the City with sufficient data and information needed to determine if the services performed conform to all the requirements of this Contract.

E-26 Independent Contractor [CAO-4/2020]

In the performance of its obligations under this Contract, the Company and any other person employed by it shall be deemed to be an independent contractor and not an agent or employee of the City. The Company shall be liable for the actions of any person, organization, or corporation with which it subcontracts to fulfill this Contract. Accordingly, Company shall be responsible for payment of all taxes including federal, state and local taxes arising out of the Company's activities in accordance with this Contract, including by way of illustration but not limitation, federal and state income tax, Social Security tax, unemployment insurance taxes, and any other taxes or business license fees as required under existing or subsequently enacted laws, rules or regulations. Company shall not be entitled to any benefits afforded to City's employees, including without limitation worker's compensation, disability insurance, health insurance, vacation, or sick pay. Company shall be responsible for providing, at Company's expense, and in Company's name, unemployment, disability, worker's compensation, and other insurance, as well as licenses and permits usual or necessary for performance of its obligations pursuant to this Contract. Company shall hereby defend, indemnify, and hold the City harmless from any claims, losses, costs, fees, attorney's fees, liabilities, damages or injuries suffered by the City arising out of Company's failure with respect to its obligations in this Section. Company, upon request, shall furnish evidence satisfactory to the City that any or all of the foregoing obligations have been fulfilled. During Company's contacts with third parties they shall identify themselves as an independent party and not as an employee for the City. Company understands and agrees that they do not have the power or authority to bind City in any capacity. The City shall hold the Company as the sole responsible party for the performance of this Contract. The Company shall maintain complete control over its employees and all of its subcontractors. Nothing contained in this Contract or any subcontract awarded by the Company shall create a partnership, joint venture, or agency with the City. Neither party shall have the right to obligate or bind the other party in any manner to any third party.

E-27 Official, Agent and Employees of the City Not Personally Liable [CAO-01/20/16]

It is agreed by and between the parties of this Contract, that in no event shall any official, officer, employee, or agent of the City in any way be personally liable or responsible for any covenant or agreement therein contained whether expressed or implied, nor for any statement, representation or warranty made herein or in any connection with this Contract.

E-28 Conflict of Interest (City Officials) [CAO-4/2020]

- (a) An official of the City, who is authorized on behalf of the City to negotiate, make, accept or approve, or take part in negotiating, making, accepting, or approving this Contract, payments under this Contract, or work under this Contract,

shall not be directly or indirectly interested personally in this Contract or in any part hereof. No officer, employee, architect, attorney, engineer or inspector of, or for the City, who is authorized on behalf of the City to exercise any legislative, executive, supervisory or other similar functions in connection with this Contract, shall become directly or indirectly interested personally in this Contract or in any part hereof, any material supply contract, subcontract, insurance contract, or any other contract pertaining to this Contract.

- (b) Each party represents that it is unaware of any financial or economic interest of any public officer or employee of the City relating to this Contract. Notwithstanding any other provision of this Contract, if such interest becomes known, the City may immediately terminate this Contract for default or convenience, based on the culpability of the parties.
- (c) The Company represents and warrants that it has, in accordance with the current policy of the City, disclosed the ownership and principals of the Company on Attachment 1 (Certificate – Disclosure of Ownership and Principals), and that it has a continuing obligation to update this disclosure whenever there is a material change in the information contained therein. Throughout the Contract Term, Company shall notify City in writing of any material change in the above disclosure within ten (10) days of any such change.

E-29 Public Records [CAO-5/2/12]

The City is a public agency as defined by state law. As such, it is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). The City's Records are public records, which are subject to inspection and copying by any person (unless declared by law to be confidential). This Contract and all supporting documents are deemed to be public records.

E-30 Use By Other Government Entities [CAO-01/20/16]

A governing body or its authorized representative and the State of Nevada may join or use the contracts of local governments located within or outside this State with the authorization of the contracting vendor. In the event the Company allows another governmental entity to join the Contract, it is expressly understood that the City shall in no way be liable for the obligations of the joining governmental entity.

E-31 Certification – No Israel Boycott [CAO–4/2020]

(Applicable to contracts with an estimated annual amount over \$100,000)

By signing this Contract, the Company certifies that it is not engaged in, and agrees for the duration of the Contract not to engage in, a boycott of the State of Israel per NRS 332.065.

“Boycott of Israel” means refusing to deal or conduct business with, abstaining from dealing or conducting business with, terminating business or business activities with or performing any other action that is intended to limit commercial relations with Israel; or a person or entity doing business in Israel or in territories controlled by Israel, if such an action is taken in a manner that discriminates on the basis of nationality, national origin or religion. It does not include an action which is based on a bona fide business or economic reason; is taken pursuant to a boycott against a public entity of Israel if the boycott is applied in a nondiscriminatory manner; or is taken in compliance with or adherence to calls for a boycott of Israel if that action is authorized in 50 U.S.C. § 4607 or any other federal or state law.

“Company” means any domestic or foreign sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited-liability partnership, limited-liability company, or other domestic or foreign entity or business association, including, without limitation, any wholly owned subsidiary, majority owned subsidiary, parent company or affiliate of such an entity or business association, that exists for the purpose of making a profit.

A violation of this Section by Company shall be considered an incurable Event of Default of this Contract, thereby allowing the City to immediately terminate this Contract upon giving Legal Notice to Company.

E-32 Counterpart Signatures [CAO-08/11/2022]

This Contract may be executed in counterparts. All such counterparts will constitute the same contract and the signature of any party to any counterpart will be deemed a signature to, and may be appended to, any other counterpart. Executed copies hereof may be delivered by facsimile or e-mail and upon receipt will be deemed originals and binding upon the parties hereto, regardless of whether originals are delivered thereafter.

The parties agree that this Contract may be signed electronically via the City's designated electronic signature platform, and that the electronic signatures appearing herein shall be considered the same as handwritten signatures for the purposes of validity, admissibility, and enforceability.

E-33 Miscellaneous [CAO – 4/2020]

- (a) In the event of a dispute under this Contract which results in litigation or other formal dispute resolution proceedings, the prevailing party shall be entitled to reimbursement of its or their actual reasonable attorney's fees and costs in connection with such proceeding.
- (b) Time is of the essence of the Contract and each of its provisions.

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IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed by their duly authorized representatives.

CITY OF LAS VEGAS	MERCY, INC. DBA AMERICAN MEDICAL RESPONSE
	<small>DocuSigned by:</small>
	<i>Glenn Kasprzyk</i> 1/31/2024 3:29 PM PST
_____ Signature	_____ Signature
_____ Date	_____ Date
_____ Printed Name	Glenn Kasprzyk _____ Printed Name
_____ Title	President - West Region _____ Title

ATTEST:

LuAnn D. Holmes, MMC
City Clerk

Date

APPROVED AS TO FORM:

DocuSigned by:

Carmen Gilbert 1/30/2024 | 4:11 PM PST

Deputy City Attorney

Date

Carmen Gilbert

Printed Name

EXHIBIT A SCOPE OF WORK

1. Background

The City of Las Vegas (City), a political subdivision of the State of Nevada, licenses, permits and regulates the provision of ambulance services through the Code of Ordinances. The City maintains a Department of Fire and Rescue (LVFR) that provides ambulance service. Additionally, a franchisee provides some ambulance services. Finally, the City may contract with ambulance service providers to provide ambulance services via selection processes as the City determines appropriate. The City is seeking a qualified ambulance service provider to deliver Emergency Ambulance services in accordance with the expectations set forth in this RFP. Non-emergency ambulance transport services are not covered under this RFP.

LVFR has partnered with a service provider to deliver Crisis Intervention Team (CRT) services through the Mobile Outreach Safety Team grant with Nevada Medical Services (NCS). The grant requires an ALS or ILS medical response unit with a Qualified Mental Health Professional to respond as a Mental Health Crisis Team for 24 unit hours each day. The CRT unit responds to 911 dispatched calls categorized as psychiatric calls based on the emergency dispatch ProQA system. The Successful Offeror will supply the medical response unit and EMT staffing and LVFR provides the QMHP to staff each unit.

The outcome of this RFP may be the selection of a Successful Offeror with whom the City will execute a performance-based contract for the provision of Emergency Ambulance services. This includes the obligation to respond to all Emergency Ambulance service calls originating from 911 requests made through the CCC. The performance expectations set forth in this RFP and the performance commitments set forth in the selected Proposal will be incorporated into a contract as performance objectives. The performance will include 911 response and ALS, ILS and BLS transport.

An award shall not be made until the City has completed its evaluation, investigation and verification of an Offeror's qualifications, credentials and financial viability. At the conclusion of the initial performance period, the City will evaluate the performance of the Successful Offeror and will determine if the Contract will be extended for subsequent terms.

The granting of a Contract pursuant to this RFP shall not impart to the Successful Offeror any vested ownership right or ownership interest in any rights-of-way or City property, notwithstanding the right to use City rights-of way or City property to provide its Emergency Ambulance service.

2. Overview

LVFR has a rich history of protecting its citizens through a myriad of critical functions, including Emergency Ambulance transportation. One of the many critical functions of LVFR is the provision of pre-hospital EMS. The primary mission of LVFR's EMS Division is to optimize patient outcomes by providing superior quality pre-hospital care in a proficient and compassionate manner. The City has historically provided Emergency Ambulance service through ambulance franchise agreements. The City's Code of Ordinances, Title 6, AMBULANCES, establishes broad standards for the operations, equipment, and personnel of pre-hospital emergency care services.

LVFR has continuously adapted to the changing community and operational needs by utilizing public-private partnerships. An example of a public-private partnership is the Nevada Clinical Services Mobile Outreach Safety Team grant that funds the Crisis Intervention Team (CRT) program. The CRT unit, staffed with two emergency medical technicians (1 paramedic-EMT and 1 EMT-I or EMT-B) with a Qualified Mental Health Professional, responding to 911 calls to individuals experiencing a mental health event based on the emergency dispatch ProQA system. The CRT response is designed to reduce emergency department visits due to psychiatric crisis and to reduce psychiatric hospitalizations by providing immediate support and intervention, short-term stabilization, and case management services.

Requests for assistance to emergencies typically are made through the 911 phone system. These calls are answered at a primary Public Safety Answering Point (PSAP) and, when identified as involving a medical emergency, transferred to the CCC that serves LVFR, Clark County Fire Department, and North Las Vegas Fire Department. Personnel of the CCC identify the caller's needs in accordance with guidelines developed by the Fire Chief using the National Academy of Emergency Dispatch Medical Priority Dispatch System (NAED) protocols and determinants, dispatch and/or request appropriate EMS resources, and provide pre-arrival instructions when appropriate. For the areas covered by this RFP, all dispatch information, including all the contracted Emergency Ambulance services requests, shall be provided by and through the CCC. Successful Offeror shall provide Emergency Ambulance service only when dispatched by the City/CCC. The City, or the City through the CCC, at all times reserves the right to dispatch Emergency Ambulance service to Successful Offeror,

the franchisee or to provide ambulance service itself. Requests for service shall include those calls that originate from any department or agency of the City and those calls that are referred from local law enforcement agencies through the CCC.

Ambulances responding to emergency calls are required to be staffed according to Health District regulations (SNHD 900.300). Ambulances may be dispatched Code 3 (lights and siren) or Code 2 (immediate response without lights or siren) depending on the priority assigned by the CCC.

Patient treatment and transport are carried out under State laws and regulations as well as Health District policies and procedures. These policies may include, in the case of EMT-Paramedics, making contact with a physician at a designated base hospital to obtain direction in management of the patient. Patients are transported to appropriate receiving facilities. Hospital destination is based upon patient preference and Health District EMS protocols. Critical patients are normally transported to a nearby emergency department or to a specialty care center (trauma, STEMI, stroke), as appropriate. Non-critical patients may be transported to hospitals of choice within reasonable travel time.

3. Anticipated Start Date and Contract Term

The City anticipates performance under any resulting agreement to begin promptly with minimal disruption of service and anticipates full service within 60 days of contract execution. The City anticipates an initial contract term of 1-year. The City anticipates including two 3-year renewal periods in any contract that results from this RFP. Other initial contract performance periods and renewal periods by Finalists may be considered.

4. City Responsibilities

It is LVFR's responsibility to:

- (a) Provide contract administration and management services for any Contract awarded as a result of this RFP;
- (b) Monitor the EMS system's performance and compliance with the performance-based specifications applicable to the Successful Offeror;
- (c) Identify Emergency Ambulance posting locations in the Service Area to obtain the desired response time goals;
- (d) Provide CCC facilities/systems and Emergency Ambulance dispatch services for all 911 medical Emergency Ambulances;
- (e) Commit to the continued collaboration to provide high quality first response service on life-threatening incidents;
- (f) Provide medical direction for the system;
- (g) Develop and modify EMS system protocols and procedures;
- (h) Sustain coordinated specialty systems of care e.g. Trauma, STEMI, Stroke, Cardiac Arrest, etc.;
- (i) Manage the medical records data processing system including billing, collections, and accounts receivable management functions, and maintain relationships with third party payers;
- (j) Secure or provide, in the event of Successful Offeror's default, an alternative EMS delivery system;
- (k) The City will pay for service delivered in accordance with response time reliability and clinical excellence and will do so within 30 days of receipt of invoice after the end of the calendar month during which such services were rendered;
- (l) For any Emergency Ambulance services provided by the Successful Offeror on behalf of the City, the City shall be responsible for billing the patient or any third-party payer for the services provided by the Successful Offeror. The Successful Offeror shall not seek payment from the patient or any third-party payer for any services. The City shall pay the Successful Offeror at the rates set forth in the Contract, and the Successful Offeror shall accept the rate as payment in full for services; and
- (m) LVFR will provide required training on its operational procedures.

5. Service Area

Successful Offeror shall provide Emergency Ambulance services within the Service Area. If requested to do so by the City, Successful Offeror shall also make its staff and equipment available inside and outside the Service Area to aid and assist the City in the event of wide-scale emergency or disaster and, if requested, shall cooperate with and participate in an emergency planning program conducted or sponsored by the City's Office of Emergency Management. In the event of a wide-scale emergency or disaster within the Service Area or a neighboring jurisdiction or county is declared, normal operations shall be suspended and Successful Offeror shall respond as provided by, and in accordance with, the City's disaster plan. The City's Service Area can be found here: <https://www.lasvegasnevada.gov/Government/Maps>.

6. Core Requirements

- (a) Successful Offeror shall furnish Emergency Ambulance services for all residents and other persons physically present in the Service Area.
- (b) Emergency Ambulance services shall be provided at the ALS, ILS and BLS levels of service.
- (c) Staff one or more, ALS, ILS, and BLS Emergency Ambulance unit(s), seven days per week to residents and visitors of the City when requested by the CCC in the Service Area.
- (d) The Emergency Ambulance unit(s) will be deployed with staggered start times as determined by the City at its sole discretion.
- (e) Each Emergency Ambulance unit rendering EMS under the Contract shall be staffed and equipped to render ground Emergency Ambulance services at an ALS, ILS and BLS level of service. This includes the obligation to respond to all 911-Dispatched Ambulance Service calls originating from 911 requests made through the CCC.
- (f) Hourly rate is required for each range of hours at each level of service Advanced Life Support (ALS) Intermediate Life Support (ILS) Basic Life Support (BLS) (LVMC 6.08.020).
- (g) LVFR will designate:
 - (i) the Emergency Ambulance unit coverage hours for each service level;
 - (ii) deployment times, which shall begin when the Successful Offeror's unit arrives at the designated posting location within the Service Area;
 - (iii) posting locations within the Service Area; and
 - (iv) manage deployment of resources of the Emergency Ambulance services contract.
- (h) In the case of special events (ex. New Year's Eve, Electric Daisy Carnival, Life Is Beautiful), the City will strive to notify the Successful Offeror of any changes 30 days in advance of special event the Emergency Unit Coverage hours required for each service level.
- (i) Successful Offeror will provide a plan to guarantee service under this contract via suitable reserve Emergency Ambulances with the contractually required on-board computer technologies, mechanic facilities, towing services, or any other plan developed by the Offeror to provide Emergency Ambulance services. Costs of these reserves shall be included in the unit rates and no separate charge will be accepted.

7. Mandatory Requirements and Performance Standards

- (a) Successful Offeror shall not deviate from the color scheme, logo or uniform design approved by the Fire Chief without the Fire Chief's prior written consent.
- (b) The Successful Offeror shall maintain records within Clark County, Nevada and allow for audits as provided in the resultant contract.

- (c) Successful Offeror shall not use any Emergency Ambulance once the vehicle mileage on an Emergency Ambulance reaches three hundred thousand (300,000) miles.
- (d) Successful Offeror shall provide integration of the Successful Offeror's emergency resources onto the CCC dispatching consoles.

8. Successful Offeror Responsibilities

(a) Services Description

- (i) Respond to Emergency calls within the Service Area that are prospectively identified using Medical Priority Dispatch Protocol as Alpha, Bravo, Charlie, Delta, Echo, and Omega Priorities 1 through 5 level responses under the guidelines developed by the Fire Chief using NAED, version 3.4.3.33, as amended from time to time, or current version, protocols and determinants. Current sub-determinants are attached as Exhibit 2 to this RFP for reference. NAED protocols and determinants will be periodically evaluated by the Fire Chief to analyze medical outcome of patients. Sub-determinants may be amended by the Fire Chief to meet the needs of the response. Successful Offeror shall provide Emergency Ambulance service only when dispatched by the City/CCC. The City, or the City through the CCC, at all times reserves the right to dispatch Emergency Ambulance service to Successful Offeror, a franchisee, or to provide Ambulance service itself. Requests for service shall include those calls that originate from any department or agency of the City and those calls which are referred from local law enforcement agencies through the CCC. Successful Offeror shall not self-respond/self-dispatch to emergency events, but Successful Offeror is obligated to provide appropriate medical care if its personnel come upon a person that is experiencing what appears to be a medical emergency. If such a response occurs, Successful Offeror will notify the CCC as soon as reasonably possible. To clarify this obligation, Successful Offeror shall not monitor police or fire calls and respond to an emergency unless appropriately dispatched by the CCC, but if personnel of Successful Offeror see a person that appears to be experiencing a medical emergency, the City expects that the Successful Offeror's personnel will assess the situation and provide appropriate medical care.
- (ii) Provide Emergency Ambulance services from the scene to the appropriate health care facility for all persons in the Service Area in compliance with Health District protocols.
- (iii) All Ambulances rendering Emergency Ambulance services under the Contract shall be staffed and equipped to render ALS, ILS, and BLS level care and transport in accordance with Health District regulations (SNHD 900.300). The EMT-Paramedic shall be the caregiver with ultimate responsibility for all patients on ALS level responses. The A-EMT shall be the caregiver with ultimate responsibility for all patients on ILS level responses. The QMHP assigned to the Emergency Ambulance providing mental health services shall be the caregiver with ultimate responsibility for all individuals experiencing a mental health crisis.
- (iv) Provide Emergency Ambulance services without regard to any illegally discriminatory classification, including without limitation: the patient's race, color, national origin, religious affiliation, sexual orientation, age, sex, or ability to pay.
- (v) All Emergency Ambulance personnel responding to emergency medical requests shall be currently and appropriately licensed, accredited and credentialed, as appropriate, to practice in the City of Las Vegas. Successful Offeror shall retain on file at all times copies of the current and valid licenses and/or certifications of all emergency medical personnel performing services under any contract awarded as a result of this RFP. Health District certification/licensure requirements may be downloaded from the Health District website.
- (vi) Participate in LVFR mandated operational training.
- (vii) In performing Emergency Ambulance services under any contract as a result of this RFP, Successful Offeror shall work cooperatively with the Fire Chief as the contract administrator.
- (viii) Successful Offeror to acknowledge and abide by the incident command and control procedure implemented by LVMC 6.08.160. In addition, Successful Offeror must participate in LVFR Incident Command System ("ICS") standard operating procedures.
- (ix) Require its employees, including emergency medical technicians, EMT-Paramedics, supervisors, and

management personnel to adhere to LVFR's ICS procedures. Emergency Ambulance crews and other personnel shall participate in and fully comply with accountability procedures when involved in any incident in which the incident commander requires them to use the accountability system. Successful Offeror shall respond to one hundred percent (100%) of calls for which Successful Offeror is dispatched by the City/CCC that originates within the Service Area.

- (x) Successful Offeror shall provide all management, personnel, facilities, equipment, training, materials, fuel, services and supplies necessary to provide the required services in the Service Area. Successful Offeror acknowledges that the City shall not provide Emergency Ambulances, clinical equipment or supplies to Successful Offeror. All costs associated with the services referenced herein shall be the sole responsibility of Successful Offeror.
- (xi) Successful Offeror shall ensure that all Emergency Ambulances are at the designated posting locations within the Service Area at the start of the deployment times.

(b) Communication Equipment Requirements

- (i) Successful Offeror shall comply with the following requirements concerning the installation, use, operation and maintenance of their communications equipment:
 - (1) Obtain any authorizations required for the engineering, assembling, installation, use, operation, and maintenance of the communications equipment, which are necessary to provide the required services;
 - (2) At all times for the duration of the Contract, maintain a radio communication system capable of interagency communications; and
 - (3) Upgrade communications equipment with comparable and compatible technology if and when upgrades are made. If upgrades are contemplated by the City, the City shall notify Successful Offeror within a reasonable time before such upgrades occur to permit Successful Offeror to upgrade its communications system contemporaneous with upgrades by the City. Successful Offeror is solely responsible for all costs associated with upgrades of interfaces to assure compliance with future communication equipment upgrades.
- (ii) Each Emergency Ambulance utilized for Emergency Ambulance services shall be equipped with a minimum of one 800 MHz Mobile Radio. This radio shall be P25 compliant and capable of transmitting on Southern Nevada Area Communications Council (SNACC) system.
- (iii) Successful Offeror shall equip all Emergency Ambulances and supervisory vehicles used in providing Emergency Ambulance service with radios for communication with receiving hospital and for ambulance-to-hospital communications.
- (iv) Radio equipment used for ambulance-to-hospital communications shall be configured so that personnel actually providing patient care are able to directly communicate with base or receiving hospital staff regarding the patient.
- (v) Successful Offeror shall:
 - (1) Have its Emergency Ambulance radios transmit on the 800 MHz Countywide Southern Nevada Area Communications Council ("SNACC");
 - (2) Communicate with fire agency responders and the City over the SNACC 800 MHz trunked radio system at its cost;
 - (3) Pay for its proportionate use of the 800 MHz trunked radio systems to SNACC as currently required by SNACC; and
 - (4) Utilize, whether through purchase, lease or other contractual arrangement, an AVL and mobile computer terminal (MCT) system to monitor the location and status of each party's units deployed at all times. Successful Offeror shall be responsible for any and all costs associated with integrating its AVL and MCT with CCC CAD. The AVL system must fully interface with the CCC's CAD and be capable of:

- a. Daily clock synchronization with the atomic clock;
- b. Indicate all system resources available status and location in real-time;
- c. Send and receive electronic dispatch information, instructions, and call status;
- d. Refresh the AVL and GPS information no less than every five (5) seconds; and
- e. Availability and operability for all emergency and non-emergency call for service.

9. Fleet Requirement

- (a) All Emergency Ambulances used for services under a Contract shall meet Federal Specification KKK-1822F or National Fire Protection Association (NFPA) 1917, as amended from time to time, and be certified by the manufacturer to meet the specifications in effect at the date of manufacture. Certain exceptions to such standards may be approved by the Fire Chief. If Successful Offeror proposes exceptions to either standard, the proposed exception must be presented to the Fire Chief, in writing, and it is the responsibility of Successful Offeror to justify the recommended changes. The Fire Chief will make a final determination, pursuant to all adopted laws and regulations, and that determination is final.
- (b) All Emergency Ambulances must be specified and constructed to transport two (2) patients, one (1) Successful Offeror attendant and one (1) LVFR first responder in the patient compartment and one (1) family member in the front passenger seat as well as the driver without exceeding the Original Equipment Manufacturer's specified Maximum Gross Vehicle Weight while fully equipped and fueled. Additionally, each Emergency Ambulance shall be capable of simultaneously transporting a total of at least two (2) recumbent patients.
- (c) All Emergency Ambulances must comply with Environmental Protection Agency diesel emissions standards in effect on the date of manufacture.
- (d) No Emergency Ambulance shall have cumulative mileage of more than 300,000 miles.
- (e) All Emergency Ambulances shall use standard colors, emblems, and markings, as required by existing federal and state standards and City requirements.
- (f) The color scheme, logo and uniform design shall be approved in writing by Fire Chief prior to installation. The color scheme, logo and uniform design proposed to be used to designate the Emergency Ambulance(s) and personnel of the Successful Offeror shall not be the same as or confusingly similar to the color schemes or designs of LVFR or other ambulance service providers operating in the City as determined by the Fire Chief in the Fire Chief's sole discretion.
- (g) Any restriping/lettering as a result of a Contract shall be at the Successful Offeror's expense.
- (h) The Successful Offeror shall maintain all Emergency Ambulances and support vehicles necessary to perform its services pursuant to this RFP. All costs of maintenance including parts, supplies spare parts shall be the responsibility of the Successful Offeror.

10. Fleet Safety

Successful Offeror shall institute and maintain a fleet safety program that shall address, at a minimum, the following:

- (a) Driver education and vehicle operations;
- (b) Systems designed to improve safety, "low forces" and other driving, training and monitoring systems;
- (c) Patient and attendant restraint and injury prevention systems, including specific modifications designed to reduce injuries resulting from accidents;
- (d) Providing appropriate child restraint systems for pediatric patients;
- (e) Vehicle monitoring and record keeping systems; and

- (f) Fleet maintenance procedures designed to promote and enhance safety.

11. EMS System Medical Oversight

- (a) LVFR shall furnish medical control services through the Fire Chief for all EMS system functions (e.g. medical communications, first responder agencies, transport entity, online control physicians). The Fire Chief does not relieve the Successful Offeror from employing its own medical director as mandated by state and Health District requirements.

- (b) The Successful Offeror shall be required to:

- (i) **Medical Protocols**

- (1) Comply with medical protocols and administrative policies established by the Health District, as well as other requirements and standards established by the Fire Chief;
- (2) Document compliance with system of care operational and medical protocols. This documentation shall describe the performance of Successful Offeror as a whole, its component parts (e.g. communications and transport), and individual system participants (personnel); and
- (3) Medical protocols shall be reviewed and updated by the Health District on a periodic basis with input from system participants. Current medical protocols are available at the Health District website.

- (ii) **Medical Review/Audits**

- (1) Participate in LVFR's Continuous Quality Improvement (CQI) program. The goal of the patient safety and medical audit process is to inspect and assure compliance of the care delivered with the system's established clinical care guidelines. Evaluation of trends, system variation and random sampling of patient contacts provides mechanisms to measure the clinical care provided and enables the Fire Chief to identify the need for a more targeted or detailed audit. The process also assists in validating the effectiveness of ongoing process and outcome measures in monitoring and improving care. It is the Successful Offeror's responsibility to comply with the Fire Chief audit/review process and initiate process measurement and improvement activities based on the results of the audit/review.
- (2) As part of LVFR CQI processes or incident investigation, the Fire Chief may require that any employee of the Successful Offeror attend a medical audit when deemed necessary.
- (3) Successful Offeror employees, at their option and expense, may attend any audit involving any incident in which they were involved that is being formally reviewed, but must maintain the confidentiality of the medical audit process. Attendance of every license holder involved in a case being reviewed is not required, unless mandated by the Fire Chief.

12. Operational Overview

- (a) The performance specifications set forth in this RFP encourage continuous improvements in the level of service provided in the City. It is a fundamental expectation that the full block of hours purchased each day is available and maintained for use by LVFR. Any downtime or unit replacement or other issues will be the Successful Offeror's sole responsibility.

- (b) The following provisions define expectations for Successful Offeror:

- (i) Provide the number of equipped Emergency Ambulances as required by the contract unit hours;
- (ii) Emergency Ambulances shall be available for response to a dispatch at the scheduled shift start time from post location;
- (iii) Be responsible for all costs for all routine preventative maintenance and repairs of Emergency Ambulances;
- (iv) Adhere to its maintenance and maintenance records plan during the Contract period. Disruption in service due to

non-compliance with the plan will be considered a major breach and grounds for immediate Contract termination;
and

- (v) When an Emergency Ambulance is taken out of service due to mechanical failure or damage, a replacement Emergency Ambulance must be available within sixty (60) minutes.

13. Transport Requirements and Limitations

(a) Destinations

Patient treatment and transport shall be carried out under state laws and regulations, as well as Southern Nevada Health District policies and procedures. These policies may include, in the case of EMT-Paramedics, making contact with a physician at a designated base hospital to obtain direction in management of the patient. Patients are transported to appropriate receiving facilities. Hospital destination is based upon patient preference and Health District EMS protocols. Critical patients are normally transported to a nearby emergency department or to a specialty care center (trauma, STEMI, stroke), as appropriate. Non-critical patients may be transported to hospitals of choice within reasonable travel time.

(b) Prohibition against Influencing Destination Decisions

Personnel are prohibited from attempting to influence a patient's destination selection other than as outlined in the destination policy.

14. Emergency Ambulance Response Time Performance Objectives

Any Contract issued under this RFP shall require the highest levels of performance and reliability, and the mere demonstration of effort, even diligent and well intentioned effort, shall not substitute for performance results. Performance will be monitored throughout the Contract. The following Emergency Ambulance response time objectives must be met at a compliance rate of at least 90% each month for each separate Priority line item below by the Successful Offeror.

(a) Description of Priority Classifications

Response priorities are defined according to a standard presumptive priority dispatch protocol approved by the Fire Chief. The NAED, version 3.4.3.33, as amended from time to time, or protocols currently in use by the CCC will be used for response time compliance reporting.

There are five priorities for which Successful Offeror shall be required to meet specified response times. The call classification as Emergency, and as Priority 1, 2, 3, 4 and 5 is accomplished by presumptive prioritization in accordance with the current NAED, version 3.4.3.33, as amended from time to time, or protocols currently in use, as approved by the Fire Chief. The descriptions and response time requirements are listed below:

- (i) Priority Level 1 (specified critical-level): Select Bravo, Charlie, Delta and Echo Emergencies.

Successful Offeror shall place an Emergency Ambulance on-scene of each specified Bravo, Charlie, Delta and Echo incident within the specified response time not less than 90% of all response requests as measured within any calendar month.

- (ii) Priority Level 2 (specified high-level): Select Bravo, Charlie, Delta and Echo Emergencies.

Successful Offeror shall place an Emergency Ambulance on the scene of each specified Bravo, Charlie, Delta and Echo incidents within the specified response time not less than 90% of all response requests as measured within any calendar month.

- (iii) Priority Level 3 (specified moderate-level): Select Bravo, Charlie, Delta and Echo Emergencies.

Successful Offeror shall place an Emergency Ambulance on the scene of each specified Bravo, Charlie, Delta and Echo incidents within the specified response time not less than 90% of all response requests as measured within any calendar month.

(iv) Priority Level 4 (specified low-level): Select Alpha, Bravo and Omega Emergencies

Successful Offeror shall place an Emergency Ambulance on the scene of each specified Alpha, Bravo and Omega incidents within the specified response time not less than 90% of all response requests as measured within any calendar month.

(v) Priority Level 5 (specified medical aid-level): Select Alpha and Omega Emergencies

Successful Offeror shall place an Emergency Ambulance on the scene of each specified Alpha and Omega incidents within the specified response time not less than 90% of all response requests as measured within any calendar month.

(b) Contract Response Time Performance Objectives

Requests for Emergency Ambulance service that are received through the CCC shall meet the following response time performance standards:

- (i) For all dispatch level emergency calls of EMS Priority Levels 1, 2 and 3, the response time shall be no greater than eleven minutes and fifty-nine seconds (11:59).
- (ii) For all dispatch level emergency calls of EMS Priority Level 4, the response time shall be no greater than fifteen minutes and fifty-nine seconds (15:59).
- (iii) For all dispatch level emergency calls of EMS Priority Level 5, the response time shall be no greater than nineteen minutes and fifty-nine seconds (19:59).

(c) Summary of Response Time Requirements

Priority No.	Definition	Maximum Response Time (Minutes)
1	CRITICAL	11:59
2	HIGH	11:59
3	MODERATE	11:59
4	LOW	15:59
5	MEDICAL AID	19:59

(d) Response Time Measurement Methodology

The Successful Offeror's response time clock begins at "call receipt" which is defined as when the CCC, that directly dispatches the Emergency Ambulance(s), has notified Successful Offeror's unit (either by radio or computer link) that a response is required and that adequate information to identify the location of the call and the priority level has been entered into the CCC CAD.

(e) Turnout/Chute Time

The elapsed time between Successful Offeror's call receipt and Emergency Ambulance(s) en route shall be 60 seconds or less.

(f) On-scene

“On-scene” means when an Emergency Ambulance unit actually arrives at the specific address or location dispatched with a speed of zero miles per hour, or when the Emergency Ambulance unit actually arrives at the point closest to the specified address or location to which it can reasonably be driven.

(g) Contract Response Time

The time period measured from call receipt to the time when the Emergency Ambulance dispatched to the incident arrives and reports that it is On-Scene as that term is defined herein, or when the dispatched Emergency Ambulance en route to an incident is canceled.

(h) Call Duration

For assignments that require transport, Successful Offeror's call duration shall not exceed the transport call time achieved by LVFR, which will be provided at the time the Contract is finalized. Durations shall be measured on a monthly basis.

For assignments that do not require transport, Successful Offeror's call duration shall not exceed the time achieved by LVFR, which will be provided at the time the Contract is finalized. Durations shall be measured on a monthly basis.

(i) Failure to Report At Scene Time

When Emergency Ambulance crews fail to report On-Scene, the time of the next communication between dispatch and the Emergency Ambulance crew shall be used as the On-Scene time.

(j) Calculating Upgrades, Downgrades, Reassignments and Canceled Responses

Circumstances may cause changes in call priority classification. Such changes may occur as follows:

(1) Upgrades

If an assignment is upgraded prior to the arrival On-Scene of the Emergency Ambulance (e.g. from Priority 5 to Priority 1) Successful Offeror's compliance will be calculated based on the shorter of:

- a. the time elapsed from call receipt to time of upgrade plus the higher priority response time requirement; or
- b. the lower priority response time requirement.

(2) Downgrades

Medically-trained first responders (LVFR employees) as authorized by the Fire Chief may initiate downgrades. If an assignment is downgraded prior to the arrival On-Scene of the Emergency Ambulance, Successful Offeror's compliance will be calculated based on:

- a. The lower priority response time requirement, if the unit is downgraded before it would have been judged “late” under the higher priority Response Time requirement, or
- b. The higher priority response time requirement, if the unit is downgraded after it would have been judged “late” under the higher priority Response Time requirement.

(k) Reassignment en route

If an Emergency Ambulance is reassigned en route or turned around prior to arrival On-Scene (e.g. to respond to a higher priority request), compliance will be calculated based on the Response Time Standard applicable to the assigned priority of the initial response. The response time clock will not stop until the arrival of an Emergency Ambulance On-Scene from which the Emergency Ambulance was diverted.

(l) Cancelled en route

If an Emergency Ambulance is canceled by the CCC after an assignment has been made, but prior to the arrival of the first ambulance, and no ambulance is required at the dispatch location, the response time clock will stop at the moment of cancellation. If the elapsed response time at the moment of cancellation exceeds the response time requirement for the assigned priority of the call, the unit will be determined to be "late" for the purpose of compliance with the Contract.

15. Equipment and Supplies for Emergency Life Support Services

- (a) Successful Offeror shall provide all facilities, equipment, material, and supplies, necessary to provide the required services and maintain a neat, clean, and professional appearance of equipment and facilities; and shall ensure all equipment and supplies are readily available and accessible from the interior portions of the patient transportation compartment.
- (b) Successful Offeror shall use the same or compatible patient care equipment as required by the Southern Nevada Health District's Official Air Ambulance, Ground Ambulance, and Firefighting Inventory and the Official Paramedic Drug Inventory.

16. Key Personnel and Subsequent Personnel Changes

The Successful Offeror will be expected to furnish the personnel identified in the Proposal throughout the term of the Contract. Should a change occur for unforeseen reasons, Successful Offeror would be required to furnish replacement personnel with equal or superior qualifications. It is the specific intent of this provision to prevent "bait and switch" bidding practices, whether intentional or not.

(a) Management Team

Successful Offeror shall furnish a list to the City of all key personnel prior to contract execution, and shall update that list every ninety (90) days throughout the term the Contract. Any replacement of the key personnel requires the following:

- (i) Requested changes of the local person in charge of Contract shall be communicated to City, in writing, ten (10) business days prior to the effective date of the change. In the event that a change must be made more quickly due to exigent circumstances, Successful Offeror shall make verbal and written notification as soon as reasonably possible;
- (ii) Other changes in key personnel, including supervisors, clinical managers, communications, educational and training supervisors shall be communicated in writing to the City within ten (10) business days of the effective date of change;
- (iii) In each case, the replacement is subject to approval by the Fire Chief;
- (iv) In the event that Successful Offeror seeks to adopt an alternative management structure that changes roles and responsibilities by eliminating or creating specific supervisory and management positions, or seeks to share positions with related organizations, Successful Offeror shall communicate its intentions and detailed plan to the City in writing at least ten (10) business days in advance of such change to the Fire Chief. The adoption of such alternative management structure shall not be implemented prior to approval of such plan by the Fire Chief;
- (v) The Fire Chief shall not unreasonably withhold approval of any proposed changes in the management team or structure; and
- (vi) The City Manager may request the removal or reassignment of key personnel or other employees provided that the City provides reasonable cause for the change. If such a request is made, Successful Offeror shall meet and confer with City regarding the request and take appropriate action.

(b) EMS Program Liaison

Successful Offeror shall designate an EMS program liaison, who may also be the regional director, division manager or similar position. The EMS Program Liaison shall have an overall grasp of Successful Offeror's entire operation, be responsible for overall day-to-day operations, and perform information review and gathering, and report generation and analysis.

- (i) Successful Offeror's EMS Program Liaison shall serve as the liaison between Successful Offeror and LVFR.
- (ii) Successful Offeror's EMS Program Liaison shall have successfully completed Incident Command System (ICS) 100, 200, 300 & 400, and National Incident Management System (NIMS) 700 and 800.

(c) Local Field Supervision

LVFR recognizes the need to ensure adequate supervision of personnel and delegation of authority to address day-to-day operational needs, and desires that these personnel and operational supervisory responsibilities do not displace the provision of direct clinical supervision of the caregivers. Successful Offeror shall appoint on-duty field supervisor(s). The minimum requirements and duties for this position are:

- (i) Provide on-duty supervisory coverage within the designated Service Area. An on-duty field supervisor must be authorized and capable to act on behalf of the organization in all operational matters;
- (ii) Ensure the individual has the ability to monitor, evaluate, and improve clinical care provided by their personnel, and ensure that on-duty employees are operating in a professional and competent manner; and
- (iii) Such individual shall have a minimum of one (1) year experience in providing 911 Emergency Ambulance transports, and shall have successfully completed ICS 100, 200, 300 & 400, and NIMS 700.

17. Character, Competence, and Professionalism of Personnel

- (a) Successful Offeror shall ensure professional and courteous conduct and appearance at all times from Successful Offeror's field personnel, medical communications personnel, middle managers and top executives.
- (b) All persons employed by Successful Offeror in the performance of work shall be competent and holders of appropriate licenses and permits in their respective professions and shall be required to pass a criminal record check and Successful Offeror shall provide documentation to the City indicating compliance with this requirement for all relevant employees.
- (c) The Fire Chief may demand of the Successful Offeror the removal from any position working within the LVFR system and employed by the Successful Offeror any employee who misconducts himself/herself, or is incompetent or negligent, in the performance of his/her duties. The Fire Chief shall not be arbitrary or capricious in exercising such rights relative to any employee and shall give that employee an opportunity to explain himself/herself in the presence of the Successful Offeror's management and the Fire Chief before any such removal becomes final.

18. Uniforms and Personal Protective Equipment (PPE)

- (a) Employees dedicated to the Emergency Ambulance unit(s) in a Contract shall wear uniforms that are approved by LVFR. Uniform requirements may be changed at any time during the duration of the Contract at the sole discretion of the Fire Chief.
- (b) Successful Offeror shall ensure that employees have the appropriate PPE that meet national safety standards for EMS personnel to include, but not limited to, reflective vest, eye protection, and ear/hearing protection.
- (c) Successful Offeror or their employees shall bear all uniform PPE related costs including cleaning, maintenance, repair, and replacement except where specified otherwise.

19. Data Collection & Reporting

The long-term success of any EMS system is predicated upon its ability to both measure and manage its affairs. LVFR will require the Successful Offeror to furnish complete, accurate, and legible data necessary for the City to monitor clinical activity, bill for services rendered, analyze response time performance, and to report to state and local governments. Therefore, LVFR will require Successful Offeror to provide detailed operational, clinical, and administrative data in a manner that facilitates its retrospective analysis.

The Successful Offeror in conjunction with LVFR shall establish procedures to automate the monthly reporting requirements and to develop situational status reports that provide alerts when system status falls outside expected parameters.

Daily Management Report

A daily operations report will be submitted documenting:

- (a) unit hours;
- (b) unit hour utilization;
- (c) patient transports;
- (d) a list of each call where there was a failure to properly record all times necessary to determine the Response Time;
- (e) documentation of all patients meeting trauma, STEMI, stroke, or cardiac arrest criteria including on-scene time and transport to hospital time;
- (f) vehicle and equipment performance, and
- (g) employee injury and exposure.

This report will provide both daily and cumulative monthly performance.

Response Time Report

LVFR will independently validate Successful Offeror's response times using a real time monitoring software (e.g. "FirstWatch" or equivalent).

Employee Certifications and Continuing Education Report

Successful Offeror shall make available to LVFR a complete and current record of all personnel employed to perform Offeror's obligations under this Contract. This list shall be updated annually and transmitted to LVFR prior to the anniversary date of the Contract. The list shall include, at a minimum, the name, address, telephone number, paramedic license (and expiration date) or EMT certification (and expiration date), ACLS expiration date, CPR expiration date, and Nevada Driver's License number.

20. Essential Patient Care Record (ePCR)

Successful Offeror shall utilize the electronic Patient Care Record system (ePCR) that is designated by LVFR. The ePCR shall be accurately completed to include all information required by and established in SNHD Emergency Medical Services Regulations, EMS Administration, Section 1300.410, Records, Reports: Pre-hospital Care Records and LVFR, Standard Operating Procedure for Patient Care Documentation, 500.10.

- (a) The ePCR is the fundamental data collection tool of the EMS system. Successful Offeror shall be required to fully utilize the LVFR designated ePCR system and shall be responsible for supplying and maintaining all laptops/tablets necessary for Successful Offeror personnel's use in the field.
- (b) The Successful Offeror must complete the approved ePCR for each completed transport or patient encounter.
- (c) An ePCR is required for all patients for whom care is rendered at the scene, or with whom contact is made regardless of whether the patient is transported.
- (d) The ePCR should clearly identify those instances when two or more patients are transported in the same Emergency Ambulance so that proper patient billing can be performed.
- (e) ePCR forms should clearly identify any facility diversions or patient requests to be transported to a hospital that is not considered the closest appropriate facility.

- (f) To ensure that LVFR is able to bill its patients in a timely manner, the Successful Offeror is required to provide LVFR with accurately completed ePCR. The required minimum information required on an ePCR in order for it to be accepted by LVFR includes:
- (1) Call Number
 - (2) Incident Number;
 - (3) Time call received;
 - (4) Time On-Scene;
 - (5) Time at destination;
 - (6) Crew members names;
 - (7) Vehicle unit #;
 - (8) Requested by;
 - (9) Run disposition;
 - (10) Run type;
 - (11) Destination determination;
 - (12) Dispatch reason;
 - (13) Transport from;
 - (14) Transport to code;
 - (15) Incident address including city and county code;
 - (16) Destination address including city and county code;
 - (17) Patient information, including complete name, complete address, date of birth, sex and phone number;
 - (18) Complete payer information, including guarantor name, complete address, insurance company name, policy number and any secondary insurance information;
 - (19) Airway information;
 - (20) Breathing status;
 - (21) Circulatory status;
 - (22) Provider impression information;
 - (23) Mechanism of injury information;
 - (24) Minimum of one set of vital signs;
 - (25) Pertinent patient history including current medications and allergies;
 - (26) Complete patient assessment information;

- (27) In cases involving cardiac monitoring, a copy of the electrocardiogram (ECG) strip identifying all rhythm changes shall be included as part of the record;
- (28) In cases of trauma, the patient's trauma score, TIFC status and any injury mitigation devices shall be documented, i.e. car seats, seat belts, airbags, helmets, etc.;
- (29) Any complications or other relevant information; and
- (30) Complete documentation of all treatments and/or responsible party, other person legally entitled to sign on behalf of the patient or a clearly stated reason why the patient is unable to sign, and any other item that the LVFR identifies to the Successful Offeror that may become necessary in the future to bill for services rendered.

21. Annual Performance Evaluation

LVFR may evaluate the performance of the Successful Offeror on an annual basis should the initial contract term be extended. The following information will normally be included in the performance evaluation:

- (a) Response time performance objectives assessed with reference to the minimum requirements in the Contract;
- (b) Clinical performance standards assessed with reference to the minimum requirements in the Contract;
- (c) Initiation of innovative programs to improve system performance;
- (d) Workforce stability, including documented efforts to minimize employee turnover;
- (e) Compliance with information reporting requirements; and
- (f) Relevant industry metrics for ambulance services.

22. Continuous Service Delivery

Successful Offeror expressly agrees that, in the event of a default by Successful Offeror under the Contract, Successful Offeror will work with LVFR during the cure period to ensure continuous and uninterrupted delivery of services, regardless of the nature or causes underlying such breach. Successful Offeror shall be obligated to use every effort to assist LVFR to ensure uninterrupted and continuous service delivery in the event of a default during the applicable cure period, even if Successful Offeror disagrees with the determination of default.

23. Release of Information

Upon receipt of a written release of information from any patient who has been transported by Successful Offeror, Successful Offeror shall provide to the patient, and City at its request if so authorized by the written release, all information related to the transport in question.

Successful Offeror shall also furnish to the City any records or any additional information regarding transports that are necessary to verify compliance with the Contract.

24. Confidentiality of Records

Except as otherwise provided in this Section, information provided by Successful Offeror to the City for purposes of determining compliance with the requirements shall be considered public records. The confidentiality of records shall be in accordance with federal and state law. The duty to disclose any particular record as a public record shall be in accordance with state law, and federal law, if applicable.

Successful Offeror shall take all steps reasonably necessary to ensure that it implements and maintains reasonable administrative, physical, and technical safeguards and security measures to protect the confidentiality, integrity, and availability of any protected health information, records and personal information that Successful Offeror creates, receives, maintains or transmits from unauthorized access, acquisition, destruction, use, modification or disclosure; and that all

transactions and services conform to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as well as Nevada Revised Statute Chapter 603A, and regulations promulgated thereunder. Successful Offeror shall comply with the privacy and security provisions of HIPAA and the regulations thereunder. Any information provided to the Successful Offeror which contains a natural person's name, address, medical condition or diagnosis, incident location, social security number, personal financial records, telephone number, home address, e-mail address, names of family members, or work history, or which otherwise constitutes "protected health information" and/or "personal information" as that term is applied in HIPAA and/or NRS Chapter 603A, shall be considered confidential. Successful Offeror shall also develop and provide any and all training to its own staff who may have contact with protected health information or personal information as mandated by HIPAA and/or NRS Chapter 603A. Such confidential information shall not be released by the Successful Offeror to the public unless the person to whom the information applies has first agreed in writing, in a format which complies with HIPAA requirements, to release of the information. Successful Offeror shall allow City reasonable access to Successful Offeror's medical records concerning the services provided hereunder. Successful Offeror shall obtain any necessary written consent from individuals for the release of such information and records to the City. Such consent shall satisfy all applicable laws and regulations including, but not limited to, the privacy regulations of HIPAA.

25. Non-Exclusion

Offeror represents and certifies that neither it nor any practitioner who orders or provide services on its behalf has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). Offeror further represents and certifies that it is not ineligible to participate in federal health care programs or in any other state or federal government payment program. Offeror agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide services, from participation in federal health care programs, the party must notify the City within five (5) days of knowledge of such fact, and the City may immediately terminate the Contract.

26. No Influence on Referrals

It is not the intent that any remuneration, benefit or privilege provided for hereunder shall influence or in any way be based upon the referral or recommended referral by a party of patients to the other or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this RFP. Any payments specified in this RFP and any subsequent Contract are consistent with what the parties reasonably believe to be a fair market value for the services provided.



**PURCHASING & CONTRACTS DIVISION
CITY HALL, 4th FLOOR
495 SOUTH MAIN STREET
LAS VEGAS, NV 89101
Telephone: (702) 229-6231 Fax: (702) 384-9964
ADDENDUM NO. 1**

Date: 10/17/2023
Project: 240047-DD Ambulance Services

NOTICE TO BIDDERS

The following additions, deletions and/or changes shall be made and incorporated into the referenced RFP document.

- 1.1 QUESTION:** Sections 4(m) and 8(a)(vi): The RFP mentions training by LVFR. Is there any cost to the provider for this training? How many hours/year per employee is this training? No cost to the provider.
- ANSWER:** Training is a onetime LVFR orientation training. Training is approximately 8 hours total. Additional training can be requested by the provider. There is no cost from LVFR for training.
- 1.2 QUESTION:** Section 8(b)(iii): Are there known planned changes/upgrades to any hardware or software requirements?
- ANSWER:** No planned changes at this time.
- 1.3 QUESTION:** Section 11(a): Is there any cost to the provider for the city medical director?
- ANSWER:** No
- 1.4 QUESTION:** Sections 15 and 20: Who will own the EPCR equipment and software licenses? Will the provider need to purchase the EPCR equipment and software licenses?
- ANSWER:** LVFR purchases the software. Devices/equipment are supplied by the provider must meet the Image Trend software requirements.
- 1.5 QUESTION:** Section 16(c): Will duty officers need to be dedicated to the leased units?
- ANSWER:** Not sure what is meant by duty officers. If the question refers to a supervisor on each unit the answer is no. However, LVFR will need access to a program/field supervisor for the hours the units are in service.
- 1.6 QUESTION:** Will the Crisis Response Team and Contract Ambulance Service ambulances/vehicles be under one pricing structure, or should they be submitted separately?
- ANSWER:** One pricing structure.

1.7 QUESTION: Will the City accept a letter of intent from our insurance broker in lieu of our provider?

ANSWER: A letter of intent is acceptable.

1.8 QUESTION: Please allow the deductible amounts to be added to the description of operations section in the Certificates of Insurance, updated annually.

ANSWER: No objection.

1.9 QUESTION: Please accept blanket endorsements prior to specific endorsements, which will be available up to 90 days from the binding coverage.

ANSWER: Blanket Endorsements are only accepted if the blanket endorsement is stated as "All parties identified on the written contract are also included as Additional Insureds" Additionally, endorsements should be received no later than 14 days following the receipt of the COI. 90 days for Endorsements are not acceptable.

1.10 QUESTION: Please accept Certificates of Insurance signed with the insurance brokerage company name.

ANSWER: As long as the Vendor's name we are contracting with is identified somewhere on the COI we have no objection.



Dan Dixon, Contracts Specialist



QA Review

All other terms, conditions, specifications, and drawings remain unchanged.

END OF ADDENDUM # 1

EXHIBIT B
SUPPLIER PROPOSAL

EMERGENCY AMBULANCE SERVICE

City of Las Vegas, Nevada

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BUSINESS INFORMATION

Include the following information:

(a) Offeror's legal name, including DBA if applicable, and address for legal notices.

(b) Name, title, phone number(s) and email address of an individual authorized to bind the Offeror.

(c) Name, title, phone number(s) and email address of the representative authorized to negotiate on behalf of the Offeror and answer questions regarding the Proposal.

(d) Copies of all Offeror-held national, state and local licenses, professional licenses, registrations and certifications applicable to performance of the subject work. If applicable, include subcontractor licenses, registrations and certifications.

(A) COMPANY NAME

Mercy, Inc. dba American Medical Response (AMR)
7201 West Post Road
Las Vegas, NV 89113

**(B) AUTHORIZED
REPRESENTATIVE**

Kirk Schmitt
Regional Director of Operations
702.767.7003
Kirk.Schmitt@gmr.net

(C) PROPOSAL CONTACT

Kirk Schmitt
Regional Director of
Operations
Kirk.Schmitt@gmr.net



Damon Schilling
Manager, Public Affairs
702.290.0576
Damon.Schilling@gmr.net

(D) COPIES OF LICENSES & CERTIFICATIONS



Please see **Attachment-01** for copies of our licenses, registrations and certifications applicable to these services.

This includes the following documentation:

- City of Las Vegas business licenses
- Southern Nevada Health District EMS permit
- Clark County business licenses
- Boulder City business license
- City of Henderson business licenses
- City of North Las Vegas business licenses
- Nevada State business licenses
- Federal Communications Commission license
- Nevada Highway Patrol Emergency Light Blanket Permit
- Southern Nevada Health District emergency medical services permit



ORGANIZATIONAL DISCLOSURES

(a) *Organizational ownership and legal structure* The Offeror shall describe its legal structure including type of organization, its date and state of formation:

CORPORATION INFORMATION

(ii) *For a corporation, the corporate name, date and state of incorporation, an address of its principal place of business, and identification of the ownership and control of the Offeror, including:*

Mercy, Inc. is a Nevada corporation and was incorporated on December 17, 1968.
Our business address is 7201 West Post Road, Las Vegas, Nevada 89113.

Ownership Interest

(1) *The names of the ten largest holders of an ownership interest in the organization and affiliates of the Offeror, and all persons with one percent or more ownership interest in the organization and its affiliates;*

Mercy, Inc. is solely owned by American Medical Response Ambulance Service, Inc. (aka AMRAS).
Mercy, Inc. and AMRAS are both subsidiaries of Global Medical Response, Inc. Should you need additional information on Mercy Inc.'s ownership structure we are happy to discuss further.

Officers & Directors

(2) *All officers and directors of the Offeror; and*

NICK LOPORCARO – President & Chief Executive Officer

4400 TX-121, Lewisville, TX 75056

nick.loporcaro@gmr.net

EDWARD B. VAN HORNE – Chief Operating Officer

4400 TX-121, Lewisville, TX 75056

edward.vanhorne@gmr.net

BRIAN TIERNEY – Chief Financial Officer

4400 TX-121, Lewisville, TX 75056

brian.tierney@gmr.net

TIM DORN – Chief Administrative Officer

6501 S Fiddlers Green Cir, Ste 100, Greenwood Village, CO 80111

timothy.dorn@gmr.net

EDWARD RACHT, MD – Chief Medical Officer

4400 TX-121, Lewisville, TX 75056

edward.racht@gmr.net

JENNIFER MARDOSZ – Chief Compliance Officer

6501 S Fiddlers Green Cir, Ste 100, Greenwood Village, CO 80111

jennifer.mardosz@gmr.net

JASON L'ODENSE – Chief Information Officer

6501 S Fiddlers Green Cir, Ste 100, Greenwood Village, CO 80111

jason.LOdense@gmr.net



LISA JACOBA – Chief Human Resources Officer

6501 S Fiddlers Green Cir, Ste 100, Greenwood Village, CO 80111

lisa.jacoba@gmr.net

THOMAS COOK –General Counsel

6501 S Fiddlers Green Cir, Ste 100, Greenwood Village, CO 80111

thomas.cook@gmr.net

TRICIA FRANCHETTI – Chief Corporate Development Officer

6501 S Fiddlers Green Cir, Ste 100, Greenwood Village, CO 80111

tricia.franchetti@gmr.net

Articles of Incorporation

(3) A copy of the articles of incorporation and all effective amendments certified by the appropriate officer of the state of incorporation, and a certificate of good standing from the Nevada Secretary of State.



Please see **Attachment-02** for a copy of the articles of incorporation and all effective amendments for Mercy, Inc., demonstrating our good standing with the Nevada Secretary of State.

FINANCIAL STABILITY

Provide evidence that clearly documents the financial history of the Offeror's organization and demonstrates that it has the financial capability to handle the expansion (including implementation and start-up costs) necessitated by the award of a Contract. Include copies of Financial Statements for the most recent three-year period. If the Offeror's parent entity has changed corporate structures due to an acquisition or divestiture in the past 3 years and 3 years financials cannot be documented, then Offeror should clearly outline the manner in which they are documenting operational credentials and financial capacity to perform and operational transactions. If consolidated Financial Statements are utilized, the individual program unit's Financial Statements must be separately shown. If the Offeror is part of a larger system, it shall furnish the Financial Statements of the parent entity. The parent entity shall be required to guarantee the performance of the Offeror. Audited Financial Statements are required.

AMR has the proven financial strength to be able to provide the level of service outlined in our proposal and required by the City of Las Vegas. **As instructed, we have uploaded our financial statements for the most recent three-year period as a separate PDF file named "Financial Stability."**

AMR is a local company supported by the financial strength of our national and parent company, Global Medical Response, Inc. (GMR). GMR has the liquidity to support operations, with approximately \$43 million in cash (as of the end of Q2 2023) and more than \$500 million in borrowing capacity. GMR is prepared to undertake all necessary actions for the financial and long-term success of AMR if permitted to continue serving this area. This includes pre-funding working capital, using cash on hand, accessing our credit facility with Bank of America and providing other financial support.

This increased national support allows us to provide unique benefits in our proposal to the City, including access to an experienced implementation team, the latest vehicles and equipment, continuous performance security and financial support and national purchasing power with leading manufacturers. These resources maximize the potential for success and guarantee our ability to sustain uninterrupted service for the life of this contract.



GOVERNMENT INVESTIGATIONS

Provide a list of all federal, state, or local government regulatory investigations, findings, actions or complaints and their respective resolutions for the Offeror's organization and any parent or affiliated organization within the last three (3) years. Provide documentation that it has resolved all issues arising from government investigations including any continued obligations of the Offeror or describe status and expected outcome of open investigations.

The information in the following pages relates to AMR HoldCo., Inc. (AMR), and its approximately 200 subsidiaries and affiliates nationwide that provide ground ambulance services, including the bidding entity Mercy, Inc.

Like others in the industry, AMR and its subsidiaries have, from time to time, been contacted by government agencies in connection with their regulatory or investigational authority. We have implemented policies and procedures that we believe will assure you that we are in substantial compliance with the laws that these governmental agencies regulate. Any past matters have been resolved with the appropriate governmental agency including, for example, Corporate Integrity Agreements related to our local operations in Texas, California, Massachusetts and New York.

Additionally, local AMR operations receive inquiries from state and local health departments, EMS bureaus, state attorneys and other regulatory (such as OSHA) or law enforcement agencies. AMR cooperates with these authorities to resolve all inquiries.

For the past 3 years, we have received inquiries from government agencies and cooperated with several matters and inquiries with government agencies as follows:

- a. In December 2013, AMR of Connecticut received notice of a qui tam lawsuit. Through several dismissals and reversals of dismissals, in July 2020 AMR settled the matter with Relator's counsel.
- b. In 2017, AMR received a Civil Investigative Demand in Massachusetts for a small number of Medicaid claims and AMR complied with the terms of the request. Subsequently, in October 2018 AMR received an Administrative Request for Documentation for additional Medicaid patients. Settlement was reached in March 2020.

- c. In August 2018, AMR of Connecticut received a petition notice from the Connecticut Department of Public Health requesting transport and billing records. In May 2020, AMR of Connecticut received an HHS OIG subpoena request for additional records. AMR is cooperating with the ongoing investigation.
- d. In October 2019, AMR received a request for records from the Office of Civil Rights (OCR). AMR produced the requested records and responded to subsequent questions. Awaiting a response from the OCR.
- e. In December 2019 and January 2020, AMR received notice of revocation letters for multiple AMR entities in California associated with targeted probe and educate audits by Noridian. Settlement was reached in April 2020 with the Centers for Medicare and Medicaid Services Office of Inspector General related to Basic Life Support Non-Emergency transports. The settlement agreement included a review and modification plan outlining future audits and monitoring.
- f. In January 2020, Virginia Medical Transport (“VMT”) received notice of a UPIC audit. In July 2020, VMT received notice of the 100% error findings resulting in an overpayment demand of approximately \$11,000 dollars. Offsets were made. This matter is closed.
- g. On March 11, 2020, AMR received notification of a Civil Investigative Demand from the United States Department of Justice in Indiana. AMR is cooperating with the ongoing investigation.
- h. On July 24, 2020, AMR West received a subpoena duces tecum requesting transport records for a sample of claims. AMR is cooperating with the document request.
- i. On October 15, 2020, AMR received a UPIC audit for its operation in the County of San Diego. AMR is cooperating with the document request.

Rural/Metro Acquisitions

On October 28, 2015, AMR acquired all of the Rural/Metro ambulance companies after those companies had emerged from bankruptcy in 2014. For the past three years, the Rural/Metro companies have received and cooperated with several matters and inquiries with government agencies as follows:

- a. In January 2015, Rural/Metro received a DOJ Civil Investigative Demand requesting patient and billing records. This case was dismissed in August 2020.
- b. In September 2020, AMRAS terminated its contract with the Emergency Medical Services Authority (“EMSA”) in Oklahoma following a contract dispute. Services were transitioned to EMSA on December 1, 2020.

Over the years, AMR and its affiliates and subsidiaries in their day-to-day operations have been involved in contract disputes with customers, vendors, payers, patients and others. All these matters are resolved in ordinary course and there are no pending actions that we believe would impair or otherwise impact Mercy, Inc.'s ability to fulfil the obligations under the RFP.

LITIGATION

Provide a list of all resolved or ongoing litigation involving the Offeror's organization including resolution or status for the last five (5) years. Such information should include, at a minimum: date of filing of litigation, name of court jurisdiction, caption and case number, and brief description of the allegations and causes of action. This listing shall include litigation brought against the Offeror's organization or affiliated organization, and any litigation initiated by the Offeror's organization or affiliated organization against any governmental entity or competing ambulance service. Offeror to provide documentation that has resolved all issues arising from litigation or describe status of open litigation.

The information on the following pages relates to AMR HoldCo., Inc. ("AMR"), and its approximately 200 subsidiaries and affiliates nationwide that provide ground ambulance services, including the bidding entity Mercy, Inc. Given AMR's size, geographic scope, and lengthy history of service, this is a high-level summary and good faith effort to provide information responsive to the request in the RFP. If you would like to discuss these matters in more detail or require clarification or wish to discuss matters in the public domain, we are happy to make ourselves and/or our counsel available to discuss at your convenience.

Over the years and in the ordinary course of business, AMR and its subsidiaries and/or affiliates have been involved in litigation. Claims have been made against us, principally relating to professional liability, auto accident and workers compensation. A high-level abstract of litigation kept in our ordinary course nationally (open and closed) for the last up to 5 years run through September 30, 2023. For privacy, confidentiality and settlement agreement reasons, the information provided does not include numbers and/or certain matters. The information is displayed in the manner it is tracked. We also enter routine settlements and reconciliations with payers, patients and governmental agencies in the normal course of business and these are not specifically tracked.

As of the date of this submission, we believe there is no outstanding or pending litigation that would affect our ability to materially perform the requirements of the RFP and we believe that there is no pending litigation that would preclude use from billing third-party payers. At this time, we believe that any pending litigation or claims that may be asserted against us are without merit and/or adequately provided for by insurance or reserves and will not have a material effect on the operations or the services that we would provide under this RFP. Additionally, AMR maintains insurance that is significantly higher than other providers in the emergency medical services industry. There are several layers of excess insurance for professional liability, auto liability and general liability reaching into the high eight figures for various lines.

Like others in the industry, AMR and its subsidiaries have from time-to-time been contacted by government agencies (e.g., CMS, Medicaid agencies, OIG, or DOJ, etc.) in connection with their regulatory or investigational authority. We have implemented policies and procedures that we believe will ensure that we are in substantial compliance with the laws that these governmental agencies regulate. Any past matters have been resolved with the appropriate governmental agency including, for example, settlements, corporate integrity agreements or consent decrees. Additionally, local AMR operations receive inquiries from state and local health departments, EMS bureaus, state attorneys and other regulatory (e.g. OSHA, OCR, or EEOC) or law enforcement agencies. AMR cooperates with these authorities to resolve all inquiries. AMR and its subsidiaries compliance policies and Code of Conduct are available at: <https://www.amr.net/about/compliance>. As of the date of this submission, we believe

there are no outstanding or pending regulatory matters that would affect our ability to materially perform the requirements of the RFP.

Like others in the industry, AMR and its affiliates and subsidiaries in their day-to-day operations have been involved in contract disputes, received notices of non-performance, and been involved in litigation with customers, vendors, payers, patients and others. In many emergency medical services systems across the country, AMR reports monthly performance and receives notices of contractual assessments which involve exemptions and appeals. All these matters are resolved in ordinary course and there are no pending actions that we believe would materially impair or otherwise impact Mercy, Inc.'s ability to fulfill the obligations under the RFP. AMR is unaware of any final judgments against it for material breach of an emergency medical services agreement. AMR has not declared bankruptcy but did purchase a competitor after it had emerged from bankruptcy almost a decade ago. If you would like to discuss these matters in more detail or require clarification, we are happy to make ourselves and/or our counsel available to discuss at your convenience.



5 year report for all
commercial/governmental/employment/labor
litigation thru June 2023

Legal Entity	Claim Number*	Claim Status	Date	Description	State
American Medical Response	Stewart	Closed	1/3/2018	Employment	CA
American Medical Response	551-2018-00685	Closed	01/15/2018	Employment	WA
American Medical Response	Andrews	Closed	2/5/2018	Employment	CA
American Medical Response, Inc.	Kile, Kevin	Open	02/19/2018	Employment	TX
American Medical Response, Inc.	Payne, Amanda	Open	02/19/2018	Employment	IN
American Medical Response	Hoffman	Closed	4/13/2018	Employment	CA
American Medical Response	Newman	Closed	4/19/2018	Employment	TX
American Medical Response Ambulance Service, Inc.	2:19-CV-258-RMP	Open	05/01/2018	Employment	WA
American Medical Response	EMS	Closed	5/10/2018	Commercial	TX
American Medical Response	Emerson	Closed	5/21/2018	Employment	IN
American Medical Response	Bacchetta	Closed	6/1/2018	Employment	NY
American Medical Response	Franklin	Closed	6/1/2018	Commercial	CA
ComTrans, Inc.	Kwon	Closed	6/6/2018	Commercial	CA
American Medical Response	Gaines	Closed	6/13/2018	Commercial	TX
American Medical Response	Falck	Closed	6/19/2018	Commercial	FL
American Medical Response	County of LA	Closed	6/19/2018	Commercial	CA
American Medical Response, Inc.	Abron	Closed	8/14/2018	Employment	AZ
American Medical Response, Inc.	Gregory	Closed	8/14/2018	Employment	CA
American Medical Response Ambulance Service, Inc.	Gentry	Closed	10/12/2018	Employment	IN
American Medical Response	2:20-cv-04642-CFK / PHRC No. 201800249	Open	10/16/2018	Employment	PA
American Medical Response, Inc.	18-CI-03774	Open	10/25/2018	Employment	KY
ComTrans, Inc.	Diaz	Closed	11/5/2018	Commercial	FL
American Medical Response Ambulance Service, Inc.	Karnitz	Closed	11/8/2018	Employment	WA
American Medical Response	O'Dell	Closed	11/19/2018	Employment	VA
ComTrans, Inc.	Nash-Jackson	Closed	11/26/2018	Employment	AZ
Life Line Ambulance Service, Inc.	Alger, Collette	Open	12/19/2018	Employment	AZ
American Medical Response of Connecticut, Incorporated	Critser	Closed	1/4/2019	Employment	CT
American Medical Response, Inc.	Leighton	Closed	2/19/2019	Commercial	CA
American Medical Response of Connecticut, Inc.	Glaspy, Robert	Open	03/12/2019	Employment	CT
Lifeguard Ambulance Service, LLC	Loper	Closed	3/12/2019	Commercial	AL
American Medical Response of Connecticut, Inc.	3:19-CV-00188 (JCH)	Open	03/21/2019	Employment	CT
American Medical Response Ambulance Service, Inc.	Romo	Open	4/17/2019	Commercial	CA
American Medical Response, Inc. and;	McBee, Keena EEOC	Open	05/29/2019	Employment	AZ
American Medical Response, Inc.	01-CV-2019-902502.00	Open	06/04/2019	Employment	AL
Access2Care LLC	Houston Transportation	Closed	6/5/2019	Commercial	TX
American Medical Response, Inc.	4:19 CV 976	Open	06/14/2019	Employment	MO
American Medical Response, Inc.	Mendell (federal)	Closed	7/1/2019	Commercial	CA
American Medical Response, Inc.	Mendell (state)	Closed	7/22/2019	Commercial	CA
American Medical Response, Inc.	Castillo-Lopez	Closed	8/3/2019	Employment	CA
Guardian Flight, LLC	OSHA No. 8-1700-19-014	Closed	08/18/2019	Employment	AZ
Rural Metro of San Diego, Inc.	37-2019-00046669-CL-MC-CTL	Open	8/29/2019	Medical Payments	CA
American Medical Response West	Weinress	Closed	9/5/2019	Employment	CA
American Medical Response of Tennessee, Inc.	494-2019-02523	Closed	9/9/2019	Employment	TN
REACH Medical Holdings, LLC, CALSTAR	34-2020-00283621, OSHA Case No. 9-3290-20-768	Open	10/07/2019	Employment	CA
Access2Care LLC	511-2019-02994	Closed	10/8/2019	Employment	FL
Randle Eastern Ambulance Service, Inc.	510-2019-05327	Closed	10/9/2019	Employment	FL
American Medical Response Ambulance Service, Inc.	10203988	Closed	10/16/2019	Employment	NY
Rural/Metro Corporation	35A-2020-00041C	Closed	10/18/2019	Employment	AZ
Metro Ambulance Services, Inc.	410-2020-00601	Closed	10/23/2019	Employment	GA
Access2Care LLC	8:19-cv-02595	Closed	10/28/2019	Commercial	FL
American Medical Response of Tennessee, Inc.	494-2020-00136	Closed	10/29/2019	Employment	TN
Metro Ambulance Services, Inc.	410-2020-00785	Closed	10/29/2019	Employment	GA
Rural/Metro of Tennessee, L.P.	494-2019-01676	Closed	10/29/2019	Employment	TN
Randle Eastern Ambulance Service, Inc.	CACE-20-016893	Open	10/31/2019	Employment	FL
American Medical Response of Tennessee, Inc.	Richard, James	Open	10/31/2019	Employment	TN
Mission Care of Illinois, LLC	2020SA1286	Closed	10/31/2019	Employment	IL
American Medical Response Mid-Atlantic, Inc.	531-2019-02373	Closed	11/4/2019	Employment	MD
American Medical Response of Southern California	Campbell	Closed	11/26/2019	Employment	CA
Metro Ambulance Services, Inc.	Allen, Derek	Open	11/27/2019	Employment	GA
Metro Ambulance Services, Inc.	Bryant, Jamaal	Open	11/27/2019	Employment	GA
MedicWest Ambulance, Inc.	Ash	Closed	11/27/2019	Employment	NV
American Medical Response, Inc.	1:19-cv-09557	Open	11/27/2019	Medical Payments	NY
American Medical Response West	555-2011-00053	Closed	12/12/2019	Employment	CA
American Medical Response Mid-Atlantic, Inc.	Moore	Closed	12/18/2019	Employment	PA
American Medical Response of Connecticut, Inc.	Fequiere, Jesus	Open	01/13/2020	Employment	CT
American Medical Response of Colorado, Inc.	E20000007424	Closed	1/13/2020	Employment	CO
American Medical Response of Connecticut, Incorporated	16A-2020-00410	Closed	1/13/2020	Employment	CT
American Medical Response, Inc.	34-2019-00259021	Open	1/13/2020	Medical Payments	CA
Rural/Metro Fire Dept., Inc.	Ulloa	Closed	1/22/2020	Employment	FL
Westmed Ambulance, Inc.	20STCV03990	Closed	1/30/2020	Employment	CA
Southwest Ambulance of Tucson, Inc.	540-2019-04089	Closed	2/6/2020	Employment	AZ
LifeFleet Southeast Inc.	Goodrum	Closed	2/6/2020	Employment	FL
American Medical Response, Inc.	LaRose, Robert	Open	02/08/2020	Employment	CT
American Medical Response of Connecticut, Incorporated	16A-2020-00261 / 2030268	Closed	2/8/2020	Employment	CT

American Medical Response, Inc.	20VECV00053	Open	2/8/2020	Medical Payments	CA
American Medical Response Ambulance Service, Inc.	37-2020-00003008-CL-MC-CTL	Open	2/8/2020	Medical Payments	CA
Guardian Flight, Inc.	Winter, Kristin	Open	02/13/2020	Employment	AK
Physicians & Surgeons Ambulance Service, Inc.	Gibson	Closed	2/17/2020	Employment	OH
Vital Enterprises, Inc.	16C-2019-02569 / HUD 19WEM02702	Closed	2/19/2020	Employment	MA
American Medical Response Ambulance Service, Inc. ; American Medical Response of Southern California	20STVC15983	Open	02/25/2020	Employment	CA
Southwest Ambulance of Tuscon, Inc.	Zazueta, Maria	Open	02/26/2020	Employment	AZ
ComTrans, Inc.	Sensesak, Dulcinea	Open	02/28/2020	Employment	AZ
ComTrans, Inc.	540-2020-01872	Closed	2/28/2020	Employment	AZ
American Medical Response of Maricopa, LLC	EEOC No. 35A-2020-00304 / CRD No. CRD-2020-0214	Closed	3/5/2020	Employment	AZ
American Medical Response Ambulance Service, Inc.	20CV332-BEN-AGS	Open	3/9/2020	Medical Payments	CA
American Medical Response of Texas, Inc.	460-2020-00770	Closed	4/1/2020	Employment	TX
Air Ambulance Specialists, Inc.	COSO-20-002373	Open	4/1/2020	Medical Payments	FL
American Medical Response, Inc.	CV-20-133	Open	04/06/2020	Employment	MA
American Medical Response West	Villines	Closed	4/10/2020	Employment	CA
American Medical Response, Inc.	EEOC - Beard Policy Investigation	Open	05/04/2020	Employment	GA
American Medical Response Ambulance Service, Inc. ; American Medical Response of Southern California	Ceren	Closed	5/4/2020	Employment	CA
American Medical Response of Connecticut, Incorporated	Keckler	Closed	6/4/2020	Employment	CT
Global Medical Response, Inc.	1:19-cv-02575 RBJ - Wagamen	Open	6/15/2020	Regulatory	CO
American Medical Response, Inc.	SCA Advice/Representation	Open	07/01/2020	Employment	WA
American Medical Response, Inc.	Connors	Closed	7/1/2020	Employment	NY
American Medical Response of Massachusetts, Inc.	Consolmagno, Sarah	Open	07/15/2020	Employment	MS
American Medical Response West	Kjelstrom, Kelly	Open	07/31/2020	Employment	CA
American Medical Response of Maricopa, LLC	28-CA-248042	Open	08/13/2020	Employment	AZ
American Medical Response, Inc.	Sullivan	Closed	8/14/2020	Employment	NY
American Medical Response, Inc.	RG20072101 / LWDA-CM-801810-20	Open	08/19/2020	Employment	CA
American Medical Response of Connecticut, Inc.	01-CA-263985	Open	08/19/2020	Employment	CT
American Medical Response Ambulance Service, Inc.	20-cv-00455-GKF-FHM - Emergency Medical Services Authority	Closed	9/1/2020	Commercial	OK
American Medical Response of Connecticut, Incorporated	01-20-0010-8928	Open	09/02/2020	Employment	CT
Rural/Metro Corporation of Florida	Wendi Simpson (formerly Cossart)	Closed	9/14/2020	Employment	FL
Rural/Metro Corporation of Florida, d/b/a American Medical Response, Rural/Metro Corporation AZ, Lif	6:20-cv-01678	Open	09/21/2020	Employment	FL
American Medical Response Ambulance Service, Inc.	Mraz	Closed	9/24/2020	Employment	MT
LifeFleet Southeast Inc.	Young	Closed	9/25/2020	Employment	FL
American Medical Response Mid-Atlantic, Inc.	Patton, Angel	Open	10/02/2020	Employment	DC
American Medical Response of Connecticut, Incorporated	Kiefer	Closed	10/2/2020	Commercial	CT
American Medical Response Mid-Atlantic, Inc.	Szyper	Closed	10/14/2020	Employment	PA
American Medical Response, Inc.	01-CA-267805	Open	10/23/2020	Employment	CT
American Medical Response West	01-20-0015-4638	Open	10/29/2020	Employment	CA
American Medical Response of Tennessee, Inc.	Lee	Closed	10/29/2020	Employment	TN
American Medical Response, Inc.	Abramowitz, Menachem Mendel	Open	11/05/2020	Employment	CT
Mercury Ambulance Service, Inc.	Jones	Closed	11/11/2020	Employment	KY
American Medical Response of Maricopa, LLC	CV2020-055657	Closed	11/16/2020	Commercial	AZ
Med-Trans Corporation, Air Evac and EagleMed	Jackson	Closed	11/18/2020	Employment	MO
Kurtz Ambulance Service, Inc.	Omiecinski	Closed	11/19/2020	Employment	IL
REACH Air Medical Services, LLC	OSHA - Sacramento	Closed	11/19/2020	Commercial/Employment	CA
American Medical Response, Inc.	OSHA - Prestonburg	Closed	11/24/2020	Commercial/Employment	KY
American Medical Response Mid-Atlantic, Inc.	Ford	Closed	11/30/2020	Employment	PA
Rural/Metro of Greater Seattle, Inc.	01-20-0015-8472	Closed	12/01/2020	Labor	WA
Rural/Metro Corporation	Bellamy	Closed	12/08/2020	Labor	NY
American Medical Response, Inc.	New Mexico Reporting	Open	12/08/2020	Commercial/Employment	NM
Rural/Metro of California, Inc. ; American Medical Response West	20CV373984	Open	12/11/2020	Employment	CA
National Ambulance and Oxygen Services, Inc.	03-CB-269779	Closed	12/14/2020	Labor	NY
American Medical Response West	01-20-0019-2654	Closed	12/17/2020	Labor	CA
American Medical Response West	01-20-0019-3085	Closed	01/07/2021	Labor	WA
American Medical Response, Inc.	Singh, Ravinder	Open	01/08/2021	Employment	CT
American Medical Response of Connecticut, Incorporated	Singh	Closed	01/08/2021	Employment	CT
American Medical Response West	AAA No. 01-21-0000-1987	Open	01/14/2021	Employment	CA
Life Line Ambulance Service, Inc.	Suitor	Closed	01/14/2021	Employment	AZ
AirMed International, LLC	AMI	Open	01/22/2021	Commercial	US
National Ambulance and Oxygen Services, Inc.	01-21-0000-2089	Closed	01/29/2021	Labor	NY
Abbott Ambulance, Inc.	14-CA-272070	Closed	02/02/2021	Labor	MO
American Medical Response, Inc.	Bellomy	Open	02/05/2021	Medical Payments	OH
AMRG Acquisition, LLC	MedFlight	Open	02/08/2021	Commercial	UT
American Medical Response, Inc.	21CV00303	Open	02/18/2021	Commercial	CA
Pacific Ambulance Inc.	AAA No. 01-02-0014-7203	Open	02/23/2021	Employment	CA
REACH Air Medical Services, LLC	Daily	Closed	02/23/2021	Employment	CA

American Medical Response of Southern California	37-2020-00042504	Closed	02/25/2021	Employment	CA
AMGH – AEL, MTC, EGM	AMGH IN Medicaid	Closed	03/02/2021	Commercial	IN
Rural/Metro Fire Department, Inc.	Velasco, Alexis	Open	03/11/2021	Employment	AZ
American Medical Response of Massachusetts, Inc.	6C-2021-00461	Open	03/11/2021	Employment	MS
American Medical Response of Massachusetts, Inc.	Vanderpoel	Closed	03/11/2021	Employment	MA
Rural/Metro Fire Dept., Inc.	Velasco	Closed	03/11/2021	Employment	AZ
American Medical Response West	Brooks	Closed	03/11/2021	Employment	CA
Randle Eastern Ambulance Service, Inc.	CACE-20-016893	Closed	03/11/2021	Employment	FL
American Medical Response West	Jennings	Closed	03/11/2021	Employment	CA
Guardian Flight, LLC	Manning	Closed	03/19/2021	Employment	CA
Abbott Ambulance, Inc.	NLRB Case No. 14-CA-273244	Closed	03/22/2021	Labor	MO
Rural/Metro of California, Inc.	AAA No. 01-21-0002-2024	Closed	03/22/2021	Labor	CA
AMR Management, LLC	Chitta, Subbu	Open	03/26/2021	Employment	CO
American Medical Response, Inc.	Morrison	Closed	03/26/2021	Employment	NJ
AMR Management, LLC	Chitta	Closed	03/26/2021	Employment	CO
Life Line Ambulance Service, Inc.	ST-2021-0178	Closed	03/26/2021	Employment	AZ
REACH / Calstar	Jacobson	Closed	03/26/2021	Employment	CA
Rural/Metro of California, Inc.	WC-CM-810684	Closed	03/26/2021	Employment	CA
Med-Trans Corporation	2021 SC 000286	Open	03/26/2021	Medical Payments	FL
American Medical Response Ambulance Service, Inc.	19-RC-273359	Closed	03/29/2021	Labor	WA
American Medical Response West	WC-CM-802418	Closed	03/29/2021	Employment	CA
Global Medical Response, Inc.	75577	Open	04/05/2021	Commercial	UT
Comtrans, Inc.	Arroyo	Closed	04/07/2021	Employment	AZ
Rural/Metro of California, Inc.	37-2020-00042802-CL-MC-CTL	Open	04/09/2021	Medical Payments	CA
Eagle Air Med Corporation	Jones, Justian	Open	04/19/2021	Employment	AZ
Community EMS, Inc.	4:21-cv-40034-TSH	Closed	04/19/2021	Employment	MA
Eagle Air Med Corporation	Justian Jones	Closed	04/19/2021	Employment	AZ
American Medical Response, Inc.	OSHA - Arvada	Closed	04/23/2021	Commercial/Employment	CO
American Medical Response Ambulance Service, Inc.	AMRAS	Open	04/28/2021	Commercial	NM
American Medical Response West	WC-CM-820417	Open	05/04/2021	Employment	CA
Air Evac EMS, Inc.	CIV-21-383-J	Closed	05/04/2021	Employment	OK
American Medical Response, Inc.	19-CA-276090	Closed	05/04/2021	Labor	WA
American Medical Response, Inc.	Labor - Seattle	Closed	05/04/2021	Labor	WA
Eastern Paramedics, Inc.	03-RC-276648	Closed	05/07/2021	Labor	NY
American Medical Response, Inc.	Baker	Open	05/12/2021	Medical Payments	LA
American Medical Response of Southern California	Kelley	Open	05/14/2021	Employment	CA
American Medical Response of Southern California	Kelley v. AMR, Inc.	Open	05/14/2021	Employment	CA
American Medical Response, Inc.	3-035-21	Closed	05/14/2021	Employment	TN
Guardian Flight, LLC	Ruby	Closed	05/14/2021	Employment	AZ
American Medical Response, Inc.	CVF2100208	Open	05/17/2021	Medical Payments	OH
LifeFleet Southeast Inc.	Pigula	Closed	05/20/2021	Employment	FL
Global Medical Response, Inc.	21-0448-IV	Open	05/24/2021	Commercial	TN
American Medical Response West	01-21-0002-7966	Closed	05/25/2021	Labor	WA
American Medical Response, Inc.	EPST Claim	Closed	05/25/2021	Employment	AZ
AMR Management, LLC	CCRD Complaint No. E2100011870	Closed	05/25/2021	Employment	CO
American Medical Response, Inc.	01-21-0003-7377	Closed	05/25/2021	Labor	CA
Rural/Metro of California, Inc.	01-21-0003-8075	Closed	05/25/2021	Labor	CA
American Medical Response of Connecticut, Incorporated	01-21-0002-2702	Closed	06/04/2021	Labor	CT
Westmed Ambulance, Inc.	Bezart	Closed	06/04/2021	Employment	CA
Air Evac EMS, Inc.	3:21-cv-422	Open	06/06/2021	Medical Payments	US
American Medical Response of Maricopa, LLC	CON - Goodyear	Closed	06/10/2021	Regulatory	AZ
Rural Metro Corporation AZ	Robbins adv. Rural/Metro	Open	06/16/2021	Employment	AZ
SW General, Inc.	SW General, Inc. v. Davison	Open	06/16/2021	Employment	TX
American Investment Enterprises, Inc.	NLC-21-001642	Closed	06/16/2021	Labor	NV
Rural/Metro Corporation	Robbins	Closed	06/16/2021	Employment	AZ
SW General, Inc.	Davison	Closed	06/16/2021	Employment	AZ
GMR Event Services, LLC	Lorenzen	Closed	06/30/2021	Employment	NY
American Medical Response West	AAA 01-20-0005-5315	Closed	06/30/2021	Labor	CA
American Medical Response of Connecticut, Inc.	01-21-0004-0156	Closed	07/09/2021	Labor	CT
Med-Trans Corporation	21CV26331	Closed	07/09/2021	Employment	US
Med-Trans Corporation	Aussprung	Closed	07/09/2021	Employment	US
Air Evac EMS, Inc.	Charges Nos. E-08/21-532238; 28E-2021-00966C	Open	07/14/2021	Employment	MO
Air Evac EMS, Inc.	E-08/21-532238; 28E-2021-00966C	Closed	07/14/2021	Employment	MO
LifeFleet Southeast, Inc.	01-21-0004-4424	Closed	07/14/2021	Labor	FL
Guardian Flight, LLC	1CCV-22-0000221	Open	07/22/2021	Employment	HI
Guardian Flight, LLC	G. Allen	Closed	07/22/2021	Employment	HI
American Medical Response West	01-21-0004-8433	Closed	07/22/2021	Labor	CA
American Medical Response, Inc.	32-CA-279484	Closed	07/29/2021	Labor	CA
Reach Air Medical Services, LLC	WC-CM-818216	Closed	07/29/2021	Employment	CA
American Medical Response of San Diego, Inc.	OSHA - San Diego	Closed	07/29/2021	Regulatory	CA
American Medical Response of Maricopa, LLC	053-1473	Open	08/03/2021	Commercial	AZ
American Medical Response West	32-CA-280412	Open	08/13/2021	Employment	CA
Access 2 Care, LLC	Porter	Closed	08/13/2021	Employment	FL
Eagle Air Med Corporation	3:21-cv-00136-PDW-ARS	Open	08/18/2021	Commercial	ND
American Medical Response, Inc.	37-2021-00033773-CU-BT-CTL	Closed	08/25/2021	Medical Payments	CA
American Medical Response of Connecticut, Inc.	2130550	Open	09/02/2021	Employment	CT
American Medical Response, Inc.	Matthew Conner adv. GMR	Open	09/02/2021	Employment	KY
American Medical Response of Connecticut, Inc.	Fortin	Closed	09/02/2021	Employment	CT
Eastern Paramedics, Inc.	03-CA-279189	Closed	09/02/2021	Labor	NY
Med-Trans Corporation	M. Conner	Closed	09/02/2021	Employment	US
American Medical Response Ambulance Service, Inc.	Marinos	Closed	09/02/2021	Employment	CA
Access 2 Care, LLC	14-RC-272679	Closed	09/10/2021	Labor	OH
American Medical Response West	20-CA-281834	Closed	09/10/2021	Labor	CA

American Medical Response, Inc.	SC-001064-21/RO	Open	09/13/2021	Medical Payments	NY
Global Medical Response, Inc.	OSHA	Closed	09/27/2021	Regulatory	US
American Medical Response West	31-CA-280510	Closed	09/29/2021	Labor	CA
American Medical Response, Inc.	612777/2021	Closed	09/29/2021	Medical Payments	US
American Medical Response, Inc.	37-2021-00036508-CL-MNC-CTL	Open	09/29/2021	Medical Payments	CA
American Medical Response of Connecticut, Incorporated	Anna Broggi v. AMR	Open	09/30/2021	Employment	CT
Rural/Metro of Greater Seattle, Inc.	Eric Anderson	Open	09/30/2021	Employment	WA
American Medical Response of Connecticut, Inc.	Broggi	Closed	09/30/2021	Employment	CT
Rural/Metro of Greater Seattle, Inc.	E. Anderson	Closed	09/30/2021	Employment	WA
TMS Management Group, Inc.	HAF	Open	09/30/2021	Commercial	US
Global Medical Response, Inc.	Condra	Closed	10/14/2021	Employment	US
American Medical Response, Inc.	OSHA - Tucson	Closed	10/14/2021	Regulatory	AZ
American Medical Response Ambulance Service, Inc.	WC-CM-840530	Open	10/19/2021	Employment	CA
REACH Air Medical Services, LLC	34-2021-00308894	Open	10/19/2021	Employment	CA
American Medical Response	01-21-0016-5104	Open	10/19/2021	Employment	MS
American Medical Response of Massachusetts, Inc.	01-21-0016-5118	Open	10/19/2021	Employment	MS
American Medical Response Ambulance Service, Inc.	WC-CM-840530	Closed	10/19/2021	Employment	US
American Medical Response of Massachusetts, Inc.	01-21-0016-5118	Closed	10/19/2021	Labor	MA
American Medical Response, Inc.	01-21-0016-5104	Closed	10/19/2021	Labor	MA
American Medical Response West	01-21-0016-7863	Closed	10/19/2021	Labor	CA
CALSTAR Air Medical Services, LLC	Schafer	Open	11/04/2021	Employment	CA
Med-Trans Corporation	FCHR No. 202232913	Open	11/04/2021	Employment	FL
CALSTAR Air Medical Services, LLC	Garrett Schafer Demand Letter	Open	11/04/2021	Employment	CA
American Medical Response Mid-Atlantic, Inc.	ULP - Washington DC	Closed	11/04/2021	Employment	DC
Med-Trans Corporation	FCHR No. 202232913	Closed	11/04/2021	Employment	US
American Medical Response West	01-21-0017-1007	Closed	11/04/2021	Labor	CA
Access2Care, LLC	EEOC No. 15D202200091	Open	11/09/2021	Employment	GA
Access 2 Care, LLC	EEOC No. 15D202200091	Closed	11/09/2021	Employment	US
Global Medical Response, Inc.	AAMS NSA	Open	11/15/2021	Medical Payments	US
American Medical Response Ambulance Service, Inc.	Edwards, Jamie (EEOC)	Open	11/16/2021	Employment	NM
American Medical Response Ambulance Service, Inc.	Helms	Closed	11/16/2021	Employment	NM
American Medical Response Ambulance Service, Inc.	J. Edwards	Closed	11/16/2021	Employment	NM
Rural/Metro of California, Inc.	01-21-0017-4836	Open	11/23/2021	Employment	CA
American Medical Response, Inc.	Goodyear	Closed	11/30/2021	Commercial	US
Global Medical Response, Inc.	3-3541858738	Open	11/30/2021	Regulatory	US
American Medical Response, Inc.	01-21-0016-9650	Closed	12/01/2021	Labor	US
American Medical Response West	202107-14295627	Closed	12/01/2021	Employment	CA
Kurtz Ambulance Service, Inc.	2021LM000758	Open	12/03/2021	Medical Payments	US
American Medical Response West	WC-CM-821979	Open	12/09/2021	Employment	CA
Kurtz Industrial Fire Service, Inc.	Wage Claim B. Bailey	Open	12/09/2021	Employment	IL
American Medical Response, Inc.	N/A	Open	12/09/2021	Employment	TX
American Medical Response West	WC-CM-821979	Closed	12/09/2021	Employment	CA
American Medical Response West	WC-CM-823833	Closed	12/09/2021	Employment	CA
American Medical Response Ambulance Service, Inc.	Wage Claim N. Bryan	Closed	12/09/2021	Employment	TX
Reach Air Medical Services, LLC	34-2021-00311355	Open	12/09/2021	Employment	CA
American Medical Response Mid-Atlantic, Inc.	01-21-0017-9540	Closed	12/16/2021	Labor	DC
Rural/Metro of California, Inc.	WC-CM-721398	Closed	12/20/2021	Employment	CA
Global Medical Response, Inc.	CGFD	Open	12/20/2021	Regulatory	AZ
Global Medical Response, Inc.	CON - Clovis	Open	12/28/2021	Regulatory	US
American Medical Response, Inc.	Cheeks	Open	12/29/2021	Medical Payments	US
Global Medical Response, Inc.	CON - Escambia	Open	01/06/2022	Commercial	FL
Access 2 Care, LLC	OSHA - Iowa	Closed	01/07/2022	Regulatory	US
Global Medical Response, Inc.	OSHA - L&I	Closed	01/07/2022	Regulatory	US
Rural/Metro Corporation	OSHA - Illinois	Closed	01/07/2022	Regulatory	US
Global Medical Response, Inc.	OSHA - Watsonville	Closed	01/07/2022	Regulatory	CA
Lifefleet Southeast, Inc.	N/A21-3216	Open	01/12/2022	Employment	FL
Lifefleet Southeast, Inc.	N/A21-3216 (Kamal)	Closed	01/12/2022	Employment	FL
Mission Care of Illinois, LLC	911 Protest	Closed	01/17/2022	Commercial	IL
Global Medical Response, Inc.	OSHA - Bisbee	Closed	01/27/2022	Regulatory	AZ
Community EMS, Inc.	MCAD 21WEM02599	Open	02/02/2022	Employment	MS
Med-Trans Corporation	Cody Tosi adv. MTC	Open	02/02/2022	Employment	TX
Community EMS, Inc.	MCAD 21WEM02599	Closed	02/02/2022	Employment	MA
Med-Trans Corporation	Tosi	Closed	02/02/2022	Employment	TX
City Ambulance of Eureka, Inc.	Shriver	Open	02/03/2022	Employment	CA
Global Medical Response, Inc.	Telesoft	Open	02/23/2022	Commercial	US
American Medical Response West	AAA 20-CA-281834	Closed	03/01/2022	Employment	CA
American Medical Response, Inc.	EEOC Charge A. Keddy	Open	03/16/2022	Employment	NY
American Medical Response West	WC-CM-853950	Open	03/18/2022	Employment	CA
American Medical Response, Inc.	DOL Wage & Hour Investigation	Open	03/18/2022	Employment	AZ
American Medical Response, Inc.	22-cv-00661	Open	03/18/2022	Employment	OH
AMR Management, LLC	Kang, Joonmoo	Open	03/18/2022	Employment	CO
American Medical Response of Southern California	J. Watts Representation Letter	Open	03/18/2022	Employment	CA
American Medical Response, Inc.	James Taillon v. GMR	Open	03/18/2022	Employment	CA
SW General, Inc.	Paris Abron adv. AMR	Open	03/21/2022	Employment	AZ
American Medical Response, Inc.	EEOC Charge Hartin, K.	Open	03/21/2022	Employment	WA
American Medical Response, Inc.	Brittney Gitmed v. R/M	Open	03/28/2022	Employment	CA
American Medical Response Mid-Atlantic, Inc.	01-22-0000-3812	Open	03/29/2022	Employment	DC
American Medical Response Northwest, Inc.	19-CA-293693	Open	04/07/2022	Employment	OR
American Medical Response Mid-Atlantic, Inc.	Iesha Morris v. GMR	Open	04/27/2022	Employment	PA
American Medical Response, Inc.	28-RD-294046	Open	04/28/2022	Employment	AZ
American Medical Response, Inc.	Rubeira Tice, Gabriel	Open	05/09/2022	Employment	CA

American Medical Response, Inc.	Thompson, Tyler	Open	05/09/2022	Employment	CA
American Medical Response, Inc.	01-22-0001-3536	Open	05/10/2022	Employment	FL
Life Line Ambulance Service, Inc.	02012022	Open	05/10/2022	Employment	AZ
American Medical Response, Inc.	01-22-0001-3556	Open	05/10/2022	Employment	DC
American Medical Response, Inc.	01-22-0001-8669	Open	05/10/2022	Employment	OR
American Medical Response, Inc.	01-22-0001-3553	Open	05/10/2022	Employment	DC
American Medical Response of Massachusetts, Inc.	01-22-0001-7208	Open	05/11/2022	Employment	MS
American Medical Response, Inc.	551-2022-00891	Open	05/11/2022	Employment	WA
American Medical Response, Inc.	Lorena Valladares	Open	5/19/2022	Employment	CA
American Medical Response Of Southern California	CVRI2202164	Open	05/27/2022	Employment	CA
American Medical Response, Inc.	01-22-0001-7880	Open	06/10/2022	Employment	CA
American Medical Response, Inc.	WC-CM-870161	Open	06/14/2022	Employment	CA
American Medical Response, Inc.	10218130	Open	06/29/2022	Employment	NY
American Medical Response, Inc.	450-2022-03680	Open	07/06/2022	Employment	TX
American Medical Response, Inc.	551-2022-00877	Open	07/07/2022	Employment	WA
Rural/Metro of California, Inc.	WC-CM-854559	Open	07/11/2022	Employment	CA
American Medical Response, Inc.	NLRB Case 08-CA-295109	Open	07/12/2022	Employment	OH
American Medical Response	NLRB Case No. 01-CA-263985	Open	07/13/2022	Employment	CT
American Medical Response of Colorado, Inc.	Rory Loveridge (EEOC No. 541-2022-02814)	Open	07/19/2022	Employment	CO
American Medical Response of Massachusetts	NHDOL (Case No. 102603)	Open	07/19/2022	Employment	NH
American Medical Response, Inc.	NLRB (Case No. 12-CA-298978)	Open	07/19/2022	Employment	FL
American Medical Response, Inc.	Wah On Sze "Evan" (H-1B Visa)	Open	07/20/2022	Employment	HI
Entity Served: Global Medical Response, Inc. d/b/a American Medical Response	2-203-22	Closed	7/22/2022	Employment	TN
Entity Served: Global Medical Response, Inc. d/b/a American Medical Response	2-203-22	Closed	7/22/2022	Employment	TN
Rural Metro Corporation AZ	Jonathan Herbst (EEOC Case No. 520-2022-0546)	Open	07/25/2022	Employment	AZ
American Medical Response of Southern California	NLRB Case No. 31-CB-298977	Open	07/25/2022	Employment	MS
American Medical Response West	Daniel Washington (WC-CM-821979)	Open	08/04/2022	Employment	CA
American Medical Response, Inc.	A-22-847110-A	Open	08/15/2022	Employment	NV
American Medical Response	Devin K. Hale (Case No. WC-CM-877488)	Open	08/15/2022	Employment	CA
American Medical Response, Inc.	Monica Castruita (Demand Letter 08-15-2022)	Open	08/17/2022	Employment	CA
Hunter EMS	Nikiea James v. Hunter EMS (NY Div. Human Rights Case No. 10219127)	Open	08/22/2022	Employment	NY
Eagle Air Med Corporation - Frazer	3-21-cv-000136-PDW-ARS	Open	8/24/2022	Commercial	UT
American Medical Response Waterbury Division	01-CA-301807 (AMR Waterbury Div.)	Open	08/25/2022	Employment	CT
American Medical Response - Mid-Atlantic	NLRB Case No. 05-CA-221233 (AMR Mid-Atlantic)	Open	08/25/2022	Employment	DC
American Medical Response - San Mateo	NLRB Case No. 20-RC-293267 (AMR - San Mateo)	Open	08/25/2022	Employment	CA
American Medical Response	NLRB Case No. 01-CA-263985 (AMT - CT)	Open	08/26/2022	Employment	CT
American Medical Response	Kodie Hartin (Case No. 2-22-CV-00189)	Open	08/26/2022	Employment	WA
American Medical Response Ambulance Service, Inc.	2:22-cv-00189	Closed	8/26/2022	Employment	WA
American Medical Response Ambulance Service, Inc.	2:22-cv-00189	Closed	8/26/2022	Employment	WA
Grandview Aviation	Kihana C. Stephens (EEOC Case No. 531-2022-00402)	Open	08/30/2022	Employment	MID
American Medical Response Northwest, Inc.	Scott Waggoner (EEOC Case No. 38D-2022-00728, Oregon BOLI Case No. EEEMRG220725-11125)	Open	09/01/2022	Employment	OR
McCormick Ambulance	Melvin Bowden (Case No. WC-CM-886867)	Open	09/08/2022	Employment	CA
Access to Care	Ashley Bailem (EEOC Case No. 31C-2022-01131)	Open	09/15/2022	Employment	TX
Mission Care of Illinois, LLC	22LA0783	Closed	9/20/2022	Employment	IL
Mission Care of Illinois, LLC	22LA0783	Closed	9/20/2022	Employment	IL
American Medical Response, Inc.	Ryan Huber (EEOC Case No. 35A-2022-00590)	Open	09/27/2022	Employment	AZ
American Medical Response, Inc.	Teamsters Local 671 v. AMR (Case 01-22-0003-8481)	Open	09/27/2022	Employment	CT
American Medical Response, Inc.	32-CA-303529	Open	09/27/2022	Employment	CA
American Medical Response Northwest, Inc.	Julie Waggoner (EEOC Case No. 38D-2022-00823)	Open	09/29/2022	Employment	OR
American Medical Response, Inc.	Michael Thompson v. AMR (EEOC Case No. 35A-2022-00642)	Open	09/29/2022	Employment	CA
American Medical Response, Inc.	Diana Williams (EEOC Case No. 438-2022-01571)	Open	10/04/2022	Employment	VA
American Medical Response, Inc.	EEOC v. GMR (Case No. 1:22-CV-02544-MEH)	Open	10/07/2022	Employment	CO
Global Medical Response, Inc.	1:22-CV-02544-MEH	Closed	10/7/2022	Employment	CO
Global Medical Response, Inc.	1:22-CV-02544-MEH	Closed	10/7/2022	Employment	CO
Lifeguard Ambulance Services, LLC	Phillip Cook (EEOC Case No. 510-2022-05739)	Open	10/17/2022	Employment	FL
American Medical Response, Inc.	Catherine J. Greenberg (NY HRC Case No. 10220093)	Open	10/26/2022	Employment	NY
American Medical Response, Inc.	Amy Newton v. Mission Care (Case No. 22LA0783)	Open	11/01/2022	Employment	IL
American Medical Response, Inc.	Leigha Pellazari (EEOC Case No. 560-2023-00169)	Open	11/01/2022	Employment	MO
American Medical Response, Inc.	Alvaro Zarate v. Rural Metro Fire (EEOC Case No. 35A-2023-00052)	Open	11/02/2022	Employment	AZ

American Medical Response, Inc.	21-CA-304227	Open	11/02/2022	Employment	CA
American Medical Response, Inc.	Dominique Mangione (WC-CM-873838)	Open	11/02/2022	Employment	CA
American Medical Response, Inc.	02-RC-306473	Open	11/04/2022	Employment	NY
American Medical Response, Inc.	Christy Pack v. AMR (Case No. 02-203-22)	Open	11/09/2022	Employment	TN
American Medical Response Mid-Atlantic, Inc.	1:22-cv-05969-KMW-SAK - Gloucester	Open	11/16/2022	Commercial	NJ
American Medical Response, Inc.	12-CA-304932	Open	11/28/2022	Employment	FL
American Medical Response, Inc.	2330095	Open	11/30/2022	Employment	CT
American Medical Response, Inc.	37-2022-00048924-CU-OE-CTL	Closed	12/27/2022	Employment	CA
American Medical Response, Inc.	01-22-0003-9300	Open	01/09/2023	Employment	OH
American Medical Response, Inc.	01-22-0005-3383	Open	01/09/2023	Employment	OH
American Medical Response, Inc.	Deleza Robinson (Case No. 450-2022-03757)	Open	01/09/2023	Employment	TX
American Medical Response, Inc.	01-22-0005-1928-3-TL	Open	01/09/2023	Employment	WA
American Medical Response, Inc.	Christina Tyrie (Attorney Demand Letter)	Open	01/09/2023	Employment	WA
American Medical Response, Inc.	ALICIA SALAZAR v. AMR (Case No. 37-2022-00049725-CU-OE-CTL)	Open	01/09/2023	Employment	CA
American Medical Response, Inc.	Reagan Pendyck (Attorney Demand Letter)	Open	01/09/2023	Employment	FL
American Medical Response, Inc.	C-0148-23-B - McAllen (state) and (federal)	Open	1/11/2023	Commercial	TX
American Medical Response, Inc.	Steven MacCornack (Wage Claim #23-ABQ-0393)	Open	01/18/2023	Employment	NM
American Medical Response Ambulance Service, Inc.	22CV020180	Open	01/23/2023	Employment	CA
Abbot Ambulance	D'Erra Ingram (EEOC NO. 560-2023-00649)	Open	01/31/2023	Employment	MO
All Transit LLC	520-2023-02141	Open	02/06/2023	Employment	NY
American Medical Response, Inc.	WC-CM-934178	Open	02/07/2023	Employment	CA
American Medical Response	Mohammad Najjar (EEOC No. 37A-2023-01018)	Open	02/08/2023	Employment	CA
American Medical Response	Mohammad Najjar (EEOC No. 37A-2023-01018)	Open	02/08/2023	Employment	CA
Med Trans	Kerri Whitlock (EEOC Case No. 511-2023-00881)	Open	02/21/2023	Employment	FL
Med Trans	Kerri Whitlock (EEOC Case No. 511-2023-00881)	Open	02/21/2023	Employment	FL
American Medical Response, Inc.	ADOSH CP-2023-0086-AZ	Open	3/2/2023	Regulatory	AZ
American Medical Response Ambulance Services, Inc.	34-2023-00335120	Closed	3/10/2023	Employment	CA
American Medical Response Ambulance Services, Inc.	CVR-2300916	Open	3/10/2023	Labor/Wages	CA
American Medical Response, Inc.	EEOC No. 450-2023-03858	Open	3/24/2023	Employment	TX
American Medical Response West	SCV-272948 - County of Sonoma	Open	3/29/2023	Commercial	CA
American Medical Response, Inc.	202208-17911713	Open	3/30/2023	Employment	CA
Global Medical Response, Inc.	EEOC No. 423-2023-00730	Open	4/7/2023	Employment	KY
Medevac Medical Response, Inc.	Inspection No. 1986416	Open	4/7/2023	Regulatory	MO
American Medical Response, Inc.	OSHA No. 2009684	Open	4/10/2023	Regulatory	MA
Global Medical Response, Inc.	CV 2023-004503	Open	4/18/2023	Commercial	AZ
Access 2 Care, LLC	15D-2022-01114	Open	5/9/2023	Employment	FL
Rural/Metro of Greater Seattle, Inc.	N/A	Open	5/9/2023	Regulatory	WA
Rural/Metro Fire Dept., Inc.	N/A	Open	5/9/2023	Regulatory	AZ
American Medical Response, Inc.	EEOC No. 523-2023-00041	Open	5/12/2023	Employment	MA
American Medical Response of Connecticut, Inc.	EEOC No. 523-2022-02910	Open	5/18/2023	Employment	CT
Metro Ambulance Services, Inc.	EEOC No. 461-2023-01186	Open	5/23/2023	Employment	LA
American Medical Reponse, Inc.	OR Labor Bureau No. STEMFL230420-10485	Open	5/24/2023	Employment	OR
American Medical Response, Inc.	EEOC No. 520-2023004024	Open	5/31/2023	Employment	NY
National Ambulance and Oxygen Services, Inc.	NY Human Rights Div./EEOC 10226067	Open	6/12/2023	Employment	NY
American Medical Response, Milton Ambulance Services	Florida Human Rights Comm. 202342787	Open	6/20/2023	Employment	FL

QUALIFICATIONS AND EXPERIENCE

EXPERIENCE

Describe Offeror's experience in providing Ambulance services, including all geographic areas and all other jurisdictions where Offeror currently or has previously provided Ambulance services, performance standards achieved, and levels of service provided (including without limitation if those services included ALS, emergency medical care, EMS, ILS, and BLS). Provide a brief description of the Offeror's business history and number of years in operation. This section shall not preclude an application from a new entity, provided that the principals in such entity are able to demonstrate that the new entity can satisfy the requirements for a Contract as set forth in this RFP.

AMR has provided emergency and non-emergency ambulance services in Southern Nevada since 1953. Our local resources are supported by national growth and demonstrated expertise with similar systems and partners, as described through this section.

Unique Public-Private Success

Across the country, AMR has led the way as municipalities and departments explore new solutions for EMS support. We serve hundreds of systems with dozens of unique response models and are currently **the only local ambulance provider** experienced in this leased-unit, public-private partnership you request. As described throughout our proposal and detailed in our references section, we currently provide similar services for both the Contra Costa County Fire Protection District (since 2016) and the Sacramento Metropolitan Fire District (since 2005). In each of these partnerships, we operate in a collaborative public-private model that shares key responsibilities between AMR and the fire departments. Letters of reference from these partners are included in our references section. For the City of Las Vegas, we pledge to build on the successes shared, lessons learned, and best practices gained from our 20 years of supporting these similar partnerships. AMR has helped develop the Contracted Ambulance Services (CAS) program as it exists today in Las Vegas and looks forward to continuing this mutually beneficial partnership long into the future.

Serving Las Vegas Since 1953

AMR Las Vegas has been working with the City of Las Vegas/Las Vegas Fire and Rescue (LVFR) for 70 years. Our history and relationship with the City of Las Vegas has grown in conjunction with the City's population base from roughly 60,000 in the 1950s to the over 660,000 residents that now call the City of Las Vegas home. AMR is currently a partner with City of Las Vegas as a franchisee, with current operations encompassing emergency and non-emergency ambulance services, special event medical services and community education programming.



At present AMR has more than 70 ambulances available to serve the Las Vegas Valley and proudly employs over 440 Nevada residents, including trained paramedics, AEMTs, EMTs, critical care levels as

well as ancillary support. These employees respond to more than 92,000 calls each year in the City of Las Vegas.

Working with Las Vegas Fire and Rescue, AMR provides an additional service, Crisis Response Teams (CRT). These are dedicated units reserved to respond to behavioral emergencies that come through the 911 system within the City of Las Vegas. The CRT program includes trained paramedics, EMTs and a licensed social worker for each unit and we maintain a dedicated supervisor to oversee the program.

AMR has been a collaborative working partner with LVFR throughout our relationship, including piloting a program designed to change the response model for 911 calls within the city of Las Vegas.

Throughout our history in Las Vegas, AMR has been named one of the best companies to work for in the Las Vegas valley. We have been recognized for our excellence in patient care by local Southern Nevada officials. Over the past 5 years we have annually invested \$500,000-\$1million dollars to help fund education and training for EMS personnel within the southern Nevada workforce. This includes investment in our highly successful Earn While You Learn program, which has currently enrolled more than 120 Las Vegas students and boasts a 90% graduation rate.

A Trusted Las Vegas Guardian



70

Years of local service



92,134

Responses to City EMS calls (2021)



442

Nevada residents employed



70+

Ambulances serving the Las Vegas Valley

Disaster Response & Preparedness

When our nation calls upon us, AMR brings the healthcare expertise, equipment and speed needed to respond to disasters and emergency situations. AMR is the prime contractor with the Federal Emergency Management Agency (FEMA) to provide ground ambulance, air ambulance, paratransit services, and non-ambulance EMS personnel to supplement the federal and military response to a disaster, act of terrorism or any other public health emergency. This contract covers 48 states, including Nevada. We accomplish all this while still maintaining our EMS systems and mutual aid contracts.

As a result, we have extensive experience with all types of disasters and have refined our training, supply, and management processes to stay prepared at a moment's notice, such as offering fire cross-training for supporting wildland fire events.



Trusted by FEMA

Our local team is supported nationally by AMR's Office of Emergency Management. Nationally, AMR is under contract with FEMA to supply 600 fully equipped ambulances anywhere in the country within 24 hours.

All AMR personnel are trained in FEMA Incident Command System (ICS) and National Incident Management System (NIMS) courses to better collaborate with fellow responders during disasters and other unplanned events.

Crisis Healthcare

As part of our constant pursuit of providing the most vulnerable citizens with the compassionate care they deserve, AMR has worked closely with the City of Las Vegas to create a Crisis Response Team (CRT) and the former Community Health Improvement Program (CHIPs) to serve patients experiencing a mental health crisis. Mental health care is real health care, and these programs seek to fill the gap between patients who need urgent physical medical attention and situations where law enforcement is the right choice. CRT eases the burden on both emergency departments and law enforcement while providing people in crisis appropriate care. Since May of 2018, we have been honored to serve the people of Las Vegas in this capacity.

USE OF LICENSED CLINICAL SOCIAL WORKERS (LCSW'S)

The LCSW program has provided many advantages to the City of Las Vegas' citizens, clinicians and law enforcement, including:

- Liability reduction for law enforcement officers
- Access to services and resources for both law enforcement and the patient in any location
- Follow-up with each patient, resulting in recidivism mitigation
- De-escalation of potentially harmful situations
- Increased conflict resolution skills
- Better communication among patients, clinicians and law enforcement
- Overall improvements in knowledge and acceptance of mental health

2021 Year Totals	
Calls Responded	4066
On Scene	3797
Diversion % (total of non-ER utilization)	54%
2022 Year Totals	
Calls Responded	3,351
On Scene	2,852
Diversion % (total of non-ER utilization)	42%

CRISIS RESPONSE TEAM

CRTs consist of a Licensed clinical Social Worker on an Advanced Life Support (ALS) ambulance who responds to 911 psychiatric emergencies. These vehicles are then able to transport patients directly to the most appropriate facility, such as the emergency department, a behavioral or psychiatric facility or

a sobering center. Afterward, a licensed clinical social worker will follow up with any patient transported to a psychiatric facility.

SPECIALIZED TRAINING

One of the most difficult aspects of responding to a potential mental health crisis is determining whether or not the symptoms are being caused by a physical condition. These “mimics” are difficult to identify, even for medically trained personnel. Our CRT staff are specially trained on medical conditions that can mimic psychiatric/behavioral health symptoms, such as:

- Endocrine disorders
- Infections
- Tumors
- Encephalitis
- Subdural/epidural hematoma
- Stroke
- Delirium

By determining the potential source of the behaviors, CRT staff are able to best determine the right course of action for a patient, be it medical, psychiatric or rehabilitative.



KEY PERSONNEL

Designate the key person who would be assigned as Company Representative (as defined in the Contract) and any key project staff. Include current resumes. Identify particular experience and/or skills that would be applicable to the services required.

One of our key strengths in Las Vegas is our experienced team of local leaders. While supported by regional and national management personnel, the daily decisions made in our system take place here at home. Because our primary leadership team is in place today, we are more responsive and better able to adapt to this new contract.

In the following pages, AMR has provided biographies for each member of our local leadership team, each of which has years of experience already operating this system.



In addition, please see **Attachment-03** for resumes of these leaders.

Glenn Kasprzyk, Regional President, Southwest



Glenn Kasprzyk is Regional President for our Southwest Region. A member of the AMR team since 2006, Glenn directs daily operations and is an integral member of the EMS community within his Nevada, Arizona, New Mexico and Southern Utah service areas. He serves on the Arizona Emergency Medical Services Council and was appointed to the Council on Infections Disease during the 2014 Ebola outbreak. Glenn uses his proven expertise and

leadership in the EMS field to build a strong platform to drive change and innovation in an evolving pre-hospital healthcare environment. He also has presented at many local, state and national EMS conferences on the importance of innovation and best practices in pre-hospital healthcare. Prior to joining AMR in Arizona, Glenn served as the Operations Manager at Rural / Metro Ambulance in Orlando, Florida. He started his emergency services career in Western New York with LaSalle Ambulance and as a fire fighter with the Marilla Fire Department. Glenn is a 1994 graduate of the Western New York Emergency Medical Services Institute.

Kirk Schmitt, Regional Director



Kirk Schmitt has 30+ years of varied and comprehensive Emergency Medical Services (EMS). He began his EMS career in northern Minnesota as an EMT, becoming a paramedic, then flight paramedic operating in both urban and rural systems. Kirk has also held many leadership positions including clinical and risk and safety manager as well as most recent role as communications director for the GMR Southwest Region. Kirk also has many years of experience in government having held positions as State EMS Chief (Iowa) and as a county

EMS Director (Monterey, CA) leading teams with responsibility for EMS licensure, ambulance contract/license management, medical control and policy development oversight, public information and education, quality assurance, trauma systems and training programs were also a major influence for making the decision to have him lead the Las Vegas team.

Kirk holds a Master's Degree in Healthcare Administration and a Bachelor's Degree in Business Administration. He has completed numerous leadership training programs including Executive Leadership Program through the Naval Postgraduate School and the Professional Development Series provided by FEMA's Emergency Management Institute.

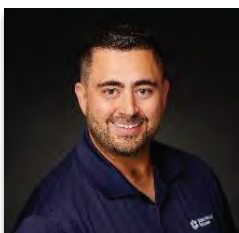
Sarah Baker, Director of Operations



Sarah Baker is the Director of Operations for AMR Las Vegas. Recently she moved to Vegas from Colorado where she worked as the National Project Manager for GMR's Mobile Integrated Health program. A program that provides virtual hospital care in the home. She had been instrumental in the building of MIH throughout the country. The program has opened 13 new sites across the Nation in the last 12 months. Prior to joining the MIH team Sarah worked as a project manager for the launch of a helicopter-based EMS service attached to a large hospital system in her home state of Arizona. She also has years of experience as an operations Supervisor for one of the largest ambulance operations in the country. She has been recognized by the AAA as one of the country's top up and coming EMS leaders. Through this program she was selected to join the AAA Government Affairs committee.

Sarah is the Board President of Billy's Place, a non-profit dedicated to providing grief support to children and their families and is a member of the Advisory Board for Lighthouse Health and Wellness, which is dedicated to first responder mental wellness.

Damon Schilling, Public Affairs Manager



Damon Schilling is a Las Vegas native, EMS educator, public speaker and former field paramedic working under EMS paramedic guidelines and is currently the public affairs manager at AMR Las Vegas and GMR Southwest region. As the public affairs manager at AMR Las Vegas and MedicWest, he oversees the company's brand in both elevation and protection, budgeting, contract compliance and corporate social responsibility. With over two decades of service in EMS, Damon has fostered friendly relationships with the Southern Nevada community public safety system. Building strong relationships with all local governing bodies' members, local and national EMS stake holders, City of Las Vegas, Clark County and North Las Vegas first responder agencies chiefs and the local emergency and hospital medical community's leaders and other stake holders. Damon also served the crucial role of PIO during the tragic events of 1 October in Las Vegas 2017 for the organization. In the fall of 2018, Damon was the founding member of the Nevada Ambulance Association where he still serves on the board of directors. He is also a member of the Vegas Chamber government advisory committee, chair of the Vegas Chamber healthcare committee, member of the Chamberlain college of nursing advisory committee and serves with the Latin Chamber of Commerce-Las Vegas. He earned his degree in business administration from the Nevada State College in 2018 graduating as Magna Cum Laude.

GOVERNMENT CONTRACTS

Indicate the current number of government contracts for Emergency Ambulance services, the name of the agency and the type and term of the contract. Disclose any government contract that was terminated for cause and/or ended before completion of the full term of the contract. Provide a summary of the circumstances of the termination.

AMR is honored to be part of Global Medical Response (GMR), America's leading provider of ground medical transportation, with service in 43 states and the District of Columbia. We operate over 7,500 vehicles that are deployed out of more than 400 bases. We have approximately 4,600 contracts with communities, government agencies, healthcare providers and insurers to provide ambulance transport services, including more than 230 EMS/911 agreements.

An EMS Leader

In addition to Las Vegas, we serve dozens of EMS systems in more than 230 across the United States, including Clark County and the City of North Las Vegas.

Agency/Municipality Served	Type	Years Served	Population
COUNTY OF RIVERSIDE, CA	911	41 years	2,470,546
CLARK COUNTY, NV	911/IFT	70 Years	2,331,934
BROWARD COUNTY, FL	911/IFT	31 Years	1,952,778
SANTA CLARA COUNTY, CA	911	42 years	1,927,852
CONTRA COSTA COUNTY, CA	911/IFT	Six years	1,165,927
COLLIN COUNTY, TX	911/IFT	19 Years	1,034,730
COUNTY OF VENTURA, CA	911	72 years	846,006
MULTNOMAH COUNTY, OR	911/IFT	110 Years	812,855
CITY OF SEATTLE, WA	911/IFT	100 Years	744,955
EL PASO COUNTY, CO	911/IFT	44 Years	720,403
D.C. FIRE AND EMS DEPARTMENT	911/IFT	Seven Years	702,455
CITY OF LAS VEGAS, NV	911/IFT	70 Years	659,236
CITY OF MESA, AZ	911/IFT	37 Years	508,958
SACRAMENTO METRO FIRE, CA	911	18 years	508,529
COUNTY OF SONOMA, CA	911/IFT	31 years	494,336
COUNTY OF MONTEREY, CA	911/IFT	13 years	434,061
CITY OF ARLINGTON, TX	911/IFT	22 Years	398,112
COUNTY OF BOULDER, CO	911/IFT	41 years	326,196
CITY OF ST. LOUIS, MO	911/IFT	50 Years	302,838
CITY OF NORTH LAS VEGAS, NV	911/IFT	70 Years	277,933

For the convenience of the reviewer, we have listed a sampling of in the table below. References (including contact information) for select customers are provided in the next section. We are happy to provide information on any of these contracts if helpful to your review process.

REFERENCES

Provide names, phone numbers and email addresses for the contract administrator or designated governmental contact and medical director for a minimum of three contracts in a service area with a population of at least 300,000, for services that have been provided within the past 5 years. Ensure these references have given permission to be contacted by the City.

We can confidently offer the services and enhancements in this proposal because we have proven experience in Las Vegas and with similar EMS systems. Our references can speak to us as an accountable, collaborative and forward-looking EMS provider.

References are provided on the following pages on the forms provided with the RFP.



“American Medical Response has been a legacy emergency ambulance provider for Contra Costa County for over 40 years. Since 1992, they have provided exclusive emergency paramedic advanced life support service to the citizens, substantially meeting contractual performance requirements over that period.”

Lewis T. Broschard III, Fire Chief
CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT



“Metro Fire first contracted with American Medical Response (AMR) in 2005 to assist with providing prehospital emergency medical services . . . AMR management and field personnel have maintained a cooperative and collaborative relationship with our agency while working with the local EMS agency to deliver high quality prehospital services and patient care.”

Adam Mitchell, Deputy Chief of Operations
SACRAMENTO METROPOLITAN FIRE DISTRICT



“For years, AMR has been a collaborative and compliant partner, meeting their overall response-time requirements and reporting deadlines. We have come to count on them as a reliable, responsive provider that values the communities we serve.”

Steve Swaney, Fire Chief
HEARTLAND FIRE & RESCUE (EL CAJON, LA MESA & LEMON GROVE, CA)



CITY OF LAS VEGAS
LIST OF REFERENCES

(CLIENT INFORMATION IS CONFIDENTIAL per NRS 332.025)

Instructions: Provide at least three (3) recent references for which services similar in size and scope were performed. Ensure these references have given permission to be contacted by the City of Las Vegas. Alternatively, describe organizational and staff experience providing similar services to those described in the RFP, in sufficient detail to demonstrate the ability to perform requirements.

The bulk of our revenue with these contracts are generated from fee for service. As such, these contracts do not have an identifiable contract value on the face of the contract. Generally, we view our financial models as confidential and as such do not share financial information, data, or metrics about our operations. However, we are happy to make our legal counsel available to discuss further should you have any specific questions.

Project No.: 240047-DD	Project Name: Ambulance Services
Offeror Name: Mercy, Inc. DBA American Medical Response	

PROJECT 1	
Reference Name: Contra Costa Fire Protection District	
Reference Location: Contra Costa County, CA	
Reference Phone & Email: Lewis T. Broschard III, Fire Chief; 925.941.3330; info@cccfd.org	
Scope of Work Since November 1997, we have provided emergency and non-emergency medical transport services for the Contra Costa County, California area (population 1,165,297). Since 2016, we've operated under a unique alliance model with our local fire partners. Here, AMR provides all ambulance service while the fire department handles patient billings. This operation is CAAS accredited. In Contra Costa County, AMR employs approximately 350 paramedics and EMTs and handles on average 70,000 calls each year.	
Contract Value:	Year Completed: Ongoing

PROJECT 2	
Reference Name: Sacramento Metropolitan Fire District	
Reference Location: Sacramento, CA	
Reference Phone & Email: Adam Mitchell, Deputy Chief of Operations; 916.859.4502; NA	
Scope of Work AMR has been the contracted partner of the Sacramento Metropolitan Fire District since 2005, assisting with providing prehospital emergency medical services in a collaborative public-private arrangement. We have grown with Metro Fire in the years since, offering a variety of cost-effective, collaborative and innovative solutions to meet their changing needs. We continue to work alongside the fire department as a transparent and reliable EMS partner. In the greater Sacramento area, AMR employs more than 400 paramedics and EMTs and handles more than 75,000 calls for service each year.	
Contract Value:	Year Completed: Ongoing

PROJECT 3	
Reference Name: Cities of El Cajon, La Mesa and Lemon Grove, CA	
Reference Location: El Cajon, La Mesa and Lemon Grove, CA	
Reference Phone & Email: Brent Koch, Fire Chief, Heartland Fire and Rescue; 619.772.8321; bkoch@heartlandfire.org	
Scope of Work Since 2016, AMR has supported Heartland Fire & Rescue with 911 Advanced Life Support (ALS) services and interfacility (non-emergency support). This includes the cities of El Cajon, La Mesa and Lemon Grove, California, a collective population of approximately 190,000.	
Contract Value:	Year Completed: Ongoing

WORK PLAN

In this section, the Offeror is to provide a proposed approach to satisfy the requirements set forth in the attached Scope of Work, including Core Requirements and Mandatory Requirements and Performance Standards.

SYSTEMS AND PROGRAMS

Describe existing internal management systems and programs that facilitate the management of its service.

Our 70-year history of service in the valley and its long-term relationship with Las Vegas Fire and Rescue as an EMS provider means our systems and programs – described in the following pages – were built from the ground-up to meet the specific EMS needs of the City of Las Vegas and its residents.

Not only has AMR incorporated systems and programs to meet industry standards and best practices but we've worked to ensure that our systems and programs incorporate tools specific to the local market to ensure a cohesive and robust operations model.

Deployment Processes for Emergency Ambulance Services

Our System Status Management (SSM) and deployment plans are designed to put ambulances in the right place, at the right time and have them ready for the next call. Our local deployment processes for emergency ambulance services in the City of Las Vegas are described below.

CRT DEPLOYMENT

AMR has static deployment for the CRT program at Fire Station 1. Any calls involving a potential psychological or mental health component are routed to Fire Station 1 first for right of first refusal. At this point, a CRT unit is assigned to the call to respond appropriately given the specific circumstances of the call. Should a CRT unit not be available at the time of the call, it is added to the 911 queue. All clinicians assigned to CRT units are specially trained in responding to mental health and psychological crisis calls.

SYSTEM STATUS MANAGEMENT

Maintaining a compliant and responsive system is the result of careful planning, constant analysis and local collaboration with system partners. We use a proprietary system to analyze demand and develop a deployment strategy, using a mix of shifts with a data-driven posting plan to provide community focused emergency response.

Our Operations Planning and Analysis Platform (OPAP) – described in this section – is supported by a national team of deployment experts and supplies our leadership in Las Vegas visibility to trended transport demand and performance data. With this information, our leadership can pinpoint opportunities to add or move resources as needed to effectively serve the community.

COMPUTER AIDED DISPATCH

We propose to continue use of the TriTech Inform Computer Aided Dispatch (CAD) software system. This allows for optimal inter-agency integration, increased transparency and enhanced coordination.

In Las Vegas, TriTech's CAD software enhances communication, location and dispatching by implementing caller location queries, cross-jurisdictional dispatches, and easy-to-use interfaces, as shown below and detailed on the following page.



TRITECH EXAMPLE SCREENSHOTS

AMR has provided screenshots showing highlights of the CAD system below.

Incidents											
Showing 19 of 64 Incidents.											
ID	Assigned Units	Elapsed	UDF 17	Address	Location Name	Problem Nature	Priority Code	Promised Pickup	Alerts	Sector	
042	790	01:46:38	02433-05	7081 MONTANA AVE	BU COURT	31D Unconscious/Inj (Non Trauma)	2			MedicWest	
061	791	01:04:26	03029-58	4955 E CRAIG RD	BU COURT	250 Psychiatric/Suicide	2			MedicWest	
062	792	01:03:25	01221-94	8825 PAULEY HILLS ST	BU COURT	28C Stroke (CVA)	2			Las Vegas	
071	546	00:37:34	02228-54	2030 CAMEL ST, BLDG N/A, APT 211	AP JOHN CHAMBERS	100 Chest Pain	2			MedicWest	
073	547	00:34:26	02332-72	6042 HALEHAVEN DR	BU COURT	28C Stroke (CVA)	2			MedicWest	
074	548	00:31:23	01009-60	4736 THUNDERBOLT AVE, APT 3	BU COURT	100 Chest Pain	2			MedicWest	
059	454	01:13:59	02325-29	314 FOREMASTER LN	BU COURTYARD (ENTRANCE)	26A Sick Person (Specific Diag)	5			Las Vegas	
075	301	00:30:30	02325-29	314 FOREMASTER LN	BU COURTYARD (ENTRANCE)	250-01 Non-suicidal 1st Party	5			Las Vegas	
098	455	01:17:36	03115-99	6485 S FORT APACHE RD	BU WALGREENS - POST	1A-03 Abd Pain W/nausea/Moving	5			AMR	
076	101	00:30:24	02332-71	2000 S SLOAN LN	SC MENDOZA John Elm	26A Sick Person (Specific Diag)	5			MedicWest	
081	102	00:12:18	02425-18	5 US 95 / N LAS VEGAS BLVD		290 Traffic Accident	3			Las Vegas	
088	191	00:00:19	02626-98	2136 E DESERT INN RD, APT B	BU DIGESTIVE DISEASE CENTER	100 Chest Pain	2			AMR	
086	118	00:04:36	02815-24	4245 S GRAND CANYON DR, APT 109	ORANGE THEORY FITNESS	100 Chest Pain	3			AMR	
072	117	00:37:08	02322-75	4116 FORTUNE DR		17B-01 Falls/Back Inj (Trauma)	3			Las Vegas	
084	119	00:08:40	01418-46	2655 DESERADO ST		100 Chest Pain	2			Las Vegas	
Showing 7 of 65 Incidents.											
ID	Assigned Units	Elapsed	UDF 17	Address	Location Name	Response Area	Problem Nature	Priority Code	Promised Pickup	Alerts	Sector
089	101	00:01:57	02224-58	950 W LAKE HEAD BLVD	SC RAINBOW DREAMS ACADEMY	AMRLV 04	25A Psychiatric/Suicide/Attempt	5			Las Vegas
091	102	01:05:23	01221-94	8825 PAULEY HILLS ST		AMRLV 04	28C Stroke (CVA)	2			Las Vegas
059	454	01:16:07	02325-29	314 FOREMASTER LN	BU COURTYARD (ENTRANCE)	AMRLV 01	26A Sick Person (Specific Diag)	5			Las Vegas
075	301	00:32:38	02325-29	314 FOREMASTER LN	BU COURTYARD (ENTRANCE)	AMRLV 01	250-01 Non-suicidal 1st Party	5			Las Vegas
072	117	00:36:16	02322-75	4116 FORTUNE DR		AMRLV 10	17B-01 Falls/Back Inj (Trauma)	3			Las Vegas
079	108	00:19:47	02114-43	10536 COGSWELL AVE		AMRLV 10	26A-10 Unwell/Ill	5			Las Vegas
087	111	00:03:52	02121-45	5301 W CHEYENNE AVE, APT 3	AP ORGLEN (5301)	AMRLV 04	12A-Convulsions/Seizures	4			Las Vegas
Units											
Showing 60 of 60 Units.											
Unit Alias	Unit Name	Elapsed	Quick Note	Status	Incident Priority	Problem Nature	Current Location	Pri Resource	Destination	Incident	
001	001	00:00:46		01 - Dispatched	P5 Medical Aid	25A Psychiatric/Suicide/Attempt	N CASINO CENTER BLVD/N 4TH ST	CRT LV	950 W LAKE HEAD BLVD [SC RAINBOW DREAMS ACADEMY]	P5 911	
009	009	00:09:39		02 - Responding	P2 High	100 Chest Pain	DESPERADO ST/DONALD NELSON AVE	AMR ALS	7695 DESPERADO ST	P2 911	
001	001	00:02:31		02 - Responding	P4 Non-Emergency	12A-Convulsions/Seizures	W CRAIG RD/N DECATUR BLVD	AMR ALS	5301 W CHEYENNE AVE, APT 3 [AP ORGLEN (5301)]	P4 911	
018	018	00:05:25		02 - Responding	P2 Moderate	100 Chest Pain	W FLAMINGO RD/IMP 5 C/235 W FLNGO	AMR ALS	4245 S GRAND CANYON DR, APT 109 [ORANGE THEORY FITNESS]	P2 911	
013	013	00:09:25		02 - Responding	P05 AMR	Garage Transport	W FLAMINGO RD/IMP 5 C/235 W FLNGO	AMR T Shuttle	3170 E VANDERBILT AVE, APT 404 A [Sunrise Rehab]	Garage	
003	003	00:07:48		02 - Responding	P4 Non-Emergency	Special Event	N 13155 EMERG AVE/IMP 80	ALS	1301 WHITNEY AVE, APT 1000 [CLARK COUNTY FAIR]	BLV	
001	001	00:06:45		02 - Responding	P14 Non-LSS Within 60 Minutes	Special Event	DESPERADO ST/DONALD NELSON AVE	ALS	1730 AIRPORT DR [IMP 80]	IFT 05	
001	001	00:09:42	CCT 1000	02 - Responding	P15 Non-LSS Sched > 60 Min	CCT Transport	W CHEYENNE AVENUE DURANGO DR	AMR ALS	7690 CARMEN BLVD, APT 150 [NeuroInnovative Wok]	CCT	
091	091	00:00:36		02 - Responding	P2 High	100 Chest Pain	S EASTERN AVENUE/COMBERG DR	AMR ALS	2136 E DESERT INN RD, APT B [BU DIGESTIVE DISEASE CENTER]	P2 911	
009	009	00:22:27		02 - Responding	Special Event	Special Event	S LAS VEGAS BLVD/FLAMINGO RD	ALS	4455 PARADE DR, APT 1009 [SUN BEACH CLUB]	BLV	
072	072	00:08:51		02 - Responding	P14 Non-LSS Within 60 Minutes	ALS Transport	S MARYLAND PKWY/BLVD/IMP 100	AMR ALS	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	IFT 05	
003	003	00:07:23	CCT 1000	04 - At Scene	P4 Non-Emergency	250 Psychiatric/Suicide	FLAMINGO RD/IMP 5 C/235 W FLNGO	AMR ALS Dedicated	4005 E CRAIG RD/IMP 80 [IMP 80]	P4 911	
007	007	00:07:03		04 - At Scene	P2 Moderate	28C Stroke (CVA)	S RAINBOW BLVD/SPRING MOUNTAIN RD	AMR ALS	5301 W CHEYENNE AVE, APT 3 [AP ORGLEN (5301)]	P2 911	
001	001	00:07:30		04 - At Scene	Special Event	Special Event	CHECKED BLVD/IMP 80 LAS VEGAS BLVD	ALS	7690 N LAS VEGAS BLVD, APT 1001 [BUILDING TEST]	BLV	
001	001	00:07:41		04 - At Scene	P14 Non-LSS Within 60 Minutes	ALS Transport	LA CANADA ST/IMP 80	IFT 05	3114 E LAMARCA ST, APT 117 [IMP 80]	IFT 05	
003	003	00:03:36		04 - At Scene	Special Event	Special Event	N 13155 EMERG AVE/IMP 80	ALS	7690 N LAS VEGAS BLVD, APT 1001 [BUILDING TEST]	BLV	
006	006	00:09:45		04 - At Scene	P5 Medical Aid	26A-10 Unwell/Ill	COGSWELL AVE/IMP 80	AMR ALS	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	P5 911	
008	008	00:02:01		06 - At Scene	Special Event	Special Event	4500 W THORNTON AVE, APT 1000 [CURLING]	ALS	4500 W THORNTON AVE, APT 1000 [CURLING]	BLV	
051	051	00:08:02		06 - At Scene	P5 Medical Aid	26A Sick Person (Specific Diag)	BALLINGER DR/IMP 80	IFT 05	2100 S SLOAN LN/SC MENDOZA John Elm	P5 911	
081	081	00:03:01		06 - Depart Scene	P5 Medical Aid	250-01 Non-suicidal 1st Party	N LAS VEGAS BLVD/IMP 80	IFT 05	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	P5 911	
004	004	00:06:06		06 - Depart Scene	P2 High	100 Chest Pain	N LAS VEGAS BLVD/IMP 80	AMR ALS	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	P2 911	
042	042	00:11:29		06 - Depart Scene	P2 High	28C Stroke (CVA)	N LAMB BLVD/IMP 80	AMR ALS	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	P2 911	
006	006	00:08:31		06 - Depart Scene	P2 Moderate	100 Chest Pain	E FLAMINGO RD/IMP 80	AMR ALS	2075 E FLAMINGO RD [Sweet Springs Hospital]	P2 911	
017	017	00:05:50		06 - Depart Scene	P2 Moderate	17B-01 Falls/Back Inj (Trauma)	AVENUE AVE/IMP 80	AMR ALS	1000 W CHARLESTON BLVD [IMP 80]	P2 911	
098	098	00:51:02	CCT 1500	07 - At Hospital	P2 High	31D Unconscious/Inj (Non Trauma)	SUNRISE HOSPITAL DR/IMP 80	AMR ALS	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	P2 911	
054	054	00:35:35	1724	07 - At Hospital	P5 Medical Aid	26A Sick Person (Specific Diag)	E LAKE HEAD BLVD/IMP 80	IFT 05	1409 E LAKE HEAD BLVD [North Vista Hospital]	P5 911	
046	046	00:07:23		07 - At Hospital	P2 High	100 Chest Pain	E LAKE HEAD BLVD/IMP 80	AMR ALS	1409 E LAKE HEAD BLVD [North Vista Hospital]	P2 911	
Showing 15 of 60 Units.											
Unit Alias	Unit Name	Elapsed	Quick Note	Status	Incident Priority	Problem Nature	Current Location	Pri Resource	Destination	Incident Type	ETA
001	001			01 - Dispatched	P5 Medical Aid	25A Psychiatric/Suicide/Attempt	N CASINO CENTER BLVD/N 4TH ST	CRT LV	950 W LAKE HEAD BLVD [SC RAINBOW DREAMS ACADEMY]	P5 911 25A	00:00:35
001	001			04 - Non-Emergency	P4 Non-Emergency	12A-Convulsions/Seizures	KESHAN AVENUE/IMP 80	AMR ALS	5301 W CHEYENNE AVE, APT 3 [AP ORGLEN (5301)]	P4 911 ILS BLV	00:01:05
001	001			015 Non-LSS Sched > 60 Min	CCT Transport	CCT Transport	W CHEYENNE AVENUE/IMP 80	AMR ALS	7690 CARMEN BLVD, APT 150 [NeuroInnovative Wok]	CCT	00:01:34
006	006			P5 Medical Aid	P5 Medical Aid	26A-10 Unwell/Ill	COGSWELL AVE/IMP 80	AMR ALS	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	P5 911 ILS LV	
001	001			P5 Medical Aid	P5 Medical Aid	250-01 Non-suicidal 1st Party	E BONANZA RD/N 11TH ST	IFT 05	3186 S MARYLAND PKWY [Sunrise Hospital Medical Center]	P5 911 25A	
017	017			P1 Moderate	P1 Moderate	17B-01 Falls/Back Inj (Trauma)	N RANCHO DRIVE/IMP 80	AMR ALS	1800 W CHARLESTON BLVD [IMP 80]	P1 911 ALS	
054	054			P5 Medical Aid	P5 Medical Aid	26A Sick Person (Specific Diag)	E LAKE HEAD BLVD/IMP 80	IFT 05	1409 E LAKE HEAD BLVD [North Vista Hospital]	P5 911 ILS	
052	052			P2 High	P2 High	28C Stroke (CVA)	W DEER SPRINGS WAY/IMP 80	AMR ALS Dedicated	5900 N DURANGO DR [Contemoral Hls Hospital]	P2 911 ALS	
050	050			P14 Non-LSS Within 60 Minutes	ALS Transport	ALS Transport	E RENO AVE/IMP 80	IFT 05	1409 E LAKE HEAD BLVD [North Vista Hospital]	IFT 05	
008	008			BROADWAY DRIVE/IMP 80	MVA ALS	Post 2529 - Charleston/Lamb					
015	015			S US 95/N 7TH ST	AMR ALS	Post 2325 - LVB/Bonanza					
012	012			N 7TH ST/IMP 80	AMR ALS	Post 2325 - LVB/Bonanza					
013	013			TRAIL RIDER DRIVE/IMP 80	AMR ALS	Post 2415 - Charleston/Hualap					
014	014			BRIELLE FALLS STUDIO AVE	AMR ALS	Post 1515 - 215/Hualap					
015	015			S GRAND CENTRAL PKWY/IMP 80	IFT 05	Post 2425 - Bonita/Grand Center					

OPERATIONAL PLANNING AND ANALYTICS PROGRAM (OPAP)

OPAP includes best-in-industry tools such as geospatial priority-post plan placement and advanced queuing theories to build our System Status Management (SSM) plan. Our SSM strategies allow us to match our supply of available ambulances to the City's demand for patient care requests, maximizing our resources and creating a sustainable system. Through OPAP, we use data directly from the City CAD system and modify the platform to the contracted performance criteria. CAD data are paired with performance criteria to create demand models that are sensitive to seasonal fluctuations and surges. Ambulance supply—shift start times and durations, measured in unit hours—are built to match the demand models.

Proper deployment of the unit hour supply is achieved through dynamic posting strategies focused on the community. Our ambulances are posted according to plans developed using several criteria – including ease of ingress and egress when accessing each post location or comfort station, traffic studies and drive time – to maximize geographic coverage and crew safety and well-being. AMR will continually review posting plans and ambulance deployment using the TriTech CAD system, OPAP and the FirstWatch platform.

DAILY REVIEW OF LATE CALLS

As part of our ongoing system response-time improvement process, we will review late calls daily. Our focus will be on identifying the performance gap, its “root cause” and providing rapid correction and feedback. To assist our staff with their daily reviews, OPAP provides a mechanism for detailed retrospective investigation of any call that does not meet specific and customizable criteria or response times.

These calls will be captured for review to ensure proper handling of response deployment, posting, routing, etc. Within the same system, the user can quickly research any call data, routing and response details to investigate delays for quick system adjustments or actions to ensure ongoing improved response time performance. For the City of Las Vegas, this will help us analyze demand and adjust our system status plan accordingly.



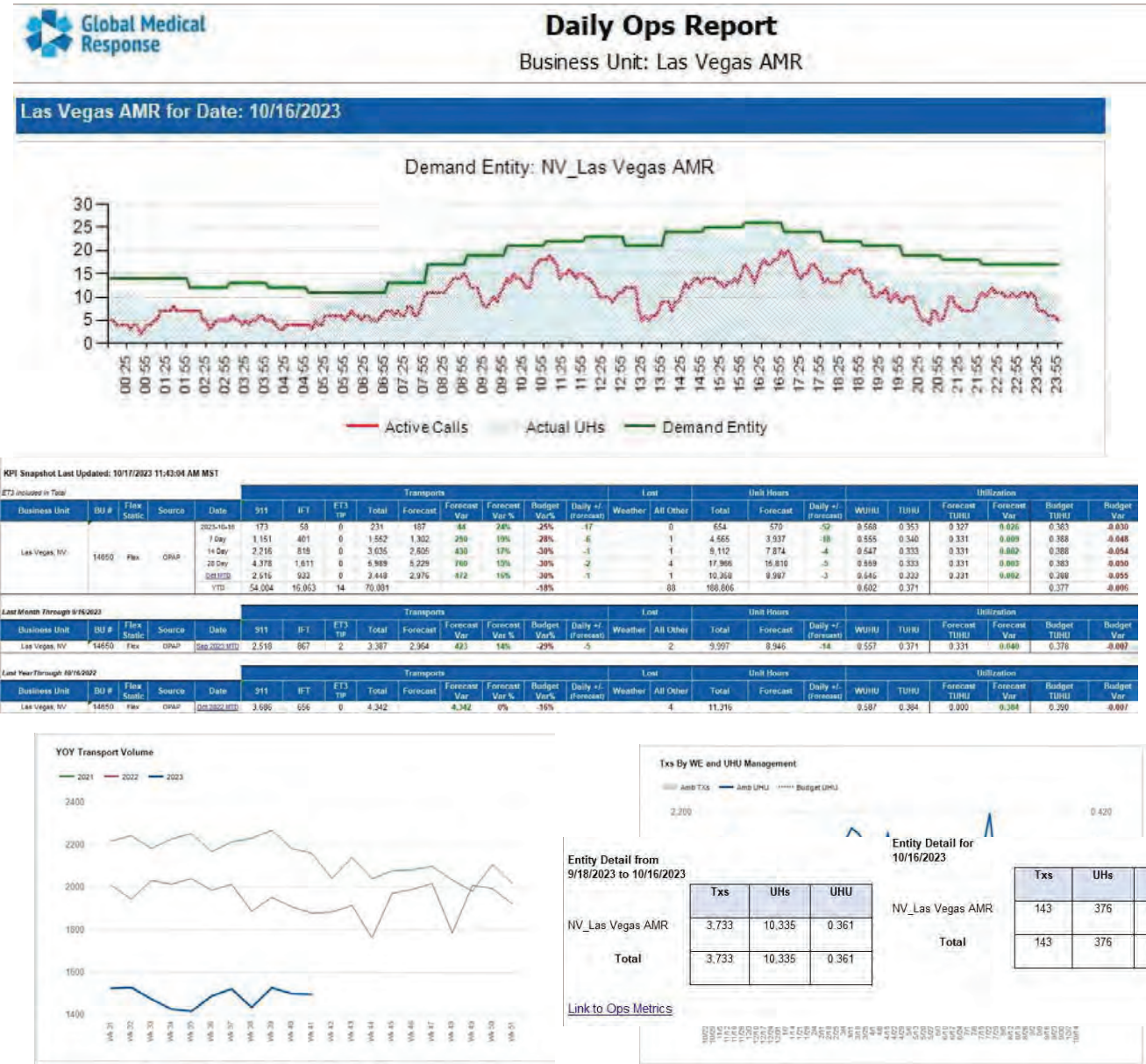
PREVENTING SERVICE INTERRUPTION

OPAP allows us to detect sudden short-term changes so that our management team can react quickly to close the gaps. With today's technology, an insightful demand analysis is available with just a few “clicks” of a computer mouse. With the program's ability to store and recall years of system data, we can compare current trends against historical patterns to identify seasonal call volume trends. In the event demand temporarily exceeds the available resources, we have a variety of methods in place to ensure services to the City are not interrupted. This includes requesting mutual aid support, contacting off-duty personnel and/or adding additional units from surrounding operations. In the event of service interruption, AMR will produce a report describing the situation of the event, background of the system leading up to the event, the assessment of the cause and a recommendation for reducing or eliminating

a similar event in the future. The report will be submitted to City leadership as part of our regular operational reporting.

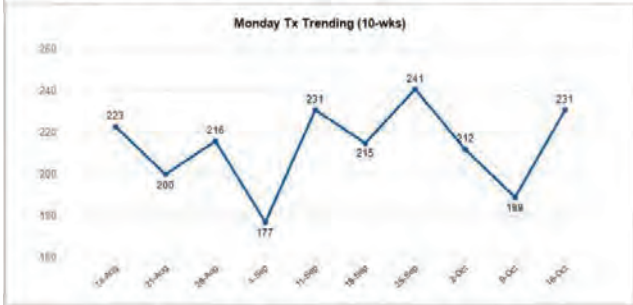
OPAP EXAMPLE SCREENSHOTS

Please see the following pages for screenshots highlighted AMR's Operational Planning and Analytics Program (OPAP).



Averages Tx/UHs/UHU By DOW

	Tx			UHs			UHU		
	Aug	Sep	Oct MTD	Aug	Sep	Oct MTD	Aug	Sep	Oct MTD
Sun	192	195	209	577	530	554	0.333	0.358	0.370
Mon	215	216	211	649	653	656	0.331	0.331	0.321
Tue	205	222	229	649	633	684	0.316	0.351	0.335
Wed	215	211	231	645	660	679	0.333	0.320	0.340
Thu	223	217	213	693	686	718	0.322	0.316	0.296
Fri	217	213	226	695	657	695	0.312	0.325	0.325
Sat	207	208	197	618	569	572	0.334	0.365	0.343



Compliance Summary Report
Monday, October 16, 2023

ALS	AMR	MWA	Grand Total	ALS	AMR	MWA	Grand Total
Count of Master#	168	65	233	Unit Hours	286.44	134.30	420.74
Count of Arrived	145	61	206	UHU	0.381	0.395	0.385
Count of At Destination	109	53	162	Transport %	75.17%	86.89%	78.64%
Count of Late	29	9	38	Gross Compliance	82.74%	86.15%	83.69%
BLS	AMR	MWA	Grand Total	BLS	AMR	MWA	Grand Total
Count of Master#	17	3	20	Unit Hours	46.75	12.86	59.61
Count of Arrived	16	3	19	UHU	0.299	0.233	0.285
Count of At Destination	14	3	17	Transport %	87.50%	100.00%	89.47%
Count of Late	1	0	1	Gross Compliance	94.12%	100.00%	95.00%
CCT	AMR	MWA	Grand Total	CCT	AMR	MWA	Grand Total
Count of Master#	43	22	65	Unit Hours	66.64	42.38	109.02
Count of Arrived	39	21	60	UHU	0.435	0.330	0.394
Count of At Destination	29	14	43	Transport %	74.36%	66.67%	71.67%
Count of Late	9	3	12	Gross Compliance	79.07%	86.36%	81.54%
CRT	AMR	Grand Total	CRT	AMR	Grand Total		
Count of Master#	9	9	Unit Hours	23.06	23.06		
Count of Arrived	8	8	UHU	0.260	0.260		
Count of At Destination	6	6	Transport %	75.00%	75.00%		
Count of Late	3	3	Gross Compliance	66.67%	66.67%		
ILS	AMR	MWA	Grand Total	ILS	AMR	MWA	Grand Total
Count of Master#	107	29	136	Unit Hours	183.39	78.26	261.65
Count of Arrived	101	29	130	UHU	0.376	0.307	0.355
Count of At Destination	69	24	93	Transport %	68.32%	82.76%	71.54%
Count of Late	29	5	34	Gross Compliance	72.90%	82.76%	75.00%



CAD Checkpoint Completion: 64.1%

23 unreconciled records
64 total records

Las Vegas Operations - Daily Summary

Today's Targets

	Tx	UH	UHU
AMR	309.0	806.0	.383
MWA	130.8	333.9	.392

Previous Day - Targets
10/16/2023

	Tx	UH	UHU
AMR	309.0	806.0	.383
MWA	130.8	333.9	.392

Previous Day - Gross Compliance by Zone
10/16/2023

Zone	Calls	Lates	OT%	(+/-)	Zone	Calls	Lates	OT%	(+/-)
CC-2 (P1)	2	0	100.00%	0.2	CC-5 (P2)	15	3	80.00%	-1.5
CC-2 (P2)	10	2	80.00%	-1.0	NLV2	1	0	100.00%	0.1
LV	212	42	80.19%	-20.8					

Previous Day - Quick Totals
10/16/2023

OPS	Emergency			Non-Emergency			Totals			
	Calls	Tx	Tx%	Calls	Tx	Tx%	Calls	Tx	UH	UHU
AMR	44	24	54.5%	311	208	66.9%	355	232	0.0	#DIV/0!
MWA	33	28	84.8%	87	57	77.0%	120	95	0.0	#DIV/0!

MTD - Quick Totals

OPS	Emergency			Non-Emergency			Totals			
	Calls	Tx	Tx%	Calls	Tx	Tx%	Calls	Tx	UH	UHU
AMR	643	412	64.1%	4488	3043	67.8%	5131	3455	0.0	#DIV/0!
MWA	577	394	68.3%	1419	971	68.4%	1996	1365	0.0	#DIV/0!

Previous Day - Utilization by Unit Type
10/16/2023

UNIT	Calls	Tx	Tx%	UH	UHU
AMR					
ALS	188	120	63.8%	357.5	.336
CCT	43	29	67.4%	66.6	.435
BLS	124	83	66.9%	230.1	.361
Total	355	232	65.4%	654.3	.355

MTD - Utilization by Unit Type

UNIT	Calls	Tx	Tx%	UH	UHU
AMR					
ALS	2852	1835	64.3%	5,756.4	.319
CCT	494	332	67.2%	833.6	.398
BLS	1785	1288	72.2%	3,768.1	.342
Total	5131	3455	67.3%	10,358.1	.334

Previous Day - Utilization by Unit Type
10/16/2023

UNIT	Calls	Tx	Tx%	UH	UHU
MWA					
ALS	65	53	81.5%	134.3	.385
CCT	22	14	63.6%	42.4	.330
BLS	33	28	84.8%	91.1	.307
Total	120	95	79.2%	267.8	.355

MTD - Utilization by Unit Type

UNIT	Calls	Tx	Tx%	UH	UHU
MWA					
ALS	1087	721	66.3%	2,213.8	.326
CCT	408	275	67.4%	877.7	.313
BLS	501	369	73.7%	1,455.2	.254
Total	1996	1365	68.4%	4,546.7	.300

UNIT
Total

UNIT	Calls	Tx	Tx%	UH	UHU
Total					#DIV/0!



FIRST WATCH

AMR uses FirstWatch in conjunction with the City of Las Vegas to report compliance and to cross reference internal compliance. We propose to continue our use of this early warning biosurveillance system to monitor, in real-time, a variety of pre-designated measures. FirstWatch has become the industry standard for early detection of bioterrorism and public health episodic events. Developed in cooperation with experts from public safety, public health, epidemiology and crime analysis, FirstWatch now protects more than 77 million people in communities across North America.

FirstWatch technology monitors all requests for service, comparing patients' reported symptoms to historical data and to symptoms that could signal exposure to smallpox, anthrax, or other bioterrorism agents. This monitoring system also offers real-time analysis of response times and incident tracking, allowing City and LVFR staff to view up-to-the-minute system performance.



EMRESOURCE

EMResource is a password protected website requiring Username and Password entry before access is permitted. The system is intended for healthcare professionals, first responders, law enforcement and critical infrastructure agencies such as energy, water, communications, etc. In Las Vegas, this system allows us to transmit confidential information not intended for public dissemination during a public health emergency.

It also contains a large library feature for Users to access past Nevada Health Alert Network documents that have been sent out previously. EMResource is a vital component of the Nevada Health Alert Network for immediate transmission of critical health information during a catastrophic event in our state. Nevada also shares bed tracking and critical health information with California, Colorado, Idaho, Arizona, New Mexico and Oregon.



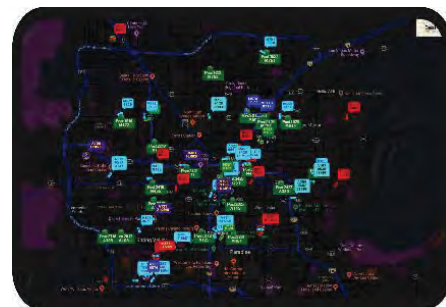
AUTOMATIC VEHICLE LOCATION

We use Automatic Vehicle Location (AVL) technology in all our ambulance units. Using GPS locators, this technology allows both the AMR on-duty supervisor and dispatch personnel to see the exact location of all ambulances in real-time. AVL compliments the work of the local CAD system by allowing the dispatcher to see the physical location of each ambulance and ensure that the closest unit is sent to

each call. The use of this technology provides both AMR and City stakeholders with real-time updates and an estimated-time-of-arrival (ETA) for each vehicle.

K TRACK PLAYBACK

K Track Playback is an overall mapping of all AMR ambulances in Las Vegas and their movements. Exclusive to AMR, it allows for GPS data capture that is kept for a year for quality assurance and quality improvement assessment and compliance reviews.



Fleet Logistics and Management

Our ambulance units are manufactured and customized specifically for AMR, boasting the latest in safety design and construction. We also have proven policies for inspecting and maintaining our vehicles and equipment, as well as recording all information digitally for real-time visibility and reporting. Crisis response vehicles meet the same standards as regular ambulances, but are specifically labeled and dedicated to CRT.

AMBULANCE PURCHASING

Our organization is the largest purchaser of ambulances in the nation, making us a preferred customer and heightening our local resource availability. The bulk of our ambulance fleet is purchased from several ambulance manufacturers under the REV Group, a specialty manufacturer of ambulance units using the country's most trusted brands and vendors (including Leader, American Emergency Vehicles, Horton and many others).

SURVIVING A SHORTAGE

Our relationship with the REV Group allows us the flexibility and timing for providing emergency vehicles, built to custom specifications. It also provides an extra level of security in times of vehicle shortages, which has become a crisis for municipalities across the country. **While others simply cannot get new ambulances for new contract start-ups, our close partnership with REV gives us a preferred provider status, allowing us access when others can't.** We're often able to place orders in anticipation of need and some units are ordered without a destination and can be allocated to operations in need. In addition, our national size and strength allows us to move vehicles around to cover gaps while the manufacturing crisis is addressed over the next two years.

VEHICLE SERVICE TECHNICIANS



Each day, our vehicle service technicians (VSTs) perform checkout procedures to identify equipment and supplies that need repair or replacement to ensure we operate at the highest level of readiness. Our heart monitor/defibrillator vendor performs annual preventative maintenance and timely repair as needed. Our powered gurneys and stair chairs are assigned to a specific ambulance and inspected when the vehicle undergoes regular preventative maintenance by our trained fleet service technicians.

If an issue is identified, the equipment is taken out of service and a factory authorized gurney vendor performs the repair. Additionally, the vendor performs annual maintenance on all gurneys and stair chairs. Batteries for powered gurneys, portable radios and heart monitor/defibrillators are dated when placed in service and monitored

for replacement when showing signs of no longer holding a full charge.

RON TURLEY ASSOCIATES VEHICLE MAINTENANCE TRACKING

AMR utilizes the Ron Turley Associates (RTA) program, a commercial fleet maintenance software package to track maintenance and to evaluate our performance. RTA documents all service and repairs, tracks mileage and generates a full range of reports, including vehicle service schedules. As the preventive maintenance and repair work is performed and the data is posted, the system updates the vehicle maintenance history, documents equipment failures, deducts the parts used from inventory and tracks maintenance costs.

When ambulances come into the AMR maintenance center, our technicians document every action they take on the preventive maintenance inspection form. These records help us prioritize ambulances by repair and maintenance needs and reduce the amount of time our ambulances are out of service.



LV FIXIT FOR VEHICLE ISSUE REPORTING

LV Fixit is a maintenance tracking system that allows the end user the ability to provide data and specific information related to problems and/or broken equipment that needs to be repaired or replaced. This lets us learn of issues in real time, evaluate them and quickly begin a resolution process.

Clinical Training & Quality Improvement

Using the latest innovations in clinical training and quality improvement processes allows AMR to maintain a consistent quality of care in a high-capacity EMS system.

The fundamental goal of AMR's quality improvement (QI) program is to constantly raise the level and quality of care provided to the residents and visitors of the City of Las Vegas. Our program is built upon rigorous training, innovation, quality education and robust support for our clinicians. We match educational offerings to systemic issues and individual clinician needs based on leading indicators, ensuring effective behavior management.

Details on specific training and quality initiatives are described in the following pages. We will continue to work with the City, the Medical Director, local first responders and all system agencies to implement and maintain our comprehensive approach to QI.

COMPONENTS OF OUR QUALITY ASSURANCE & IMPROVEMENT PROGRAM

AMR's comprehensive approach to quality assurance/improvement for Southern Nevada revolves around the following QI components:

- **PROSPECTIVE:** The QI program designed by AMR evaluates all system components prospectively before AMR's Southern Nevada professionals ever respond to an emergency scene. AMR is committed to providing the region with the best clinical care possible. It is vital that all clinical personnel, policies, procedures, protocols and equipment are confirmed to be of the highest quality before being integrated into the system.
- **CONCURRENT:** AMR's concurrent QI practices measure and monitor real-time activities related to Southern Nevada system efficiencies and medical compliance including the comprehensive documentation of patient care activities and billing information.
- **RETROSPECTIVE:** To assure quality in the City of Las Vegas system, AMR utilizes retrospective review to identify and analyze superior performance or performance deviating from protocol. The next step in the retrospective QI process is improvement. AMR uses system performance data to guide the development and implementation of approved system modifications, including the design of training programs targeted to combat specific performance deficiencies.

Our approach to QI is an interwoven and dynamic system rather than simply a linear progression, allowing the company to promote exponential quality improvement.

HIGH RELIABILITY TRAINING (FORMERLY JUST CULTURE™)

AMR recognizes that process improvement is not limited to clinical functions alone. Our approach to learning from mistakes has shifted over the years from one of punitive corrections to one of "Just Culture™." This is not just a buzzword for us—it is integrated into every aspect of our daily operations. Every leader and support staff across the nation has been trained in the tenets of the Just Culture™ methodology.

This High-Reliability Training focuses on risk instead of fault, seeking to develop improvements not just through the skills, knowledge, and abilities of our personnel, but improvements of the many systems and the dynamic expectations through which they navigate every day. A highly successful example of our High-Reliability Training (formerly Just Culture™) approach to improvement can be seen in our safety and exposure practices throughout the region.

For instance, AMR experienced 16 eye exposure splashes in one of our EMS operations. Rather than take issue with each individual employee, we utilized a High-Reliability Training approach to focus on the larger system, analyzing holistic deficiencies in culture and training, and collaborating with other agencies to develop remedial measures. As a result, the AMR operation experienced zero eye exposure splashes in the following year. In this example, Just Culture™ was a powerful catalyst to discover the root cause for incidents without first assuming “human error.”

Eye protection requirements are very important to personnel safety and the process to enforce compliance in many agencies and organizations often takes a disciplinary action approach. By contrast, our leaders evaluate potential causes that may minimize safety or compliance gaps. The evaluation process can lead to improvements such as ensuring policies are as clear as possible, that equipment is easy to use or comfortable, or that training is sufficient to minimize safety lapses, all in an environment that focuses on correct behavior. The objective of High-Reliability Training (formerly Just Culture™) is to improve safety and performance by decreasing risk, and to make our operations a more desirable place to work. As we work through an investigation, we are able to categorize employee actions that will differentiate human error versus at-risk behavior, each requiring different education or corrective action plans.

CURRENT AND ENHANCED QI PRACTICES

In support of continuous quality improvement for the City of Las Vegas, AMR proposes to continue and/or implement the following QI practices. (Each practice is described in full later in this section.)

- Performance Improvement Planning
- Remediation design and implementation of regular reporting of system performance to the Medical Director
- 25% QI chart review: general and focused audits, including all AMAs
- 100% QI chart review for cardiac arrest calls and any other calls requiring intubation
- Field Training Officer Program
- QI Clinical Investigations
- Clinical Benchmarking

The goal of all AMR's current and proposed QI initiatives is to assist the local medical community and AMR employees with setting high, but achievable, standards for patient care and operational efficiency.

AMR believes that company paramedics, AEMTs, EMTs, management and supervisory personnel should continue to participate in the medical audit process implemented by the City of Las Vegas. They ensure that the knowledge gained through this process is routinely translated into improved field performance and documentation by the way of training amendments to operating procedures, bulletins and any other way to ensure that it becomes standards of practice.

RETROSPECTIVE QUALITY IMPROVEMENT

AMR's retrospective quality improvement component involves the analysis of superior performance or performance deviating from protocol and the improvement of field performance and documentation. AMR uses system performance data to guide the development and implementation of approved system modifications including the design of training programs targeted to combat any specific

performance deficiencies. AMR's Clinical Manager, Regional Clinical Director and Medical Director oversee the retrospect quality improvement process for the City of Las Vegas.

Predetermined indicators provide guidelines for objective evaluation of the paramedic or healthcare provider and the patient care delivered. Locally, our EMS system monitors the following indicators:

- Patient Report Form:
 - Completeness
 - Accuracy of documentation
 - Protocol compliance
 - Clinical Skills
 - Protocols
 - IV
 - Intubation
 - Needle Decompression
 - Safety and Risk
 - Complete documentation of medication administration
 - Vital signs (initial and follow-up)
- Full Cardiac Arrest:
 - Number
 - Follows current ACLS and SNHD medical protocols
 - Return of Spontaneous circulation
 - Policy and Procedure compliance
- Fiscal Impact:
 - After contact cancels
 - Transports



By effectively evaluating patient reports, AMR can provide employees with immediate feedback regarding their clinical performance.

QUALITY IMPROVEMENT CHART REVIEW

In addition to the peer review process discussed above, AMR Patient Report forms will be subject to additional QI utilization oversight to guarantee complete accuracy of documentation. Under the direction of AMR's Clinical Manager, charts are reviewed for complete documentation of clinical skills and billing information. The chart review process will provide an immediate feedback opportunity for field personnel.

PERFORMANCE IMPROVEMENT PLANS

AMR employs Performance Improvement Plans for active quality improvement within the City of Las Vegas EMS system. AMR's clinical service has primary responsibility for designing and implementing quality performance improvement actions that concentrate on both process improvement and individual correction. All QI Performance Improvement Plans will include the following information:

- A description of the incident or issue
- An analysis of the process that is to be changed.
- A description of when and how the improvement will be implemented
- An indication of who is responsible for the implementation.
- A time interval for reassessment

QUALITY IMPROVEMENT TREND IDENTIFICATION

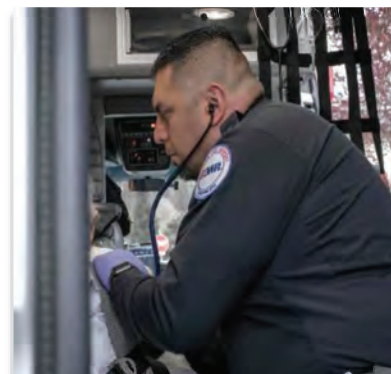
AMR's QI processes are documented through the company's own custom designed QI computer software. Our Clinical Manager has structured the company's database to capture and analyze data to produce trend analyses of system success and to identify any potential performance improvement issues. From this computer driven analysis, AMR gains information that can instruct employee commendations or appropriate corrective action.

DEFICIENCIES & REMEDIATION

Deficiencies discovered in the course of chart reviews, investigations and/or performance reviews may indicate the need for an employee to improve certain skills or increase knowledge in certain disease processes.

Any necessary training and/or retraining in the topical areas will be facilitated through AMR's Clinical and Education Department with the oversight of the Medical Director. Remediation and disciplinary actions will follow the guidelines established in AMR's Policy and Procedures Manual and Employee handbook.

- Reporting to the Medical Director:
 - Assessment
 - Management
 - IV Success Rate
 - Intubation Success Rate
 - Needle Decompression Success Rate



AMR's superior quality assurance/improvement program will provide for the development, implementation, monitoring and improvement of advanced clinical protocols, policies and procedures for the City of Las Vegas EMS system, ensuring that the people AMR serve receives the best possible patient care and transportation. AMR agrees to continue to investigate complaints related to the prehospital care system and will continue to recommend and implement corrective action.

QI PATIENT INQUIRY INVESTIGATIONS

AMR regards clinical and patient care concerns as opportunities for learning. The company exhaustively investigates every patient inquiry and invests in any indicated corrective employee counseling or education, equipment and/or policy or procedural change. Operational issues are forwarded to the Administrative Supervisor for immediate review and/or corrective action. To ensure systematic follow-up and thorough investigation, not patient concerns, all patient inquiries are tracked in a database. The results of the patient injury investigations will be reported to the company's Safety Risk Officer and AMR's Clinical Manager.

QI CLINICAL INVESTIGATIONS

If at any time AMR is notified of alleged below-standard employee performance or a breach of protocol within the City's EMS system, AMR Operations Supervisor and Clinical manager will immediately initiate a thorough investigation with the oversight of the Medical Director. Employees facing allegations of clinical deviation may be placed on administrative leave pending the outcome of the investigation. The Operations Manager is notified when any employee is placed on administrative leave and is kept abreast of all investigative proceedings. Clinical investigations may encompass any or all of the following:

- Interviews with the employee(s) involved.
- Interviews with any other individuals who may be involved or who may have witnessed the incident(s)
- Examination of physical evidence.
- Review of the patient's outcome

The results of the clinical investigations will be reported to AMR's Clinical Manager.

The prospective and concurrent components of AMR's quality assurance and improvement program include elements designed to comprehensively evaluate the skills and performance of City of Las Vegas employees to ensure the highest level of service possible for area communities. AMR performs evaluations of paramedic, AEMT and EMT personnel in the classroom, clinical and field settings to ensure compliance with EMS performance standards.

PROSPECTIVE QUALITY ASSURANCE/IMPROVEMENT

AMR believes that ensuring Clinical and Operational excellence in Las Vegas begins with the recruitment, screening and employment of highly qualified and responsible professionals. All potential AMR employees are required to meet or exceed stringent education, health and certification standards. Applicants must also successfully complete a series of interviews, tests and background checks before being considered for hire. AMR's recruiting, screening and orientation practices have been structured to determine the most qualified individual for each position. AMR is an equal opportunity employer with AMR personnel qualifications being the sole determinant for employment.

EVALUATING PERFORMANCE

Beyond formal field evaluations, AMR FTOs and the supervisors spend a significant amount of time travelling throughout the service area actively assessing the performance of medical personnel and the overall City of Las Vegas operation in the field, in real-time. Feedback from these random field assessments is offered directly to the observed crews as well as to the appropriate department manager(s).

Under the direction of AMR's Clinical Manager, the on-duty supervisor will perform periodic driving skills evaluations to assist the management team in determining employee emergency driving proficiency. Supervisors are also charged with identifying ways to revise driver's training procedures to better achieve the company's goal of reducing liability, vehicular accidents and equipment damage caused by improper driving techniques.

CORNERSTONE (FORMERLY SUCCESSFACTORS)

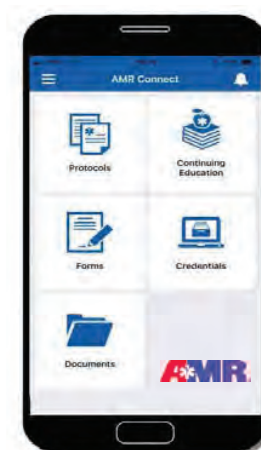
We use CornerStone, a company-wide learning management system that streamlines certificate management and access to online continuing education for our personnel.

Our CES team will utilize this system to distribute locally developed courses created for the specific needs of the personnel serving the City of Las Vegas.

GMR CONNECT

The GMR Connect smart phone application improves communication to employees and empowers our local teams to stay connected to critical information regarding patient care protocols, education updates, system notifications and much more. Unlike off-the-shelf software, GMR Connect is built by EMS professionals for EMS professionals. GMR Connect is easy for employees to access via mobile device app stores. Upon registration, the app defaults to the employees primary assigned location. Employees and key leaders then use the app to manage employee-centered processes ranging from hiring to validating certifications.

GMR Connect also links candidates during the hiring process. Employees in the hiring process will be assigned a temporary number and will use the email they provided at hire to track pre-employment items. Future releases, in development now, will provide access to continuing education for employees and allow shared access, where appropriate, to public and private system partners, such as first responders. After becoming an employee of AMR Las Vegas, GMR Connect can be used to easily upload renewed certifications directly into Oracle, after approval by management staff.



IMAGETREND ELECTRONIC PATIENT CARE REPORTING

Clinical quality improvement is a primary focus, and we are pleased to utilize technology for near real-time identification of protocol deviations.

In order to build a solid client partnership, the integrity and the reliability of the data is central. AMR will utilize ImageTrend—the same clinical data platform used by many EMS system partners. Our investment in ImageTrend signals our dedication to providing an integrated, connected-at-the-hip partnership with all public safety stakeholders in our system. ImageTrend is a National EMS Information System (“NEMSIS”) gold-certified software tool that will provide our caregivers and personnel with real-time access to our software for the reporting of patient encounters. Combined with our other reporting technologies, ImageTrend can be used to track and report incoming calls, wait times, call times, the number of transports, on-time performance, and hundreds of additional performance metrics. The system is deployed on ruggedized laptops or via a Web application, making patient data collection, billing, reporting, and transmittal to EMS system stakeholders 100% paperless.

ImageTrend will provide connectivity with databases and past records, offering customization for each agency’s needs and goals. The digital patient record can easily be handed off to the receiving ED or treatment facility and later imported into our overall reporting, giving insight into types and frequency of calls and other data points. This system also gives immediate notification of any sentinel event to clinical and operational leadership. Our data collection system will be designed to fit data reporting requirements set by the City of Las Vegas. Our ability to use data capture and reporting to benchmark our performance against ourselves and other AMR operations and regions is a key differentiator between us and our competitors.

This allows us to identify state-wide trends and effectively establish what is recognized as the standard of care for the EMS industry. AMR leadership will work with the City and EMS system stakeholders to address details of our service agreement collaboratively, then proactively and swiftly resolve any operational or personnel challenges. Key performance measurement ensures a high level of performance and provides an unmatched level of transparency in our local operation.

Nationally, our patient care performance system contains more than 15 million patient contacts. It provides a comprehensive approach to improving patient care through data sharing and patient care systems integration. AMR will continue to provide laptops and tablets to crews, increasing connectivity and ease-of-use for our field personnel.

Find field...

Incident

- Incident Disposition
- Personnel
- Incident Address
- Response**
- Scene

Patient

Assessment

Treatment

Narrative

Response Outcome

Billing

Signatures

Response

Type of Service Requested: 911 Response (Scene)

Service Name: American Medical Response

Complaint Reported by Dispatch: Falls

EMD Card Number:

EMS Agency Number: 542-50088

Incident Number: ECITY-2228547

EMS Response Number: 22032421

Unit Number: M7

Unit Call Sign: M7

Response Vehicle Type: Air Transport-Helicopter, Ground Transport, Non-Transport Administrative (e.g. Supervisor), Community Response, Non-Transport

Incident Number: ECITY-2228547

100 Validation

Status: Exported to Billing

Find field...

Incident

Patient

Assessment

- Conditions
- Complaints
- Physical Exam
- Vitals**

Treatment

Narrative

Response Outcome

Billing

Signatures

Vital Signs

+ Add Another OK Cancel

Date/Time Vital Signs Taken: 08/04/2022 06:31:06

Level of Responsiveness (AVPU): Alert, Painful, Unresponsive, Verbal

Patient Position: Semi-Fowlers

SBP (Systolic Blood Pressure): 144

DBP (Diastolic Blood Pressure): 99

BP Location: Left Arm, Left Leg, Right Arm, Right Leg

Method of Blood Pressure Measurement: Arterial Line, Cuff-Automated, Cuff-Manual Auscultated, Cuff-Manual Palpated Only, Doppler, Venous Line

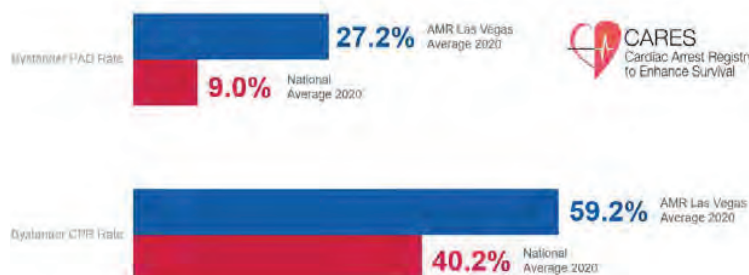
Incident Number: AMRS-2228533

100 Validation

Status: Exported to Billing

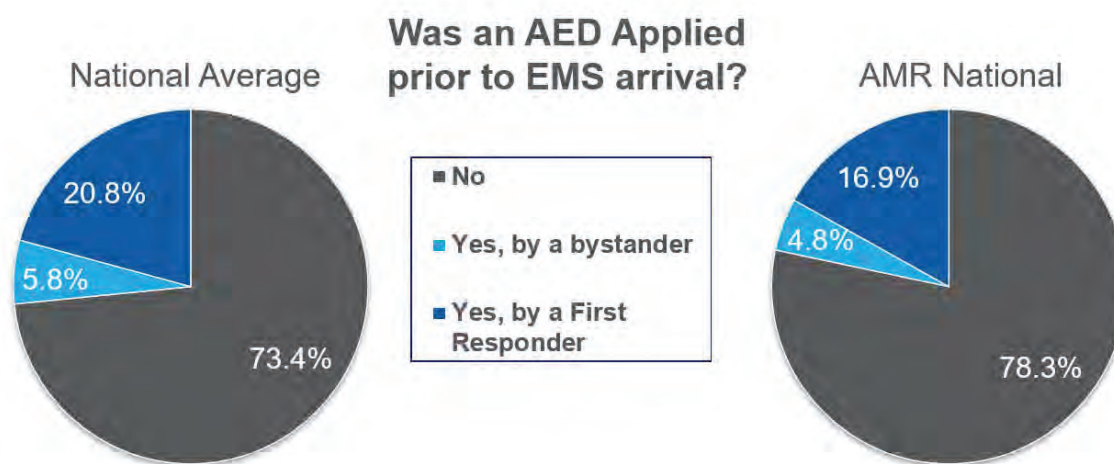
CARES PARTICIPATION

The numbers are staggering. Every year, almost 400,000 Americans are victims of sudden cardiac arrest. Less than 10 percent survive. To combat this national epidemic, AMR is actively involved in multiple initiatives to save lives and educate the communities we serve. One of these is the Center for Disease Control's (CDC) Cardiac Arrest Registry to Enhance Survival (CARES) program. AMR started participating in CARES in 2011. This program gathers data from all over the country and helps our Las Vegas operations provide the very best and validated care in the most critical of circumstances.



As the nation's largest CARES participant, AMR as an organization will manage almost 11% of all sudden cardiac arrest incidents which occur in the United States each year. In fact, our nationally recognized focus on sudden cardiac arrest has resulted in CARES-reported survival rates that are consistently higher than the national average. That amounts to thousands of people who suffered cardiac arrest, received their first care from AMR personnel and recovered. This experience has provided our caregivers with an unmatched level of cardiac arrest knowledge, research and resources – all invaluable benefits to the Southern Nevada community.

We propose to continue our local participation in CARES during the new contract, as well. The data derived by CARES will be an important quality of care validation tool for local EMS system leadership. For example, please see below for examples from both our Las Vegas and national CARES data.



Recruitment & Retention

As outlined in the staffing challenges section, AMR undertakes a wide and varied approach to support and invest in recruitment and retention. We are compliant with all federal and state hiring laws and employment practices.

RECRUITING

The goal of our recruitment program in Southern Nevada is to identify and attract the best pre-hospital medical professionals for long-term employment. As part of our commitment to Diversity, Equity, and Inclusion, AMR strives to have our workforce reflect the diversity of the community we serve. We work to identify underrepresented communities of candidates and recruit those individuals.

More specifically, some of what AMR uses in Las Vegas includes:

- **EARN WHILE YOU LEARN:** A paid, in-house training program for members of our community to pursue a career in EMS.
- **INDUSTRY CONFERENCES:** We staff education and employment booths at industry conferences, recruitment fairs and symposiums.
- **ADVERTISING:** We conduct both online and print advertising for candidates. Online recruitment takes place via the AMR corporate website and industry/state websites that target diversified employment counselors. We also place advertisements in newspapers and industry journals and have a strong online presence on social networking websites like Facebook and Twitter.
- **INTERNAL:** AMR posts all open positions internally via printed job bulletins and our internal website.
- **EXTERNAL:** We use iCIMS, a cloud-based human resources and recruiting software company. We also explore out-of-market school affiliations.
- **COMPANY RECRUITMENT TOOL KIT:** Our company recruitment tool kit aids in-house teams that are looking to recruit and includes an introductory video and templates for brochures, posters and advertisements.
- **COMPETITIVE COMPENSATION:** We offer excellent pay as well as benefits, retention bonuses, sign-on and relocation bonuses, referral bonus, air and ground opportunities, career advancement opportunities, education scholarships, 401k with company match, medical, dental and vision.



EMPLOYEE RETENTION

We believe that wellness is a critical component of the employee experience and are committed to providing the best resources to help, not only our employees, but everyone who is focused on the wellness of others. We make extensive efforts to limit employee fatigue and promote, support, and encourage wellness for all employees. We seek to maximize overall wellness, including physical, mental, emotional, spiritual, and social.



We have a national program, GMR Life, that is led by a team of dedicated professionals who are committed to the support of all emergency responders and to the creation of solutions to meet the unique needs of our employees. This team is responsive to wellness needs across the company and engages with personnel to create wellness solutions at the individual and organizational level. From recruitment to retirement, GMR Life provides solutions to create, maintain and strengthen wellness. They assist with preventative education, peer team coordination, crisis outreach, and navigation of our benefits system, in addition to other services. These programs have helped retain our workforce and will continue to do so in the new 911 contract.

More information on our local and national employee retention and support initiatives is provided below.

LOCAL ENGAGEMENT & APPRECIATION

AMR holds regular monthly or bimonthly events, town halls and roundtable meetings and discussions as a forum for feedback for our employees. We host focus groups to discuss deployment and any issues of concern. In recognition of employees that go above and beyond, AMR maintains a Chip program, on the spot recognition with chips that can then be redeemed for various items and merchandise. In addition, regular recognition is given for code save and baby delivery.

As part of AMR's overall workforce recognition and appreciation the company has various bonus programs and offers several unique opportunities for employees to attend sporting events, concerts and shows at no cost and AMR actively seeks partnerships and contractual stipulations that benefit its workforce. From a career development and experience perspective, AMR offers wide and varied opportunities to participate in EMS in multi-faceted and non-traditional ways.

- T-Mobile Arena and the Vegas Golden Knights – EMS care to fans and NHL players
- OEM Deployments to FEMA related disaster across the country
- Air Ambulance Opportunities--Receive training and career pathway for fixed wing assets like AeroCare Las Vegas
- NASCAR and the Las Vegas Motor Speedway
- Uniquely Las Vegas large scale events and activities



OTHER EMPLOYEE SUPPORT INITIATIVES

In addition, our Las Vegas employees receive all the benefits and support programs available as a Global Medical Response (GMR) employee. This includes the programs shown below.

COLLABORATIVE AND INCLUSIVE CULTURE. Our philosophies of Servant Leadership and High Reliability Training help our management team protect and support our employees, empowering them to make the right decisions to ensure the best clinical outcomes.



COMPETITIVE WAGES & BENEFITS. Our salary structure and benefits package are recognized as some of the most comprehensive in the industry and are focused on maintaining or exceeding the compensation of the current workforce.



CAREER DEVELOPMENT OPPORTUNITIES. From avenues for growth in the air ambulance field to advanced supervisor and management training programs, we provide our employees with the tools and support they need to grow their careers and expand their clinical skills.



THERAPY DOG PROGRAM. Our team of 30+ therapy dogs regularly travel to provide emotional support to our crews. AMR's Las Vegas dog, Mercy, is always available to our local workforce.



EXPOSURE/INJURY SCREENING & MONITORING. Every AMR employee has access to a nurse-operated mobile monitoring and screening program, available 24 hours a day. For example, in the event of an exposure in the field or infection with COVID, our nurse navigators walk employees through a care plan, including eternal testing and referral.



EMPLOYEE ASSISTANCE PROGRAM. Provided by Optum, our Employee Assistance Program offers, at no cost to employees, mental health and substance abuse counseling with a certified behavioral health care provider to all full- and part-time personnel and their families.



Protecting the Protectors

AMR contributes more than \$5 million to employee assistance each year.

We have an internal division of our company called GMR Life that promotes, supports, and encourages wellness for all employees and seeks to maximize overall wellness, including physical, mental, emotional, spiritual, and social.

Risk Management & Driver Training

An ambulance service provider is an essential community partner and must consider, above all things, the safety and well-being of its patients and caregivers. As COVID-19 changed the industry and the world, AMR's safety practices helped – and continue to help – keep this community safe. Our approach to health, safety and risk management will continue to protect Southern Nevada and includes several innovative programs, described here.

EVOC—EMERGENCY VEHICLE OPERATORS COURSE

All newly hired employees are required to pass our Emergency Vehicle Operator Course (EVOC) program, which helps them overcome common challenges and better understand the dynamics of operating an ambulance. More information on this course is provided in section [\(i\) Vehicle Safety Program](#).



INSTRUCTOR TRAINING AND CERTIFICATION. Our EVOC Instructor Certification program defines requirements for initial certification and annual recertification competency checks for didactic and practical instruction. The instructor program includes online modules and eight hours of classroom training. All Instructors must be signed off on their knowledge of every track module through a knowledge test.



DIDACTIC TRAINING. New hire employees will be given the classroom portion of the program for half of a day during orientation. The new hire will be assigned the online course and be required to pass the 61 questions, multiple choice test with a 90% or greater within 3 attempts. If unsuccessful, the employee may require further evaluation or may be released from employment for not successfully completing field training.



PRACTICAL SKILLS TRAINING. The skills course provides confidence training simulating maneuvers required for daily emergency vehicle operations. Each station of the practical skills training is designed to provide the student with an opportunity to learn specific skills to operate an emergency vehicle safely and limit risk of self, partner, patient and community.



COMMENTARY DRIVING. Commentary driving is performed by an informed AMR Field Training Officer (FTO) who uses verbal communication to educate, train and reinforce desired driving behaviors. They act as coaches and encourage new hires to drive in accordance with AMR expectations. This includes driving by each fire station and its area and explaining how certain traffic patterns complicate some responses.



RECURRENT TRAINING. Anyone who drives an AMR vehicle, in the course of the job, must successfully complete AMR driver training through online courses and/or classroom refresher at least every two years. Employees may require re-instruction through didactic and/or practical skills training if not able to complete recurrent training.

SAFETY MANAGEMENT SYSTEM APPROACH

Our parent company, GMR, was formed by combining the industry leaders in ground and air ambulance companies. AMR is the ground ambulance solution of GMR, integrating us with several large rotor- and fixed-wing air ambulance providers. The integration of our companies into one GMR organization began in 2018 and has been a valuable process for our organization. AMR Las Vegas has been able to examine and share new technologies, policies, and employee support programs with our air ambulance companies and find worthwhile solutions that benefit our ground EMS operations.

One of these is the adoption of a Safety Management System (SMS) approach. A long-time system used in the air industry – where the impacts of unsafe behavior and equipment have immediate and tremendous consequences – an SMS goes above and beyond standard preventive approaches and includes the elements of a Just Culture, informs a national risk profile, facilitates a predictive posture towards risk and feeds our safety culture. At its core, our SMS offers a systemic approach to managing organizational safety in ground EMS, including the necessary organizational structures, accountabilities, policies and procedures. It is a businesslike approach to safety and teaches many of the principles found in a quality management system. Furthermore, it relies on data over emotion to guide cost effective mitigation strategies. To be the safest provider, we invest heavily in our personnel, our training and our EMS technology. We hire highly experienced field personnel and mechanics, provide them with robust initial and annual recurrent training and add additional training cycles to keep their skills sharp. Our ambulances are equipped with state-of-the-art navigation and operational equipment, maintained at levels far above those required by the manufacturer. We firmly believe our culture, our people, our training and our equipment all contribute to an outstanding safety record, and our demonstrated level of safety in Las Vegas attests to our effectiveness.

ADDRESSING STAFFING CHALLENGES

Describe any current staffing deficiencies and planned solutions.

With the shortage of paramedics across the nation and locally in Southern Nevada, AMR recognized this as a growing problem in the community over the past several years and has taken active measures to create a sustainable EMS workforce pipeline through investment and training for the present moment and as the community grows.

These ongoing efforts include retention, recruitment and training, to include partnering with the College of Southern Nevada to enhance the number of paramedic educational opportunities outside of regular class schedules in addition to sending personnel for paramedic training to Mountain View Hospital Paramedic Institute and Pima Medical Institute. This works hand in hand with the onboarding entry-level EMS professionals to work for the company and receive fully funded training through its nationally recognized Earn While You Learn Program, described below.

Earn While You Learn

The Earn While You Learn program is a unique community focused initiative to identify candidates that may not have otherwise considered or pursued a career in EMS for a variety of reasons and that may have limited their educational opportunities.

This program – in place today in Las Vegas and across the U.S. – addresses socio- economic challenges and increases workforce diversity while offering career opportunities. Earn While You Learn lets new recruits earn a paycheck while attending class to become a certified EMT. This is crucial to gaining new candidates in hard to serve areas, many of whom may already be interested in an EMS career but lack the opportunity or means. Since 2020, the program has enrolled over 150 students at both the EMT and AEMT levels in Las Vegas, with a local graduation rate of 90%. We have invested \$500,000 to date.



A Local Pipeline

We have enrolled dozens of Las Vegas residents in Earn While You Learn – and more than 90% have graduated to work in the local system.

Increased Training Options

With the onset of the COVID pandemic, clinical training opportunities were hindered due the suspension of available in person options. AMR bridged this gap in training and built upon these initial efforts by increasing the availability of paramedic training options and doubling paid scholarships available to personnel.

This is part of AMR's overall educational investment in Southern Nevada EMS workforce development for 2022 that is currently in excess of \$1 Million. This is in addition to retention programs such as enhanced salary structure and the ongoing pursuit of educational and funding opportunities through its partners and other workforce development initiatives in Nevada as part of recovery efforts.

Outside of the outlined traditional educational options available to its workforce, AMR as part of its parent company GMR, will offer its employees access to an innovative hybrid paramedic training that has greater flexibility with regard to attendance, widening the opportunity and available options to pursue advancement.

As part of our overall commitment as a community partner and to support EMS career development in Southern Nevada, AMR works closely with several of Clark County School District's CTE EMT programs including the programs at Veteran's Tribute Career and Technical Academy and Rancho High School.



Better Business Efficiencies

In addition to efforts to increase the overall number of paramedics, AMR has implemented efficiencies within its business operations in line with industry best practices to optimize its current workforce and implement a mandatory staffing model to ensure public safety.

MANAGEMENT & SUPERVISORY STRENGTH

Describe existing management and supervisory strength (including senior management's involvement in operations) in order to demonstrate the organization's ability to manage the service. The information provided should be in the form of names and resumes of existing management and supervisory personnel directly responsible for administering that service.

AMR has provided a summary list of our management and supervisory staff assigned to this contract in the Key Personnel section. Each of these leaders has years of experience already operating this and other EMS systems.









Please see **Attachment-03** for resumes of these leaders.



SIMILAR CONTRACTS







CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

Since November 1997, we have provided emergency and non-emergency medical transport services for the Contra Costa County, California area (population 1,165,297). Since 2016, we've operated under a unique alliance model with our local fire partners. Here, AMR provides all ambulance service while the fire department handles patient billings. This operation is CAAS accredited. In Contra Costa County, AMR employs approximately 350 paramedics and EMTs and handles on average 70,000 calls each year.

	Agency:	Contra Costa County Fire Protection District (CCFPD)
	Service Type:	911 ALS, IFT
	Population:	1.1 million
	Years Served:	Five
	Contact:	Lewis T. Broschard III, Fire Chief 925.941.3330
	Medical Director:	Dr. Peter Benson, Medical Director 925.941.3300 pbens@cccfd.org

*Sacramento Metropolitan Fire District*







AMR has been the contracted partner of the Sacramento Metropolitan Fire District since 2005, assisting with providing prehospital emergency medical services in a collaborative public-private arrangement. We have grown with Metro Fire in the years since, offering a variety of cost-effective, collaborative and innovative solutions to meet their changing needs. We continue to work alongside the fire department as a transparent and reliable EMS partner. In the greater Sacramento area, AMR employs more than 400 paramedics and EMTs and handles more than 75,000 calls for service each year.

	Agency:	Sacramento Metropolitan Fire District
	Service Type:	911 ALS, back-up & surge
	Population:	738,000
	Years Served:	17
	Contact:	Adam Mitchell, Deputy Chief of Operations 916.859.4502
	Medical Director:	Dr. Kevin Mackey, Medical Director 916.859.4300 drmackey@comcast.net



Cities of El Cajon, La Mesa & Lemon Grove, California

Since 2016, AMR has supported Heartland Fire & Rescue with 911 Advanced Life Support (ALS) services and interfacility (non-emergency support). This includes the cities of El Cajon, La Mesa and Lemon Grove, California, a collective population of approximately 190,000.

	Agency:	Cities of El Cajon, La Mesa and Lemon Grove, CA
	Service Type:	911 ALS, IFT
	Population:	190,000
	Years Served:	Six
	Contact:	Steve Swaney, Fire Chief, Heartland Fire & Rescue 619.441.1601
	Medical Director:	Dr. Brad Schwartz, Medical Director 858.922.3316 bradschwartz66@gmail.com



RESPONSE TIMES

Provide documentation of demonstrated ability to meet response time requirements similar to those required in this RFP. Documentation may include reports provided to government oversight entities and letters confirming compliance with mandated response times. Internal reports with adequate supporting documentation of the methodology used to create the reports may also be submitted. If Offeror does not have mandated response times in existing contracts, the Offeror must submit adequate documentation of plans, procedures, and deployment strategies to demonstrate that the organization has the knowledge and expertise to comply with mandated response times.

The City of Las Vegas EMS system is a highly complex and integrated operation. AMR understands what it takes to successfully support you and is working tirelessly to provide timely clinical care.

Currently, the entire country is experiencing an epidemic of staffing shortages in almost every field. EMS has not been spared. The paradigm of EMS is shifting. Fatigue and understaffing have impacted almost every EMS provider in the nation. However, AMR is at the forefront of finding solutions and has been a catalyst for changes seen across the country.

Compliance Team

To address the issue of response time compliance most effectively, AMR has assembled a team to lead the implementation of proven solutions.

BRENDAN MILLS BA, AEMD, CMCP **COMMUNICATIONS MANAGER, COMPLIANCE TEAM LEADER**

Brendan Mills is the Communications Manager of the AMR Las Vegas dispatch center. Brendan has been in his current role for three years in Las Vegas, and has been involved in Emergency Services for the last twenty years. Originally from New Jersey, he has had previous experience in Operations, Emergency Management, Communications and Compliance. As Compliance Team Leader, Brendan works with the operations teams to help prioritize and implement needed changes to the daily operation to increase efficiency. Brendan utilizes his skills in process improvement to make changes and monitor progress for the Compliance Team.

SILVIO FLORES **COMPLIANCE ADMINISTRATOR FOR LAS VEGAS**

Silvio serves as the Compliance Administrator for the Las Vegas market with over twenty years of EMS experience. Silvio, who had previously served as the Senior Operations Supervisor for AMR, applies his operational experience to measure, track, and improve operational metrics and compliance. Originally from Northern California, Silvio worked as a Paramedic in Las Vegas and in various leadership roles over the past 17 years. During his career, Silvio has been awarded the "Key Employee of the Year" and was also nominated for the National "Star of Life" award. Silvio enjoys using his operational experience and knowledge in his daily approach. Silvio is self-motivated, compassionate, and data-driven.

DAVID LOPEZ EMT-A | A.A.S. **COMPLIANCE ANALYST FOR LAS VEGAS**

David provides administrative support analytics for compliance, performance, and utilization for the AMR & MWA Las Vegas Operations. David is a native Nevadan with seventeen years of EMS experience in the Las Vegas Valley. David started his career as an Advanced EMT, and for the last seven years has been in a Leadership Support role as Compliance Analyst. David's strong sense of devotion to accuracy and performance through data driven decisions has been a foundational pillar for our organization.

Local Response Time Compliance Examples

City of Las Vegas AMR Yearly Compliance Summary

Period: Jan 01 2017 to Dec 31 2017

Compliance Period Reporting for Repetitive Non-Compliance						
Zone	Priority	Compliance Start Period	Compliance End Period	Compliance Period Incidents	Compliance Period Late Incidents	Compliance Period Compliance
Las Vegas	Priority 1	2017/01/01	2017/12/31	38377	3654	90.48%
	Priority 2	2017/01/01	2017/12/31	28249	2136	92.44%
	Priority 3 Scheduled	2017/01/01	2017/12/31	3054	136	95.55%
	Priority 3 Unscheduled	2017/01/01	2017/12/31	3445	39	98.87%
	Priority 3 Urgent	2017/01/01	2017/12/31	2291	312	86.38%
City of Las Vegas AMR	Priority 1 & 2			66626	5790	91.31%
TOTAL	Priority 3			8790	487	94.46%

2017

In 2017, AMR met our response time compliance with 91.31% for Priority 1 and 2 calls and 94.46% for Priority 3 calls.

City of Las Vegas AMR Yearly Compliance Summary

Period: Jan 01 2018 to Dec 31 2018

Compliance Period Reporting for Repetitive Non-Compliance						
Zone	Priority	Compliance Start Period	Compliance End Period	Compliance Period Incidents	Compliance Period Late Incidents	Compliance Period Compliance
Las Vegas	Priority 1	2018/01/01	2018/12/31	38845	4450	88.54%
	Priority 2	2018/01/01	2018/12/31	32843	2158	93.43%
	Priority 3 Scheduled	2018/01/01	2018/12/31	3212	80	97.51%
	Priority 3 Unscheduled	2018/01/01	2018/12/31	3354	30	99.11%
	Priority 3 Urgent	2018/01/01	2018/12/31	429	54	87.41%
City of Las Vegas AMR	Priority 1 & 2			71688	6608	90.78%
TOTAL	Priority 3			8995	184	97.88%

2018

In 2018, AMR met our response time compliance with 90.78% for Priority 1 and 2 calls and 97.66% for Priority 3 calls.

City of Las Vegas AMR Yearly Compliance Summary

Period: Jan 01 2019 to Dec 31 2019

Compliance Period Reporting for Repetitive Non-Compliance						
Zone	Priority	Compliance Start Period	Compliance End Period	Compliance Period Incidents	Compliance Period Late Incidents	Compliance Period Compliance
Las Vegas	Priority 1	2019/01/01	2019/12/31	38793	3964	89.78%
	Priority 2	2019/01/01	2019/12/31	32793	2560	92.19%
	Priority 3 Scheduled	2019/01/01	2019/12/31	2660	57	97.86%
	Priority 3 Unscheduled	2019/01/01	2019/12/31	4323	44	98.98%
	Priority 3 Urgent	2019/01/01	2019/12/31	938	118	87.42%
City of Las Vegas AMR	Priority 1 & 2			71586	6524	90.89%
TOTAL	Priority 3			7921	219	97.24%

2019

In 2019, AMR met our response time compliance with 90.89% for Priority 1 and 2 calls and 97.24% for Priority 3 calls.

City of Las Vegas AMR Yearly Compliance Summary

Period: Jan 01 2020 to Dec 31 2020

		Compliance Period Reporting for Repetitive Non-Compliance				
Zone	Priority	Compliance Start Period	Compliance End Period	Compliance Period Incidents	Compliance Period Late Incidents	Compliance Period Compliance
Las Vegas	Priority 1	2020/01/01	2020/12/31	39208	3534	91.99%
	Priority 2	2020/01/01	2020/12/31	28503	2038	92.85%
	Priority 3 Scheduled	2020/01/01	2020/12/31	1475	44	97.02%
	Priority 3 Unscheduled	2020/01/01	2020/12/31	3446	22	99.38%
	Priority 3 Urgent	2020/01/01	2020/12/31	1802	182	89.90%
City of Las Vegas AMR	Priority 1 & 2			67711	5572	91.77%
TOTAL	Priority 3			5723	246	96.31%

City of Las Vegas AMR Yearly Compliance Summary

Period: Jan 01 2021 to Jan 31 2021

		Compliance Period Reporting for Repetitive Non-Compliance				
Zone	Priority	Compliance Start Period	Compliance End Period	Compliance Period Incidents	Compliance Period Late Incidents	Compliance Period Compliance
Las Vegas	Priority 1	2021/01/01	2021/01/31	3182	280	91.20%
	Priority 2	2021/01/01	2021/01/31	2393	150	93.73%
	Priority 3 Scheduled	2021/01/01	2021/01/31	126	4	96.83%
	Priority 3 Unscheduled	2021/01/01	2021/01/31	388	1	99.74%
	Priority 3 Urgent	2021/01/01	2021/01/31	79	0	100.00%
City of Las Vegas AMR	Priority 1 & 2			5575	430	92.29%
TOTAL	Priority 3			593	5	99.16%

City of Las Vegas - AMR
Yearly Compliance Summary

Period: Feb 01 2021 to Dec 31 2021

		Compliance Reporting 2021/02/01 - 2021/12/31			Compliance Period Reporting for Repetitive Non-Compliance	
Zone	Priority	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Compliance Start Period	Compliance End Period
Las Vegas	Priority 1	1861	200	89.25%		
	Priority 2	6541	1279	80.45%		
	Priority 3	17478	2804	83.96%		
	Priority 4	18311	2896	84.18%		
	Priority 5	23571	2479	89.48%		
	Priority 11 Urgent	1731	88	94.92%		
	Priority 11 Scheduled	891	50	94.39%		
	Priority 11 Unscheduled	6533	70	98.93%		
Las Vegas GROUP	Priority 1 and 2	8402	1479	82.40%	2021/02/01	2021/12/30
	Priority 3	17478	2804	83.96%	2021/02/01	2021/12/30
	Priority 4	18311	2896	84.18%	2021/02/01	2021/12/30
	Priority 5	23571	2479	89.48%	2021/02/01	2021/12/30
	Priority 11	9155	208	97.73%	2021/02/01	2021/12/30

2020

In 2020, AMR met our response time compliance with 91.77% for Priority 1 and 2 calls and 96.31% for Priority 3 calls.

2021 (PREVIOUS
RESPONSE
MODEL)

In January 2021, AMR met our response time compliance with 92.29% for Priority 1 and 2 calls and 99.16% for Priority 3 calls.

2021 (NEW
RESPONSE
MODEL)

In February 2021, our response compliance methodology changed as we coped with the effects of the COVID pandemic. From February to December 2021, Priority 1 and 2 compliance was 82.40%. Priority 3 was 83.96%. Priority 4 was 84.18%. Priority 5 was 89.48% and Priority 11 was 97.73%.

City of Las Vegas - AMR
Yearly Compliance Summary
Period: Jan 01 2022 to Dec 31 2022

Zone	Priority	Compliance Reporting 2022/01/01 - 2022/12/31			Compliance Period Reporting for Repetitive Non-Compliance	
		Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Compliance Start Period	Compliance End Period
Las Vegas	Priority 1	1997	224	88.78%		
	Priority 2	6711	1616	75.92%		
	Priority 3	19008	3688	80.60%		
	Priority 4	18595	4102	77.94%		
	Priority 5	27850	4858	82.56%		
	Priority 11 Urgent	1929	104	94.61%		
	Priority 11 Scheduled	828	115	86.11%		
	Priority 11 Unscheduled	7052	245	96.53%		
Las Vegas GROUP	Priority 1 and 2	8708	1840	78.87%	2022/01/01	2022/12/30
	Priority 3	19008	3688	80.60%	2022/01/01	2022/12/30
	Priority 4	18595	4102	77.94%	2022/01/01	2022/12/30
	Priority 5	27850	4858	82.56%	2022/01/01	2022/12/30
	Priority 11	9809	464	95.27%	2022/01/01	2022/12/30

2022

In 2022, Priority 1 and 2 compliance was 78.87%. Priority 3 compliance was 80.60%. Priority 4 was 77.94%. Priority 5 was 82.56% and Priority 11 was 95.27%.

HIGH-LEVEL CLINICAL CARE

Provide documentation of demonstrated ability to provide high-level clinical care. Documentation may include descriptions of clinical sophistication and high levels of performance in systems in which it operates. The organization should describe how it ensures consistent, high-quality clinical care and how it is able to verify and document its clinical competency and performance improvement activities. This should include clinical protocol compliance, skills verification, training methodology and minimum commitments per provider including systematic assessment of EMS core performance metrics and clinical guidelines as defined by the Southern Nevada Health District (Health District).

We understand the City expects the highest levels of performance and reliability, and we hold clinical excellence in the upmost regard. Our highly trained and experienced staff, collaborative improvement processes and continuing education programs will continue to raise the bar and deliver the performance you have come to expect.



AMR gives out several Community Hero Awards annually that recognize bystander CPR.

Monitoring & Documenting Clinical Performance

Our Clinical Department routinely audits field provider clinical care for quality improvement and assurance. AMR expects our field care providers to deliver quality, competent clinical care to each of our patients. The purpose of this policy, outlined below, is to set obtainable goals for the clinical performance of our employees.

1. All information/data obtained to compile the clinical performance of employees will be obtained through the CQI process.
2. All clinical performance standards (CPS) will be set in conjunction with national standards of care and with the advice and oversight of the Medical Director.
3. Information/data obtained through the CQI process for use in measuring the clinical performance of employees is not intended to be used in a disciplinary manner; however, discipline may be administered in certain circumstances. If remediation is needed and ultimately completed, and repeated behavior of the same matter is demonstrated by an employee, said employee will fall into the corrective action process.
4. Corrective action may be taken on first-time occurrences where policies have been violated, or rude or discourteous behavior were exhibited, or if the level of care given was below or above the generally accepted AMR Las Vegas practices of that certification level.
5. The CPS will be benchmarked at:
 - a. Intubation success rate – 90%
 - b. IV success rate – 80%
 - c. Chest decompression success rate – 100%
 - d. Transport rate after patient contact – 70%
 - e. Substantiated patient care complaints – 0 per year
6. If an employee is identified for falling below Clinical Performance Standards for two (2) consecutive quarters (with the exception of 5[e]), the Clinical Department will assign remediation which will be tailored to correcting the employee's deficiencies. If an employee is unsuccessful in completing the remediation plan, the employee may receive corrective action up to and including termination. Depending on the severity of the situation, the employee may also be subject to the corrective action process.
7. Any instance of 5(e) Substantiated Patient Care Complaints will result in immediate referral to the Clinical Department and Medical Director for an investigation and possible action.
8. The Clinical Department will follow all affected employees through the remediation process and adjust as necessary through the advisement of the Clinical Manager and Medical Director.



TRAINING & CERTIFICATION

Describe how Offeror intends to comply with the training and certification requirements listed in the Scope of Work, including Mandatory Requirements and Performance Standards, and Successful Offeror Responsibility - Services Description. Delineate how these services will be provided, by whom, where, and other information to help the city understand the Offeror's commitment to meet the requirements.



Every current employee is compliant, and our employees will continue to be licensed and credentialed through the Southern Nevada Health District. We collect and verify employee certifications during our New Employee Orientation Program, including those shown below. We then enter these certifications into our certification tracking database for simplified monitoring, reminders and reporting.

- ICS 100
- ICS 200
- ICS 700
- ICS 800
- State DL
- BLS certification
- ACLS certification
- PALS certification
- Trauma certification (as required by the SNHD)
- SNHD "green card" – certified and credentialed

Tracking Certifications

To track qualifications and training expiration of employees, AMR uses the Workday web-based platform. This online tool has been used in our operations across the country for a decade and supports compliance and incident tracking, record keeping and other vital personnel processes and allows us to track certification expirations so we can notify employees well in advance of the need for refresher coursework. Employees can log in to the system and complete interactive training courses and assessments. This platform also lets us easily report our staff certifications, both internally within AMR and to our City of Las Vegas stakeholders.

We also have an ongoing driver training program for ambulance personnel. Events are captured via drive cam and reviewed by staff. When the operation receives, the designated person assigned to review contacts the employee and provides coaching.

All field provider new hire employees are also assigned ICS 100, 200, 700, 800 in the LMS. If the employee does not have current ICS classes, they are required to complete these.

Course Examples

Examples of some education courses offered in Nevada include those listed below.



American Heart Association (BLS Provider, ACLS, PALS). We offer a wide spectrum of required classes on a monthly basis for BLS and ACLS along with PALS.



American Heart Association (BLS Instructor, ACLS Instructor, PALS instructor). Instructor classes are provided for those employees interested in teaching experience and those interested in widening their medical knowledge twice a year.



Online Courses Using CornerStone Software. This platform allows for pre-testing and preparatory work to be completed online or via a mobile device. It also streamlines many annual updates. Employees can also self-assign educational updates and classes posted on the platform.



EMT, AMET and Paramedic Refresher. Meets the minimum local refresher requirements.



Emergency Vehicle Operations and Gurney Training. This course consists of eight hours didactic and 8-10 hours track course. Stretcher training is integrated into both. This is done during New Employee Orientation, but remedial training is done as needed. Annual refresher and tracking as required.



Community Education and Partnership. We have a long history of partnering with area hospitals for educational needs. We actively recruit from local EMS programs at community colleges and education programs, as well.



Field Training Meetings. We can provide updates on local and operational topics as well as open discussion on learning needs. Quarterly meetings enhance communication between leadership and field personnel with the FTOs being the starting contact point.



Emergency Vehicle Operations and Gurney Instructor Classes. These three-day classes encompass all aspects of teaching and proctoring new and experienced drivers and stretcher users. This class is done bi-annually and consists of two days didactic training and one day of hands-on stretcher training.



Field Training Officer (FTO) Training. These classes are provided as needed and give instruction on adult learning, evaluation, grading and coaching. It teaches skills to those that will lead the next generation of EMTs, AEMTs and paramedics.



External Education. We offer tuition reimbursement to all our employees for courses in the emergency medical field. This includes conferences and online courses.



AMR Leadership and Management Education / Development. The AMR Leadership course is a two-day class mandated to all leadership positions.



High Reliability Training. Multifaceted class involving a just way of dealing with employees and investigations, required of all of our leadership in Las Vegas and across the United States.



Remedial Training. Often related to quality issues. One on one with primary CES for education and increased knowledge enhancement. Detailed homework and/or skills verification as needed.

MANAGING SERVICE COMPLAINTS

Provide a detailed description of the process (including performance measurements) for managing service complaints.

While we ensure a high level of care every time our employees interact with a patient, there may be times when customer service issues need specialized attention. These are addressed through our customer resolution process, in which all employees receive training. These and other customer service practices are described below.

Whenever possible, we aim to resolve all patient concerns immediately. We launch a formal inquiry that involves interviewing all parties involved, including, when necessary, firefighters who were on the scene. We seek to make an initial follow-up with our patients within 24 hours of discovering a concern and complete our investigations as quickly as possible. Should our investigation identify a shortcoming at AMR, we provide the necessary remediation and mentoring.

Customer Surveys

Feedback from patients is essential to maintaining a quality EMS operation. Most patients only call 911 once in their lives. Because of this, the care they receive in these vulnerable moments shapes how they view their EMS provider for years to come. Because of this, we have invested in new ways to bridge this gap and provide a better method for survey distribution, follow-up, benchmarking, and analysis.

AMR offers multiple survey formats to reach our Southern Nevada patients, as described below.

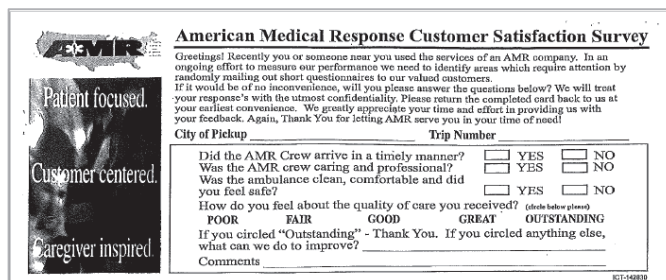
PATIENT EXPERIENCE SURVEY

We have an external customer survey aimed at assisting operations in obtaining patient feedback about ambulance services. These survey questions and answers are aligned with the hospital oriented HCAHPS survey system to provide a validated and comparable dataset. This information is used to drive everything from employee recognition to addressing fleet issue identification. Clinical issues identified through survey process drive remediation and education. Subject matter can also be utilized to build QI initiatives and it into clinical training initiatives and improve future service.

SURVEY CARDS

Customer feedback is also solicited utilizing a Customer Satisfaction Survey Card. The survey is mailed with the patient's invoice. This card will ask the patient or patient's family to evaluate his/her transport using the following criteria:

- Did the AMR Crew arrive in a timely manner?
- Was the AMR Crew caring and professional?
- Was the ambulance clean, comfortable and did you feel safe?
- How do you feel about the quality of care you received?



AMR
Patient focused.
Customer centered.
Caregiver inspired.

American Medical Response Customer Satisfaction Survey

Greetings! Recently you or someone near you used the services of an AMR company. In an ongoing effort to measure our performance we need to identify areas which require attention by randomly mailing out short questionnaires to our valued customers. If it would be of no inconvenience, will you please answer the questions below? We will treat your response with the utmost confidentiality. Please return the completed card back to us at your earliest convenience. We greatly appreciate your time and effort in providing us with your feedback. Again, Thank You for letting AMR serve you in your time of need!

City of Pickup _____ Trip Number _____

Did the AMR Crew arrive in a timely manner? ☐ YES ☐ NO

Was the AMR crew caring and professional? ☐ YES ☐ NO

Was the ambulance clean, comfortable and did you feel safe? ☐ YES ☐ NO

How do you feel about the quality of care you received? (circle below please)

POOR FAIR GOOD GREAT OUTSTANDING

If you circled "Outstanding" - Thank You. If you circled anything else, what can we do to improve? _____

Comments _____

801-548810

All survey cards that are returned by the patient are forwarded to the appropriate department for review and processing. Surveys that contain any negative comments, as well as those that request a returned call, are sent to the operations manager or administrative supervisor for follow-up.

ELECTRONIC BILLING SURVEY & PORTAL

AMR contracts nationally with IntegraConnect (Integra) to provide third party billing services. In addition to offering a full-service call center to handle the needs of inbound callers, Integra provides a Patient Engagement Portal (PEP) to provide insurance information, make payment or inquire on their account. Through this portal, patients can access billing information at any time of day and at their convenience. They can also provide trip feedback through a standardized patient survey. We have seen an increase in satisfaction rates as more patients use the portal. It provides helpful information and allows payment, patient information updates and other touchpoints that give users more control over their payment process. In many cases, the patient has the option of contacting our Customer Care Center to speak with a representative if they need additional help.

Complaint Process & Categorization

Our Las Vegas operation has an established policy for providing follow-up calls, which start at the source. The majority of our customer inquiries come from our billing department. Others come via our website (www.amr.net), and a very small number are reported during daily field operations.

Regardless of their source, all responses are handled by our local team. It is our policy to follow up on the initial call or complaint within 24 hours. Our standardized investigative process allows us to gather accurate and non-biased findings in a timely manner. All members of our administrative team receive investigation training, modeled after professional investigator training curriculum, to provide them with the tools necessary to investigate and document patient experience in a standardized manner.



The escalation of patient contact can be broken down into the five (5) phases listed below.

PHASE ONE

- In Phase One of the process, incoming calls are routed to AMR's local Customer Service team.
- The Customer Service team works with the patient to resolve their billing and/or service issue or complaint.
- Team members utilize "Supervisor Call Scripts" to help resolve issues before escalation continues.

PHASE TWO

- In Phase Two, unresolved Customer Service calls are escalated to the local AMR Customer Service supervisor.
- The supervisor works to resolve the patient inquiry/complaint.
- During this process, the Customer Service Supervisor will determine if the Customer Advocate or Management intervention is required based on the type of investigation necessary. The Supervisor will escalate the call either to the Customer Advocate in Phase Three, or the Manager in Phase Four.

PHASE THREE

- In Phase Three, unresolved Supervisor billing or service-related calls are escalated to the Customer Advocate.
- The Customer Advocate speaks with the caller and logs the call with a summary of the issue. The call log is used to track the inquiry/complaint to resolution.
- The Customer Advocate initiates an investigation of the inquiry/complaint. Utilization of operational resources (if service related), medical records and/or dispatch data is used.
- *If the issue is service related*, the inquiry/complaint is logged and sent with the trip report to the Manager of the Operation that ran the call for investigation and resolution. AMR Patient Billing Services (PBS) is put on hold. Once the inquiry/complaint investigation is completed, Operations will advise the caller and PBS of the outcome. PBS will then continue the standard billing process.
- *If the issue is billing related*, and after the investigation is complete, the Customer Advocate advises the caller of the outcome. PBS will continue the standard billing process.

PHASE FOUR

- In Phase Four, unresolved Customer Advocate calls are escalated to the Team Manager or Director for resolution.
- The AMR Manager or Director is briefed by the Customer Service Supervisor and/or Advocate on the history of the inquiry/complaint.
- The Manager or Director will develop a final disposition. This decision process will include the Customer Advocate and Customer Service Supervisor.
- In this final phase of the process, collection of the debt is not primary. Customer satisfaction is the primary objective.

PHASE FIVE

- Phase Five uses the call information to improve local processes.
- Feedback from the Customer Advocate on frequently recurring inquiries/complaints is given to the Customer Service Supervisor.
- AMR's Management team brainstorms on how to reduce frequently recurring inquiries/complaints.
- Policies and Procedures in use by PBS are fine-tuned based on this brainstorming to create the best customer service possible with the least number of complaints.

Prompt Notification

AMR will continue to forward complaints or issues promptly and confidentially to the LVFR and include them in our Quality Improvement program. We will continue to work collaboratively with your staff to investigate and resolve these issues with a focus on correction through education.

We are proud of the relationship that exists between LVFR and our local management team. We are committed to working together to investigate all issues or concerns and participate in the complaint resolution process.

VEHICLE & FLEET SAFETY

Describe your vehicle/fleet safety program including a plan for reserves such that staffing and unit hours may be maintained as anticipated by LVFR needs.

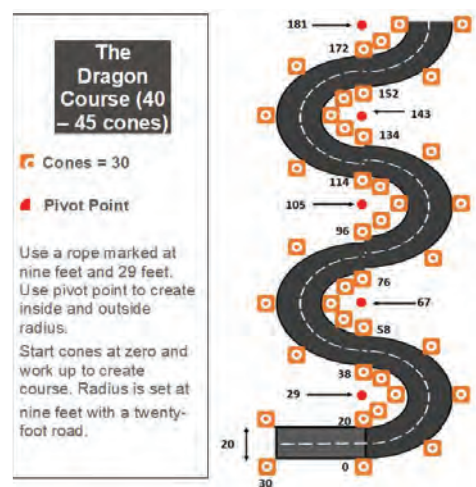
Being a much larger vehicle than a regular automobile, maneuvering an ambulance can be a great challenge. This is true for those who have never driven an ambulance and for those with many years of experience. AMR has developed an Emergency Vehicle Operator Course (EVOC) program to help our employees overcome these challenges and better understand the dynamics of operating an ambulance. All newly hired employees are required to pass the EVOC program before being cleared for independent duty and employees must complete refresher training at least every two years.

Described below, our EVOC program is composed of four components: strong instructors, didactic training, practical skills stations and commentary driving.

INSTRUCTOR TRAINING & CERTIFICATION

The core of a strong EVOC is a group of strong instructors. AMR has developed an EVOC Instructor Certification program that defines requirements for initial certification and annual recertification competency checks for didactic and practical instruction.

We have both senior and master instructors. A senior instructor reviews each EVOC program for consistency and conformity. After the review process, the master instructor will then certify a senior instructor for the EVOC program. The instructor program includes online modules and eight hours of classroom training. All instructors must be signed off on their knowledge of every track module through a knowledge test. The instructor-in-training is evaluated by the senior instructor during practical skills instruction before being signed off as an independent instructor.



DIDACTIC TRAINING

Both online and classroom didactic training have their strengths. Use of both didactic techniques will provide the learner with a better understanding of how to handle a vehicle the size of an ambulance. New hire employees will be given the classroom portion of the program for half of a day during our New Employee Orientation Program (NEOP). This will provide the new employees with an opportunity for interaction between the students and the instructors.

AMR policies and procedures guide employees in their everyday work, and it is the company's desire that its employees understand the expectations associated with the policies and procedures that provide guidance to them in their daily tasks, particularly those that are directly related to the safe and effective completion of the company's mission. The classroom portion of the didactic section includes a thorough discussion on AMR Safety & Health Policies and procedures.

The current online portion of EVOC will be a requirement for clearance to independent duty from Field Training. The new hire will be assigned the online course and be required to pass the 61 questions, multiple choice test with a 90% or greater within 3 attempts. If unsuccessful, the employee may require further evaluation or may be released from employment for not successfully completing field training.

PRACTICAL SKILLS TRAINING

The skills course simulates maneuvers required for daily emergency vehicle operations, increasing confidence in our crews. Each new hire employee is required to pass the driver's course prior to moving onto the FTO process. Each station of the practical skills training is designed to provide the student with an opportunity to learn specific skills to operate an emergency vehicle safely and limit risk of self, partner, patient and community.

COMMENTARY DRIVING

Commentary driving is driver training during AMR's field training process. This is performed by an informed AMR Field Training Officer (FTO) who uses verbal communication to educate, train and reinforce desired driving behaviors. The commentary FTO is a coach who proactively describes in advance a desired procedure or outcome rather than waiting to provide correction.

FTOs complete driving evaluations on all new hires. They act as coaches and encourage new hires to drive in accordance with AMR expectations. In Southern Nevada, our FTO commentary driving focuses on teaching, reinforcing and evaluating the skill of negotiating controlled intersections to prevent intersection collisions, spatial awareness to prevent sideswipes and maintaining safe following distances to preventing rear-end collisions.

RECURRENT TRAINING

Our company-wide Vehicle Safety Policy states that anyone who drives an AMR vehicle, in the course of the job, must successfully complete AMR driver training through online courses and/or classroom refresher at least every two years. To reduce bias during refresher training, each employee is evaluated by two evaluators. Both evaluators must provide a passing clearance. If both evaluators cannot clear the employee, the employee is to consult with their clinical professional and may require re-instruction through didactic and/or practical skills training.

Vehicle Monitoring & Record Keeping Systems

AMR will continue to use fleet-wide vehicle improvement to increase the safety of our ambulance driving and prevent crashes and traffic accidents. Each vehicle deployed for 911 operations in the City will be outfitted with a Lytx DriveCam unit in the driver's compartment.

DriveCam's driver safety solution includes a video event recorder, which captures risky driving behavior and uploads daily recordings of it via a secure cellular connection to DriveCam's Risk Analysis Center. The information is then transferred to our supervisors for analysis and safety coaching. We have already taken advantage of DriveCam's new methods of data aggregation and analysis to provide our local leaders with a wealth of information. This includes vehicle speeds, stop times and locations, idle duration, driving distance, estimated arrival and departure times and more. DriveCam provides reports for fleet tracking to identify opportunities for training and coaching.

An example screenshot is shown to the right.



Key Benefits

Focusing on driver training and education in the City of Las Vegas helps AMR:

- Reduce collision frequency and severity
- Improve compliance, safety and accountability
- Develop new courses for EVOC training
- Lower fuel consumption and operating costs

Vehicle/Fleet Maintenance Procedures

Our vehicle maintenance program ensures that all vehicles are maintained to operate in optimal working condition thereby allowing us to provide reliable service to those in need. We are committed to ensuring our Las Vegas patients are transported using only the safest, most reliable ambulances maintained to the highest possible standard.

MAINTENANCE SCHEDULE

We follow a rigorous preventive maintenance schedule for all vehicles, with comprehensive scheduled maintenance occurring at regular intervals. Every 5,000 miles, our fleet maintenance personnel perform a systematic bumper-to-bumper inspection of our vehicles examining more than 190 parts, using a preventive maintenance inspection form. Following this comprehensive inspection, mechanics perform service maintenance that averages up to 2.5 hours per vehicle.

The illustration below depicts activities that are performed by local fleet maintenance professionals during every preventive maintenance inspection and routine maintenance events.



AUTOMATED RECORD-KEEPING & REPORTS

AMR uses the Ron Turley Associates (RTA) software program to track maintenance and evaluate our performance in the City of Las Vegas. RTA documents service and repairs, tracks mileage and generates a full range of reports, including vehicle service schedules. As the preventive maintenance and repair work is performed and the data is posted, the system updates the vehicle maintenance history, documents equipment failures, deducts the parts used from inventory and tracks maintenance costs.

MAINTENANCE DATA COLLECTION & ANALYSIS

Our contracted maintenance personnel document every action they take on a preventive maintenance inspection form. They also record all labor, repair parts, fluids and supplies used for repairs on standard company work orders.

This information is then entered into the RTA database that tracks component performance and produces up-to-date maintenance and inspection schedules.

The database encompasses all data related to the specific pieces of equipment, offering a variety of record-keeping strategies for parts and inventory tracking, work order management, fuel and tire management, warranty tracking, purchase orders, billing, vendor tracking and more.

As a result, our local service technicians have at their fingertips the entire maintenance history of each Las Vegas ambulance, enabling them to be thorough, precise and fully accountable in all future situations. Based on compiled data, our technicians can also predict part failures or end of useful life and provide the appropriate preventive maintenance specific to each ambulance.



Line	VMRS #	VMRS Description
01	066-001-000	PM A OIL CHANGE
02	045-001-000	ADD OIL
03	013-071-000	INSPECT REAR BRKS
04	015-005-000	ADJ TOE IN
05	013-998-001	BRAKES

Work Order	VMRS #	VMRS Description	Status
00001	0015075	066-002-000 None Listed	No Status Assigned
00002	0015075	066-002-000 None Listed	No Status Assigned
00003	0015075	066-002-000 None Listed	No Status Assigned
00004	0015075	066-002-000 None Listed	No Status Assigned
00005	0015075	066-002-000 None Listed	No Status Assigned

EXCEPTIONS TO THE SCOPE OF WORK

Describe any exceptions taken to the Scope of Work. Such exceptions will be taken into consideration during evaluation and may impact evaluation results. If no exceptions are included with the Proposal, the scope of work will not be subject to negotiation and shall be deemed accepted by the Successful Offeror.

Waiver of Subrogation and Additional Insured endorsements are required. Comments on the COI are not sufficient

We can provide specific endorsements. Please note that specific endorsements are not available when the policies and COIs are renewed. It will take several weeks to receive it from the insurer. This is because the specific endorsements are not produced by the insurer until the final policy copy is produced, which can take 30 to 90 days from the binding of coverage. However, we can provide blanket endorsements until the specific endorsements are available.




EQUIPMENT & FACILITIES

Offerors shall provide the City with a detailed statement of the equipment and facilities to be used in providing Emergency Ambulance service, including:


AMBULANCE SERVICE PERMIT

If currently operating in Clark County, Nevada, a copy of its Health District ambulance service permit

 Please see **Attachment-01** for copies of our licenses, registrations and certifications, including our Health District ambulance service permit

VEHICLE INFORMATION

The vehicle identification number, make, type, age, condition, current mileage and patient capacity of each Ambulance available for use within the service area, and a detailed description of the equipment thereon

 AMR currently has more than 7C ambulances and support vehicles operating in Las Vegas today. Please see **Attachment-04** for a list of these vehicles.

We propose the use of a combination of Type II and Type III ambulances, based on availability and supply chain delays, including **ten new ambulances to supplement our local fleet**. Each ambulance in our City of Las Vegas fleet will be identically configured to guarantee rapid identification of supplies and provide a standardized layout for the convenience of local first responders. Our ambulances are manufactured and customized specifically for AMR, boasting the latest in safety design and construction. We are the largest purchaser of ambulances in the nation, acquiring more than 600 vehicles each year. This makes us a preferred customer and heightens our local resource availability.

Equipment Proposed

Each City of Las Vegas ambulance will always be fully stocked and there will be sufficient durable medical equipment and disposable supplies to accommodate replacement. Across the country, we’ve placed a stringent focus on providing the safest equipment available for our patients and caregivers.



Below, we have included a table showing the major medical equipment proposed on each City of Las Vegas ambulance and supervisor vehicle. As noted, we propose to upgrade the Zoll cardiac monitor/defibrillators to match the equipment used by LVFR and promote a more cohesive system. We also offer new Zoll AutoPulse automatic CPR devices on each ambulance and supervisor vehicle.

On-Board Equipment Item	Benefits	Stocked on each ambulance?	Stocked on each sup. vehicle?
ZOLL CARDIAC MONITORS / DEFIBRILLATORS	12-lead cardiac data transmission, Wi-Fi connectivity, CPR assistance	✓ YES	✓ YES
STRYKER POWER-PRO XT BATTERY POWERED GURNEYS WITH XPS	Hydraulic lift prevents caregiver injury, expandable patient surface system increases comfort	✓ YES	
STRYKER STAIR-PRO STAIR CHAIRS	Tread system lets crews transport a patient downstairs without lifting	✓ YES	
CONTROLLED SUBSTANCE SAFE	Tracking, securing and documenting of controlled drugs	✓ YES	✓ YES
ZOLL AUTOPULSE CPR DEVICES	Automatic CPR devices to streamline patient care	✓ YES	✓ YES
ALS AIRWAY BAG	Includes laryngoscope, bag valve masks, CPAP equipment, ETCO2 monitoring supplies and more	✓ YES	✓ YES
ALS DRUG BOX	Securely contains all medications, IV supplies, needles, sharps container, etc.	✓ YES	✓ YES
FOLDING BACKBOARD	Provides an extra level of support for patient movement	✓ YES	✓ YES
MULTI CASUALTY INCIDENT BAG	Full MCI bags with vests and triage equipment, including 20 tourniquets and 10 combat gauze	✓ YES	✓ YES

LIGHT & SIREN PERMIT

If currently operating in Clark County, Nevada, the identification number of the red light and siren permit issued by the Nevada Highway Patrol





Please see **Attachment-01** for copies of our licenses, registrations and certifications, including our red light and siren permit.

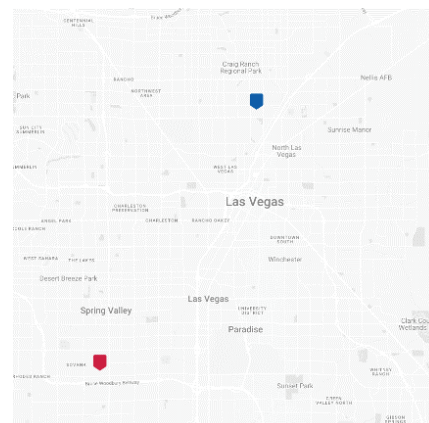
OPERATIONS LOCATIONS

The location and description of the premises which are to be used as the base of operations and any terminals, officers and other facilities to be used in the operations

Please see below for a list of our local deployment centers:

 **AMR** | 7201 W. Post Rd, Las Vegas, NV 89113

 **MedicWest Ambulance** | 9 W. Delhi, North Las Vegas, NV 89032



VEHICLE MAINTENANCE & REPAIR

A description of the Offeror's procedures related to vehicle maintenance and repair

As previously described, AMR nurtures a proactive, aggressive and preventative vehicle service program to ensure safety, quality, efficiency and compliance. As a result, our equipment and unit reliability and longevity in Southern Nevada are second to none.

A strong preventive maintenance program enhances vehicle dependability and ensures vehicles are reliable and safe for our employees and patients. Our preventive maintenance inspections are completed every 5,000 miles. During this time, our in-house mechanic performs a systematic bumper-to-bumper inspection of each vehicle, examining more than 170 parts and wear components. We also conduct more extensive inspections, depending on the odometer.

Quality Parts Replacement

All major components are inspected in detail at every service interval and replaced or serviced as needed. For example, we look for pieces of metal in the engine oil, abnormal wear patterns in brake or steering systems, or discolored transmission oil as indicators that a major component requires attention or replacement. We test and inspect the battery and replace it in sets of two, if required, and inspect shocks and universal joints. Any discrepancies are documented and repaired prior to returning to service.

Our fleet personnel document every action they take on a preventive maintenance inspection form. They also use standard work orders to record all labor, repair parts, fluids and supplies used during

Daily Ambulance

Each day, our vehicle service technicians (VSTs) perform checkout procedures to identify equipment and supplies that need repair or replacement to ensure we operate at the highest level of readiness.

repairs. They enter this information into the Ron Turley Associates electronic database, which tracks component performance and produces up-to-date maintenance and inspection schedules.

Our companywide fleet policy mandates the use of original equipment manufacturer (OEM) replacement parts when maintaining and repairing vehicles. The use of high-quality OEM replacement parts guarantees proper fit with their original specifications, helping us get ambulances back on the road as quickly as possible. We also monitor and search our national database based on mileage and history and proactively replace certain components prior to their industry standard interval.

AUTOMATIC VEHICLE LOCATOR

Proof that the Offeror's Automatic Vehicle Locator (AVL) have been tested for compatibility with the Combined Communications Center's (CCC) CAD to monitor the location and status of deployed units at all times and have performed in a manner acceptable to the Fire Chief in the Fire Chief's sole discretion. Offeror shall be responsible for any and all costs associated with integrating its AVL with LVFR and CCC. The AVL system must fully interface with the CCC's CAD and be capable of:

- (i) Integrating Offeror's resources onto the CCC's dispatching consoles;*
- (ii) Refreshing the AVL and Global Positioning System (GPS) information no less than every five (5) seconds; and*
- (iii) Availability and operability for all Emergency calls for service.*

As we currently provide similar services in Las Vegas, our Automatic Vehicle Locator (AVL) and Computer-Aided Dispatch (CAD) are already compatible with the Combined Communications Center's (CCC) CAD to always monitor the location and status of our deployed units.

AMR understands we will be responsible for any and all costs associated with integrating our AVL with LVFR and CCC, including those listed above.



ATTACHMENTS

Attachment 1: Licenses and Certifications [EXCERPTED]

Attachment 2: Articles of Incorporation [EXCERPTED]

Attachment 3: Resumes of Key Personnel

Attachment 4: List of Vehicles

Attachment 5: Sample COI [EXCERPTED]

Attachment 6: Insurance Letter [EXCERPTED]

Attachment 7: Audited Financial Statements [EXCERPTED]

ATTACHMENT 1: LICENSES AND CERTIFICATIONS

[EXCERPTED]

ATTACHMENT 2: ARTICLES OF INCORPORATION

[EXCERPTED]

ATTACHMENT 3: RESUMES OF KEY PERSONNEL

Kirk.schmitt@gmr.net

702.767.7003

Las Vegas, NV 89135

Skills

- Cost analysis and savings
- Performance improvements
- Supervision and training
- Employee development
- Cross-functional team management
- Policy/program development
- Financial administration

Education And Training

05/2003

Master's Degree:

Healthcare Administration

University of South Dakota

Vermillion, SD, US

05/1999

Bachelor's Degree:

Business Administration

Black Hills State University

Spearfish, SD, US

07/2007

PDS/Applied Management

Certificate

**State of Iowa, Dept. of
Administrative Services**

Des Moines, IA, US

07/2009

FEMA, Professional

Development Series

Certificate

**Emergency Management
Institute**

Emmitsburg, MD, US

02/2010

Executive Leadership Program:

Center for Homeland Security
Institute

Naval Postgraduate School

Monterey, CA, US

Kirk E Schmitt

Summary

Take-charge professional delivering executive support and team leadership to business operations. Dependable and detail-oriented to manage multiple tasks and priorities. Broad experience includes office management, accounting, invoicing, dispatching, database management, vendor negotiations and contract management. Recognized for exemplary customer service and team collaboration.

Experience

American Medical Response – Regional Director of Operations

Southern Nevada

08/2023 – Current

- Develop distinctive strategies to achieve competitive advantage; translate broad growth, government relations, and other relevant strategies into specific objectives and action plans; align the organization to support strategic priorities.
- Demonstrate sound, entrepreneurial risk taking by championing new ideas and initiatives that address market potential, level of care needs, and customer expectations. Identify financially sound, new business opportunities and make them a reality to create a culture of sustained growth; foster innovation and risk taking.
- Plan, prepare, and utilize financial records (including budgets, forecasts, payroll data, etc.) and key metrics to analyze and make decisions to meet specific strategic and financial goals. Responsible for all facets of the profit and loss of the division which includes top line revenue to allocations.
- Regularly foster strong working relationships with local public, private, political and community members.

American Medical Response - Southwest Region Director of Communications

Phoenix, AZ

05/2016 – 08/2023

British Columbia Emergency Health Services - Director

Vancouver, BC

05/2015 - 05/2016

Monterey County Health Department - EMS Agency Director

Salinas, CA

03/2011 - 05/2015

Iowa Department of Public Health, Bureau of Emergency Medical Services - Chief

Des Moines, IA

01/2006 - 03/2011

Monterey County Health Department- EMS Analyst/Manager

Salinas, CA

03/2004 - 01/2006

SARAH BAKER

[LinkedIn Profile](#)sarahnbaker16@gmail.com

719-651-7543 | Pueblo West, CO

HEALTHCARE OPERATIONS LEADER

Excelling in high-pressure environments via best practices and dynamic leadership to take care of those who care for others.



KEY STRENGTHS

Strategic Planning & Tactical Execution
Team Leadership & Motivation
Operations Management
Process Improvement & Efficiency
Quick-Thinking, Decisive Leadership
Healthcare Management
Budget Management | Cost Savings

Versatile and authentic senior operations leader with a reputation for delivering rapid business impact—optimizing resources and service outcomes, including budgets, timelines, and quality. Foster an environment of professional growth, self-improvement, and performance management; motivate employees to achieve department goals while fervently advocating for their health and wellbeing.

- ✓ Drove rapid growth and expansion of 2 EMS healthcare startups – scaling to \$137M in less than 2 years, and expanding to 13 operations within 1 year, respectively.
- ✓ Uncovered multimillion-dollar fraudulent practice within a partnered ambulance service after conducting a business valuation, ultimately leading to the COO severing ties with the service.
- ✓ Saved \$164K on ISTAT validation costs by building a relationship with supplier and presenting a case for them to cover the cost.

CAREER SUMMARY

GMR – Mobile Integrated Health (MIH)

Remote | 2022 – Present

The largest private medical transportation company in the world.

Project Manager

Appointed to implement new hospital at-home markets within GMR MIH healthcare system. Lead system-wide software integration, nationwide logistics (budget management), contract administration and management, and vendor management. Perform Project Management duties using approaches such as agile, six sigma, and more. Manage 16 direct reports as well as several teams across multiple departments that implement change and provide support in a clinical and administrative capacity. Travel 80% nationwide.

- Propelled rapid scaling to add 13 operations within the last 12 months, collaborating to create operations infrastructure on a national scale. Gained robust exposure to various facets of the business, including policy development, real estate procurement, proposals, presentations, reports, fraud investigations, and strategic planning.
- Captured \$30K savings per cardiac monitor order after advising the vice president of operations to remove pediatric equipment (a population not currently served by the company) from the order.
- Selected to serve as Interim Regional Director (30 days), adding 33 direct reports while retaining existing scope and projects.

BannerAir

Mesa, AZ | 2021 – 2022

A first-of-its-kind service in Arizona, BannerAir is a joint venture between Med Trans and Banner Health.

Project Manager

Worked alongside leadership team to design policies and procedures to maximize operation and meet the objective of the service line—building, implementing, licensing, and maintaining the BannerAir COPA project. Managed concurrent small- and large-scale projects. Conducted forensic valuations/evaluations of internal EMS services. Led weekly leadership meetings, and assisted in Marketing and Business Development.

- Collaborated and consulted with chief operating officer to structure the program for startup operation, creating a \$24M 4-helicopter service; worked closely to develop an expansion plan that led to 5X+ growth.

American Medical Response

Mesa, AZ | 2018 – 2021

Privately held ambulance service providing emergency and non-emergency medical transportation.

Operations Supervisor (2020 to 2021)

Promoted to oversee day-to-day operation of ambulance service, encompassing ~2.3K employees in total, with 200 employees and 80 ambulances per shift. Directed AMR resources during mass casualty/disaster incidents. Monitored system status, scheduling, and

coordination of equipment and supply maintenance. Served as a resource for field crews to problem-solve emergent and non-emergent situations. Represented AMR as a patient, customer, and affiliate agency liaison.

- Championed culture transformation to invigorate the team morale; created a leadership development program to equip leaders with quality training, prioritized wellbeing of employees, identified need for and recommended Critical Incident Stress Management and Employee Assistance Program, praised exceptional behavior, and motivated those making a difference.
- Coordinated staffing, scheduling, and logistics; tracked daily metrics, compiled reports, and performed data analysis to pinpoint areas of opportunity for efficiency gains and performance improvement.

Field Supervisor / Relief Operations Supervisor (2019 to 2020)

Promoted to lead from the front when actively going out on ambulance calls. Supervised and assisted in operation of 67-80 trucks a day. Managed employees under 3 different union contracts. Liaised with outside agencies, management, employees, and patients.

- Implemented Operative-IQ—a months-long project—which significantly enhanced organization's ability to track supply utilization and waste, which not only eased inventory management, but also informed improved budgeting and forecasting capabilities.

Emergency Medical Technician (2018 to 2019)

Responded to emergent and non-emergent calls, assessing situations to find the best course of action. Maintained focus when dealing with life-threatening and non-life-threatening emergencies. Provided unsurpassed patient care.

Banner Health

Colorado & Arizona | 2015 – 2020

One of the largest nonprofit healthcare systems in the country; based out of Arizona with operations in 6 states.

Emergency Department Tech – Multiple Facilities (Level 1 Trauma & Level 2 Trauma experience)

Assisted ED physicians and trauma surgeons with emergent and non-emergent procedures.

- Served as the ED Tech Chairman from 2015-2018, establishing regular cadence of monthly meetings and trainings.



Board Experience

President & Member, Board of Directors | Billy's Place | 2021 – Present

Act as an ambassador to increase donations and bring awareness to the cause of *Providing grief support to children and their families*. Guide and support the 7-member board of directors, collectively overseeing financial wellness, Federal compliance, and overall performance of organization.

- Strengthened morale within organizations and created a winning culture among the board of directors.
- Cultivated relationships with local NBA and WNBA organizations, yielding \$15K in donations within 3 months via the different branches of the organizations' charity system.
- Volunteered as project manager for Hike for Hope, delivering organization's most successful fundraiser in history, raising \$130K+.

Member, Advisory Board | Lighthouse Health & Wellness | 2022 – Present

Research, network, and advise Lighthouse Health and Wellness about resources available to first responders seeking mental wellness. Act as an ambassador for the first responder mental wellness program and find subject matter experts that can contribute the highest quality information and guidance for those who serve others.

EDUCATION & CREDENTIALS

Master of Business Administration (MBA) Candidate | University of Northern Colorado (projected 2024)
Bachelor's Degree, Project Management – specialization in Healthcare Management | Colorado State University

Google-Certified Project Manager | Google

Business Specialization Certificate | Front Range Community College

Leadership Certificate | National Society of Leadership and Success

High Reliability and Just Culture Skills Certificate | Global Medical Response

Principles of Reliability Certificate | Global Medical Response

ICS 100, 200, 700 & 800

Microsoft Office 365, Workday, Kronos, Monday, iCIMS, Operative-IQ

►Damon Schilling

Las Vegas, NV

Phone: 702-290-0576

E-mail: drschilling1@gmail.com

Objective

Results driven leader with experience in healthcare in a fast paced competitive environment. Primary focus on execution, relationship building, problem solving, strategic planning and business development. Experienced in general management, public relations and marketing.

Strong leadership skills, servant leadership, mentor and coach to teams in achieving organizational goals. Skilled in tactics and strategy and team management. Excellent communication skills and versed in public speaking and presentation to internal and external stakeholders and customers.

Professional Strengths

General Management	Public Speaking	Client Relations	Execution
Contract Negotiations	Market Research	Training & Development	Strategic Planning
Analysis/Problem Solving	Market Modeling	Healthcare Management	Marketing

Professional Experience

Public Affairs Manager (2017-Present)

American Medical Response (Las Vegas, NV)

- Developed and maintained relationships and influence with elected officials that resulted in the stoppage of an RFP and produced the renewal of a 911/IFT contract for 3 years.
- Led a team of two that developed a Stop the Bleed, bleeding control class that trained over 20,000 citizens in Las Vegas for free

► Resume: Damon Schilling

- Developed the Pathway to Paramedic Program which increases diversity and bridges socioeconomic gaps in the community and creates scholarships for members of the community into EMS programs
- Led the team that produces an annual report for local stake holders that focuses on employee engagement, community involvement and financial strength of local operations.
- Direct oversight of \$1.5 million dollar budget under consulting, advertising and employee relations
- Founder and Board of Directors member for the Nevada Ambulance Association to focus on local and state level politics
- Worked with the Vegas Chamber of Commerce to develop public safety month which occurs every two years in July. Helps the public and local businesses prepare medical and community emergencies
- Led team on rewriting the franchise agreement for the City of Las Vegas that was used for the time period of 2020-2023
- Led the team that negotiated the contract with the NHLs Vegas Golden Knights

Community / Government Relations Coordinator (2014-2017)

American Medical Response (Las Vegas, NV)

Paramedic FTO (2007 –2014)

American Medical Response (Las Vegas, NV)

EMT-I, Dispatcher (2003-2006)**Education****Nevada State College (2015- 2018)**

- Graduated Magna Cum Laude from Nevada State College in 2018 with a degree in Business Administration

Certified Paramedic (Active), State of Nevada**Summary of Qualifications**

- 21 Years of EMS experience in Clark County
- 17 Years as Paramedic
- 4 Years as EMT-Intermediate
- EMS Secondary Instructor
- Field Training Officer

- ACLS, PALS, CPR- (Instructor Certification)
- EVOC
- Exceptional interpersonal communication skills
- Team oriented
- EMS Instructor/FTO
- Microsoft Office Proficiency

References

Available upon request

ATTACHMENT 4: LIST OF VEHICLES

Year	VIN	Mileage	Make	Model & Type	Service	Plate	Fuel	Type
2022	1FDWE3FN4NDC15943	22	Ford	E350 Type III	ALS	n/a	U	Ambulance
2011	1FDWE3FS4BDB20879	278,020	Ford	E350 Type III	ALS	NV 29A997	U	Ambulance
2016	1FDWE3FS9GDC33461	226,455	Ford	E350 Type III	ALS	NV SHO750	U	Ambulance
2016	1FDWE3FS1GDC20008	211,119	Ford	E350 Type III	ALS	NV SH0794	U	Ambulance
2016	1FDWE3FSXGDC08651	244,062	Ford	E350 Type III	ALS	NV SH0629	U	Ambulance
2015	1FDWE3FS8FDA10925	213,486	Ford	E350 Type III	ALS	NV 41A124	U	Ambulance
2017	1FDWE3FS5HDC22572	197,131	Ford	E350 Type III	ALS	NV SH0776	U	Ambulance
2017	1FDWE3FS9HDC24082	190,615	Ford	E350 Type III	ALS	NV SH0786	U	Ambulance
2016	1FDWE3FS1GDC34927	218,778	Ford	E350 Type III	ALS	NV SHO609	U	Ambulance
2017	1FDWE3FS2HDC37904	180,187	Ford	E350 Type III	ALS	NV SH0605	U	Ambulance
2018	1FDWE3FS5JDC14851	147,936	Ford	E350 Type III	ALS	NV 510E60	U	Ambulance
2017	1FDWE3FS3HDC69891	67,702	Ford	E350 Type III	ALS	NV SH0623	U	Ambulance
2017	1FDWE3FS0HDC37478	205,841	Ford	E350 Type III	ALS	NV SH0765	U	Ambulance
2017	1FDWE3FS2HDC26806	181,999	Ford	E350 Type III	ALS	NV SH0621	U	Ambulance
2017	1FDWE3FS9HDC37480	197,625	Ford	E350 Type III	ALS	NV SH0602	U	Ambulance
2013	1FDWE3FS3DDB22089	283,350	Ford	E350 Type III	ALS	NV 918T32	U	Ambulance
2014	1FDWE3FS1EDA28651	258,270	Ford	E350 Type III	ALS	NV SH0760	U	Ambulance
2014	1FDWE3FS8EDB05533	295,131	Ford	E350 Type III	ALS	NV 369AUU	U	Ambulance
2014	1FDWE3FS3EDB05536	291,662	Ford	E350 Type III	ALS	NV 169AUS	U	Ambulance
2018	1FDWE3FS6JDC02031	179,875	Ford	E350 Type III	ALS	NV 508E60	U	Ambulance
2018	1FDWE3FS8JDC02032	155,890	Ford	E350 Type III	ALS	NV 509E60	U	Ambulance
2015	1FDWE3FS7FDA10933	278,599	Ford	E350 Type III	ALS	NV 53A952	U	Ambulance
2015	1FDWE3FS2FDA10936	274,955	Ford	E350 Type III	ALS	NV 53A951	U	Ambulance
2014	1FDWE3FSXFDA16127	272,673	Ford	E350 Type III	ALS	NV 70A539	U	Ambulance
2014	1FDWE3FS8FDA16126	231,500	Ford	E350 Type III	ALS	NV 153J35	U	Ambulance
2015	1FDWE3FS5FDA16651	262,774	Ford	E350 Type III	ALS	NV 77B929	U	Ambulance
2014	1FDWE3FS1EDB05440	247,980	Ford	E350 Type III	ALS	NV SH0772	U	Ambulance
2016	1FDWE3FS4GDC12758	228,306	Ford	E350 Type III	ALS	NV SH0783	U	Ambulance
2016	1FDWE3FS6GDC00689	250,734	Ford	E350 Type III	ALS	NV SH0775	U	Ambulance
2016	1FDWE3FS9GDC13310	237,469	Ford	E350 Type III	ALS	NV SH0617	U	Ambulance
2016	1FDWE3FS7GDC07893	247,426	Ford	E350 Type III	ALS	NV SH0649	U	Ambulance
2016	1FDWE3FS5GDC06595	240,245	Ford	E350 Type III	ALS	NV SH0798	U	Ambulance
2015	1FDWE3FS8FDA33279	241,373	Ford	E350 Type III	ALS	NV SH0756	U	Ambulance
2015	1FDWE3FS4FDA33280	232,162	Ford	E350 Type III	ALS	NV SH0780	U	Ambulance
2016	1FDWE3FSXGDC19262	217,709	Ford	E350 Type III	ALS	NV SH0624	U	Ambulance
2016	1FDWE3FS4GDC23680	241,293	Ford	E350 Type III	ALS	NV SH0751	U	Ambulance
2016	1FDWE3FS6GDC22045	218,914	Ford	E350 Type III	ALS	NV SH0771	U	Ambulance
2016	1FDWE3FS8GDC22046	221,421	Ford	E350 Type III	ALS	NV SH0619	U	Ambulance

Year	VIN	Mileage	Make	Model & Type	Service	Plate	Fuel	Type
2018	1FDWE3FS2JDC14855	164,248	Ford	E350 Type III	ALS	NV 511E60	U	Ambulance
2016	1FDWE3FS5GDC24935	185,224	Ford	E350 Type III	ALS	NV SH0752	U	Ambulance
2018	1FDWE3FS5JDC09150	166,797	Ford	E350 Type III	ALS	NV 512E60	U	Ambulance
2019	1FDWE3FS9KDC06205	118,560	Ford	E350 Type III	ALS	NV 077K69	U	Ambulance
2019	1FDWE3FS9KDC33128	121,756	Ford	E350 Type III	ALS	NV 025H22	U	Ambulance
2019	1FDWE3FS8KDC33153	126,598	Ford	E350 Type III	ALS	NV 026H22	U	Ambulance
2019	1FDWE3FS9KDC33145	123,004	Ford	E350 Type III	ALS	NV 582K40	U	Ambulance
2019	1FDWE3FS5KDC63033	108,577	Ford	E350 Type III	ALS	NV 693L75	U	Ambulance
2019	1FDWE3FSXKDC54702	80,064	Ford	E350 Type III	ALS	NV 824M79	U	Ambulance
2019	1FDXE4FS3KDC16870	77,109	Ford	E450 Type III	ALS	NV 822M79	U	Ambulance
2019	1FDXE4FS4KDC15226	41,175	Ford	E450 Type III	ALS	NV 823M79	U	Ambulance
2019	1FDWE3FS1KDC58606	67,590	Ford	E350 Type III	ALS	NV 348M93	U	Ambulance
2019	1FDWE3FS4KDC58616	68,665	Ford	E350 Type III	ALS	NV 349M93	U	Ambulance
2019	1FDWE3FSXKDC66137	57,451	Ford	E350 Type III	ALS	NV 742N65	U	Ambulance
2021	1FDWE3FN0MDC04064	23,594	Ford	E350 Type III	ALS	NV 127P53	U	Ambulance
2019	1FDWE3FS3KDC66142	34,850	Ford	E350 Type III	ALS	NV 454P40	U	Ambulance
2019	1FDWE3FS7KDC66158	38,535	Ford	E350 Type III	ALS	NV 453P40	U	Ambulance
2021	1FDWE3FN1MDC38367	12,003	Ford	E350 Type III	ALS	NV 657S42	U	Ambulance
2021	1FDWE3FN7MDC38356	15,529	Ford	E350 Type III	ALS	NV 106R79	U	Ambulance
2017	1FDYR2CM4HKB35691	126,822	Ford	T250 Type II	ALS	NV 259D69	U	Ambulance
2017	1FDYR2CM2HKB35687	147,718	Ford	T250 Type II	ALS	NV 258D69	U	Ambulance
2017	1FDYR2CM2HKA98575	161,850	Ford	T250 Type II	ALS	NV 123D70	U	Ambulance
2017	1FDYR2CM0HKA98574	156,146	Ford	T250 Type II	ALS	NV 122D70	U	Ambulance
2017	1FDYR2CM6HKA98577	148,182	Ford	T250 Type II	ALS	NV 379D70	U	Ambulance
2017	1FDYR2CM2HKB35690	128,481	Ford	T250 Type II	ALS	NV 505E60	U	Ambulance
2017	1FDYR2CM4HKB35688	88,482	Ford	T250 Type II	ALS	NV 507E60	U	Ambulance
2020	1FDDBR1CG9LKA85017	7,270	Ford	T250 Type II	ALS	NV 104R79	U	Ambulance
2020	1FDDBR1CG5LKB02279	351	Ford	T250 Type II	ALS	NV 107R79	U	Ambulance
2020	1FDDBR1CG0LKA78974	0	Ford	T250 Type II	ALS	NV 103R79	U	Ambulance
2005	1FDXE45P75HB08052	223,934	Ford	E450 Type III	Bariatric	NV SH0791	D	Ambulance
2014	1FDSS3EL2EDB15069	186,812	Ford	E350 Type II	BLS	NV 64C660	U	Ambulance
2014	1FDSS3EL1EDB15029	206,223	Ford	E350 Type II	BLS	NV 64C661	U	Ambulance
2014	1FDSS3EL7EDA77953	193,440	Ford	E350 Type II	BLS	NV 64C662	U	Ambulance
2014	1FDSS3EL1EDB15158	188,271	Ford	E350 Type II	BLS	NV SH0778	U	Ambulance
2020	1FB8R1CG2LKA78992	0	Ford	T250 Type II	BLS	NV 105R79	U	Ambulance
2020	1FB8R1CG8LKB02308	0	Ford	T250 Type II	BLS	NV 106R79	U	Ambulance
2003	1FTNX20L03ED45594	81,478	Ford	F250 Pick Up	Fleet	NV 70A537	D	Sup
2015	1FM5K8AR9FGA56736	135,781	Ford	Explorer	Prime	NV 900ATB	U	Sup
2008	2FAHP71V78X145198	175,548	Ford	Crown Victoria	Supervisor	NV 949 LVH	U	Sup
2012	1FMCU9DG3CKA23600	105,468	Ford	Escape	Supervisor	NV 994 YSL	U	Sup
2012	1FMJU1G52CEF10370	155,232	Ford	Expedition	Supervisor	NV 196E68	U	Sup
2017	1FMJU1HT6HEA34290	36,463	Ford	Expedition	Supervisor	NV 094E90	U	Sup
2004	1GTEC14V84Z900722	273,206	GMC	Sierra	Supervisor	NV 109R79	U	Sup
1997	1WC200H24V4029528	0	Trailer	Trailer	Trailer	NV - 31308G	n/a	Trailer

ATTACHMENT 5: SAMPLE COI

[EXCERPTED]

ATTACHMENT 6: INSURANCE LETTER

[EXCERPTED]

ATTACHMENT 7:

AUDITED FINANCIAL STATEMENTS

[EXCERPTED]

**EXHIBIT 1
PRICE PROPOSAL**

Emergency Ambulance Unit Hour Rates			
Unit Hours Annually	ALS Unit Hour Rate	ILS Unit Hour Rate	BLS Unit Hour Rate
0 - 17,520	\$ 164.42	\$ 136.47	\$ 124.60
17,521 - 26,279	\$ 164.42	\$ 136.47	\$ 124.60
26,280 - 35,039	\$ 164.42	\$ 136.47	\$ 124.60
35,040 - 43,799	\$ 159.65	\$ 132.51	\$ 120.99
43,800 - 52,560	\$ 159.65	\$ 132.51	\$ 120.99
52,561 - 65,700	\$ 155.66	\$ 129.20	\$ 117.97
In Excess of 65,700	\$ 151.77	\$ 125.97	\$ 115.02

EXHIBIT 2 – DISPATCH PRIORITIES 1 THROUGH 5

Priority	OLD PRIORITIES:	NEW/CURRENT PRIORITIES:
P1	Emergency	Critical
P2	Urgent	High
P3	Non-Emergency	Moderate
P4	MCI Triage	Low
P5	Non-Scheduled Transport	Medical Aid

PRIORITY 1

Problem Nature	Priority
11E-Choking	P1 Critical
12D-01 Convulsions/Seizure	P1 Critical
14E-1Drowning/Diving Accident	P1 Critical
14E-2Drowning/Diving Accident	P1 Critical
15D-1Electrocution	P1 Critical
15E-Electrocution	P1 Critical
17D-02 Falls/Back Inj(Trauma)	P1 Critical
21D-01 Hemorrhage/Lacerations	P1 Critical
22D-Industrial/Machinery Acc	P1 Critical
23E-Overdose/Ingest Poison	P1 Critical
27D-01 Stab/Gunshot Arrest	P1 Critical
27D-6Stab/Gunshot Wound	P1 Critical
27D-Stab/Gunshot Wound	P1 Critical
29D-06 Traffic Accident	P1 Critical
2E-Allergy/Hive/Sting/Med Rxn	P1 Critical
30D-01 Traumatic Injuries	P1 Critical

31D-01 Unconscious Arrest	P1 Critical
31E-01 Unconscious Arrest	P1 Critical
31E-UnconsciousFaint(NonTrauma	P1 Critical
33D-01 Transfer/Inter Arrest	P1 Critical
33D-Transfer/Interfacility	P1 Critical
3D-01 Animal Bites/Attacks	P1 Critical
6E-Breathing Problems	P1 Critical
7D-02 Burns Explosion	P1 Critical
7D-1Burns Explosion	P1 Critical
7D-Burns Explosion	P1 Critical
7E-1Burns Explosion	P1 Critical
7E-Burns Explosion	P1 Critical
8D-01 Carbon Monoxide	P1 Critical
8D-5C O/Inhalation	P1 Critical
9D-Cardiac/Respiratory Arrest	P1 Critical
9E-4Cardiac/Respiratory Arrest	P1 Critical
9E-5Cardiac/Respiratory Arrest	P1 Critical
9E-Cardiac/Respiratory Arrest	P1 Critical

PRIORITY 2

Problem Nature	Priority
10D-Chest Pain	P2 High
11D-Choking	P2 High
12C-02 Convulsions/Seizures	P2 High
12C-06 Convulsions/Seizures	P2 High
12D-Convulsions/Seizure	P2 High
13D-Diabetic Problems	P2 High

Problem Nature	Priority
14D-Drowning/Diving Accident	P2 High
15D-Electrocution	P2 High
17D-Falls/Back Inj (Trauma)	P2 High
18C-Headache	P2 High
18C-XHeadache	P2 High
19C-01 Heart Problems	P2 High
19C-02 Heart Problems	P2 High
19C-03 Heart Problems	P2 High
19C-06 Heart Problems	P2 High
19D-Heart Problems	P2 High
1D-Abdominal Pain	P2 High
20D-2Heat/Cold Exposure	P2 High
20D-Heat/Cold Exposure	P2 High
21C- 01 Hemorrhage/Lacerations	P2 High
21C-02 Hemorrhage/Lacerations	P2 High
21D-Hemorrhage/Lacerations	P2 High
23D-Overdose/Ingestion/Poison	P2 High
24D-Pregnancy/BirthMiscarriage	P2 High
25D-Psychiatric/SuicideAttempt	P2 High
26D-Sick Person(Specific Diag)	P2 High
27B-Stab/Gunshot Wound	P2 High
28B-Stroke (CVA)	P2 High
28C-Stroke (CVA)	P2 High
29D-05 Vehicle Acc Pinned	P2 High
29D-1Traffic Accident	P2 High

Problem Nature	Priority
29D-2Traffic Accident	P2 High
29D-Traffic Accident	P2 High
2D-03 Swarming Attack	P2 High
2D-Allergy/Hive/Sting/Med Rxn	P2 High
30D-Traumatic Injuries	P2 High
31D-UnconsciousFaint(NonTraum)	P2 High
3D-8Animal Bites/Attacks	P2 High
3D-Animal Bites/Attacks	P2 High
4D-01 Assault/Rape Arrest	P2 High
4D-Assault/Rape	P2 High
5D-Back Pain (Non-Trauma)	P2 High
6D-Breathing Problems	P2 High
7C-BurnsExplosion	P2 High
8D-C O/Inhalation	P2 High

PRIORITY 3

Problem Nature	Priority
10C-Chest Pain	P3 Moderate
12B-Convulsions/Seizures	P3 Moderate
12C-Convulsions/Seizures	P3 Moderate
12C-XConvulsions/Seizures	P3 Moderate
13C-Diabetic Problems	P3 Moderate
14B-Drowning/Diving Accident	P3 Moderate
14C-Drowning/Diving Accident	P3 Moderate
15C-Electrocution	P3 Moderate

Problem Nature	Priority
16D-01 Eye Problems Not Alert	P3 Moderate
16D-Eye Problems/Injuries	P3 Moderate
17B-01 Falls/Back Inj (Trauma)	P3 Moderate
17B-02 Falls/Back Inj (Trauma)	P3 Moderate
19B-Heart Problems	P3 Moderate
19C-Heart Problems	P3 Moderate
19C-XHeart Problems	P3 Moderate
1C-Abdominal Pain	P3 Moderate
1C-XAbdominal Pain	P3 Moderate
20C-Heat/Cold Exposure	P3 Moderate
21B-Hemorrhage/Lacerations	P3 Moderate
21C-Hemorrhage/Lacerations	P3 Moderate
21C-XHemorrhage/Lacerations	P3 Moderate
22B-Indust/Machinery Accidents	P3 Moderate
23B-Overdose/Ingest/Poisoning	P3 Moderate
23C-Overdose/Ingestion/Poison	P3 Moderate
24B-Pregnancy/BirthMiscarriage	P3 Moderate
24C-Pregnancy/BirthMiscarriage	P3 Moderate
24C-XPregnancy/BirthMiscariage	P3 Moderate
25B-01 Psychiatric Serious Hem	P3 Moderate
25B-04 Psychiatric Jumper	P3 Moderate
25B-05 Psychiatric Hanging	P3 Moderate
25C-Psychiatric/SuicideAttempt	P3 Moderate
26C-SickPerson (Specific Diag)	P3 Moderate
29B-Traffic Accident	P3 Moderate

Problem Nature	Priority
2C-Allergy/Hive/Sting/Med Rxn	P3 Moderate
31C-UnconsciousFaint(NonTrauma	P3 Moderate
32D-01 Unknown Problem	P3 Moderate
32D-Unknown Problem	P3 Moderate
33C6-Transfer/Interfacility	P3 Moderate
33C-Transfer/Interfacility	P3 Moderate
5C-Back Pain (Non-Trauma)	P3 Moderate
5C-XBack Pain (Non-Trauma)	P3 Moderate
5D-01 Back Pain (Non-Trauma)	P3 Moderate
6C-Breathing Problems	P3 Moderate
8C-C O/Inhalation	P3 Moderate

PRIORITY 4

(“***” Shall Signify ILS Level of Care Allowed)

Problem Nature	Priority
10A-01 Chest Pain 12 to 34yo	P4 Low
10A-02 Chest Pain It 12yo Drug	P4 Low
10O-01 Chest Pain Under 12yo	P4 Low
11A-Choking **	P4 Low
12A-Convulsions/Seizures	P4 Low
16A-01 Eye Problems/Injuries**	P4 Low
16B-Eye Problems/Injuries**	P4 Low
17A-01 Fall Not Dngr w/Deform	P4 Low
17A-01A Fall Not Dngr w/Deform	P4 Low
17A-01E Fall Not Dngr w/Deform	P4 Low
17A-01G Fall Not Dngr w/Deform	P4 Low

Problem Nature	Priority
17A-01J Fall Not Dngr w/Deform	P4 Low
17A-01P Fall Not Dngr w/Deform	P4 Low
17A-Falls/Back Inj(Trauma) **	P4 Low
17B-Falls/Back Inj (Trauma) **	P4 Low
18B-Headache**	P4 Low
19A-Heart Problems	P4 Low
1A-Abdominal Pain**	P4 Low
20B-Heat/Cold Exposures**	P4 Low
21A-02M Nosebleed Serious**	P4 Low
21A-02T Nosebleed Serious**	P4 Low
24A-01 1st Tri Bleed/Miscarry**	P4 Low
24A-Pregnancy/BirthMiscarriage**	P4 Low
25B-02 Psychiatric Minor Hemor**	P4 Low
25B-03 Psychiatric Threat Suic**	P4 Low
25B-06 Psychiatric Unknown**	P4 Low
25B-Psychiatric/Suicide**	P4 Low
26B-Sick Person(Specific Diag)	P4 Low
28A-Stroke (CVA)	P4 Low
2B-Allergy/Hive/Sting/Med Rxn	P4 Low
30B-Traumatic Injuries	P4 Low
32B-01 Unknown Problem	P4 Low
32B-02 Unknown Problem	P4 Low
32B-03 Unknown Problem	P4 Low
32B-04 Unknown Problem	P4 Low
32B-Unknown Problem	P4 Low

Problem Nature	Priority
33B-Transfer/Interfacility	P4 Low
3B-Animal Bites/Attacks**	P4 Low
4B-Assault/Rape**	P4 Low
7B-Burns/Explosions	P4 Low
8B-C O/Inhalation/HazMat	P4 Low
9A-Obvious Death	P4 Low

PRIORITY 5

(“**”) shall signify ILS level of care allowed)

Problem Nature	Priority
11O-01C Not Choking Now**	P5 Medical Aid
11O-01F Not Choking Now**	P5 Medical Aid
11O-01M Not Choking Now**	P5 Medical Aid
11O-01O Not Choking Now**	P5 Medical Aid
11O-01U Not Choking Now**	P5 Medical Aid
11O-Choking**	P5 Medical Aid
13A-01 Diabetic w/o 1st Party**	P5 Medical Aid
13A-Diabetic Problems**	P5 Medical Aid
13O-01 Diabetic 1st Party**	P5 Medical Aid
13O-Diabetic Problems**	P5 Medical Aid
14A-Drowning/Diving Accident**	P5 Medical Aid
16A-Eye Problems/Injuries**	P5 Medical Aid
16O-01 Minor Eye Injuries**	P5 Medical Aid
16O-02 Medical Eye Problems**	P5 Medical Aid
16O-Eye Problems/Injuries**	P5 Medical Aid
17A-03 Fall Over 6hr**	P5 Medical Aid

Problem Nature	Priority
17A-04 Fall Public Assist**	P5 Medical Aid
17A-04A Fall Public Assist**	P5 Medical Aid
17A-04E Fall Public Assist**	P5 Medical Aid
17A-04G Fall Public Assist**	P5 Medical Aid
17A-04J Fall Public Assist**	P5 Medical Aid
17A-04P Fall Public Assist**	P5 Medical Aid
17O-01 Fall Not Dngr**	P5 Medical Aid
17O-01A Fall Not Dngr**	P5 Medical Aid
17O-01E Fall Not Dngr**	P5 Medical Aid
17O-01G Fall Not Dngr**	P5 Medical Aid
17O-01J Fall Not Dngr**	P5 Medical Aid
17O-01P Fall Not Dngr**	P5 Medical Aid
17O-02 Fall Over 6hr**	P5 Medical Aid
17O-02A Fall Over 6hr**	P5 Medical Aid
17O-02E Fall Over 6hr**	P5 Medical Aid
17O-02G Fall Over 6hr**	P5 Medical Aid
17O-02J Fall Over 6hr**	P5 Medical Aid
17O-02P Fall Over 6hr**	P5 Medical Aid
17O-03A Fall Over 6hr**	P5 Medical Aid
17O-03E Fall Over 6hr**	P5 Medical Aid
17O-03G Fall Over 6hr**	P5 Medical Aid
17O-03J Fall Over 6hr**	P5 Medical Aid
17O-03P Fall Over 6hr**	P5 Medical Aid
17O-Falls/Back Inj(Trauma) **	P5 Medical Aid
18A-01 Headache w/o 1st Party**	P5 Medical Aid

Problem Nature	Priority
18A-Headache**	P5 Medical Aid
18O-01 Headache 1st Party**	P5 Medical Aid
18O-Headache**	P5 Medical Aid
1A-01 Abdominal Pain**	P5 Medical Aid
1A-03 Abd Pain Worse w/Moving**	P5 Medical Aid
1O-01 Abd Pain Male Under 15yo**	P5 Medical Aid
1O-02 Abd Pain Fem Under 12yo**	P5 Medical Aid
1O-Abdominal Pain**	P5 Medical Aid
20A-01C Cold Exp w/o 1st Party**	P5 Medical Aid
20A-01H Heat Exp w/o 1st Party**	P5 Medical Aid
20A-Heat/Cold Exposure**	P5 Medical Aid
20O-01C Cold Exp 1st Party**	P5 Medical Aid
20O-01H Heat Exp 1st Party**	P5 Medical Aid
20O-Heat/Cold Exposure**	P5 Medical Aid
21A-01M Bleeding Not Dngr Area**	P5 Medical Aid
21A-01T Bleeding Not Dngr Area**	P5 Medical Aid
21A-Hemorrhage/Lacerations**	P5 Medical Aid
21O-01M Minor Bleeding Medical**	P5 Medical Aid
21O-01T Minor Bleeding Trauma**	P5 Medical Aid
21O-02M Nosebleed under 35yo**	P5 Medical Aid
21O-02T Nosebleed under 35yo**	P5 Medical Aid
21O-03M Nonbleeding Lac Medic**	P5 Medical Aid
21O-03T Nonbleeding Lac Trauma**	P5 Medical Aid
21O-Hemorrhage/Lacerations**	P5 Medical Aid
22A-Indust/Machinery Accidents**	P5 Medical Aid

Problem Nature	Priority
23A-Overdose/Ingest Poison**	P5 Medical Aid
23O-01 Overdose**	P5 Medical Aid
23O-01A Overdose Accidental**	P5 Medical Aid
23O-01I Overdose Intentional**	P5 Medical Aid
23O-01V Overdose Violent**	P5 Medical Aid
23O-01W Overdose Violent**	P5 Medical Aid
23O-Overdose/Ingestion/Poison**	P5 Medical Aid
24O-01 Pregnancy Waters Broken**	P5 Medical Aid
24O-01M Pregnancy Waters Broke**	P5 Medical Aid
24O-02 1st Tri Bleed/Miscarry**	P5 Medical Aid
24O-02M 1st Tri Bleed/Miscarry**	P5 Medical Aid
24O-Pregnancy/Birth Miscarriag**	P5 Medical Aid
25A-01 Non-suicidal**	P5 Medical Aid
25A-Psychiatric/SuicideAttempt**	P5 Medical Aid
25O-01 Non-suicidal 1st Party**	P5 Medical Aid
25O-01B Non-suicidal 1st Party**	P5 Medical Aid
25O-01V Non-suicidal 1st Party**	P5 Medical Aid
25O-01W Non-suicidal 1st Party**	P5 Medical Aid
25O-02 Suicidal (Not Threat) **	P5 Medical Aid
25O-02B Suicidal (Not Threat) **	P5 Medical Aid
25O-02V Suicidal (Not Threat) **	P5 Medical Aid
25O-02W Suicidal (Not Threat) **	P5 Medical Aid
25O-Psychiatric/Suicide**	P5 Medical Aid
26A-01 Sick Person**	P5 Medical Aid
26A-02 Blood Pressure Problem**	P5 Medical Aid

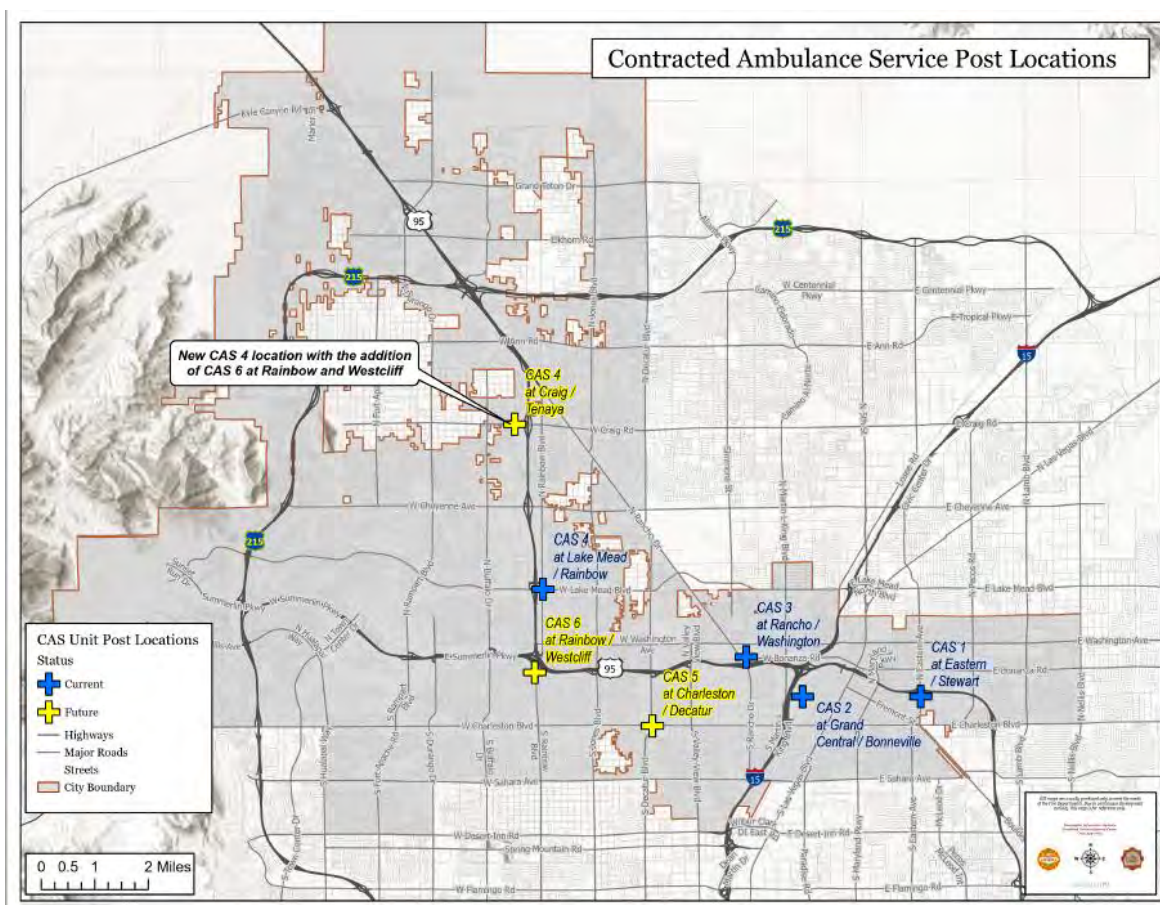
Problem Nature	Priority
26A-03 Dizziness	P5 Medical Aid
26A-04 Fever/Chills	P5 Medical Aid
26A-05 General Weakness	P5 Medical Aid
26A-06 Nausea**	P5 Medical Aid
26A-08 Other Pain**	P5 Medical Aid
26A-09 Transportation Only**	P5 Medical Aid
26A-10 Unwell/III	P5 Medical Aid
26A-11 Vomiting	P5 Medical Aid
26A-12 Coronavirus (Suspected) **	P5 Medical Aid
26A-Sick Person(Specific Diag) **	P5 Medical Aid
26O-01 Person Sick**	P5 Medical Aid
26O-02 Boils**	P5 Medical Aid
26O-03 Bumps**	P5 Medical Aid
26O-04 Unable To Sleep**	P5 Medical Aid
26O-05 Unable To Urinate**	P5 Medical Aid
26O-06 Catheter Problems**	P5 Medical Aid
26O-07 Constipation**	P5 Medical Aid
26O-08 Cramp/Spasm/Joint Pain**	P5 Medical Aid
26O-09 Ring Cut Off**	P5 Medical Aid
26O-10 Deafness**	P5 Medical Aid
26O-11 Defecation/Diarrhea**	P5 Medical Aid
26O-12 Earache**	P5 Medical Aid
26O-13 Enema**	P5 Medical Aid
26O-14 Gout**	P5 Medical Aid
26O-15 Hemorrhoids**	P5 Medical Aid

Problem Nature	Priority
26O-16 Hepatitis**	P5 Medical Aid
26O-17 Hiccups**	P5 Medical Aid
26O-18 Itching**	P5 Medical Aid
26O-19 Nervous**	P5 Medical Aid
26O-20 Object Stuck**	P5 Medical Aid
26O-22 Painful Urination**	P5 Medical Aid
26O-23 Penis Problems**	P5 Medical Aid
26O-24 Rash**	P5 Medical Aid
26O-25 STD**	P5 Medical Aid
26O-26 Sore Throat**	P5 Medical Aid
26O-27 Toothache**	P5 Medical Aid
26O-28 Wound Infected**	P5 Medical Aid
26O-Sick Person(4th Party) **	P5 Medical Aid
26O-Sick Person(Specific Diag) **	P5 Medical Aid
27A-01P Penetrating Over 6hr**	P5 Medical Aid
27A-01S Stabbing Over 6hr**	P5 Medical Aid
27A-Stab/Gunshot Wound**	P5 Medical Aid
27O-Stab/Gunshot Wound**	P5 Medical Aid
29A-Traffic Accident**	P5 Medical Aid
29O-01 Traffic Accident No Inj**	P5 Medical Aid
29O-01U Traffic Acciden No Inj**	P5 Medical Aid
29O-01V Traffic Acciden No Inj**	P5 Medical Aid
29O-01X Traffic Acciden No Inj**	P5 Medical Aid
29O-01Y Traffic Acciden No Inj**	P5 Medical Aid
29O-02 Traffic 1st Not Dngr**	P5 Medical Aid

Problem Nature	Priority
29O-02U Traffic 1st Not Dngr**	P5 Medical Aid
29O-02V Traffic 1st Not Dngr**	P5 Medical Aid
29O-02X Traffic 1st Not Dngr**	P5 Medical Aid
29O-02Y Traffic 1st Not Dngr**	P5 Medical Aid
29O-Traffic Accident**	P5 Medical Aid
2A-01 Allergies Under 1hr**	P5 Medical Aid
2A-02 Spider bite (rxn hx) **	P5 Medical Aid
2A-Allergy/Hive/Sting/Med Rxn**	P5 Medical Aid
2O-01 Allergies Onset Over 1hr**	P5 Medical Aid
2O-02 Spider Bite (no rxn hx) **	P5 Medical Aid
2O-Allergy/Hive/Sting/Med Rxn**	P5 Medical Aid
30A-01 Traumatic Inj Deformity	P5 Medical Aid
30A-02 Traumatic Not Dngr**	P5 Medical Aid
30A-03 Traumatic Inj Over 6hr**	P5 Medical Aid
30A-Traumatic Injuries**	P5 Medical Aid
30O-01 Traumatic Not Dngr**	P5 Medical Aid
30O-02 Traumatic Inj Over 6hr**	P5 Medical Aid
30O-03 Traumatic Inj Splinters**	P5 Medical Aid
30O-Traumatic Injuries**	P5 Medical Aid
31A-UnconFainting (Non-Trauma)	P5 Medical Aid
33A2-Transfer/Interfacility**	P5 Medical Aid
33A-Transfer/Interfacility**	P5 Medical Aid
3A-Animal Bites/Attacks**	P5 Medical Aid
3O-01 Animal Bite Not Dngr**	P5 Medical Aid
3O-02 Animal Bite Over 6hr**	P5 Medical Aid

Problem Nature	Priority
3O-03 Animal Bites Superficial**	P5 Medical Aid
3O-Animal Bites/Attacks**	P5 Medical Aid
4A-01A Assault Not Dngr Deform	P5 Medical Aid
4A-01S Assault Not Dngr Deform	P5 Medical Aid
4A-01T Assault Not Dngr Deform	P5 Medical Aid
4A-02A Assault Not Dngr Prox**	P5 Medical Aid
4A-02S Assault Not Dngr Prox**	P5 Medical Aid
4A-02T Assault Not Dngr Prox**	P5 Medical Aid
4A-03A Assault Non Recent**	P5 Medical Aid
4A-03S Assault Non Recent**	P5 Medical Aid
4A-03T Assault Non Recent**	P5 Medical Aid
4A-Assault/Rape**	P5 Medical Aid
4O-01A Assault Not Dngr**	P5 Medical Aid
4O-01S Assault Not Dngr**	P5 Medical Aid
4O-01T Assault Not Dngr**	P5 Medical Aid
4O-02A Assault Over 6hr**	P5 Medical Aid
4O-02S Assault Over 6hr**	P5 Medical Aid
4O-02T Assault Over 6hr**	P5 Medical Aid
4O-Assault/Rape**	P5 Medical Aid
5A-01 Back Pain Non-Traumatic**	P5 Medical Aid
5A-02 Back Pain Over 6hr Traum**	P5 Medical Aid
5A-Back Pain (Non-Trauma) **	P5 Medical Aid
5O-Back Pain (Non-Trauma) **	P5 Medical Aid
7A-01 Burns Under 18percent	P5 Medical Aid
7A-Burns/Explosions**	P5 Medical Aid

Problem Nature	Priority
7O-01 Minor Burns**	P5 Medical Aid
7O-01E Minor Burns**	P5 Medical Aid
7O-01F Minor Burns**	P5 Medical Aid
7O-01W Minor Burns**	P5 Medical Aid
7O-02 Sunburn**	P5 Medical Aid
7O-02E Sunburn**	P5 Medical Aid
7O-02F Sunburn**	P5 Medical Aid
7O-02W Sunburn**	P5 Medical Aid
7O-03 Non Recent Burn**	P5 Medical Aid
7O-03E Non Recent Burn**	P5 Medical Aid
7O-03F Non Recent Burn**	P5 Medical Aid
7O-03W Non Recent Burn**	P5 Medical Aid
7O-Burns/Explosions**	P5 Medical Aid
8O-01U Carbon Monoxide Alarm**	P5 Medical Aid
8O-C O/Inhalation/Hazmat**	P5 Medical Aid
9O-Obvious Death	P5 Medical Aid

EXHIBIT 3 – CURRENT AND ANTICIPATED POSTING LOCATIONS

Las Vegas Fire & Rescue establishes posting locations to best serve our community. The posting locations for contracted Emergency Ambulance service units are based on historical Priority Level 3 call volume data within a 10-minute response bubble. The posting locations are subject to change based on community and organizational needs. When it is away from its post location; the contracted unit's 10-minute bubble adjusts with the unit's movements.

ATTACHMENT 1

CERTIFICATE - DISCLOSURE OF OWNERSHIP AND PRINCIPALS

1. Definitions

"City" means the City of Las Vegas.

"City Council" means the governing body of the City of Las Vegas.

"Contracting Entity," means the individual, partnership, or corporation seeking to enter into a contract with the City of Las Vegas.

"Principal" means, for each type of business organization, the following: (a) sole proprietorship – the owner of the business; (b) corporation – the directors and officers of the corporation; but not any branch managers of offices which are a part of the corporation; (c) partnership – the general partner and limited partners; (d) limited liability company – the managing member as well as all the other members; (e) trust – the trustee and beneficiaries.

2. Policy

In accordance with Resolutions 79-99, 105-99 and RA-4-99, adopted by the City Council, Contracting Entities seeking to enter into certain contracts with the City of Las Vegas must disclose information regarding ownership interests and principals. Such disclosure generally is required in conjunction with a Request for Proposals (RFP). In other cases, such disclosure must be made prior to the execution of a contract.

3. Instructions

The disclosure required by the Resolutions referenced above shall be made through the completion of this Certificate. The Contracting Entity shall complete Block 1, Block 2, and Block 3. The Contracting Entity shall complete either Block 4 or its alternate in Block 5. Specific information, which must be provided, is highlighted.

4. Incorporation

An updated and notarized Certificate shall be incorporated into the resulting contract, if any, between the City and the Contracting entity. Upon execution of such contract, the Contracting Entity is under a continuing obligation to notify the City in writing of any material changes to the information in this Certificate. This notification shall be made within fifteen (15) days of the change. Failure to notify the City of any material change may result, at the option of the City, in a default termination (in whole or in part) of the contract, and/or a withholding of payments due the Contracting Entity.

Block 1: Contracting Entity	
Name: Mercy, Inc. DBA American Medical Response	
Address: 7201 West Post Road	City / ST / Zip: Las Vegas, Nevada 89113
Telephone: 702.671.6958	EIN or DUNS : 88-0125707
Block 2: Description / Subject Matter of Contract	
Services for: Ambulance Services	Project Number: 240047-DD
Block 3: <u>Type of Business</u> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other:	

CERTIFICATE – DISCLOSURE OF OWNERSHIP AND PRINCIPALS (CONTINUED)**Block 4: Disclosure of Ownership and Principals**

In the space below, the Contracting Entity must disclose all principals (including partners) of the Contracting Entity, as well as persons or entities holding more than one-percent (1%) ownership interest in the Contracting Entity.

	FULL NAME/TITLE	BUSINESS ADDRESS	BUSINESS PHONE
1	American Medical Response Ambulance Serv	c/o Law Department, 6501 S. Fiddlers Green Circle, S	(303) 495-2000
2	American Medical Response, Inc.	c/o Law Department, 6501 S. Fiddlers Green Circle, S	(303) 495-2000
3	AMR Holdco, Inc.	c/o Law Department, 6501 S. Fiddlers Green Circle, S	(303) 495-2000
4	Global Medical Response, Inc.	c/o Law Department, 6501 S. Fiddlers Green Circle, S	(303) 495-2000
5	GMR Intermediate Corp.	c/o Law Department, 6501 S. Fiddlers Green Circle, S	(303) 495-2000
6	GMR Buyer Corp.	c/o Law Department, 6501 S. Fiddlers Green Circle, S	(303) 495-2000
7	KKR North American Fund XI (AMG) LLC	c/o Law Department, 6501 S. Fiddlers Green Circle, S	(303) 495-2000
8			
9			
10			

The Contracting Entity shall continue the above list on a sheet of paper entitled "Disclosure of Ownership and Principals – Continuation" until full and complete disclosure is made. If continuation sheets are attached, please indicate the number of sheets: _____

Block 5: Disclosure of Ownership and Principals – Alternate

If the Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 4 above. A description of such disclosure documents must be included below.

Name of Attached Document: NA

Date of Attached Document: _____ Number of Pages: _____

Contracting Party Certification (Notarized signature required in event of contract award per section 4, "Incorporation")

I certify under penalty of perjury, that all the information provided in this Certificate is current, complete and accurate. I further certify that I am an individual authorized to contractually bind the above named Contracting Entity.

State of Nevada County of Clark

Subscribed and sworn to (or affirmed) before me on this

19 day of December, 2023 by

Kirk Evan Schmitt proved to me on the basis

of satisfactory evidence to be the person(s) who appeared before me.

Notary Signature Amara Marasco

Subscribed and sworn to before me this 19 day of December, 2023

Amara Marasco
Notary Signature

Signature

Date

