

American Medical Response



AMERICAN MEDICAL RESPONSE®

Presentation to Sumter County



December 15, 2010

Who is Here Today?

Tomas Diaz, REMTP

General Manager

Brian Haff, REMTP

Operations Manager

Steve Cerovich, MBA

QA/QI Manager

Glenn Leland, MBA

Senior Vice President

Who is Sumter Ambulance Services?

American Medical Response (AMR), the nation's leading provider of medical transportation services.

Some stats about AMR:

- Para-transit, BLS, ALS, CCT, Rotary and Fixed-wing
- 4,000 ambulances responding to 3.4 million requests
- 65% are 9-1-1 responses
- 18,500 employees
- \$1.4 billion in annual net revenues



What does it look like?

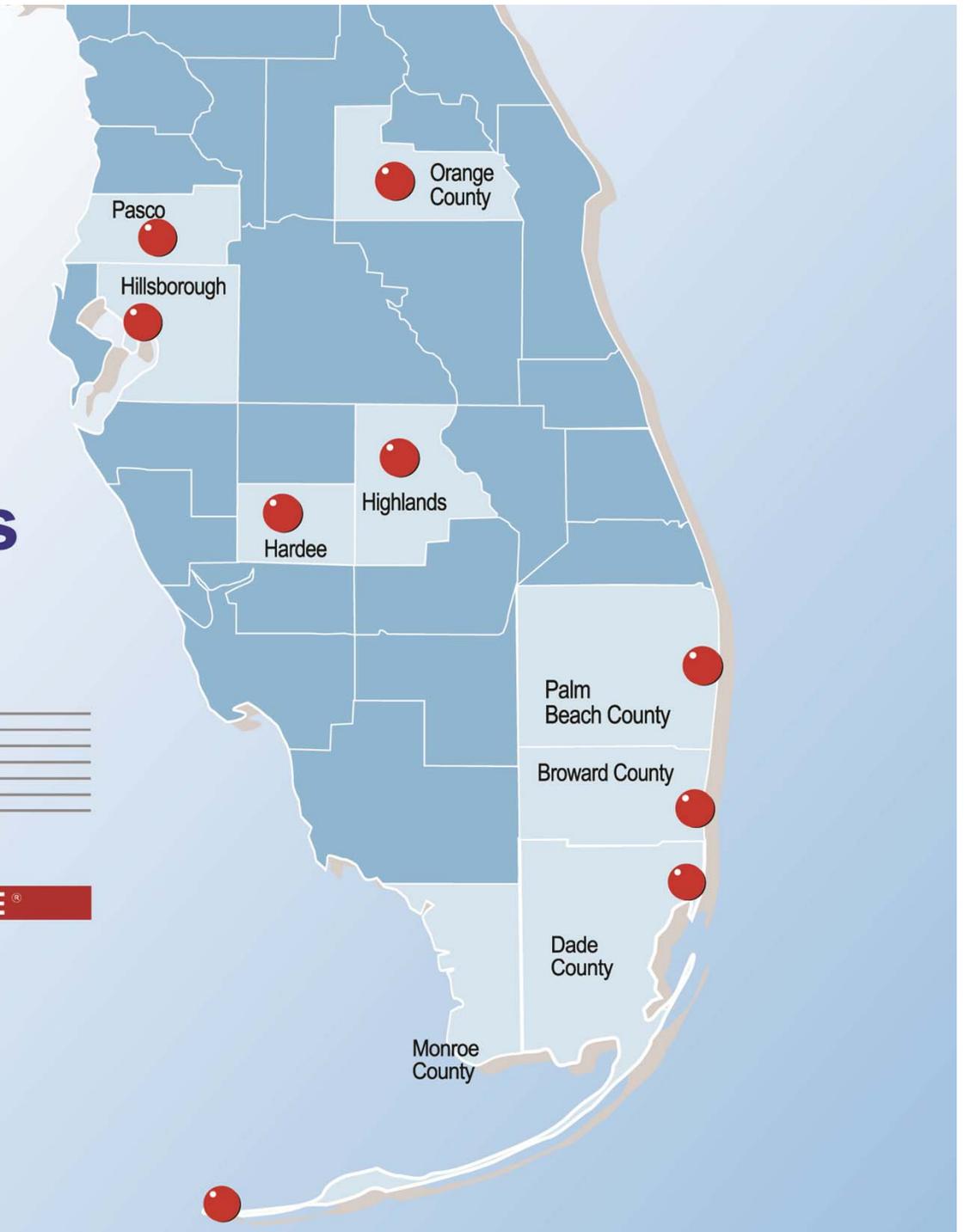


Florida Counties Served by



AMERICAN MEDICAL RESPONSE®

9 counties
245 vehicles
730 employees
Serving FL since 1955



Our Commitment to Sumter

Dedicated to and based in Sumter County

Employ the same hard-working people

Meets (or exceeds) all performance standards

Financed with current fees and lower subsidy

Fully Responsive to RFP

Expected Questions – Evaluation Criteria



Approach to System Design

- Deployment and Dispatch
- Back up and Mutual Aid
- Accreditation and Use of Fire Stations



Clinical and Employment

- Medical Direction and Quality Improvement
- Treatment of the incumbent workforce
- Equipment section and Vendor List



Financial Capabilities/ Administrative and Report Practices

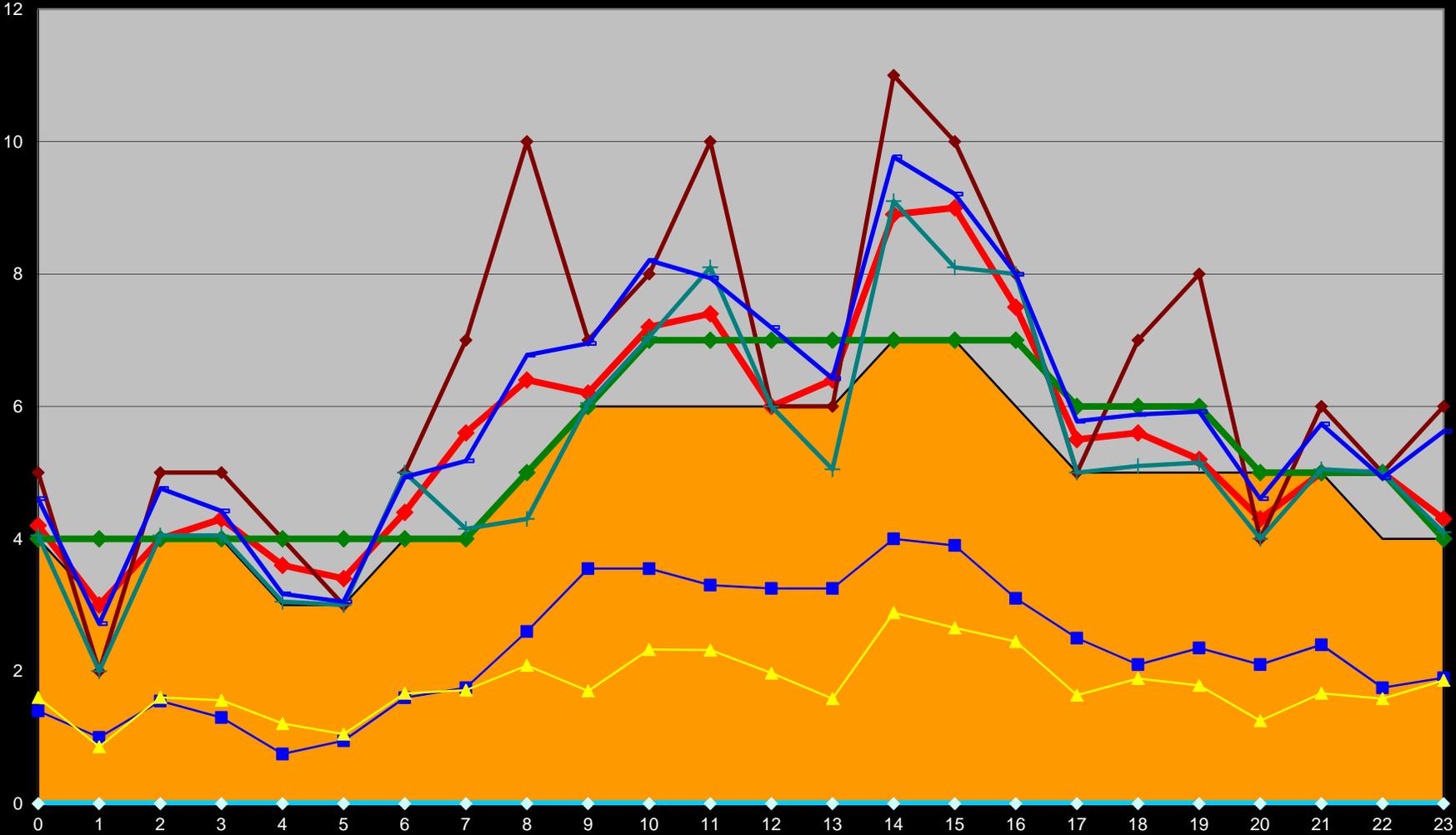
- Patient rates and Subsidy
- Customized reports
- Comparison of financial strength



Past Experience and Key Personnel

- Review of AMR Credentials
- Sumter County-based Operation
- Medical Research

Wednesday Summary



Wednesday Summary

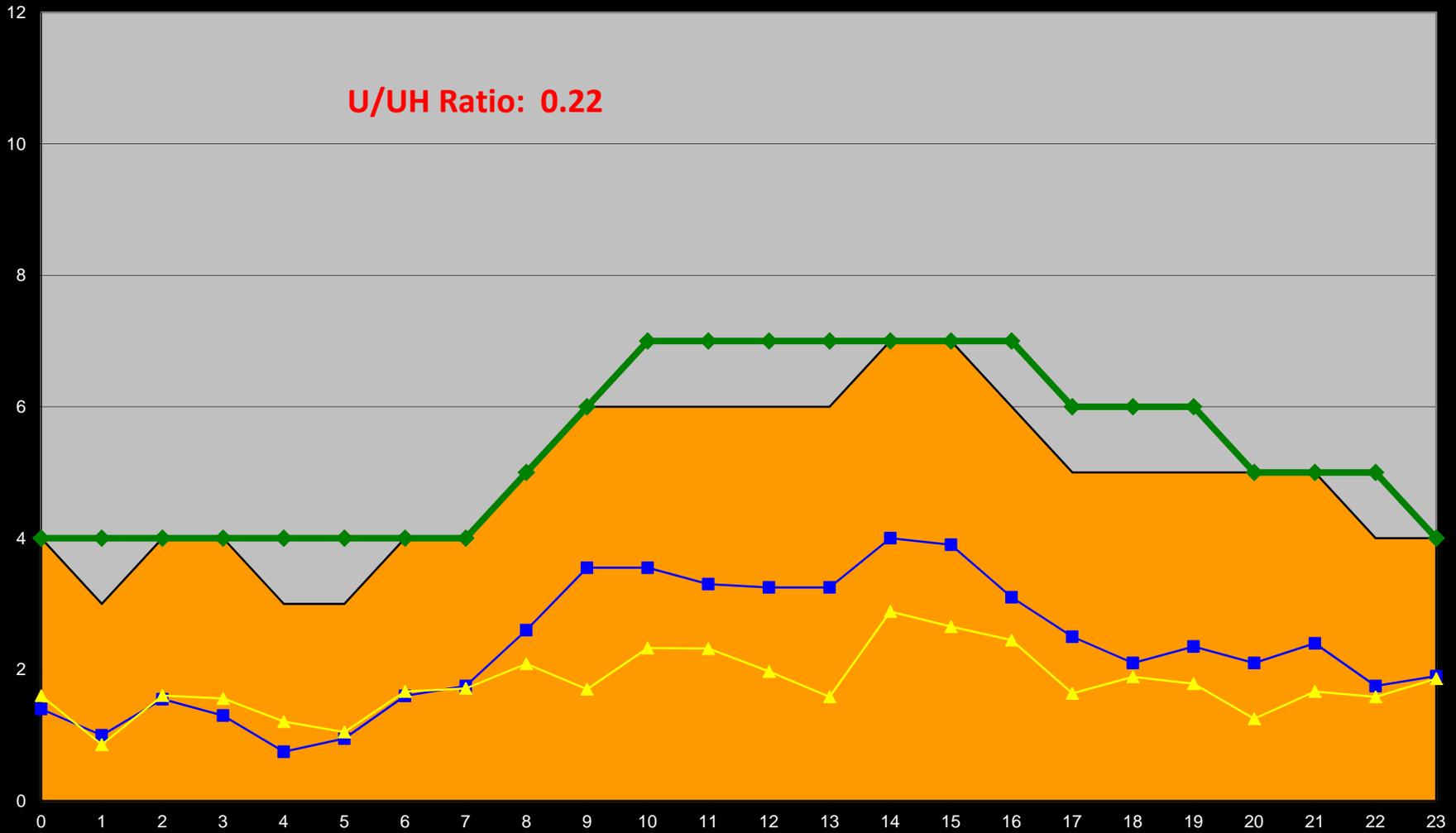
Queuing

Avg. Demand

STDEV

Current Sched

U/UH Ratio: 0.22



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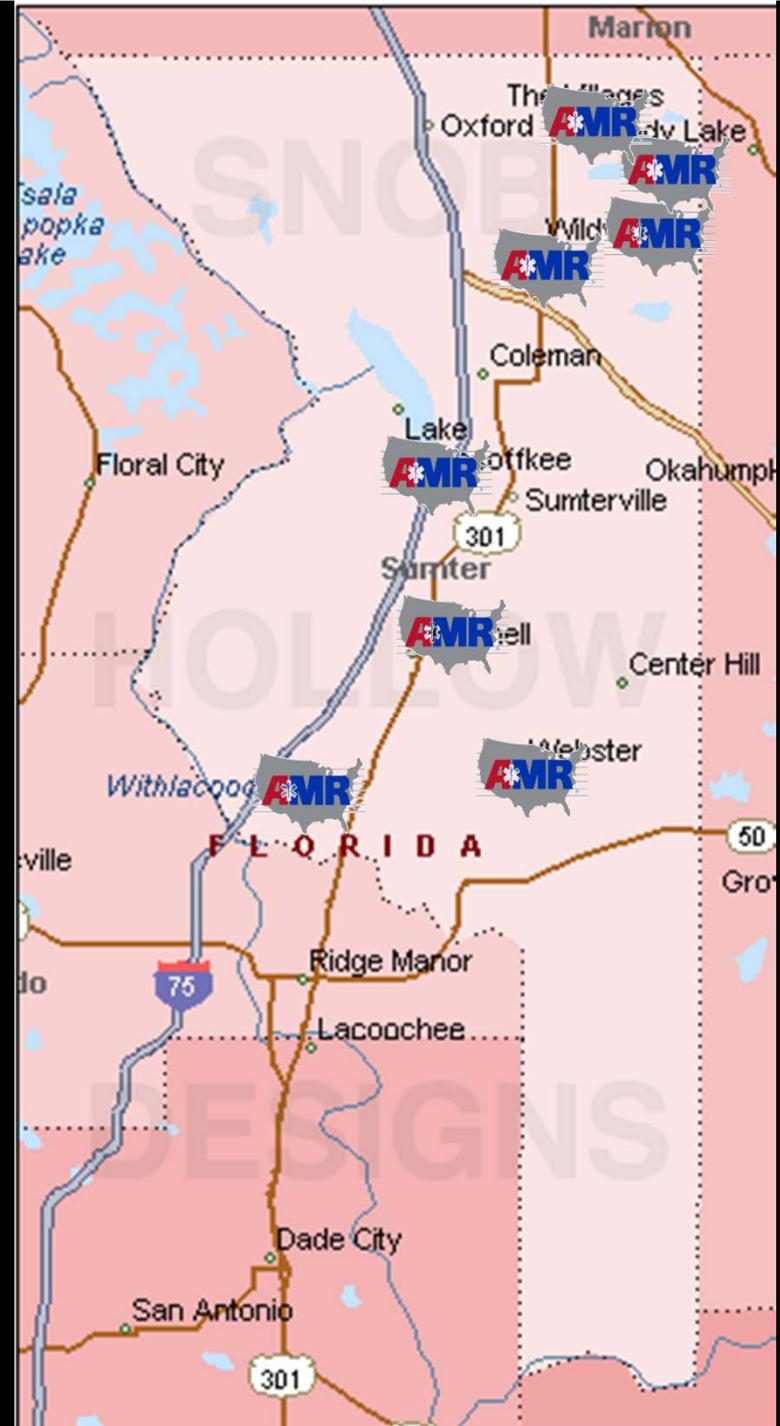
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**Sumter County
Proposed Level 8 Posting Plan
By Demand Capture Rate**

Level	Station	Address
Level 1	Station 481	2455 Parr Drive, Lady Lake, FL 32162
Level 2	Station 441	108 East Belt Ave, Bushnell, FL 33513
Level 3	Station 421	807 Warfield Ave, Wildwood, FL 34785
Level 4	Station 431	106 North CR 470, Lake Panasofkee, FL 33538
Level 5	Station 451	190 N Market Blvd, Webster, FL 33597
Level 6	Station 471	12032 CR 684, Webster, FL 33597
Level 7	Station 411	8013 East CR 466, The Villages, FL 32162
Level 8	Station 461	1231 Bonita Blvd, Lady Lake, FL

Level	Running Percentage
Level 1	66.20%
Level 2	85.20%
Level 3	91.30%
Level 4	94.60%
Level 5	96.10%
Level 6	97.20%
Level 7	97.20%
Level 8	97.20%



Track Star 3115

File My Settings Reports Admin Help

Enter address or Lat/Lon: LDA

Navigation Panel

My Vehicles

- My Fleet
- Chadson Team
- Albel
- Akron Oil and Gas
- Autonet Aviation
- Askel Constructors
- AT&T
- Amor Oil
- Barren County
- Broad & Oak PD
- Bible Campuses
- City of Beverly Hills
- City of Eagan
- City of Vista
- Continental Mobile Comm.
- CHW
- Comcast
- State Limited
- State Radio
- Digital Highway
- Costco
- East Leaps
- Energy East
- Cascade Springs PD
- Falcon Central School
- Falcon Tech
- Green Industries
- Outpost PD

Quick View
Fence List
POI List
Messaging
Dispatching

Navigation - 2

Vehicle	Vehicle	Message	Date	Device ID	Location	Make	Model	Owner	User 2	User 3	User 4	GPSDev	MPH	Time Post	Lat/Lon	Speed Limit	Distance
Pepper HT 1 (J2M)	Track Star	Initial Dispatch	1/3/2013 12:08:08 AM	3192271100	-	Honda	CRV2					N	-	03/05/10 03:47:52 PM			
Pepper HT 4 (J2M)	Track Star	Off Charge	12/11/2009 2:12:34 PM	3192258127	-	Honda	CRV2		3192258127		atodslgh@hempsteadsway	N	-	03/05/10 03:47:53 PM			28002

33 6295 -117.0404 Trkch=1.73 miles 443 vehicle uploaded @ 3:48 PM



TrackStar on iPhone



What do we do in the event of unexpected Ambulance Demand?

1

- Expedited Return to Service

2

- Alert Valve Unit (future: STAR Unit)

3

- **Proactive** Move Up From AMR Pasco

4

- Page On-Call Crew(s)

5

- Request Mutual Aid (Reactive)

6

- Declare Disaster (State and FEMA)

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Medical Control
Organization

Continuous Quality
Improvement
24/7

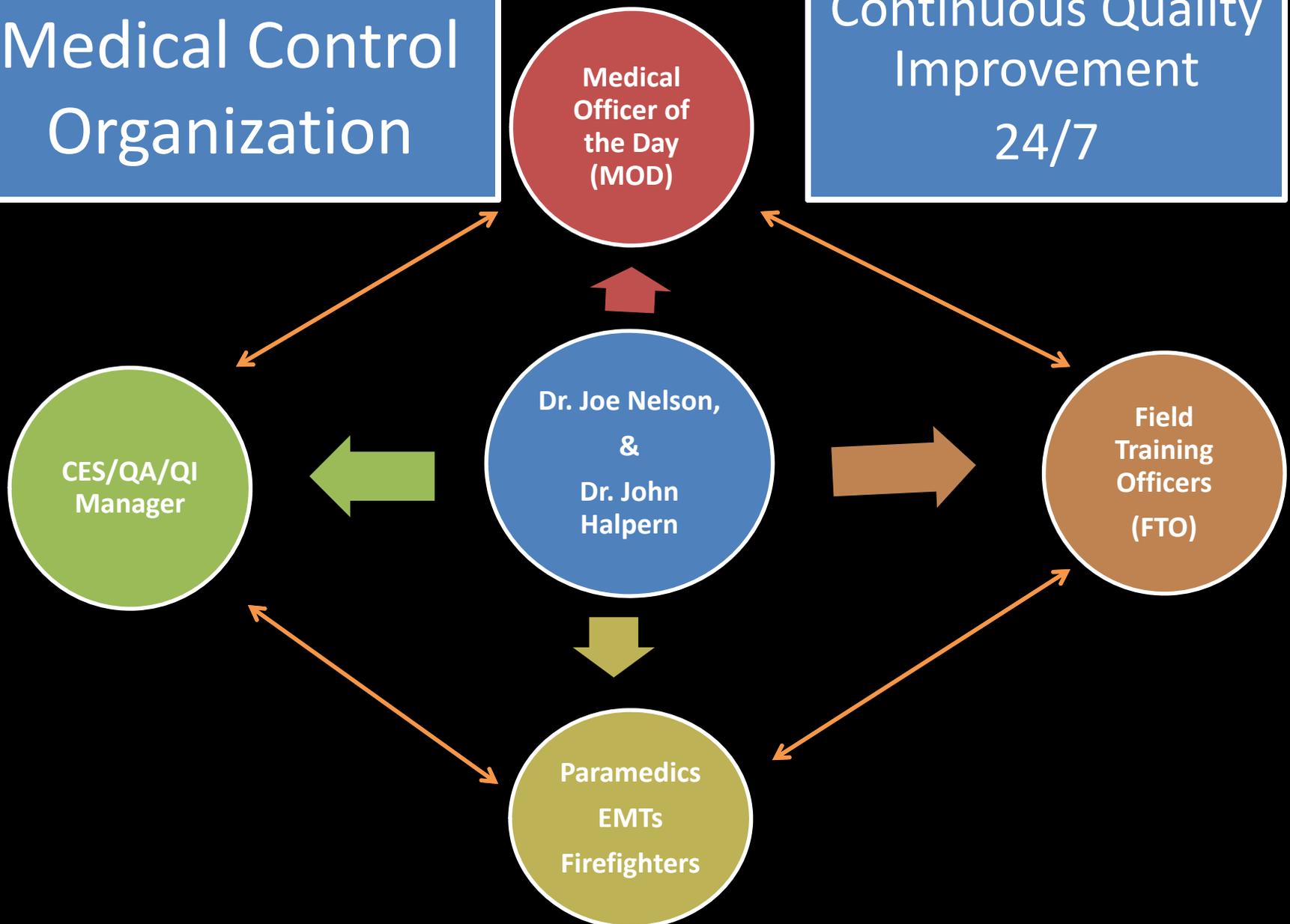
Medical
Officer of
the Day
(MOD)

Dr. Joe Nelson,
&
Dr. John
Halpern

CES/QA/QI
Manager

Field
Training
Officers
(FTO)

Paramedics
EMTs
Firefighters



Example of AMR Education Video

Expected Questions – Evaluation Criteria



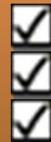
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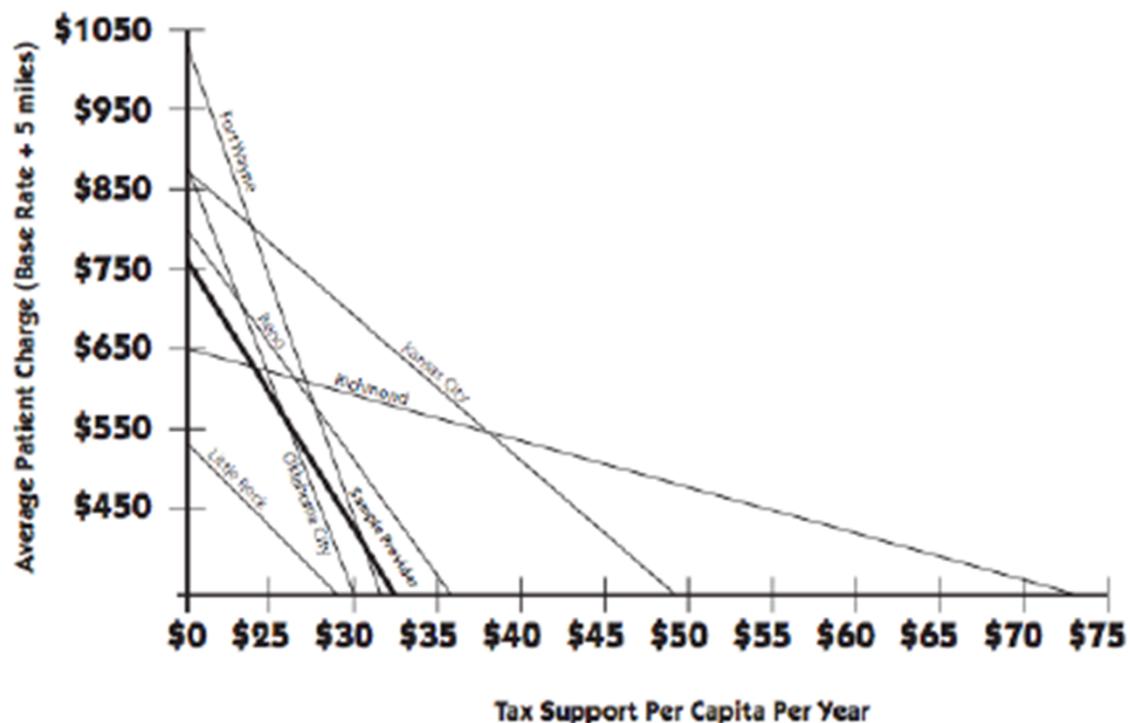
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Figure 25: Community Tax Support/Ambulance Fee Tradeoff Chart

Note: The tradeoff lines in this chart are represented as a straight line. However, rate increases are characterized by diminishing returns. For example, a 10 percent rate increase results in less than a 10 percent increase in cash collections. Therefore, a more exact calculation of the above tradeoff line, which is too complex for the scope of this example, would result in a curved tradeoff line, that is, as the average patient charge increases the collection rate decreases. Nonetheless, the straight tradeoff line as presented is a useful tool to illustrate the relationship between the two major sources of revenue.

Figure 25

Community Tax Support/Ambulance Fee Tradeoff Analysis



METRICS	RURL	EMS	SIGNIFICANCE TO SUMTER COUNTY
Cash	\$ 20.2	\$ 313.0	Indicates how much liquid capital that a company has on its books to pay obligations when due and fund commitments.
Revolver Capacity	\$ 15.4	\$ 104.2	Indicates how much money a bank has committed to loan the company on short term basis.
Access to Cash	\$ 35.6	\$ 417.2	Indicates how much capital to which a company has immediate access.
Net Worth	\$ (101.1)	\$ 764.8	The negative equity position of RURL indicates a situation where its liabilities exceed its assets; the company is technically insolvent
Cash Flow From Operations	\$ 37.5	\$ 216.4	A primary indicator of the cash that was generated by the company over the last twelve month period that is used to fund the ongoing obligations and growth of a business
Free cash Flow	\$ 22.2	\$ 176.7	A primary indicator of the cash that was generated by the company over the last twelve month period that is used to fund the ongoing obligations and growth of a business after investment in capital equipment.

Expected Questions – Evaluation Criteria



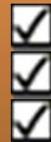
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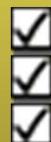
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The Personnel in Sumter County that are Dedicated to 9-1-1

THE EMPLOYEES

- In addition to our 32 FTE ambulance crew staff *16 other employees will be dedicated In-county” to the Sumter County 9-1-1 Operations*
 - (1) Operations Manager (*Brian Haff*)
 - (3) Supervisors – 1 per shift (*Must be a paramedic or higher*)
 - (1) QA/QI CES manager (*Must be a paramedic or higher*)
 - (1) Billing Liaison
 - (1) Certified Mechanic (*ASE or equally accredited*)
 - (3) Materials Management (*All must be an EMT or higher*)
 - (8) Dispatchers/controllers (*NAEMD certified*) 2 on 24/7

Expected Questions – Evaluation Criteria



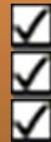
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The Relationship between Airway Confirmation Methods and Ultimate Placement Success

Scott Bourn PhD, Edward M. Racht MD
American Medical Response



Purpose

Considerable debate exists regarding the optimal tools for prehospital airway management, and the most appropriate methods for placement confirmation. Contemporary patient safety standards and training for endotracheal intubation (ETI) or supraglottic airways (SA) have emphasized the importance of both manual confirmation techniques (i.e. breath sounds assessment, chest rise) and end-tidal CO₂ (EtCO₂) evaluation. Limited data exist to validate the impact of these techniques on successful airway management.

Objective

To evaluate the relationship between various airway confirmation techniques and ultimately successful airway placement.

Methods

Retrospective analysis of a clinical database from a large national EMS provider (58 operations in 22 states) January 2006 through August 2010. All records for advanced airway attempts were included in the study. The following variables were evaluated:

- Patient age and gender
- Patient primary impression
- Cardiac arrest vs. non-arrest
- Method(s) of airway placement confirmation
- Use of EtCO₂
- Paramedic assessment of airway placement success

Results

During the study period there were 2,548,733 total patient encounters. 11,600 (0.46%) records met inclusion criteria. 59.4% of patients were male. Average age was 59.5; age distribution can be seen in Figure 1. 7,178 (61.9%) patients were in cardiac arrest. Primary impressions were as follows:

- 66.7% : Cardiac/respiratory arrest
- 9.0% : Breathing problems
- 9.0% : Altered level of consciousness
- 5.1% : Trauma
- 7.5% : All other primary impressions

Oral ETI was the most common airway method (81.9%), followed by nasal ETI (5.2%), and all SAs (4.2%). 1,009 patients (8.7%) received more than one type of airway attempt.

Airway placement success was self-recorded by paramedics, and was highest for patients in cardiac arrest (91%) as compared to non-arrest (81.7%). Successful placement varied among airway types: SA's (90.6%), oral ETI (88.4%), multiple airway types (87.6%), and nasal ETI (70.4%).

Figure 1. Age Distribution

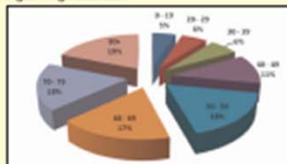


Figure 2. Relationship Between Patient Age and Airway Success

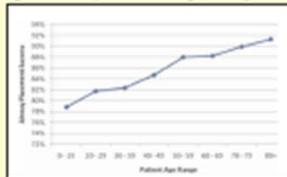


Figure 3. Relationship Between Confirmation Methods, EtCO₂ and Airway Success

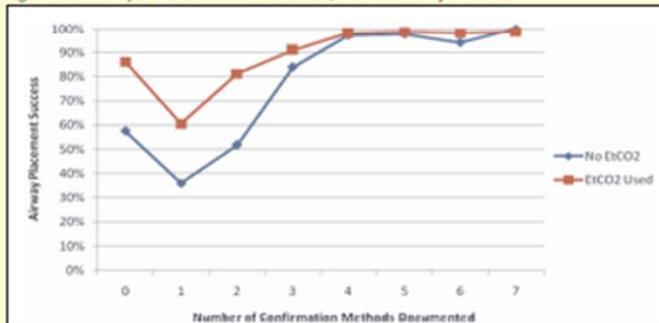


Table 1. Confirmation Techniques and Airway Success

Confirmation Technique	Y/N	All Airways	Success Rate	Difference
Airway Conf. Steps: Visualized Through Cords	No	4,320	65%	-
Airway Conf. Steps: Visualized Through Cords	Yes	7,030	98%	26%
Chest Rise/Fall	No	3,587	66%	-
Chest Rise/Fall	Yes	6,033	97%	31%
Gastric Sounds ABSENT	No	4,339	70%	-
Gastric Sounds ABSENT	Yes	7,881	97%	27%
Lung Sounds PRESENT	No	3,308	66%	-
Lung Sounds PRESENT	Yes	8,092	97%	31%
Negative ETCO ₂ (In Trachea)	No	6,238	83%	-
Negative ETCO ₂ (In Trachea)	Yes	3,266	95%	14%
Positive ETCO ₂ (In Esophagus)	No	10,699	87%	-
Positive ETCO ₂ (In Esophagus)	Yes	901	89%	2%
Any Method	No	3,243	67%	-
Any Method	Yes	8,332	95%	28%

Results (continued)

As shown in Figure 2, successful placement improved with increasing patient age. As can be seen in Table 1, the use of any confirmation technique improved success by 28% (from 67% to 95%). Chest rise/fall and the presence/absence of lung sounds offered the greatest incremental improvement.

Figure 3 shows the relationship between EtCO₂ use, the number of confirmation methods, and airway success. The addition of EtCO₂ increased airway placement success by an average of 22% for patients who received 0-3 manual confirmation methods, but offered no significant improvement for cases where four or more manual confirmation methods were used. Individual analysis of nasal intubations was performed due to their low success rate (70.4%). No manual confirmation technique was documented in 40% of cases, and success was reported at 39%. The addition of any confirmation method improved nasal intubation success to 91%.

Limitations

This was a retrospective study and was dependent upon data gathered from patient care records. It also depended upon paramedic self-assessment of airway placement success. Future studies that can relate confirmation techniques with advanced airway placement confirmed by receiving facilities will add to our knowledge on this subject. Additional study is necessary to better understand the relationship between various confirmation methods and successful airway management. Future studies will hopefully provide more clarity on the influence of patient age on successful airway management.

Summary of Conclusions

In this very large series of advanced airway cases from multiple communities, successful advanced airway placement was associated with the use of multiple manual confirmation techniques and EtCO₂. In 60% of the patients, four or more manual methods were used in combination with EtCO₂, and airway placement success exceeded 98%. Nasal ETI success rates were far below those for other airway devices but significantly improved with the use of confirmation techniques.

These results pose additional questions. Are paramedics who use multiple confirmation methods more successful because they have developed better clinical habits? Or are improved success rates related to a reduction in "pulled" tubes by clinicians who are uncertain about their position? Alternatively, do clinicians actually elect to NOT attempt confirmation of any kind when they believe for other reasons (such as difficulty in insertion) that the airway was NOT correctly placed, thus reducing the documentation of confirmation in unsuccessful airway placements?

Expected Questions – Evaluation Criteria



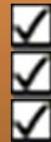
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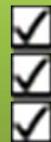
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Based in Sumter

Leadership Talent

Unparalleled

***Why Sumter
Ambulance?***

Financial Strength

Experience

Patient Focused

Customer Centered

Caregiver Inspired

Let us Respond to
your questions



American Medical Response



AMERICAN MEDICAL RESPONSE®

Presentation to the Sumter County Board of Commissioners



Questions