

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: Lifefleet Southeast Inc. d/b/a American Medical Response (AMR) Ambulance Agreement Amendment #3

REQUESTED ACTION: Staff Recommends Approval

Meeting Type: Regular Meeting

DATE OF MEETING: 3/9/2021

CONTRACT: N/A

Vendor/Entity: Lifefleet Southeast Inc.
d/b/a American Medical
Response (AMR)

Effective Date: 1/1/2018

Termination Date: 12/31/2022

Managing Division / Dept: Assistant County Administrator

BUDGET IMPACT: \$91,620 annually

FUNDING SOURCE: General Fund – Ambulance

Type: Annual

EXPENDITURE ACCOUNT: 001-160-526-3422

HISTORY/FACTS/ISSUES:

American Medical Response (AMR), formerly Rural Metro Corporation of Florida, has delivered ambulance services in Sumter County since October 1, 2011. On December 12, 2017, the Sumter County Board of County Commissioners (BOCC) awarded AMR a five-year agreement for Ambulance Services. On December 11, 2018, the agreement was amended to have AMR provide the management and oversight of the consumable medical supplies, including distribution to the fire departments. On March 12, 2019, the agreement was amended through Amendment 2 for AMR to provide consolidated dispatch services for the County’s fire rescue agencies and after-hour notification services. The amendment also allowed for user fees and rates for Non-Transport/Patient Refusals and removed Stephen Kennedy as the contract administrator for the ambulance contract.

On February 11, 2020, the BOCC approved contract negotiations with the UF Department of Emergency Medicine for RFQ 056-0-2019/RS Sumter County Medical Director Services. The UF Department of Emergency Medicine reviews and approves the Emergency Medical Dispatch system used to process emergency medical 911 calls for service.

Sumter County initially implemented the Nurse Navigation line to assist with COVID-19. To ensure that our community has access to the most appropriate care using every resource we have available at our disposal, the EMS medical directors recognize that although ambulance transport to emergency rooms have been the backbone of EMS traditionally, there are situations when transport to an emergency room may be a disservice to the patient when there are other facilities available that can more appropriately care for them. The EMS medical directors recommend we proceed with a full Nurse Navigator implementation to be added to our patient assessment process for low-acuity calls.

Amendment 3 to this agreement will allow for full integration of the Nurse Navigation line as a patient assessment process for low-acuity calls for service.

Attached for BOCC review and approval are Amendment 3 and Exhibit A (including Appendix A – F).

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS
EXECUTIVE SUMMARY

Prepared by: Stephen J Kennedy, Sr.

Grammarly Check

APPROVED

March 9, 2021

Amendment #3
Emergency and Non-Emergency Ambulance Services
for Sumter County

This Agreement Amendment #3 is made and entered into this 9th day of March 2021, between the Board of County Commissioners of Sumter County Florida, 7375 Powell Road, Wildwood, Florida 34785 (County) and Lifefleet Southeast Inc., d/b/a American Medical Response (AMR), 4531 Oak Fair Boulevard, Tampa, Florida 33610 (Provider).

WHEREAS, the parties entered into that certain Agreement between Board of Sumter County Commissioners and Lifefleet Southeast, Inc., d/b/a American Medical Response (AMR) for Emergency and Non-Emergency Ambulance Services for Sumter County (the “Agreement”) commencing January 1, 2018, and now wish to amend the Agreement; and

WHEREAS, the parties amended the Agreement on December 11, 2018; and

WHEREAS, the parties amended the Agreement on March 12, 2019; and

WHEREAS, the County wishes to add additional services as outlined in Exhibit A to this amendment.

NOW, THEREFORE, the parties agree as follows:

1. That the certain agreement between the parties originally dated May 15, 2020, is hereby amended to add additional services according to Exhibit A (including Appendix A, Appendix B, Appendix C, Appendix D, Appendix E, and Appendix F and revise the Agreement rate to reflect the additional services.
2. AMR shall, at all times, comply with the Florida Public Records Law, the Florida Open Meeting Law and all other applicable laws, rules and regulations of the State of Florida.
3. **IF AMR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE FIRMS’ DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 352-689-4400, Sumter County Board of County Commissioners, 7375 Powell Road, Wildwood, Florida 34785 or via email at Records@sumtercountyfl.gov.**
4. Except as expressly modified by this Amendment #3, all other terms and conditions of the original Agreement remain in full force and effect for the term of the Agreement.

THIS AGREEMENT is executed the day and year first written above.



Shirley A. Bestimaur
Deputy Clerk

BOARD OF COUNTY
COMMISSIONERS,
SUMTER COUNTY, FLORIDA

Date Signed: 3/9/2021

Chairman *[Signature]*

Date Signed: 3/9/2021

LIFEFLEET SOUTHEAST, INC. D/B/A
AMERICAN MEDICAL RESPONSE (AMR)

Witness

By: _____

Date Signed: _____

Date Signed: _____

Exhibit A
Services and Payment for Services

SERVICE ITEM		SERVICE REQUIREMENT
A. MEDICAL COMMAND CENTER & CALL PROCESS REQUIREMENTS		
A.1	Hours of Operation	<input checked="" type="checkbox"/> 24/7 <input checked="" type="checkbox"/> All trips are “urgent/same day”
A.2	Service Area & Geography	<input checked="" type="checkbox"/> State: Florida <input checked="" type="checkbox"/> County: Sumter
A.3	MCC Contact Numbers	<input checked="" type="checkbox"/> TBD
A.4	Nurse Licensure Requirements	<input checked="" type="checkbox"/> LVN/LPN and/or RN must be licensed to practice in the State where the patient calls from
A.5	Nurse Call Greeting	<input checked="" type="checkbox"/> See Appendix B
B B. SCREENING CRITERIA		
B.1	Inclusions/ Response Determinants	<input checked="" type="checkbox"/> Response Determinants (see Appendix C)
B.2	Exclusions	<input checked="" type="checkbox"/> Life threatening illness or injury <input checked="" type="checkbox"/> Incarcerated and/or under arrest/detained individuals <input checked="" type="checkbox"/> Impaired due to drugs and/or alcohol <input checked="" type="checkbox"/> Pregnancy >20 weeks with pregnancy complaint <input checked="" type="checkbox"/> Homicidal/Suicidal
B.3	NMTARA EMA (See Appendix D)	<input checked="" type="checkbox"/> Requires immediate assistance and ED care
B.3.1	NMTARA 1: Recommend Care within 1 Hour	<input checked="" type="checkbox"/> Refer to Urgent Care Center or Tele-Health
B.3.2	NMTARA 2: Recommend Care within 4 Hours	<input checked="" type="checkbox"/> Refer to Urgent Care Center or Tele-health
B.3.3	NMTARA 3: Recommend Care within 24-Hours	<input checked="" type="checkbox"/> Refer to Urgent Care or Clinic or Tele-health
B.3.4	NMTARA 4: Recommend Care within 5 days, if necessary	<input checked="" type="checkbox"/> Refer to Clinic, Tele-Health or PCP
B.4	Transportation Requesting Parties	<input checked="" type="checkbox"/> Nurse
B.5	Trip Reasons	<input checked="" type="checkbox"/> Urgent Care <input checked="" type="checkbox"/> Pharmacy
B.6	Eligibility Verification	<input checked="" type="checkbox"/> TBD
B.7	Encounter Data	<input checked="" type="checkbox"/> TBD

C	TTRANSPORTATION	
C.1	Non-Emergent Transportation	<input checked="" type="checkbox"/> Lyft <input checked="" type="checkbox"/> BLS Ambulance
C.2	Ride Share Requirements	<input checked="" type="checkbox"/> Patient and additional riders as space permits <input checked="" type="checkbox"/> Riders provide all necessary: car seats, medical equipment <input checked="" type="checkbox"/> Pharmacy stops allowed after clinic visits <input checked="" type="checkbox"/> Return Trips: use rideshare “hot link” or call TBD
DD. REPORTING		
D.1	Standard Reporting Package	<input checked="" type="checkbox"/> See Appendix F
D.2	Ad-hoc Reports	<input checked="" type="checkbox"/> 30-business notice is required <input checked="" type="checkbox"/> \$200 charge per hour for development
E. QUALITY		
E.1	Joint Operating Committee (JOC)	<input checked="" type="checkbox"/> Meet regularly to review accuracy of calls routed to NN, program and overall performance.
E.2	Grievance/Complaint Ratio	<input checked="" type="checkbox"/> Callers may voice complaints verbally to a nurse. <input checked="" type="checkbox"/> Complaints will be sent to TBD
E.3	Patient Satisfaction	<input checked="" type="checkbox"/> Daily callbacks completed within 24 hours of accessing NN <input checked="" type="checkbox"/> Questions: See Appendix E

Payment for Services

Services	Fee
Nurse navigation line staffed 24/7 under physician supervision (up to 3000 calls annually)	\$91,620.00 Annually
Excess calls beyond 3000	\$51.00/call
Rideshare services available 24/7 @ FFS rate	\$50.00/rideshare service call

Appendix A

Definitions

- **Advanced Life Support (ALS)** - a set of life-saving protocols and skills that extend Basic Life Support to further support the circulation and provide an open airway and adequate ventilation (breathing).
- **Alternative Destination(s) (ALTD)** – any place of care that is not an emergency department which may include, but is not limited to, urgent care facilities, federally qualified health centers, community clinics, primary care offices and dental offices.
- **Application Programming Interface (API)** – refers to any data integration between two database systems. For this document, an API could be any means to have data transferred between two systems on or off a shared network. It refers to all the programming, interfaces, and firewall changes needed to ensure that data moves smoothly from one system to another.
- **Basic Life Support (BLS)** – a level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. It can be provided by trained medical personnel, including emergency medical technicians, paramedics, and by qualified bystanders.
- **Caller** – the individual who has called seeking medical attention.
- **Computer-Aided Dispatch (also called Computer-Assisted Dispatch) (CAD)** -- a method of dispatching field emergency service resources. It can either be used to send messages to the dispatch via a mobile data terminal (MDT) and/or used to store and retrieve data (i.e. radio logs, field interviews, client information, schedules, generating and archiving incidents that begin with a phone call from a citizen or originate from personnel in the field, etc.
- **CAD 2 CAD** – a process by which there is a bidirectional communication between two different CAD systems.
- **Emergency Room Department (ED)** – a hospital unit that specializes in emergency medicine and the acute care of patients who present without prior appointment.
- **Emergency Medical Dispatch (EMD)** - a system that enhances services provided by emergency call takers by using criteria-based system-questioning guidelines to narrow the caller's medical situation to better determine and dispatch appropriate emergency services.
- **Health Plan** – an individual or group plan that provides, or pays the cost of, medical care.
- **Licenses Vocational Nurse/Licensed Practical Nurse (LVN/LPN)**- a nurse who has graduated from a nursing program and met the requirements outlined by a country, state, province or similar licensing body to obtain a nursing license.
- **NMTARA**- Needs Match Time and Resource Allocation. Proprietary triage system utilized nurses to apply medical triage to callers.
- **Non-Emergent Transport Services (NEMT)** - Services provided through Access2Care for transportation needs.
- **Nurse Navigation (NN)** – conducts a telephonic medical triage of calls and coordinates transport and clinic site referrals for these callers.
- **Personally, Identifiable Information (PII)** – data that can be used on its own or with other information, identifies, contacts, and/or locates a single person.
- **Primary Care Physician/Provider (PCP)** – a health care practitioner who sees people that have common medical problems; also provides, coordinates or helps a patient access a range of health care services.
- **Registered Nurse (RN)** – a nurse who has graduated from a nursing program and met the requirements outlined by a country, state, province or similar licensing body to obtain a nursing license.
- **System** - describes all the software and hardware necessary to maintain records management and database tracking. This includes back-end hardware and software such as database software and servers, and all front-end software and hardware, such as Microsoft Office and PCs.

Appendix B

Call Script

	Example of scripting – Specific Script to be determined by the parties.
Call Taker Determines Nature of Call	Hello. My name is (Name). This is a recorded line. I am going to have you speak with one of our nurses right now to obtain the best care for you at this time.
Nurse receives Warm Transfer	Hello, my name is (Name), I am a nurse.
Nurse gets opening information	I am sorry that you are not feeling well today, can I have your full name and date of birth?
	I understand that you called with a complaint of (x). Can you tell me a little more about what is going on?
	I am going to ask you a set of questions to better assist in finding the best care for you today
Once the NMTARA level is reached	We recommend that you get seen at a clinic (or Urgent Care, depending on time of day) today
	In order to find the right place for you, can you give me your insurance information?
	We are going to set you up to be seen at Clinic X
Schedule a ride	Are you able to find your own transportation to the clinic? <i>-Will depend on payor NEMT reimbursement to complete this script</i>
Obstacle statements, such as: I want an ambulance to take me to the ER	We have assessed your medical need and find the clinic is the most appropriate place to have your care. You will see a medical Provider in a much shorter amount of time than waiting in an ER waiting room.
Closing Statement	(Patient name) Now that we have you set up for your care, we will be calling to check on you tomorrow to find out how you are feeling

Appendix C

EMD Protocols Referral to Nurse Navigation Line

EMD Code	Total Calls	Description
02A01	60	Allergic reaction- No diff. breathing or swallowing
02A02	4	Spider bite
03A01	23	Animal Bite-Not dangerous area
03A02	8	Animal Bite-Non recent
03A03	39	Animal Bite-superficial
05A01	189	Back Pain-Non Traumatic
05A02	24	Back Pain- Non Recent (no priority symptoms)
07A03	18	Burn-minor
07A04	0	Sunburn
07A05	0	Burn-Non Recent
13A01	213	Diabetic- Alert and behaving normally
16A02	6	Eye Injury- mild (abrasion, small foreign object, contact lenses, welding)
16A03	9	Eye Injury- medical (allergy, infection, tears)
17A02	166	Fall-Not Dangerous body area
17A03	542	Fall- Non Recent (no priority symptoms)
18A01	44	Headache- Breathing normal (no priority symptoms)
21A01	125	Hemorrhage/Laceration- Not Dangerous
21A02	1	Hemorrhage/Laceration- Minor
23O01	49	Poisoning- no priority symptoms
26O02	5	Sick Person- Boils
26O03	1	Sick Person- Bumps (non traumatic)
26O04	0	Sick Person- Can't sleep
26O05	10	Sick Person- Can't urinate
26O06	14	Sick Person- Urinary catheter w/out bleeding
26O07	12	Sick Person- Constipation

26O08	20	Sick Person- Cramps/Spasms/Joint Pain
26O09	0	Sick Person- Cut off ring request
26O10	0	Sick Person- Deafness
26O11	15	Sick Person- Diarrhea
26O12	1	Sick Person- Earache
26O13	0	Sick Person- Enema
26O14	2	Sick Person- Gout
26O15	1	Sick Person- Hemorrhoids
26O16	0	Sick Person- Hepatitis
26O17	1	Sick Person- Hiccups
26O18	2	Sick Person- Itching
26O19	7	Sick Person- Nervous
26O20	5	Sick Person- Object Stuck (nose, ear, vagina, rectum, penis)
26O21	4	Sick Person- Object swallowed (no choking or diff. breathing)
26O22	12	Sick Person- Painful urination
26O23	4	Sick Person- Penis problems/pain
26O24	6	Sick Person- Rash/Skin Disorder
26O25	0	Sick Person- Sexually Transmitted Disease
26O26	3	Sick Person- Sore throat
26O27	5	Sick Person- Toothache
26O28	23	Sick Person- Wound Infected
27A01	0	Gunshot/Stab/Penetrating Trauma- Non Recent and peripheral wound
30A02	96	Traumatic Injuries- Not Dangerous Body Area
30A03	0	Traumatic Injuries- Non Recent and no priority symptoms

Appendix D

NMTARA categories

Abdominal Swelling	Contact Lens Problem	Genital Problems Male
Abrasion	Cough	Glands Swollen or Tender
Alcohol Problems	Croup	Hair Loss
Allergic Reactions	Crying Excessive in Infants	Hand Wrist Problems
Altered Mental Status	Dehydration	Hay Fever Problems
Ankle Injury	Depression	Head Injury
Ankle Problems	Diabetes Problems	Headache
Anxiety	Diarrhea Adult	Heart Rate Problems
Arm or Hand problems	Diarrhea Child	Heartburn
Asthma	Dizziness	Heat Exposure
Avian Influenza Exposure	Domestic Abuse	Hemorrhoids
Back Neck Injury	Drowning (Near Drowning)	Hepatitis
Back Pain	Ear Injury Foreign Body	Hiccups
Bad Breath	Ear Ringing	Hip Pain Injury
Bedbug Exposure or Concerns	Ear Drainage	HIV Exposure
Bed Wetting	Ebola Known or suspected Exposure	Hives
Bee Stings	Electric Injury	Hoarseness
Bites Insect	Emergency Contraception	Hospice Problems
Bites Marine Animals	Extremity Injury	Hypertension
Bites Snake	Eye Injury	Hyperventilation
Bites Tick	Eye Problems	Hypotension
Bleeding Severe	Facial Problems	Immunization Reactions
Body Fluid Exposure	Fainting	Immunization Tetanus
Bone Joint and Tissue	Falls	Incontinence Stool
Breast Problems	Fatigue	Incontinence
Breast Feeding Problems	Febrile Seizures	Indigestion
Breathing Problems	Feeding Tube Problems	Influenza and other viruses
Bruising	Fever Adult	Insomnia
Burns Chemical	Fever Child	Itching
Burns Thermal	Finger and Toe Problems	Jaundice
Cast Splint Problems	Food Allergy Known or Suspected	Jaw Pain
Chest Pain	Food Poisoning Suspected	Joint Pain Swelling
Chest Trauma	Foot Problems	Knee Pain Swelling
Child Abuse	Foreign Body Eye	Laceration
Choking	Foreign Body Inhaled	Leg Pain Swelling
Circumcision Care	Foreign Body Rectum	Lice
Cold Exposure	Foreign Body Skin	Menstrual Problems
Common Cold Symptoms	Foreign Body Swallowed	Mouth Problems
Confusion	Foreign Body Vagina	Mumps
Congestion	Frostbite	Muscle Cramps
Congestive Heart Failure	Gas Flatulence	Neck Pain
Constipation	Genital Lesions	Neurological Symptoms
Newborn Problems	Rectal Problems	Sweating Excessively

Abdominal Pain Adult	Reye Syndrome Suspected	Swelling
Abdominal Pain Child	Roseola	Tattoo Problems
Numbness and Tingling	Rubella German Measles	Teething
Ostomy Problems	Scabies	Tongue Problems
Overdose	Scrotal Problems	Tooth Injury
Pertussis Whooping Cough	Seizure	Toothache
Piercing Pocketing Problems	Severe Acute Respiratory Syndrome (SARS)	Umbilical Cord Care
Pink Eye	Sexual Assault	Urinary Catheter Problems
Pinworms	Sexually Transmitted Disease	Urination Difficult
Postoperative Problems	Shingles Suspected or Exposure	Urination Excessive
Postpartum Problems	Shock Suspected	Urine Abnormal Color
Pregnancy Cold Symptoms	Shoulder Pain Injury	Vaginal Bleeding
Pregnancy Fetal Movement Problems	Sickle Cell Disease Problems	Vaginal Discharge, Pain, Itching
Pregnancy Fluid Leaking	Skin Lesions, Lumps, Bumps, Sores	Vision Problems
Pregnancy Hypertension	Sleep Apnea Adult	Vomiting Adult
Pregnancy Nausea and Vomiting	Sleep Apnea Child	Vomiting Child
Pregnancy Problems	Sore Throat	Weakness
Pregnancy Suspected Labor <36 Weeks	Speaking Difficulty	Wheezing
Pregnancy Suspected Labor	Spitting Up Infant	Wound Care, Sutures, Staples
Pregnancy Urination Problems	Stools Abnormal	Wound Healing, Infection
Pregnancy Vaginal Bleeding	Substance Abuse Use or Exposure	
Puncture Wound	Suicide Attempt Threat	
Rash Adult	Sunburn	
Rectal Bleeding	Swallowing difficulty	

Appendix E
Patient Satisfaction Survey
1-5 Rating Scale; 5 being highest

Question 1	When you called the nurse navigation line, you talked with a nurse about your medical problem. Do you agree that the nurse understood your problem?	1-5
Questions 2	How satisfied are you with the care that you got from person you talked to on phone?	1-5
Question 3	How satisfied were you with the amount of time you spent waiting at clinic on a doctor or nurse?	1-5
Question 4	How satisfied are you with the care you received by a doctor or nurse at clinic?	1-5
Question 5	How satisfied are you with the transportation you used to get to the place where you were treated?	1-5
Question 6	Is there anything else you would like to tell us?	Open ended

**Appendix F
Reporting**

Telephone	Average speed of answer	Monthly
	Average abandon rate	Monthly
	Call volume	Monthly
Quality	# of patients triaged	Monthly
	# of patients sent back for ALS and BLS	Monthly
	# of patients referred to clinic and urgent care	Monthly
	# of patients referred to PCP	Monthly
	# of patients referred to self-care	Monthly
Satisfaction	Survey results	Quarterly