

No. 26 b
BCC 05-25-04
3:03 P.M. PENHALE/Smitke

Carver Conf

#26b Sitting as the Emergency Medical Authority, the Board approved for execution with authorization for the Clerk to attest the final negotiated contract for ambulance services with Paramedics Plus, L.L.C. for an estimated FY 2004-2005 expenditure in the amount of \$21,349,825.72 for an initial period of five years with two additional three-year options of renewal if the same prices, terms and conditions exist and approval of the Emergency Medical Services Authority is granted (RFP No. 034-283-P) (Purchasing/Emergency Medical Services and Fire Administration).

Mr. Spratt indicated that a request for deferral of action on the item had been received from American Medical Response (AMR); whereupon, Attorney Churuti explained the Authority's options to either move forward with the award or defer the matter; and indicated that she does not believe that AMR has made the decision of whether or not to protest at the present time.

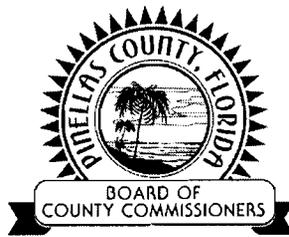
Responding to queries by Commissioner Stewart, Purchasing Director Joseph Lauro discussed the bid protest procedure; indicated that a protest had not been received as of today; and that in past instances when a bid protest has been received, the County's practice has been to continue to move forward with the process; whereupon, Attorney Churuti added that the process would be stopped only in the case of an injunction. Mr. Spratt stated that the ranking of firms had been approved with authorization granted to negotiate a final contract with Paramedics Plus, L.L.C. at the meeting of May 11, 2004.

Discussion ensued as to the time line related to the turnover of ambulance services, the time frame for bid protests, and possible reasons for filing a bid protest. Responding to queries by Commissioner Welch, Executive Director Chuck Kearns, Emergency Medical Services and Fire Administration, discussed fuel costs and an electronic patient care reporting system; whereupon, Commissioner Welch moved, seconded by Commissioner Morroni, that the contract be approved. Responding to queries by Commissioner Stewart, Mr. Kearns discussed annual costs under the existing agreement with the incumbent compared to the proposed contract; and discussed financial matters regarding Paramedics Plus, L.L.C.

Motion	-	Commissioner Welch
Second	-	Commissioner Morroni
Vote	-	7-0

6-4-04 Copies of BO emailed to Joe Lauro, Purchasing, Chuck Kearns, EMS; Robert Woodell, Finance
Copy of the agreement to Joe Lauro, Purchasing
The original of agreement to file.
6-7-04 4 original of agreements to Chuck Kearns, EMS by interoffice mail

(Handwritten mark)



BOARD OF COUNTY COMMISSIONERS

DATE: May 25, 2004

AGENDA ITEM NO.

26 b

Consent Agenda

Regular Agenda

Public Hearing

County Administrator's Signature:

Subject:

Approval of Final Negotiated Contract - Paramedics Plus, L.L.C.
Contract No. 034-283-P (AM)

Department:

Purchasing Department
EMS & Fire Administration

Staff Member Responsible:

Joe Lauro, Director
Chuck Kearns, Director

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS, ACTING AS THE EMERGENCY MEDICAL SERVICES AUTHORITY, APPROVE THE FINAL NEGOTIATED CONTRACT FOR AMBULANCE SERVICES WITH PARAMEDICS PLUS, L.L.C., TYLER, TEXAS.

IT IS FURTHER RECOMMENDED THAT AFTER PROPER EXECUTION OF THE AGREEMENT BY THE CHAIRMAN AND AFTER WRITTEN APPROVAL AS TO FORM BY THE OFFICE OF THE COUNTY ATTORNEY, THE CLERK BE AUTHORIZED TO ATTEST TO THEIR SIGNATURE.

Summary Explanation/Background:

On May 11, 2004, the Board approved the ranking of firms for providing Ambulance Services, and related services and authorized staff to negotiate a final contract with the number one ranked firm, Paramedics Plus, L.L.C.

This contract is for an initial period of five (5) years, and two (2) additional three (3) year options of renewal if the same prices, terms, and conditions exist, and approval of the Emergency Medical Services Authority is granted.

Some required items will be provided by the contractor between now and September 30, 2004. These items include, but are not limited to the ambulances which will be built, defibrillators and other equipment which will be acquired, certificates of insurance for professional liability, workers compensation and vehicle liability,

Features of the Proposal

1. Paramedics Plus, L.L.C., is proposing to offer employment to 100% of all incumbent Emergency Medical Technicians, Paramedics, Transport Nurses, Mechanics, and Materials Technicians. Proposer will provide improved employee benefits, including better retirement and scholarships.
2. Proposer will set a nine percent (9%) profit cap annually over the term of the contract. If profits exceed nine percent (9%) annually, the excess will be utilized in and for the EMS System.
3. Proposer will not assess corporate management fees and will provide profit and loss reports monthly, and independently reviewed financial statements annually.
4. Proposer commits to improved response time compliance, 92 percent County-wide (after a six month start-up period in which 90 percent must be attained) for emergencies and downgraded emergencies, 95

percent for scheduled non-emergencies, and 93 percent for unscheduled non-emergencies, calculated on a monthly basis.

5. Proposer will provide all new, top of the line ambulances, support vehicles, and medical equipment.
6. Proposer will provide Temperature Control for Medications using the Constemp[®] product in each Sunstar ambulance to maintain a constant temperature according to manufacturer's specifications.
7. Proposer will provide 10 free Automated External Defibrillators (AED) per year, placed around the county to improve cardiac resuscitation opportunities.
8. Proposer will implement the Zoll Data Systems' RescueNet™ Dispatch CAD, which is fully compatible with the existing County Billing System.
9. Proposer will implement an electronic patient care reporting system.
10. Proposer commits to train all of the Pinellas County full-time, and part-time paramedics they employ in a pediatric life support certification course by the end of the fourth year of the contract.
11. Proposer will offer education in home fall prevention assessment/intervention utilizing the creator of "Happy at Home" public education program. Proposer will train all Paramedics in Geriatric EMS awareness.
12. Proposer is a member of a medical supply-purchasing cooperative. It is a member-owned cooperative formed to reduce overall cost by negotiating sole source manufacturer agreements to purchase medical supplies at volume discount prices. The Authority should realize savings on disposable medical supplies.
13. Proposer will also equip two of the special-needs (Bariatric) ambulances with new specialty stretchers. These fully equipped stretchers can handle patients up to 850 pounds in the up position, and 1,600 pounds in the down position.
14. Proposer will provide marketing support to the FirstCare Ambulance Membership program. This will include providing membership cards, bumper stickers, two full-color newsletters a year, pre printed membership renewal forms, and a promotional item of some type featuring the Sunstar logo to FirstCare members each year.
15. Proposer will provide educational materials, system brochures, and a website available in Spanish and English. Proposer will also give ownership of this website to Pinellas County.
16. Proposer will obtain Commission on Accreditation of Medical Transportation Services (CAMTS) accreditation for Sunstar's Critical Care Transport program.
17. Proposer's operation in Oklahoma was awarded the 2002 Oklahoma Quality Award for Commitment. Proposer commits to applying for the Florida Governor's Sterling Award and the Malcolm Baldrige National Quality Award.

Contract Improvements

The following items were incorporated into the Ambulance Service Agreement pursuant to the proposal:

- Section 401 updated to require a Fleet Maintenance Vehicle as proposed.
- Section 402 updated to document proposed Computer Aided Dispatch software.
- Section 403 updated to document proposed electronic Patient Care Reporting system.
- Section 405 updated to document Response Time improvements.
- Section 407 updated to reflect new programs offered including Child Passenger Safety Seat Installation training, Geriatric Education for EMS, and Pediatric Advanced Life Support training.
- Section 417 updated to reflect Commission on the Accreditation of Medical Transportation Services accreditation requirement for the Sunstar Critical Care Transport program.

- ✓ Section 419 updated to reflect the proposed Elderly Fall Prevention Program, ten donated Automated External Defibrillators for each year of the agreement, and support for the Sunstar FirstCare Membership program.
- Section 708 updated to reflect Proposer's offer to use purchasing cooperatives to seek the lowest price for Medical Supplies purchased by the Authority.
- Section 716 added to document the Proposer's offer to cap earnings before taxes at nine percent (9%), to utilize profits in excess of nine percent (9%) for the EMS System, to not charge corporate overhead or indirect cost allocations, and to provide profit and loss reports monthly, and an independently reviewed financial statement annually.
- Section 801 improved Default language at the request of the County Attorney.
- Section 1002 improved Nondiscrimination language at the request of the County Attorney.
- Various appendices were updated to reflect temperature control for medications, special needs equipped Ambulances, proposed vehicles, and the Proposer's Medicare and HIPAA Compliance Programs.

Fiscal Impact/Cost/Revenue Summary:

ESTIMATED FY04-05 EXPENDITURE: \$21,349,825.72

Funds are available in the EMS & Fire Administration operating budget.

Exhibits/Attachments Attached:

Contract Review
Agreement
Board Order
Agenda from May 11, 2004 Approving Firms Ranking



CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: AMBULANCE SERVICES

BID/RFP NUMBER: 034-283-P (AM) REQ. NUMBER: _____

TYPE: Purchase Contract Construction-Less than \$100,000 One Time Other _____

In accordance with the policy guide for Contract Administration, the attached documents are submitted for your review and comment.

Upon completion of review, please complete the Contract Review Transmittal Slip below and forward to the next Review Authority on the list. Please indicate suggested changes by revising, in RED, the appropriate section of the document reflecting the exact wording of the change.

RISK MANAGEMENT Please enter required liability coverage on pages: _____

This is an annual/semi-annual requirement contract. Estimated Expenditure: \$ ~~17,000,000~~ ^{21,349,825.72}

REVIEW SEQUENCE	REVIEW AUTHORITY	REVIEW DATE	REVIEW SIGNATURE	COMMENTS (Attach Separate page if necessary)	COMMENTS INCORPORATED
1.	Purchasing Dept. (Originator)	2/9/04	<i>[Signature]</i>	Department: Please make comments on separate sheet. <i>amc</i>	
2.	EMS/Fire Admin. Attn: C.T. Kearns	2/9/04	C.T. Kearns	OK	
		02/09/04	C. HAZE	OK!	
3.	Risk Management. Attn: Loretta Hunter (Please check applicable box at right)	2/09/04	<i>[Signature]</i>		<input type="checkbox"/> HIGH RISK <input checked="" type="checkbox"/> NOT HIGH RISK <input type="checkbox"/> WRAP INS PROJECT
4.	BCC Finance Attn: Elaine Trehy	2/10/04	ET	Legal - should agreement be in name of BCC also signature page. <i>amc</i>	
5.	Asst. County Administrator Attn: Gay Lancaster	2/10/04	<i>[Signature]</i>	Comments of OMB addressed. <i>amc</i>	OK
6.	Asst. County Administrator Attn: Mark Woodard	2/17/04	CM, SB	→ See comments/questions → Should add option of Accts Receivable protection. → Is the Agreement part of the RFP?	OK <i>amc</i>
7.	Legal Attn: Michelle Wallace	2/20/04	MW	Name & Sig Page are fine	OK <i>amc</i>

RETURN TO PURCHASING

See attached changes RFP is part of Agreement

APPROVAL: AS TO FORM REVIEW			
Legal Attn: Michelle Wallace	Date 2/20/04	Initial MW	Approval as to Form, Subject to proper execution
Legal Attn: Michelle Wallace			Approved as to Form (after signature by other party)

All inquiries should be made to AMELIA MCFARLANE, CPPB at Extension 43149

In order to meet the following schedule, please return your requirements to Purchasing by 2/18/04

APPROXIMATE

Legal Ad-BID/RFP Mail Out _____ Friday
 BID/RFP Opening _____ Tuesday/Thursday
 Board Approval _____ Tuesday

AMBULANCE SERVICE AGREEMENT

October, 2004

PINELLAS COUNTY
EMERGENCY MEDICAL SERVICES AUTHORITY
12490 Ulmerton Road
Largo, FL 33774-2700

TABLE OF CONTENTS

PARTIES	1
RECITALS	1

ARTICLE I THE AGREEMENT

SECTION 101. Purpose.....	2
SECTION 102. Cooperation.....	2
SECTION 103. Contract Documents.....	2

ARTICLE II DEFINITIONS

SECTION 201. Words And Terms.....	4
SECTION 202. Terms Generally.....	20

ARTICLE III REPRESENTATIONS

SECTION 301. Representations Of Authority	21
SECTION 302. Representations Of Contractor.....	22

ARTICLE IV DUTIES AND RESPONSIBILITIES OF CONTRACTOR

SECTION 401. Vehicles	23
SECTION 402. Communications And Control Center Operations	27
SECTION 403. Vehicles And Equipment	32
SECTION 404. On-Scene Equipment Exchange Program	32
SECTION 405. Response Time	33
SECTION 406. Miscellaneous Equipment	36
SECTION 407. Continuing Medical Education	37
SECTION 408. Medical Quality Control	39
SECTION 409. Medical Audits	40
SECTION 410. Personnel	40

SECTION 411.	Disaster Assistance, EMS Emergency, And Mutual Aid	43
SECTION 412.	Additional Services	45
SECTION 413.	Outside Work.....	48
SECTION 414.	First Responders	50
SECTION 415.	Prohibited Activities	50
SECTION 416.	Use Of Authority Trade Name	51
SECTION 417.	Quality Management And Performance Monitoring.....	52
SECTION 418.	Notifications.....	53
SECTION 419.	Public Information And Education.....	54
SECTION 420.	Ethics And Compliance.....	56

**ARTICLE V
DUTIES AND RESPONSIBILITIES OF AUTHORITY**

SECTION 501.	Communications Infrastructure.....	57
SECTION 502.	Central Facilities.....	58
SECTION 503.	Replacement of Supplies.....	59
SECTION 504.	Extrication, Technical Rescue, Hazmat, Water Rescue.....	60
SECTION 505.	EMS License and Vehicle Permit Costs.....	60

**ARTICLE VI
INSURANCE AND INDEMNIFICATION**

SECTION 601.	Minimum Insurance Requirements.....	60
SECTION 602.	Additional Insurance Requirements.....	62
SECTION 603.	Indemnification.....	63

**ARTICLE VII
COMPENSATION AND OTHER FINANCIAL PROVISIONS**

SECTION 701.	Compensation.....	64
SECTION 702.	Stop-Loss Payments.....	64
SECTION 703.	Additional Services.....	65
SECTION 704.	Liquidated Damages For Failure To Comply With Response Time Requirements.....	67
SECTION 705.	Liquidated Damages For Faulty Data Submissions.....	68
SECTION 706.	Deductions For Fuel.....	70
SECTION 707.	Liquidated Damages for Failure To Comply With Performance Requirements.....	70
SECTION 708.	Reimbursement For Supplies.....	71
SECTION 709.	Reimbursement for Disaster Assistance and EMS Emergency.....	71
SECTION 710.	Automatic Annual Inflation Adjustment.....	73
SECTION 711.	Adjustment for Extraordinary Cost Increases Due to Unforeseen Circumstances.....	74

SECTION 712.	Audits And Inspections.....	75
SECTION 713.	Dispute Resolution.....	76
SECTION 714.	Fiscal Non-Funding.....	77
SECTION 715.	Letter Of Credit	78
SECTION 716.	Profit Cap.....	78

**ARTICLE VIII
EVENTS OF DEFAULT AND TERMINATION**

SECTION 801.	Events Of Default.....	78
SECTION 802.	Effect Of Event Of Default.....	80
SECTION 803.	Transfer Of Operations On Termination.....	80
SECTION 804.	Letter Of Credit.....	80
SECTION 805.	Liquidated Damages.....	81

**ARTICLE IX
TERM AND RENEWAL**

SECT10N 901.	Term.....	81
--------------	-----------	----

**ARTICLE X
MISCELLANEOUS**

SECTION 1001.	Assignment.....	82
SECTION 1002.	Nondiscrimination In Employment.....	82
SECTION 1003.	Notices.....	83
SECTION 1004.	Entire And Complete Agreement.....	84
SECTION 1005.	Other Documents.....	84
SECTION 1006.	Applicable Law.....	84
SECTION 1007.	Waiver.....	84
SECTION 1008.	Severability	85
SECTION 1009.	Independent Contractor.....	85
SECTION 1010.	Headings.....	85
SECTION 1011.	Counterparts.....	85

AMBULANCE SERVICE AGREEMENT

AGREEMENT made this 4 day of June, 2004, between Paramedics Plus, L.L.C., a foreign limited liability corporation registered to do business in Florida, and with its principal place of business at 1000 South Beckham Avenue, Tyler, Texas 75701 ("Contractor"), and the PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY, a dependent special district established by Chapter 80-585, Laws of Florida, as amended ("Authority").

RECITALS

1. On February 27, 2004, the Authority released its Request for Proposals for the exclusive provision of Advanced Life Support (ALS) Ambulance Services in Pinellas County, Florida ("RFP").
2. On May 25, 2004, the Authority awarded the Ambulance Service contract to Contractor.
3. Contractor understands a high level of commitment and performance results are required, as time is of the essence for critically ill or injured Patients requiring Ambulance Services and well-intentioned efforts do not replace consistent, high quality and timely services.

Pursuant to the RFP, Contractor and the Authority now desire to enter into this Ambulance Service Agreement.

NOW, THEREFORE, in consideration of the mutual promises and covenants of each other contained in this Agreement and other good and valuable consideration, receipt of which is hereby acknowledged, the parties do covenant and agree as follows:

**ARTICLE I
THE AGREEMENT**

SECTION 101. PURPOSE

The purpose of this Agreement is to define the obligations and responsibilities of the Parties hereto with respect to the provision of exclusive, and at the minimum, Advanced Life Support level Ambulance Services in Pinellas County.

SECTION 102. COOPERATION

The Parties shall cooperate and use all reasonable efforts, pursuant to the terms of this Agreement, to facilitate the terms of this Agreement.

SECTION 103. CONTRACT DOCUMENTS

The following Appendices are attached to and made part of this Agreement:

- Appendix A.** Contractor Compensation Schedule
- Appendix B.** EMS Communication System Description
- Appendix C.** EMS Districts
- Appendix D.** First Responders in Pinellas County
- Appendix E.** Letter of Credit
- Appendix F.** Medical Operations Manual
- Appendix G.** Run Report Delivery Schedule
- Appendix H.** SPC Agreement

Appendix I.	Vehicle Marking Specifications
Appendix J.	Technical Specifications For Ambulances and Critical Care Transport Units
Appendix K.	Current On-Board Equipment/Supply Inventory for Ambulances and Mental Health Transport Units
Appendix L.	Current On-Board Equipment/Supply Inventory for Critical Care Transport Units
Appendix M.	Data Exchange Specifications
Appendix N.	Ambulance Billing Data Element Dictionary
Appendix O.	On-Scene Equipment Exchange Items
Appendix P.	Presumptive Run Code Designations
Appendix Q.	Guidelines for Critical Care Transport Units
Appendix R.	EMS Headquarters Facility Layout
Appendix S.	Extrication, Hazmat, Water Rescue Capabilities
Appendix T.	List of Supplies/Materials Not Supplied By Pinellas County
Appendix U.	Equipment Agreement
Appendix V.	Quality Management Principles
Appendix W.	Contractor's Compliance Manual
Appendix X.	Business Associate Agreement
Appendix Y.	Contractor's HIPAA Compliance Program
Appendix Z.	Uniform Dress Code
Appendix AA.	Full Time Staffing Calculations
Appendix AB.	Professional Operations and Conduct Requirements
Appendix AC.	Vehicle Maintenance Program

This Agreement, together with the foregoing Appendices, constitutes the entire Ambulance Service Agreement between the Parties with respect to the exclusive provision of Ambulance Services, shall supersede any prior agreement, contract or memorandum of understanding between the Parties regarding such services and the Parties agree that the terms and conditions of this Agreement, including the Appendices, shall govern exclusively the obligations of the Parties.

ARTICLE II DEFINITIONS

SECTION 201. WORDS AND TERMS

Unless the context otherwise requires, capitalized terms used herein shall have the following meanings ascribed to them:

“ACE Accreditation” means the National Academies of Emergency Dispatch, Accredited Center of Excellence (ACE) accreditation process and guidelines, as the same may be amended from time to time, or successor methods or programs agreed to in writing by the Authority’s Executive Director.

“Additional Services” means those services described in Section 412 hereof.

“Additional Services Amount” means the amount owing to Contractor pursuant to Section 703 hereof.

“Advanced Life Support” or **“ALS”** means treatment of life-threatening and non-life-threatening trauma and medical conditions through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, cardiac monitoring, and cardiac defibrillation by a qualified person, pursuant to Florida Law and rules of the Department.

“Affiliate” means any parent corporation, joint venture, subsidiary, or other legal entity with direct or indirect control of the Contractor.

“Ambulance” means any vehicle permitted by the Department, meeting the requirements of **Appendix I, J, K, and L**, and approved by the Executive Director, and operated by Contractor which is equipped to provide Advanced Life Support services and which is designed, constructed, maintained, equipped, or operated for and used, or intended to be used, for the transportation of Patients.

“Ambulance Services” means emergency and non-emergency Transport services offered by the Authority and provided by Contractor, including management, supervision, Additional Services, and other ambulance related services offered by the Authority, and provided by the Contractor, pursuant to this Agreement. For the purposes of ambulance vehicles, ALS is the minimum level of capabilities.

“Authority” means the Pinellas County Emergency Medical Services Authority, a dependent special district established by Chapter 80-585, Laws of Florida, as amended.

“Base Amount” means the amount, set forth in the Compensation Schedule, paid monthly to Contractor by the Authority for the provision of Base Services.

“Base Services” means all Transports, including all related support and ancillary services required hereunder, but excluding Outside Work and Additional Services.

“Base Services Transport Volume” means the monthly estimate of Transports, as stated in the Compensation Schedule.

“Basic Life Support” or **“BLS”** means treatment of life-threatening and non-life-threatening trauma and medical conditions by a qualified person through the use of

techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation.

“Billable Run Report” means a complete paper and electronic record of patient care where all Executive Director approved billing fields are complete with accurate information.

“Business Associate Agreement” means the Agreement attached as **Appendix X** hereto.

“CAD” means computer aided dispatch computer hardware and software. Such software shall include the current versions of Zoll RescueNET Dispatch, Bradshaw Consulting's MARVLIS (Mobile Area Routing and Vehicle Location System), and Priority Dispatch Corporation's ProQA and AQUA or any mutually agreed upon product or version.

“Caller” means a person accessing the response system by telephone.

“CAAS Accreditation” means the Commission on Accreditation of Ambulance Services (CAAS) accreditation process and guidelines, as the same may be amended from time to time, or successor methods or programs agreed to in writing by the Authority's Executive Director.

“Compensation Schedule” means the schedule for determining Contractor's compensation, which schedule is attached hereto as **Appendix A**.

“CAMTS Accreditation” means the Commission on Accreditation of Medical Transportation Services (CAMTS) accreditation process and guidelines, as the same may be amended from time to time, or successor methods or programs agreed to in writing by the Authority's Executive Director.

“Contractor” means Paramedic Plus, L.L.C., a foreign limited liability corporation registered to do business in Florida, and with its principal place of business at 1000 South Beckham Avenue, Tyler, Texas 75701.

“County” means Pinellas County, Florida, a political subdivision of the State of Florida.

“County Certified” means authorized to work in the EMS System in accordance with requirements established by the Medical Control Board and the Medical Director, and approved by the Authority.

“Critical Care Transport” means Transport of Patient(s) in a Critical Care Transport Unit.

“Critical Care Transport Unit” means the designated enhanced ALS Ambulance described in Section 401 hereof and used for Transport of Patients who may require a higher level of clinical monitoring and/or treatment than may be provided by a non-Critical Care ALS Ambulance.

“Dedicated Standby” means the posting of an Ambulance at a special event location, such Ambulance being exempt from the then-current System Status Plan.

“Department” means the State of Florida Department of Health, its divisions or other state agencies such as the Agency for Health Care Administration, having jurisdiction over EMS or Ambulance Services.

“Disaster” means an occurrence of a severity and magnitude that normally results in death, injuries, and/or property damage, and which cannot be managed through routine procedures and resources of the EMS system, as declared by Federal, State, or County government.

“Downgraded” means the discontinuance of the use of emergency warning devices, such as lights and sirens, during a Response to an Emergency Request.

“Downgraded Emergency Request” means an Emergency Request which, either (1) during a Response, or (2) during the period of time from when a Request is received to when Contractor arrives on the scene, is Downgraded by a First Responder or dispatch personnel in compliance with the Medical Operations Manual.

“Emergency Medical Dispatcher” means any person who is a Paramedic and County Certified to provide Pre-Arrival Instructions.

“Emergency Medical Technician” or **“EMT”** means any person who is trained in Basic Life Support, who is County Certified, and who is certified by the Department to perform such services in emergency and non-emergency situations.

“Emergency” or **“Emergency Response”** means the use of emergency warning devices, such as lights and sirens, during a Response to an Emergency Request.

“Emergency Request” means a request for emergency services received directly at the EMS Communications Center, or a request for emergency services transferred from the 9-1-1 Center to the EMS Communications Center with transfer of the 9-1-1 computer data and/or Caller.

“Emergency Transport” means a Transport resulting from (1) a Response to an Emergency Request, or (2) a Response to a Non-Emergency Request that results in a need for emergency services and red lights and sirens during transport.

“EMS” means emergency medical services.

“EMS Communications Center” means the facility, provided by the Authority, where Contractor operates and maintains the Ambulance Dispatch and Communications System.

“EMS Communications System” means the communications system, as described on **Appendix B**, whereby Contractor receives Requests and dispatches Vehicles.

“EMS Districts” means the districts designated by the Authority, pursuant to the Special Act, and shown on **Appendix C** attached hereto and made a part hereof.

“EMS Emergency” means any occurrence or threat thereof, in the County or any municipality herein, or in any surrounding County or Counties, which may result in unexpected increased demand for Ambulance Services, and is designated as such by the Executive Director or the Authority.

“EMS Supervisor Unit” means the designated vehicles meeting the requirements of **Appendix I**, approved by the Executive Director, and operated by Contractor.

“EMS System” means the network of organizations and individuals established to provide Emergency Medical Services to citizens of the County and includes: citizen CPR training and public education, EMS Communications Center operations, First Responders, all Ambulance Services, materials, and fleet management, and medical quality control and research.

“Equipment Agreement” means the Agreement attached as **Appendix U** hereto.

“Event of Default” means an event of default described in Section 801 hereof.

“Executive Director” means the Authority's Director of the EMS System or his designee.

“First Responder” means any municipality, special district or other entity that has signed a standardized agreement with the Authority or an alternative supplier with which the Authority may contract for First Responder Services. The current listing of First Responders is attached as **Appendix D** hereto, as may be amended from time to time.

“First Responder Services” means the provision of rapid response, on scene Patient care, and specialized rescue services, in accordance with **Appendix S**, by ALS and BLS First Responders to Emergency Requests in Pinellas County. First Responder Paramedics and EMTs provide manpower at the scene of the Emergency Request in addition to that provided by Ambulance Personnel; First Responder Paramedics and EMTs provide additional manpower onboard the Ambulance if the Patient’s condition indicates the need for such additional support; and additional manpower at the request of Ambulance Personnel for special situations requiring additional personnel (such as the handling of these Patients).

“Fleet Maintenance Unit” means the designated vehicle meeting the requirements of **Appendix I**, approved by the Executive Director, and operated by Contractor.

“Health Care Facility” means any hospital or facility licensed under Chapters 395 or 400, Florida Statutes, and any successor statute.

“Incident Command System” means the on scene management of an emergency incident and the structure and organization of responding resources within a standard hierarchy. All resources, including resources provided by the Ambulance Contractor, are subject to the direct orders and assignments of the incident commander and sector officers in order to affect the timely and orderly mitigation of the emergency.

“Interfacility Transport” means the Transport of a Patient from one Health Care Facility to another Health Care Facility, and between a Health Care Facility and a Patient’s home.

“Letter of Credit” means the Irrevocable Letter of Credit No. 862, in the amount of One Million and 00/100 (\$1,000,000.00) Dollars, issued by Southside Bank to the Authority, a copy of which is attached hereto as **Appendix E**.

“Liquidated Damages” means (1) liquidated damages provided for in Section 704 hereof for late runs; (2) liquidated damages provided for in Section 705 hereof for faulty data submissions; (3) liquidated damages provided for in Section 707 hereof for failure to meet Performance Requirements; and (4) compensation owed to the Authority under Section 703 hereof for the use of the facilities and equipment for Outside Work.

“Long Distance Transport” means any Patient Transport within a destination outside of Pinellas County by an Ambulance, except for Transports from a location within the County and the following hospitals, which Transports shall be considered intra-county Transport: Community Hospital of New Port Richey in Pasco County, Morton Plant North Bay Hospital in Pasco County, St. Joseph’s Hospital in Hillsborough County, Tampa General Hospital in Hillsborough County and Town and Country Hospital in Hillsborough County,

“Medical Audit” means a service inquiry, quality assurance review, or medical review hearing by the Medical Director and/or Medical Control Board, into incidents, procedures, and practices of Personnel.

“Medical Control Board” means the board appointed by the Authority and having the duties and responsibilities set forth, pursuant to the Chapter 54, Article III, of the Pinellas County Code, and any rules and regulations adopted pursuant thereto.

“Medical Direction” means medical supervision of the EMS System provided by the Medical Director through two-way communication or through established standing orders, pursuant to rules of the Department.

“Medical Director” means a licensed physician, or a corporation, association, or partnership, which employs a licensed physician for the purpose of providing Medical Direction to the EMS System.

“Medical Operations Manual” means the clinical guidelines, a copy of which is attached hereto as **Appendix F**, prepared for the EMS System and approved by the Medical Control Board, as the same may be amended from time to time.

“Medical Supply Unit” means the designated vehicles meeting the requirements of **Appendix I**, approved by the Executive Director, and operated by Contractor.

“Mental Health Client” means an individual who is voluntarily or involuntarily protected in accordance with the Florida Mental Health Law (Baker Act), Chapter 394, Florida Statutes, and requires transportation to or from a Health Care Facility.

“Mental Health Transport” means inter-facility transport of Mental Health Client(s) in a Mental Health Transport Unit from one Health Care Facility to another Health Care Facility in accordance with the Protocols of the Medical Control Board. Contractor shall coordinate with the sending and receiving facilities to ensure that assistance will be provided by the facility when Mental Health Clients are transferred between the Mental Health Transport Unit and the facility.

“Mental Health Transport Driver” or “MHT Driver” means any person who is specially trained and certified for Mental Health transport, and who is County Certified to perform such services.

“Mental Health Transport Services” means the specially trained personnel, vehicle(s), equipment, and management of a unique service designed to handle the safe and dignified, voluntary and involuntary, inter-facility transportation of Mental Health Clients, in accordance with Chapter 394, Florida Statutes, and any successor statute.

“Mental Health Transport Unit” means the designated Vehicle(s) meeting the requirements of **Appendix I and K** and approved by the Executive Director, and operated by Contractor, which is equipped to provide Mental Health Transport Services. Such vehicle shall be designed, maintained, equipped, or operated for and used, only for the transportation of Mental Health Clients under the intent of this agreement.

“Mental Health Transport Unit Response Time” means the time elapsed from the requested pickup time to the time of arrival of the Mental Health Transport Unit for a Mental Health Transport.

“9-1-1 Center” means the Public Safety Answering Point operated and maintained by the County for the purpose of receiving 9-1-1 calls from citizens.

“Non-Emergency Request” means a request not meeting the definition of Emergency Request.

“Non-Emergency Transports” means those Transports, including Scheduled Transports, not meeting the definition of Emergency Transport.

“Non-Transport” means a response by Ambulance to a Request which does not result in a Transport and which is not eligible for compensation hereunder.

“Outside Work” means services provided by Contractor outside the EMS System, which are not subject to the prohibition of Section 415(a) hereof, and which utilize factors of production employed by Contractor in the performance of its obligations under this Agreement.

“Paramedic” means a person who is County Certified and certified by the Department to perform Basic and Advanced Life Support procedures, pursuant to the provisions of state statute and regulations.

“Party” or “Parties” means either the Authority or Contractor, or both, as the context of the usage of such term may require.

“Patient” means an individual who is ill, sick, injured, wounded, or otherwise incapacitated, and is in need of, or is at risk of needing, medical attention or care on scene and/or during Transport to or from a Health Care Facility.

“Performance Requirements” means the requirements of this Agreement intended to ensure that (1) when a Request comes into the EMS Communications Center, an Emergency Medical Dispatcher, approved by the Medical Director, shall answer that request promptly, must follow approved telephone protocols, offer planned Pre-Arrival Instructions if appropriate, and must appropriately manage the Response; (2) Response Times meet the requirements provided herein; (3) Vehicles be designed and equipped as provided herein; (4) clinical performance be consistent with approved medical standards and protocols; (5) the conduct and appearance of all contractor Personnel be professional and courteous at all times in accordance with **Appendix Z** and **Appendix**

AB; (6) Contractor be unrelenting in its effort to detect and correct performance deficiencies; and (7) Contractor cooperate with the Authority in upgrading the performance and reliability of the EMS System.

“Personnel” means all employees including, but not limited to, Emergency Medical Technicians, Emergency Medical Dispatchers, fleet mechanics, materials management assistants, managers, Paramedics, MHT Drivers, Registered Nurses, supervisors, and Senior Management employed by Contractor.

“Pre-Arrival Instructions” means the Caller interrogation and instructions, as set forth in the National Academies of Emergency Dispatch’s Medical Priority Dispatch Protocol version 11, or any successor method approved by the Executive Director, the Medical Director, and the Medical Control Board, which instructions are given by a Paramedic, certified as an Emergency Medical Dispatcher, at the EMS Communications Center to a Caller prior to arrival of a First Responder or Ambulance.

“Primary Critical Care Transport Unit” means the heavy-duty chassis ALS Ambulance, as defined in **Appendix J** attached hereto, which is specially designed, equipped and staffed as a Critical Care Transport Unit.

“Primary Mental Health Transport Unit” means the designated Vehicle meeting the requirements of **Appendix I and K** and approved by the Executive Director, and operated by Contractor, which is equipped to provide Mental Health Transport Services. Such vehicle shall be designed, maintained, equipped, or operated for and used, only for the transportation of Mental Health Clients under the intent of this agreement.

“Priority Dispatch Protocols” means the protocols described in Section 402(c) hereof; or any future variation determined by the Authority’s Executive Director.

“Production Standards” means no less than twelve (12) Ambulances scheduled, fully staffed, and on the road at all times.

“Quality Management Principles” means the criteria and guidelines for organizational performance excellence published by the Florida Sterling Council, a copy of which is attached hereto as **Appendix V**, as the same may be amended from time to time, or successor methods or systems approved in writing by the Authority’s Executive Director.

“Registered Nurse” means a person who is County Certified and licensed to practice professional nursing pursuant to the provisions of Chapter 464, Florida Statutes and any successor statute and regulations.

“Reimbursement Amount” means the amount reimbursed by the Authority to Contractor for supplies, as provided in Section 708 hereof.

“Request” means either an Emergency Request or a Non-Emergency Request.

“Response” means the act of responding to a Request, which act begins with the dispatching of an Ambulance and, (1) in the case of a Request which does not result in a Transport, ends with cancellation of the Ambulance responding to the Request; or (2) in the case of Request resulting in a Transport, ends with the arrival of the Ambulance at the scene for Patient Transport.

“Response Time” means, in the case of an Emergency Request, the actual time elapsed from the moment Contractor’s dispatcher has obtained the callback number, nature of request, and location of Caller from the 9-1-1 Center or Caller to the moment Contractor’s first transport capable Ambulance arrives at the scene; in the case of Non-

Emergency Requests, the time elapsed from the requested pickup time to the time of arrival for Patient Transport.

“Reserve Critical Care Transport Unit” means an Ambulance equipped and staffed to operate as a Critical Care Transport Unit to meet demand when the Primary Critical Care Transport Unit is engaged in transport services or is unavailable due to maintenance.

“Reserve Mental Health Transport Unit” means a Vehicle equipped and staffed to operate as a Mental Health Transport Unit to meet demand when the Primary Mental Health Transport Unit is engaged in transport services or is unavailable due to maintenance. The Reserve Mental Health Transport Unit must be an unmarked multi-passenger van with, as a minimum, two personnel and all of the equipment and supply requirements met, except for the mobile radio and safety barrier. Contractor may not use an Ambulance, Critical Care Transport Unit, Medical Supply Unit, Tactical EMS Unit or an EMS Supervisor Unit as a Reserve Mental Health Transport Unit.

“Rules and Regulations” means the rules and regulations adopted by the Authority on October 5, 1993, as may be amended from time to time.

“Run Report Delivery Schedule” means the schedule, as set forth in **Appendix G** attached hereto, for delivering to the Authority the paper and electronic run reports and forms described in Section 402(f) hereof, as the same may be amended and updated from time to time as authorized by the Executive Director.

“SPC” means St. Petersburg College.

“SPC Agreement” means the agreement dated December 18, 2003, and as may be supplemented annually between the Authority and SPC, providing for continuing

medical education for EMTs and Paramedics, a copy of which is attached hereto as **Appendix H**.

“Safe Useful Life” means, with respect to type III Ambulances, five (5) years; with respect to heavy-duty chassis Primary Critical Care Transport Unit and heavy-duty chassis Reserve Critical Care Transport Unit(s), ten (10) years; with respect to the Tactical EMS Unit, Mental Health Transport Unit, Medical Supply Units and EMS Supervisor Units, seven (7) years.

“Scheduled Transport” means a Transport that has been scheduled by a Caller at least twenty-four (24) hours in advance of the requested Patient pick up time.

“Senior Management” means the Contractor's Director or local Vice President of Operations, Director of Operations, Community and Government Relations Manager, Operations Manager or similarly titled and ranked senior manager.

“Special Act” means Chapter 80-585, Laws of Florida, as amended.

“State” means the State of Florida.

“State of Emergency” means a Disaster that has been declared by proclamation of the Federal, State, or County government.

“Stop-Loss Payment” means the amount(s) set forth in the Compensation Schedule.

“Stop-Loss Payment Amount” means the amount arrived at each month by multiplying the appropriate Stop-Loss Payment by the number of Transports in excess of the Base Services Transport Volume.

“System Status Plan” means an algorithmic on-line management system for deploying and redeploying Ambulances.

“Tactical Emergency Medical Services” or **“Tactical EMS”** means the specially trained personnel, vehicle, equipment, and management of a unique ALS Emergency Medical Services designed to assist federal, state, and local law enforcement agencies, and the Sheriff’s Department Special Weapons and Tactics (SWAT) personnel in the course of their duties.

“Tactical EMS Unit” means the designated vehicle meeting the requirements of **Appendix I and J**, approved by the Executive Director, and operated by Contractor, which is equipped to provide Tactical EMS. Such vehicle shall be designed, maintained, equipped, and used for Tactical EMS or in Disaster situations. Contractor shall utilize an Ambulance when the primary Tactical EMS Unit is unavailable due to preventive maintenance or mechanical problems.

“Transport” means all intra-County Emergency and Non-Emergency transportation in Ambulances by Contractor of patients to any destination including a helicopter landing zone; provided, however, that movement of a patient on a stretcher to a helicopter landing zone shall be considered a Transport even when there is no transportation in a Vehicle, and, in all cases, a complete run report is received by the Authority. The term “Transport” shall include a round-trip transport of flight crewmembers and patient(s) when the same Ambulance and crew complete both legs of the assignment. Such round-trip Transports shall be considered one (1) Transport.

“Uncontrollable Circumstance” means any act, event, or condition other than a labor strike, work stoppage, or slowdown, which has, or may reasonably be expected to have, a direct material adverse effect on the rights or obligations of a Party hereunder, if such act, event, or condition is beyond the reasonable control of the Party relying

thereon as justification for not performing an obligation or complying with any condition required of such Party under this Agreement. Such acts, events, or conditions shall include an act of God and a State of Emergency. Normal weather conditions in Pinellas County and delays by a Health Care Facility accepting a Patient are not considered an Uncontrollable Circumstance.

“Vehicles” means the Ambulances, Critical Care Transport Units, EMS Supervisor Units, Fleet Maintenance Unit, Medical Supply Unit, Mental Health Transport Units, and Tactical EMS Unit approved by the Authority and identified and described in **Appendices I and J**, as the same may be amended and updated from time to time with the approval of the Executive Director.

“Vehicle Maintenance Program” means the Contractor’s comprehensive preventive maintenance program, attached hereto as **Appendix AC**, designed to provide Safe, Useful Life of all Vehicles, and to provide the highest level of quality Patient care, and to ensure the timely, safe, and dependable arrival of Vehicles in every event it is required.

“Wholesale Rate” means the product of dividing the Base Amount by the Base Services Transport Volume.

SECTION 202. TERMS GENERALLY

Whenever the context may require, any pronoun shall include corresponding masculine, feminine, and neuter forms. The words “include,” “includes” and “including” shall be deemed to be followed by the phrase “without limitation,” except as the context may otherwise require. The words “agree,” “agreement,” “approval” and “consent” shall be

deemed to be followed by the phrase "which shall not be unreasonably withheld or unduly delayed," except as the context may otherwise require. The words "approved," "designate," or similar words shall be deemed to be preceded by the word "reasonably," except as the context may otherwise require.

ARTICLE III REPRESENTATIONS

SECTION 301. REPRESENTATIONS OF AUTHORITY

The Authority represents to Contractor that each of the following statements is presently true and correct:

(a) **Existing.** The Authority is a dependent special district existing under the laws of the State of Florida, and has all requisite power and authority to carry on its business as now conducted, and to perform its obligations under this Agreement and each document contemplated hereunder to which it is or will be a party.

(b) **Due Authorization.** This Agreement has been duly authorized by all necessary action on the part of, and has been or will be duly executed and delivered by the Authority, and neither the execution and delivery thereof, nor compliance with the terms and provisions thereof or hereof, contravenes any existing law, judgment, government rule, regulation, or order applicable to or binding on the Authority.

(c) **Enforceability.** This Agreement constitutes a legal, valid, and binding obligation of the Authority enforceable against the Authority in accordance with the terms thereof, except as such enforceability may be affected or limited by applicable bankruptcy, insolvency, or similar laws, from time to time in effect, which affect creditors' rights

generally and subject to usual equitable principles in the event that equitable remedies are involved.

(d) **Financial Capability**. The Authority is fully capable, financially and otherwise, to perform its obligations hereunder.

(e) **No Litigation**. There are no pending, or to the knowledge of the Authority, threatened, actions or proceedings, before any court or administrative agency to which the Authority is a party, questioning the validity of this Agreement or any document or action contemplated hereunder, or which are likely, in any case or in the aggregate, to materially adversely affect the consummation of the transactions contemplated hereunder.

SECTION 302. REPRESENTATIONS OF CONTRACTOR

Contractor represents and warrants to the Authority that each of the following statements is presently true and correct:

(a) **Existing**. Contractor is authorized to do business in the State of Florida and has all requisite power and authority in Florida to carry on its business as now conducted, to own or hold or otherwise its properties, and to enter into and perform its obligations under this Agreement and under each instrument described herein to which it is or will be a party.

(b) **Due Authorization**. This Agreement has been duly authorized by all necessary actions on the part of, and has been duly executed and delivered by, Contractor, and neither the execution and delivery thereof, nor compliance with the terms and provisions thereof or hereof at the time such action is required (i) requires the approval and consent of any other party, except such as have been duly obtained, certified copies

thereof having been delivered to the Authority; (ii) contravenes any existing law, judgment, governmental rule, regulation, or order applicable to or binding on Contractor; or (iii) the charter or bylaws of Contractor or any other agreement or instrument in existence on the date of this Agreement to which Contractor is a party.

(c) Enforceability. This Agreement constitutes a legal, valid, and binding obligation of Contractor enforceable against Contractor in accordance with the terms thereof, except as such enforceability may be limited by applicable bankruptcy, insolvency, or similar laws, from time to time in effect, which affect creditors' rights generally and subject to usual equitable principles in the event that equitable remedies are involved.

(d) No Litigation. There are no pending, or to the knowledge of Contractor, threatened actions or proceedings before any court or administrative agency to which Contractor is a party, questioning the validity of this Agreement of any document or action contemplated hereunder, or which are likely, in any case or in the aggregate, to materially adversely affect the consummation of the transactions contemplated hereunder.

(e) Financial Capability. Contractor is fully capable, financially and otherwise, to perform its obligations hereunder.

ARTICLE IV DUTIES AND RESPONSIBILITIES OF CONTRACTOR

SECTION 401. VEHICLES

(a) Obligation to Provide Vehicles. Contractor shall provide the Authority-approved equipment and Vehicles meeting the specifications set forth in **Appendices I, J, K, and**

L attached hereto. Contractor shall maintain, throughout the term of this Agreement, Production Standards and a minimum ALS fleet size not less than one hundred thirty percent (130%) of maximum scheduled peak load unit coverage, but in no event, less than fifty-four (54) uniform Ambulances not including the Critical Care Transport Unit(s), Mental Health Transport Units(s) EMS Supervisor Units, Fleet Maintenance Unit, Medical Supply Units or the Tactical EMS Unit. Contractor shall maintain at least three (3) EMS Supervisor Units.

(b) Maintenance of Vehicles and Fuel. Contractor shall be responsible for maintenance and repair of all medical and support Vehicles, and for furnishing maintenance equipment, supplies, repairs, spare parts, replacement vehicles, and fuel. Contractor shall maintain the vehicles in accordance with **Appendix AC**. During the term of this Agreement, the Authority may, after an inspection, require Contractor to replace any Vehicle, or part thereof, at any time, that does not comply with the standards contained herein. The Authority's Executive Director may, at his discretion, authorize the Contractor to extend the scheduled replacement date of individual Vehicles for up to one (1) year beyond their Safe Useful Life if the Contractor's maintenance efforts were superior.

With respect to fuel, Contractor may, at its option, obtain fuel for its County operations from the County at the County's actual cost. In the event Contractor elects to obtain fuel from the County, the Parties shall agree to the method of supplying such fuel to Contractor, and the Authority shall document and monitor Contractor's fuel consumption

under this Agreement and report such to Contractor each month. Contractor as provided in Section 706 shall pay the cost of such fuel hereof.

(c) Staffing of Vehicles.

(i) Ambulances. All Ambulances shall have the following minimum staffing: one (1) Paramedic and one (1) EMT.

(ii) Critical Care Transport Units. A Critical Care Transport Unit shall have the following minimum staffing when providing patient care: one (1) Registered Nurse with critical care experience; one (1) Paramedic; and one (1) EMT who shall be in charge of vehicle operation. In addition, specially trained hospital personnel will be allowed to accompany Patients as needed. Contractor shall staff and operate the Primary Critical Care Transport Unit 24 hours per day, 7 days per week and make available Reserve Critical Care Transport Units on an as needed basis to meet demand.

(iii) Mental Health Transport Units. A Mental Health Transport Unit shall have the following minimum staffing: one (a) MHT Driver specially trained and certified for Mental Health Transport.

Contractor shall staff and operate a Primary Mental Health Transport Unit 24 hours per day, 7 days per week. When a Reserve Mental Health Transport Unit is used to transport a Mental Health Client, Contractor shall staff with two personnel, one of whom must be certified as described in this section, without additional compensation.

- (iv) EMS Supervisor Units. An EMS Supervisor Unit shall have the following minimum staffing: one (1) EMT or Paramedic supervisor. Contractor shall staff and operate a minimum of two (2) EMS Supervisor Units 24 hours per day, 7 days per week.
 - (v) Medical Supply Unit. Contractor shall staff and operate at least one (1) Medical Supply Unit 24 hours per day, 7 days per week. Such unit shall be available to the EMS System to deliver medical equipment, medical supplies and return or deliver exchange equipment on an as needed basis.
 - (vi) Fleet Maintenance Unit. Contractor shall staff and operate at least one (1) Fleet Maintenance Unit on an as needed basis. Such unit shall be available to assist the Contractor in maintaining its fleet of Ambulances, Critical Care Transport Units, EMS Supervisor Units, Medical Supply Units, Mental Health Transport Units and the Tactical EMS Unit.
- (d) On-Board Equipment and Supplies. All Ambulances and Critical Care Transport Units of Contractor shall at all times carry equipment, supplies, and medications sufficient to meet or exceed State and County requirements for ALS Ambulances, without exemptions for omitted equipment, plus additional items currently required, as listed in **Appendix K** attached hereto.
- (e) Critical Care Transport Units. Critical Care Transport Units shall be equipped at all times with the equipment, supplies, and medications as listed in **Appendix L** attached hereto.

(f) **Mental Health Transport Units.** Mental Health Transport Units shall be equipped at all times with the equipment and supplies as listed in **Appendix K** attached hereto.

SECTION 402. COMMUNICATIONS AND CONTROL CENTER OPERATIONS

(a) **Ambulance CAD System.** Contractor shall furnish and maintain its own EMS dispatching hardware and software, and shall be responsible for installing, maintaining, operating, and updating its own automated aids for the dispatching and positioning of Ambulances and related purposes. All CAD hardware and software shall be installed, managed and operated within the EMS Communications Center or the centralized EMS complex and shall not be linked to outside networks or systems unless specifically authorized by the Executive Director in writing.

Contractor shall, at its expense, upgrade with the written approval of the Authority's Executive Director, its automated aids to ensure a technically advanced, efficient, and responsive dispatching capability is provided. At a minimum, Contractor will utilize global positioning satellite (GPS) receiver enabled Mobile Communications Terminals (MCT) in each Vehicle capable of in-vehicle mapping, updating its location in the CAD on a real-time basis, and receiving dispatch information. The CAD shall utilize real-time geographical data from Vehicles to display maps, update the System Status Plan and perform automatic vehicle location (AVL) functions (i.e. recommend the closest Ambulance to an Emergency Request).

Contractor shall be responsible for supplying or modifying its CAD system to meet the interface requirements described on **Appendix M** attached hereto. All interface requirements must be tested and functioning properly before any new system or system upgrade becomes operational.

Contractor shall provide CAD software and connectivity for up to six (6) fully functional, high speed CAD workstations for the Authority's discretionary use, at no cost to the Authority.

(b) Interface with 9-1-1 Center. Non-Emergency requests for service shall come directly into the EMS Communications Center. Emergency requests will first be received by the 9-1-1 Center. After entering callback number, Patient location, and nature of emergency into the 9-1-1 CAD system, and after address verification by the 9-1-1 CAD, the 9-1-1 complaint-taker shall electronically and simultaneously transfer the information on the 9-1-1 CAD screen to the fire dispatcher and the Contractor's CAD located at the EMS Communications Center, in accordance with the data exchange specifications contained in **Appendix M**. Contractor's Personnel shall validate the accuracy of the address given to ensure accurate mapping ("latitude and longitude coordinates") of the incident on all Requests. At the same time this data is transferred, the Caller's telephone call shall also be transferred to the EMS Communications Center where an Emergency Medical Dispatcher shall continue the telephone inquiry in accordance with approved dispatch protocols and, if appropriate, Pre-Arrival Instructions.

As the call progresses, updated information on the changing status of the First Responder and Ambulances shall be automatically relayed electronically between the 9-1-1 CAD and the Contractor's CAD and the responding Ambulance's Mobile Communications Terminal (MCT), in accordance with **Appendix M**. Updated information regarding the scene, patient condition, and Ambulance response to the same call shall be automatically relayed electronically between the EMS Communications Center, the responding Ambulance's MCT and the 9-1-1 Center, in accordance with **Appendix M**.

(c) **Priority Dispatch Protocols**. Contractor shall comply with the Priority Dispatch Protocols. No Emergency Request or Non-Emergency Request shall be denied response by an Ambulance, and no Patient requesting Transport shall be refused a medically necessary Transport by an Ambulance. Depending upon the nature of the Request, the Priority Dispatch Protocols governing the EMS System's response to each type of service request may include no Response, a Downgraded Response or an Emergency Response of either a First Responder or an Ambulance or any combination thereof. Contractor shall cooperate with the Authority in developing fully integrated Priority Dispatch Protocols for the EMS System.

(d) **Pre-Arrival Instructions**. Contractor shall implement and comply with the Pre-Arrival Instructions.

(e) **Data Exchange Specifications**. Contractor shall transfer data, using the data exchange specifications listed on **Appendix M** and the data element dictionary and data format conventions listed on **Appendix N** to the Authority's 9-1-1 CAD and ambulance

billing software systems. **Appendix M** and **Appendix N** may be amended with the written approval of the Executive Director.

(f) **Integrated Data System.** Contractor shall assist the Authority in developing a fully integrated data collection and reporting system for gathering and entering into Authority's automated medical record-keeping system all relevant data regarding the activities of every component of the EMS System involved in Response to every Request.

The Parties understand that the database of the Authority's automated medical record-keeping system shall be fully comprehensive, including complete and integrated information on all system activities beginning with the status of the EMS System ("snapshot") at the time a Request was made in accordance with **Appendix M**, through dispatch activities, Response Times, Patient care rendered by Personnel and First Responder personnel, and Transport to the Patient's destination. The automated medical record-keeping system shall also contain complete billing information. In addition to assisting with the design and evolution of the Authority's comprehensive information system, Contractor shall, without additional compensation:

- (i) Require Emergency Medical Dispatchers and Personnel to comply with all billing interrogation required for appropriate record-keeping and data entry requirements of the EMS System, as approved and periodically revised by the Authority;
- (ii) Develop and routinely produce and deliver to Authority a complete record of data from the Ambulance CAD system, organized to comply with information, coding and data format conventions as specified by the Authority; and
- (iii) Convey to the Authority, in accordance with the Run Report Delivery Schedule, all paper and electronic Patient care report

forms, and the computer-generated record of dispatch information relative to each day's activities. All other required reports shall be furnished to the Authority on a daily, weekly or monthly basis, as required by the Authority.

- (iv) Within seven (7) months of commencement of the Agreement, Contractor will begin implementing, as evidenced by the purchase of necessary hardware and software, an electronic Patient care reporting system utilizing the Medtronic Physio-Control LIFENET e-PCR System at a minimum. By the end of the twelfth (12) month, Contractor will have fully implemented an electronic patient care reporting system. Contractor shall, at its expense, make any future upgrades to its patient care reporting system, with the written approval of the Authority's Executive Director, to ensure technically advanced, efficient, and complete medical and billing information system is maintained. In support of Contractor's commitment to the electronic patient care reporting system, Authority shall provide Three Hundred and Seventy Three Thousand Dollars (\$373,000.00) to improve and expand the EMS System. Such funds will be provided on a one-time basis to purchase a portion of necessary computer hardware and software. Contractor shall own and maintain such equipment.

(g) Medical Communications Patch Matrix. As described in **Appendix B**, all radio communications between Personnel and Medical Direction or Hospital personnel shall be fully coordinated by way of the medical communications officer using equipment located within the EMS Communications Center. The Authority reserves the right to release the current provider, the Medical Direction contractor, from this responsibility, or to relocate the medical communications officer and equipment to the 9-1-1 Center or some other location.

(h) Mobile Communications Equipment. Contractor shall be responsible for coordinating the installation of all mobile communications equipment, and shall be responsible for the costs of re-installing such equipment in replacement Vehicles upon damage to, or retirement of, Vehicles from the fleet. Contractor shall be responsible for

obtaining, at its own cost, insurance to cover the cost of such equipment, naming Authority as loss-payee.

(i) **Communications Center Staffing.** Contractor shall have a minimum of three (3) Emergency Medical Dispatchers on duty 24 hours a day, 7 days per week in the EMS Communications Center. EMT dispatchers may function as radio operators or supervisors in the EMS Communications Center but at no time may they answer 9-1-1 or non-emergency telephone lines. Contractor shall ensure staffing of the EMS Communications Center will never be less than five (5) Personnel.

SECTION 403. VEHICLES AND EQUIPMENT

Contractor shall, at its own cost and expense, furnish all Authority-approved Vehicles and equipment necessary and essential to the performance of this Agreement. Such Vehicles and equipment shall be subject to the terms and conditions of the Equipment Agreement attached as **Appendix U** hereto.

SECTION 404. ON-SCENE EQUIPMENT EXCHANGE PROGRAM

When a First Responder in the course of preparing a Patient for Transport employs equipment listed in **Appendix O**, as the same may be amended from time to time, Contractor's Personnel shall exchange with that First Responder that same item of equipment from its own on-board inventory on a one-for-one basis. If such equipment is not available, First Responder may request delivery of such equipment by an EMS Supervisor Unit or Medical Supply Unit through the EMS Communications Center. The Authority shall furnish replacement items of equipment, listed in **Appendix O**, when

replacement is necessary due to normal wear and tear. Contractor shall be responsible for repair or replacement of equipment furnished by the Authority and damaged or lost by accidental loss, theft, abuse or neglect of Contractor's employees or agents. Contractor shall be responsible for designing, implementing, and operating an inventory control record-keeping system capable of accurately tracking the quantities of equipment items included in the on-scene equipment exchange program, as well as disposable supplies and equipment. Replacement of items lost from First Responder inventories shall not be Contractor's responsibility.

SECTION 405. RESPONSE TIME

(a) Presumptive Run Code Designations. For purposes of measuring Response Time, the definitions set forth in **Appendix P** shall apply. Response Time compliance for purposes of Section 405(b), 405(c), 405(d) and Section 704 hereof shall be measured and reported to the nearest 100th of 1 percent (.01%) and be determined on both a daily and a calendar month basis.

(b) Emergency Requests and Downgraded Emergency Requests.

- (i) Countywide Response Time to Emergency Requests and Downgraded Emergency Requests combined shall be ten (10) minutes and zero (0) seconds or less, for Emergency Requests, and twenty (20) minutes and zero (0) seconds or less, for Downgraded Emergency Requests, ninety-two (92.00%) percent of the time or greater, except as otherwise provided herein. Contractor's Personnel shall not prompt an ambulance dispatcher, ambulance crew, First Responder, or the 9-1-1 Center to Downgrade the Response of an Ambulance to an Emergency Request. If the response priority code is downgraded en route upon the request of an on-scene First Responder or in compliance with Priority Dispatch Protocols, the Response Time standard for that call shall be recorded as the lower priority code. If the response priority code is upgraded

en route upon the request of an on-scene First Responder or in compliance with the Priority Dispatch Protocols, the Response Time to that call shall be calculated from the moment the upgrade was requested, and the Response Time standard for that call shall be recorded as the higher priority code. The Response Time standard contained within this subsection shall be ninety (90.00%) during the first six months of the Agreement. Beginning with the seventh month and thereafter the standard shall be ninety-two (92.00%).

- (ii) Response Time to Emergency Requests and Downgraded Emergency Requests within each EMS District combined shall be within twelve (12) minutes and zero (0) seconds or less, for Emergency Requests, and twenty (20) minutes and zero (0) seconds or less, for Downgraded Emergency Requests, ninety (90.00%) percent of the time or greater. In EMS Districts experiencing low transport volumes, Response Time evaluation shall be based upon analysis of not less than one hundred (100) consecutive Emergency Requests or Downgraded Emergency Requests that result in Transport. If the response priority code is downgraded en route upon the request of an on-scene First Responder or in compliance with Priority Dispatch Protocols, the Response Time standard for that call shall be recorded as the lower priority code. If the response priority code is upgraded en route upon the request of an on-scene First Responder or in compliance with the Priority Dispatch Protocols, the Response Time to that call shall be calculated from the moment the upgrade was requested, and the Response Time standard for that call shall be recorded as the higher priority code.

(c) **Non-Emergency Requests.** Response Time to not less than ninety-five (95.00%) percent of scheduled Non-Emergency Request, made less than twenty-four (24) hours in advance of the requested pickup time, and unscheduled Non-Emergency Requests shall be sixty (60) minutes and zero (0) seconds or less Countywide. Contractor may not negotiate Patient pickup times.

(d) **Scheduled Transports.** Response Time to not less than ninety-three (93.00%) percent of Scheduled Transports and Dedicated Standbys combined, shall be within

fifteen (15) minutes and zero (0) seconds or less of the scheduled pickup time Countywide. Contractor may not negotiate Patient pickup times.

(e) **Cancelled Transports.** Where Contractor's Ambulance is cancelled en route due to Transport by a First Responder Contractor's response time shall be calculated either to the moment of cancellation or to the moment Contractor's Ambulance arrives on scene. When such response time is greater than ten (10) minutes and zero (0) seconds for an Emergency Request or twenty (20) minutes and zero (0) seconds for a Downgraded Emergency Request, and Medical Direction has approved such Transport by a First Responder according to protocols, the Contractor shall be subject to liquidated damages, set forth in Section 704 hereof.

(f) **Critical Care Transports.** Response Time for the Primary Critical Care Transport Unit shall be sixty (60) minutes and zero (0) seconds or less ninety (90.00%) percent of the time when the Primary Critical Care Transport Unit is not already assigned to a call.

(g) **Mental Health Transports.** Mental Health Transport Unit Response Time shall be ninety (90) minutes and zero (0) second or less ninety (90.00%) percent of the time when the primary Mental Health Transport Unit is not already assigned to a call.

(h) **Liquidated Damages and Exemptions.** Failure to comply with the requirements of this Section 405 shall subject the Contractor to the liquidated damages set forth in Section 704 hereof; provided, however, that such Liquidated Damage deductions shall not be applicable to the following situations:

- (i) Non-Transports except those described in Section 405(e) and Dedicated Standbys.

(ii) Responses which occur during periods of Uncontrollable Circumstances; provided, however, that Contractor shall document said conditions, the time period affected, and the affected Responses and shall apply for this exception as provided for in this subsection. Should Contractor experience an Uncontrollable Circumstance, Contractor shall, as a condition precedent to the right to claim an Uncontrollable Circumstance, notify the Executive Director in accordance with Section 418.

(iii) Responses, other than that of the first arriving Ambulance, where more than one Ambulance responds to a single incident involving multiple Patients. Such Responses shall not include simultaneously occurring but separate medical incidents at the same location.

(iv) Normal, non-Disaster related out-of-County mutual aid.

Contractor's application for exemptions to the Response Time standards required hereunder shall be submitted to the Executive Director or his designee for approval prior to submission of an invoice for that period. The decision of the Executive Director shall be final. The exemptions provided for in this subsection are exhaustive and no other causes of poor Response Time performance shall be allowed as exemptions to these Response Time requirements and late run Liquidated Damage provisions.

SECTION 406. MISCELLANEOUS EQUIPMENT

Contractor shall be responsible for furnishing the following equipment, supplies, and facilities at its own expense:

- (a) Mobile radios and their maintenance in excess of sixty-five (65) units.
- (b) Portable radios and their maintenance in excess of one hundred thirty (130) units.
- (c) Dedicated portable radios for the Tactical EMS team, and the radios' maintenance, in excess of twelve (12) units.
- (d) Pagers and maintenance in excess of three hundred (300) for personnel.
- (e) Replacement of medical equipment and supplies, under Contractor's control, which are lost, stolen, damaged, out-of-date or unaccounted for, and those listed in **Appendix T**.
- (f) Telephone lines in excess of one hundred forty (140) lines and the associated charges.
- (g) All costs for operating a post facility, including, but not limited to, telephones, utilities and rent.
- (h) Furnishings, routine maintenance, and painting by Contractor of its sections of the facility, as defined in **Appendix R** attached hereto. Additional custodial services required by Contractor, which are above or beyond the services provided by the Authority's custodial services vendor shall be the Contractor's responsibility.
- (i) All other personnel, equipment, supplies, and facilities required for the performance of this Agreement, not specifically identified in ARTICLE V hereof, are the responsibility of the Contractor.

SECTION 407. CONTINUING MEDICAL EDUCATION

(a) **Continuing Medical Education.** Contractor shall ensure its Personnel attend Continuing Medical Education as required by state regulation, the Medical Control Board and in accordance with the Rules and Regulations adopted by the Authority. Satisfactory participation by Contractor's personnel in Continuing Medical Education provided and made available by the Authority shall constitute fulfillment of this obligation.

(b) **Additional Training.** Contractor shall provide six (6) hours of annual additional training, beyond the CME program provided by the Authority through the SPC Agreement, to ensure all EMTs and Paramedics have necessary training in topics not covered in CME such as ambulance billing and medical necessity documentation, Occupational and Health Safety Administration (OSHA) training requirements, domestic preparedness or other EMS related training.

(c) **Child Passenger Safety Training.** Contractor shall ensure all EMTs and Paramedics have necessary training to properly install and utilize child safety seats. Contractor shall maintain National Highway Traffic Safety Administration (NHTSA) certified Child Passenger Safety Technicians to provide such training.

(d) **Geriatric Education for EMS.** By October 1, 2006, Contractor will provide the American Geriatrics Society's Geriatric Education for EMS (GEMS) training to all Paramedics.

(e) **Pediatric Advanced Life Support.** By October 1, 2008, Contractor will provide specialized pediatric training to all Paramedics. The training shall allow Paramedics to be certified in either Pediatric Advanced Life Support (PALS), Pediatric Education for

Pre-Hospital Professionals (PEPP) or equivalent. The training program shall be reviewed and pre-approved by the Medical Director.

(f) **National EMS Conference and local seminars.** Contractor shall periodically sponsor local seminars encouraging local participation and EMS System attendees, and shall sponsor at least one national conference each year during the term of this contract. The national conference will be held in Pinellas County and will be designed to improve emergency medical services through exchange of ideas and to highlight the EMS System.

SECTION 408. MEDICAL QUALITY CONTROL

Contractor shall fully comply with all laws, standards, rules, and regulations established by the State, the County, and the Medical Control Board, including the protocols established in the Medical Operations Manual, and shall cooperate with the Medical Director in the monitoring, regulation, and oversight of the EMS System. The Medical Director of the EMS System shall serve as Medical Director of Contractor's Ambulance Services.

Contractor may, at its own expense, retain the services of a physician to assist Contractor with its own in house quality control program, in service training, quality assurance meetings with the Medical Director and the Authority, and for other Outside Work purposes, except serving as Medical Director.

In addition to its obligation set forth in this section, Contractor shall establish and implement an internal quality assurance program in cooperation with, and with the approval of, the Medical Director. Contractor will expand and adjust its internal quality assurance program to follow the guidelines set by the Medical Control Board and the Authority.

Contractor shall also cooperate and coordinate with the Authority to (1) establish the County as the industry leader in research and developing new pre-hospital treatment protocols; (2) sponsor medical research and clinical trials of new treatments or equipment using Contractor's equipment and Personnel; and (3) offer extensive in-service training support to clinical developments.

SECTION 409. MEDICAL AUDITS

Medical Audits may include access to data, records review, written and verbal statements, and attendance at interviews and informal and formal hearings, in accordance with the then current Rules and Regulations and Section 401.425, Florida Statutes. Contractor shall provide full cooperation and ensure that its Personnel fully comply with Medical Audits in a timely manner, when requested. Contractor shall ensure that its Personnel attend Medical Audits, when requested.

SECTION 410. PERSONNEL

(a) **Professional Conduct and Appearance.** The Parties understand that the EMS System requires professional appearance and polite, courteous conduct at all times

from Contractor's Personnel, supervisors and middle management, and Senior Management. Contractor shall employ highly trained critical care Registered Nurses, Paramedics, and EMTs to operate Contractor's equipment and vehicles and to provide Patient care.

(b) **Medical Director and EMS System Orientation.** Contractor shall conduct a formal training session during new employee orientation to ensure that all Contractor employees and Personnel possess a basic understanding of the structure, finance, and operation of the EMS System and its underlying logic. Contractor shall cooperate with the Authority in developing a curriculum for such orientation. Contractor's new Paramedics must attend the Medical Director's orientation course, protocol testing and any other training required by the Medical Director prior to becoming County Certified.

(c) **Work Schedules.** Contractor shall utilize reasonable work schedules, shift assignments, and provide working conditions that assist in attracting and retaining highly qualified personnel. Contractor shall utilize management practices, which ensure that Personnel working extended shifts, part-time jobs, voluntary overtime, or mandatory overtime are not exhausted to an extent, which might impair judgment or motor skills. Contractor understands that the Medical Control Board or the Authority may establish reasonable rest standards as deemed necessary to protect Patients from the possibility of error caused by exhaustion of Personnel. The Authority and Contractor agree to accept such standards. The imposition of such standards by the Authority or the Medical Control Board shall not be considered an increase in production standards eligible for compensation adjustment.

(d) **No Restriction of Employment.** Except for any scheduling restrictions set forth by the Medical Control Board and the full time staffing requirement contained in Section 410(f) hereof, nothing in this Agreement is intended to restrict employment by Contractor of off-duty fire department personnel.

(e) **Personnel Qualifications.** All persons employed by Contractor in the performance of work under this agreement shall be trained and qualified at a level consistent with the standards established by the Authority for delivering Patient care, and shall hold appropriate permits in their respective trades or professions. Contractor shall use its best efforts to hire and retain nationally registered Paramedics and EMTs. The Authority may require the removal of any person employed by Contractor who misconducts himself/herself or is incompetent or negligent in the due and proper performance of his/her duties. Contractor shall not reassign such persons for the provision of Ambulance Services and ancillary services under this Agreement without the prior written consent of the Authority's Executive Director.

(f) **Full-Time Workforce.** Contractor shall offer to its employees a compensation and benefits package designed to attract and retain highly qualified Personnel. Contractor shall ensure not less than eighty percent (80%) of Paramedics are employed in a full-time capacity. Further, Contractor shall ensure not less than eighty (80%) of EMTs are employed in a full-time capacity. Contractor shall report its compliance to this provision on a monthly basis using the method described in **Appendix AA** attached hereto.

SECTION 411. DISASTER ASSISTANCE, EMS EMERGENCY AND MUTUAL AID

(a) **Disaster Assistance.** Immediately upon notification by the Authority of a State of Emergency or Disaster, Contractor shall commit all such resources as are necessary and appropriate, given the nature of the Disaster, and shall assist in accordance with plans and protocols applicable in the locality where the State of Emergency or Disaster has occurred. When the State of Emergency or Disaster has been mitigated, Contractor shall resume normal operations as rapidly as is practical. Contractor shall assist in the operation of Authority's disaster response units if requested.

During a State of Emergency or Disaster, Contractor shall use best efforts to provide local emergency coverage, and shall suspend non-emergency transport work as necessary, informing persons requesting such non-emergency service of the reason for the temporary suspension.

After the Disaster or State of Emergency, Contractor may apply for Uncontrollable Circumstance exemptions to Response Time requirements on a case-by-case basis in accordance with Section 405 hereof.

Contractor will also actively cooperate in planning, updating, and following the Pinellas County Comprehensive Emergency Management Plan (CEMP), including, but not limited to, participation in disaster drills, critiques and providing a representative to the scheduled meetings of the Disaster Advisory Committee, and for drills and activations of

Pinellas County's Emergency Operations Center at all times at Contractor's sole expense.

(b) EMS Emergency. Immediately upon notification by the Authority or the Executive Director of an EMS Emergency, Contractor shall commit such resources as are necessary and appropriate, and shall assist in accordance with plans and protocols applicable in the locality where the EMS Emergency has occurred. This may include, but is not limited to, additional Ambulances to be staffed immediately to respond to a large scale or mass casualty incident, support staff to deliver medical supplies or assist in the operation of Authority's disaster response units, additional Emergency Medical Dispatchers during a telephone outage or communications interruption or any other resource provided by Contractor through this Agreement. When the EMS Emergency has been mitigated, Contractor shall resume normal operations as rapidly as is practical.

During the course of an EMS Emergency, Contractor shall use best efforts to provide local emergency coverage, and shall suspend non-emergency transportation, informing persons requesting such non-emergency service of the reason for the temporary suspension.

During an EMS Emergency, the Authority shall, at Contractor's request, make training equipment and supplies available to Contractor. The Authority will ensure that SPC has policies and procedures in place to accommodate Contractor's requests during an EMS Emergency.

After the EMS Emergency, Contractor may apply for Uncontrollable Circumstance exemptions to Response Time requirements on a case-by-case basis in accordance with Section 405 hereof.

(c) **Mutual Aid.** Normal (i.e., not Disaster or EMS Emergency related) mutual aid calls rendered by Contractor shall be performed in accordance with approved mutual aid agreements. In the course of rendering such mutual aid services, Contractor shall not be exempt from late-run liquidated damages otherwise imposed by this Agreement on responses occurring in Pinellas County, and Contractor shall manage any response to such out of County mutual aid requests in a manner which does not jeopardize Contractor's ability to render reliable response time performance as required hereunder.

SECTION 412. ADDITIONAL SERVICES

(a) **Critical Care Transport.** Contractor shall provide Interfacility Transport and occasional emergency Transport using one Critical Transport Unit meeting the specifications set forth in **Appendices J and L** and complying with the staffing requirements set forth in Section 401(c) hereof. Such Critical Care Transport Unit shall be available seven (7) days a week, twenty-four (24) hours a day. Contractor shall also provide at least one (1) Reserve Critical Care Transport Unit. In connection with providing this service, Contractor shall follow the guidelines attached hereto as **Appendix Q**, as the same may be revised to improve service and collections. Compensation for providing Critical Care Transport shall be as provided in the Compensation Schedule.

(b) **Dedicated Standby.** At the written request of the Executive Director or through customers making a direct request, Contractor shall provide Dedicated Standby with Ambulances. Ambulances used for Dedicated Standby shall not depart the scene of the event for any reason except to transport a patient from the event location to a medical facility, in which case another Ambulance shall be immediately dispatched to resume provision of Dedicated Standby at the special event. Compensation for Dedicated Standby shall be on an hourly basis, with a three (3)-hour minimum, as listed in the Compensation Schedule.

(c) **Long Distance Transport.** Contractor shall provide, under the Authority's ambulance service trade name, Long Distance Transport services. The Authority shall pay Contractor for such long distance transport as provided in the Compensation Schedule.

(d) **Courtesy Standby At Police and Fire Incidents.** Upon request by law enforcement and fire department agencies or dispatchers operating in the County, Contractor shall, without additional compensation, furnish courtesy non-dedicated coverage at emergency incidents involving a potential of danger to the personnel of the requesting agency.

(e) **First Responder Services.** The Authority may request Contractor to provide First Responder Services to a given community in the County. The Authority shall negotiate to pay Contractor for the provision of First Responder Services in accordance with the terms of any such agreement for First Responder Services.

(f) **Tactical EMS.** Contractor shall utilize one (1) Tactical EMS Unit as approved by the Executive Director, in cooperation with the Pinellas County Sheriff, within the

County, to provide dedicated, ALS Tactical EMS services within the County. In the event Transport is required, Contractor shall respond with Ambulances from within the EMS System, in accordance with Countywide standards and the Response Time Requirements of this Agreement.

Contractor will provide a base Tactical EMS team including but not limited to: administration and supervision of an eight (8) to twelve (12) member team; twenty-four (24) hour a day response readiness for call-outs (requests for service) using their best efforts to achieve sixty (60) minute response times with ninety (90%) percent reliability in emergency call-out situations, provide insurance and indemnification as stated in Article VI of this Agreement; and provide team uniform in accordance with Appendix Z.

Upon approval by the Executive Director at his or her sole discretion, the Authority, subject to the availability of budgeted funds, shall pay the travel expenses (subject to the then current County policies) incurred by Contractor for training and education of team members, and for equipment and supplies in excess of Fifty (\$50.00) Dollars. Payment of such costs will be made upon provision of supporting invoices/receipts.

The Tactical EMS team will be deployed upon official request from the Pinellas County Sheriff's Office or from the Executive Director in instances where there is a high likelihood of injury to law enforcement officers, citizens, and suspected criminals during incidents of civil unrest, warrant service, hostage situations, etc. Nothing in this provision shall limit Contractor from utilizing EMS System Ambulances or Paramedic

rescue resources to provide Tactical EMS support services and assistance in the event of a delay in response of the Tactical EMS team because of the demand for emergency medical services in Pinellas County, a declared EMS Emergency, Disaster, or in the event the Tactical EMS Unit is out of service for repairs or maintenance.

The Authority shall pay Contractor for Tactical Emergency Services in accordance with **Appendix A**, the Compensation Schedule, and Section 703(e) hereof.

g. Mental Health Transports. Contractor shall provide limited Interfacility Transport services using one Mental Health Transport Unit meeting the requirements and specifications set forth in **Appendices I and K** and complying with the staffing requirements set forth in Section 401(c) hereof. Such Mental Health Transport Unit shall be available seven (7) days a week, twenty-four (24) hours a day. Contractor shall also provide at least one (1) Reserve Mental Health Transport Unit is available when the primary unit is unavailable due to maintenance or demand for services. Compensation for providing Mental Health Transport Services shall be as provided in **Appendix A**, the Contractor Compensation Schedule.

SECTION 413. OUTSIDE WORK

Contractor shall not use any of the factors of production employed in the performance of this Agreement for Outside Work, if it is prohibited by Section 415(a) hereof. Contractor shall request approval from the Executive Director, which approval shall be at his/her sole discretion, for the use of any factors of production to perform Outside Work. If the following conditions are met, such approval may be granted:

(a) **Fair Sharing of Costs and Benefits.** Contractor shall propose a business arrangement acceptable to the Executive Director whereby Contractor shall reimburse the Authority an amount sufficient to cover a fair and reasonable portion of the Authority's EMS System infrastructure costs. If the Outside Work involves an administrative or support service being provided by Contractor to an Affiliate operating outside Pinellas County, the basis of compensation must be reasonable and approved by the Executive Director. Support for revenue from outside work shall be provided to coincide with frequency of Contractor payment under this section.

(b) **Added Personnel, Vehicles, and Equipment.** If appropriate, Contractor's proposal shall include provisions, acceptable to the Executive Director, for additional Personnel and Vehicles, onboard equipment, and supplies furnished at Contractor's expense. So long as an adequate amount of personnel and equipment is added to Contractor's total County operations, if appropriate, and so long as reasonable provision is made for the fair sharing of the Authority's infrastructure and overhead costs, nothing shall prohibit Contractor from using any of its equipment, or facilities and equipment furnished by the Authority hereunder, for the production of approved Outside Work.

(c) **Enhanced Production Capability/System Efficiency.** The nature of the proposed Outside Work and the business arrangement with the Authority must be such that the EMS System's overall capacity for handling peak load demand fluctuations and disaster conditions is enhanced; or the overall efficiency of the EMS System is improved by spreading the system's fixed production costs over a greater production volume.

(d) **Insurance and Indemnification Arrangements Approved.** The proposal to perform Outside Work shall incorporate such insurance and indemnification provisions,

acceptable to the County Attorney and County Risk Manager, as may be reasonable and appropriate to protect the Authority and the County from additional risk as a result of Contractor's engaging in the subject Outside Work.

(e) **Arrangements for Billing/Collection Functions.** Where such Outside Work involves the retail sale of ambulance services (e.g., long distance transfer service), and where Contractor desires that the Authority perform related data processing, billing, and collection functions, compensation to the Authority for its billing/collection services, acceptable to the Authority's Executive Director, shall be provided by Contractor. The Executive Director may authorize Contractor to bill for Outside Work or other services. Such authorization must be in writing.

SECTION 414. FIRST RESPONDERS

Contractor shall cooperate and coordinate its activities and services with First Responders for the purpose of integrating Contractor's services with the First Responders' services. Contractor's Personnel shall conduct all of their functions within the Incident Command System at the scene of any Emergency Request and follow any valid order given by an incident commander or sector officer. Contractor shall deliver to each First Responder at their designated location all medical supplies requested from the warehouse, except for controlled substances. Contractor will recover equipment from hospitals, and decontaminate same prior to reissue for use in the EMS System.

SECTION 415. PROHIBITED ACTIVITIES

(a) **Competition.** Neither Contractor nor any Affiliate shall compete with the Authority for the sale of Ambulance or other services offered or anticipated to be offered by the Authority within the County.

(b) **On-Scene Collections.** Contractor shall not request or accept payment for services rendered at the scene, en route, or upon delivery of the Patient.

(c) **Pagers.** Except during an EMS Emergency or during a Disaster, Contractor shall not use pagers supplied by the Authority to Contractor for the purpose of locating off-duty personnel, other than on-call crews, for assignment of mandatory overtime.

(d) **Use of Name.** Contractor shall not use its corporate name, any trade name or trademark within Pinellas County for any purpose or for any business related to services provided through this Agreement.

(e) **Negotiation of Pickup Times.** Contractor shall not negotiate patient pickup times for Scheduled Transports or for Non-Emergency Requests whether scheduled or unscheduled.

(f) **Round-Trip Transport.** Contractor shall not assign different Ambulances to legs of a round-trip Transport when the turnaround time is expected to be less than fifteen (15) minutes.

SECTION 416. USE OF AUTHORITY TRADE NAME

Contractor shall use the Authority's ambulance service trade name and service mark, "Sunstar", prominently in all of its Vehicle markings, uniforms, advertising, employment advertising and public information programs, unless agreed to in writing by the Authority's Executive Director. Contractor shall promote, protect, and enhance the

reputation and image of the Authority's service trade name using all methods and efforts possible throughout the term of this Agreement. The "Sunstar" trade name logo shall appear on each Vehicle in accordance with **Appendix I**.

SECTION 417. QUALITY MANAGEMENT AND PERFORMANCE MONITORING

(a) **Quality Management Principles.** Contractor shall apply Quality Management Principles in their efforts to continuously improve Ambulance Services. Contractor and the Authority shall endeavor to apply Quality Management Principles in their collaborative efforts to improve the EMS System.

(b) **Compliance Monitoring and Activity Reporting.** Contractor shall cooperate with the Authority and the Medical Director in monitoring its compliance with the requirements of this Agreement. Contractor shall issue activity reports and other information as requested by the Authority. Contractor shall issue an annual report at the end of each fiscal year by November 1st for the preceding year. In connection with the public information program, Contractor shall submit reports to the Authority, which shall include: (1) program objectives; (2) reports on planned programs; (3) number of citizens receiving CPR certification; and (4) sample news releases, fliers and public service announcements.

(c) **Customer Service Cards.** Contractor shall send customer service cards to Patients, First Responders and Health Care Facilities as determined by the Executive Director. Such customer service cards shall be addressed to the Authority.

(d) **Quality Awards and Accreditation.** Contractor shall make a thorough application, with good faith efforts, in an attempt to be recognized as an award recipient

for the Florida Governor's Sterling Award and the Malcolm Baldrige National Quality Award before September 30, 2008. Contractor shall attain and maintain CAAS Accreditation as an ALS Ambulance Service during the first year of the Agreement and throughout the term and any extensions of this Agreement. Contractor shall purchase and apply CAAS decals to Vehicles, in accordance with Appendix I. Contractor shall attain and maintain ACE Accreditation as an emergency medical dispatch center of excellence during the first year of the Agreement through the term and any extensions of the Agreement. Contractor shall attain and maintain CAMTS Accreditation for the Critical Care Transport program during the second year of the Agreement and throughout the term and any extensions of this Agreement..

(e) EMS Grants. Contractor shall apply each year to the State EMS Matching Grant Program and other grant programs for funding of projects to improve Ambulance Services in Pinellas County.

SECTION 418. NOTIFICATIONS

Contractor shall notify the Executive Director or their designee, via pager or verbally, upon occurrence, of the following:

- Multiple unit responses and mass casualty incidents.
- Severe weather.
- Significant unplanned changes to the delivery of Ambulance Services, including system operation conditions and Emergency Operation Center activation.
- Emergency Responses greater than twenty (20) minutes.
- Downgraded Emergency Responses greater than twenty-five (25) minutes.
- Mutual Aid responses and First Responder transports.

- Daily Statistics pages sent no more often than five times each day between 07:00 and 23:00, including up to date compliance percentages, late minutes, number of exclusions, number of transports, month to date emergency compliance percentage and number of First Responder transports.
- Mass media news coverage or requests from the media. Contractor shall notify the Executive Director in advance of any media contact for interviews.
- Any damage to, failure of, or problem with any equipment or facilities owned by the County prior to any attempt to repair such equipment or structures. For example, the failure of utilities or equipment within the EMS Communications Center.
- Any Uncontrollable Circumstance.

Contractor shall notify the Executive Director or their designee, in writing, ten (10) days prior to implementing significant planned changes relating to any of the following:

- Personnel shift assignments, System Status Plan changes, posting locations and any other operational changes including, but not limited to, supervisor and management hiring or promotions or any change in Senior Management.
- Supervisor, management and Senior Management terminations shall be reported as soon as practical, but in no event more than one (1) day after such action.

SECTION 419. PUBLIC EDUCATION AND INFORMATION

(a) **Public Education.** Contractor shall develop and implement a public education campaign designed to: (1) reduce serious injury and fatal accidents by offering public education programs; and (2) train and assist in training large numbers of Pinellas County citizens in first aid, cardiopulmonary resuscitation (CPR), CPR instructor certification, automated external defibrillator use, child safety seat use, bicycle safety and helmet use, safe living habits for children and senior citizens. Contractor shall specifically offer an elderly fall prevention program based upon the "Happy at Home" and "Think Senior Safety" programs. Contractor shall attain and maintain American

Heart Association Community Training Center status for both CPR and Advanced Cardiac Life Support. Contractor will support Authority sponsored professional meetings and public education events, including but not limited to, meetings of the Coalition for Advanced EMS, the American Heart Association, and the Pinellas Citizen's University.

(b) Public Information and Community Support. Contractor shall develop and implement a comprehensive public information and image campaign designed to: (1) increase public awareness of the EMS System through an aggressive public information campaign; (2) increase involvement in community and civic activities within Pinellas County to increase public image and goodwill. Specifically, Contractor shall participate in community parades, hospital health fairs, and school career days such as the Great American teach-in; provide ambulance demonstrations to school children and other related opportunities. Contractor shall manage any such public education or ambulance demonstration requests in a manner that does not jeopardize Contractor's ability to render reliable response time performance as required hereunder. Contractor will support Pinellas County sponsored public events. Contractor will designate a public information officer to provide public information in times of Disaster, at mass casualty incidents, and for events or incidents related to Ambulance Services.

(c) Web Site. Contractor shall establish and maintain a web site for public information during the term of this Agreement, in accordance with Section 416. The web site shall include Spanish and English content, electronic mail and web site hyperlinks requested by the Authority. The web site shall be updated often to ensure accuracy and timeliness of the information or upon the request of the Authority.

(d) **Automated External Defibrillators.** Throughout the term of this Agreement, which shall include the term of any renewal period, during each contract year Contractor shall purchase and donate ten (10) Automated External Defibrillators to public or private entities, as determined by the Medical Director, to improve the countywide public access defibrillation initiative.

(e) **Support for Sunstar FirstCare Membership Program.** Throughout the term of this Agreement, which shall include the term of any renewal period, during each contract year Contractor shall assist the Authority in promoting its membership program by providing membership cards, bumper stickers, semi-annual newsletters, membership renewal forms and a promotional item featuring the Authority's logo to all of the Authority's members at a minimum.

SECTION 420. ETHICS AND COMPLIANCE

(a) **Ethics and Compliance.** Contractor shall, at all times, conduct its business and perform its responsibilities under this Agreement in accordance with ethical business practices. Contractor further agrees to follow and comply with all Medicare, Medicaid, and other applicable regulations regarding appropriate billing information, and to provide services hereunder in compliance with all applicable federal, state, and local laws, ordinances, rules and regulations.

(b) **Ambulance Billing Compliance Program.** Contractor shall establish and maintain a Compliance Program, substantially in the form of that attached hereto as **Appendix W**, as may be amended from time to time and approved in writing by the Executive Director, for the purpose of meeting the requirements of this Section.

(c) **HIPAA Compliance Program.** Contractor shall comply with the provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Business Associate Agreement attached as **Appendix X** hereto. Contractor shall establish and maintain a HIPAA Compliance Program, substantially in the form of that attached hereto as **Appendix Y**, as may be amended from time to time and approved in writing by the Executive Director, for the purpose of meeting the requirements of this Section.

**ARTICLE V
DUTIES AND RESPONSIBILITIES OF AUTHORITY**

SECTION 501. COMMUNICATIONS INFRASTRUCTURE

Except as otherwise provided herein, the Authority shall furnish, own, and maintain, at no cost to Contractor, the EMS System's entire EMS Communications System infrastructure which shall include: emergency and non-emergency telephone access; dispatch communications capabilities including consoles for up to eleven (11) dispatch positions and mobile radios sufficient to equip up to sixty five (65) Vehicles; UHF medical communications system and mobile radios sufficient to equip up to sixty five (65) Ambulances; twelve (12) portable radios for use by the Tactical EMS team described in Section 412(f) hereof; one (1) additional portable radio for use by the Mental Health Transport Unit described in Section 412(g); one hundred thirty (130) portable radios for issuing two portable radios to each Ambulance and with the additional portable radios to be used for supervisors and management; pagers for up to three hundred (300) personnel; initial installation of all such equipment; and maintenance of such equipment throughout the term and any extensions of this Agreement, except for losses and repairs due to loss, theft, abuse, or neglect. The

Authority shall replace mobile and portable radios according to its capital equipment replacement schedule. Contractor shall be responsible for coordinating the installation of all mobile communications equipment. The EMS Communications Systems and equipment to be furnished shall be as specified in **Appendix B** hereof.

SECTION 502. CENTRAL FACILITIES

The Authority shall furnish for Contractor's use a portion of the Authority's fully centralized EMS complex, including minimum square footages for functional areas not less than those shown in **Appendix R**. The Authority may provide successor facilities for all, or portions of, the functional areas described in **Appendix R** (example: moving the EMS Communications Center to the Centralized Emergency Communications Center currently being planned). Upon such successor facility or functional area being made available, Contractor shall vacate the existing facility or functional area and assume the responsibility and cost of relocating Contractor's equipment and furnishings.

All utilities in the facility, including up to One Hundred Forty (140) administrative telephone lines for voice and data communication, shall be furnished by the Authority. Contractor shall make reasonable efforts to cooperate with the Authority to hold down utility costs, such as turning off lights and computers at night. Custodial services, painting, carpet cleaning and other routine interior maintenance of spaces occupied by Contractor, furnishings, and premises liability insurance, as well as insurance covering equipment, supplies, and furnishings in areas occupied by Contractor shall be the responsibility of Contractor. Upon, or immediately prior to, termination of this

Agreement, Contractor shall, at its own expense, clean, paint and refurbish all interior spaces occupied by Contractor.

If Contractor chooses to utilize custodial services procured by the Authority, Contractor shall pay for interior custodial service monthly, as invoiced by the Authority, based upon their proportional share of the charges for the facility. If Contractor chooses to utilize long distance phone services procured by the Authority, Contractor shall pay, on a monthly basis, the amount required by the Authority, based upon long distance charges by the County's internal telephone services department.

SECTION 503. REPLACEMENT OF SUPPLIES

The Authority shall, on a monthly basis, replace on a one-for-one basis the medical supplies used by Contractor in rendering patient care, as documented.

The Authority shall also replace supplies used by First Responders in rendering patient care and withdrawn from Contractor's inventory when Contractor documents such withdrawals in accordance with inventory control procedures approved by the Authority.

At the Authority's option, and as provided in Section 708, the Authority may reimburse Contractor for the medical supplies described in the immediately preceding two paragraphs.

The Authority shall establish a list of approved medical supplies, which may be purchased by the Contractor for use in rendering EMS services with Pinellas County. The Executive Director or their designee must pre-approve changes to the medical supply listing prior to the purchase of such medical supplies.

SECTION 504. EXTRICATION, TECHNICAL RESCUE, HAZMAT, WATER RESCUE

The Authority, various Federal and State agencies with jurisdiction and capability, or the local First Responder shall be responsible for furnishing or causing to be furnished medium or heavy extrication services, technical rescue, hazardous materials mitigation, and water rescue capability. A description of these service capabilities now available in Pinellas County is attached hereto as **Appendix S**.

SECTION 505. EMS LICENSE AND VEHICLE PERMIT COSTS

The Authority shall be responsible for the costs of the Florida EMS license and Ambulance permits issued by the Department. Such licenses and permits shall be in the name of the Authority.

**ARTICLE VI
INSURANCE AND INDEMNIFICATION**

SECTION 601. MINIMUM INSURANCE REQUIREMENTS

Contractor shall pay for and maintain at least the following insurance coverages and limits. Said insurance shall be evidenced by delivery to the County of a certificate of insurance executed by the insurers listing coverages and limits, expiration dates and terms of policies and all endorsements whether or not required by the County, and

listing all carriers issuing said policies; and, upon request, a certified copy of each policy, including all endorsements. The insurance requirements shall remain in effect throughout the term of this Agreement.

(a) Worker's Compensation limits as required by law; Employers' Liability Insurance of not less than One Hundred Thousand (\$100,000.00) for each accident.

(b) Comprehensive General Liability Insurance including, but not limited to, Independent Contractor, Contractual Premises/Operations, Products/Completed Operations and Personal Injury covering the liability assumed under indemnification provisions of this Agreement, with limits of liability for personal injury and/or bodily injury, including death, of not less than Five Hundred Thousand (\$500,000.00) Dollars, each occurrence; and property damage of not less than One Hundred Thousand (\$100,000.00) Dollars, each occurrence. (Combined Single Limits of not less than Five Hundred Thousand (\$500,000.00) Dollars, each occurrence, will be acceptable unless otherwise stated). Coverage shall be on an "occurrence" basis and the policy shall include Broad Form Property Damage coverage, and Fire Legal Liability of not less than Fifty Thousand (\$50,000.00) Dollars per occurrence, unless otherwise stated by exception herein.

(c) Professional Liability Insurance (including errors and omissions) with minimum limits of Three Million (\$3,000,000.00) Dollars per occurrence; if occurrence form is available; or claims made form with "tail coverage" extending four (4) years beyond the termination of the agreement with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", Contractor shall submit annually to

the County a current Certificate of Insurance proving claims made insurance remains in force throughout the same four (4) year period.

(d) Comprehensive Automobile and Truck liability covering owned, hired and non-owned vehicles with minimum limits of Five Hundred Thousand (\$500,000.00) Dollars, each occurrence, for bodily injury including death, and property damage of not less than One Hundred Thousand (\$100,000.00) Dollars, each occurrence. (Combined Single Limits of not less than Five Hundred Thousand (\$500,000.00) Dollars, each occurrence, will be acceptable unless otherwise stated). Coverage shall be on an "occurrence" basis, such insurance to include coverage for loading and unloading hazards.

(e) One Million (\$1,000,000.00) Dollars combined single limit personal injury and/or bodily injury including death and property damage liability insurance as an excess of all primary coverage required above in follow form.

SECTION 602. ADDITIONAL INSURANCE REQUIREMENTS

Each insurance policy shall include the following conditions by endorsement to the policy:

(a) Each policy shall require that forty-five (45) days prior to expiration, cancellation, non-renewal or any material change in coverages or limits, a written notice thereof shall be given to the Authority. Contractor shall also notify the Authority within twenty-four (24) hours after receipt of any notices of expiration, cancellation, non-renewal or material changes in coverage received by said Contractor from its insurer.

(b) Companies issuing the insurance policy, or policies, shall have no recourse against the Authority or County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Contractor.

(c) The Pinellas County Board of County Commissioners and the Authority shall be endorsed to the required policy or policies as an additional insured, exclusive of professional liability insurance. Contractor hereby waives subrogation rights for loss or damage against the County.

(d) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County to any such future coverage, or to County's Self-Insured Retention of whatever nature.

SECTION 603. INDEMNIFICATION

Contractor covenants and agrees that it will indemnify and hold harmless the Pinellas County Board of County Commissioners, the Authority, the Medical Director, and their respective officers and employees, from any claim, loss, damage, cost, charge or expense, including any claim or amounts recovered under the "Workers' Compensation Law" or of any other laws, by-laws, ordinance, order or decree brought or recovered against it by reason of any act, action, neglect or omission by Contractor, its agents, or employees, during the performance of the Ambulance Service Agreement, whether direct or indirect, and whether to any person or property to which the County, the Authority, or said parties may be subject, except that neither Contractor nor any of its subcontractors, or assignees, will be liable under this section for damages arising out of

injury or damage to persons or property directly caused or resulting from the sole negligence of the County, the Authority, or any of their officers or employees.

**ARTICLE VII
COMPENSATION AND OTHER FINANCIAL PROVISIONS**

SECTION 701. COMPENSATION

Each month, Authority shall pay to Contractor for the provision of Base Services, an amount equal to the Base Amount, subject to Section 702. In addition, the Authority shall pay the Additional Services Amount, if any, and the Reimbursement Amount. From the total of the Base Amount, the Additional Services Amount and the Reimbursement Amount, the Authority shall then subtract Liquidated Damages, if any. The resulting figure shall be Contractor's Compensation hereunder. Payment of the Compensation shall be made in accordance with Section 218.70, F.S., "The Florida Prompt Payment Act", after receipt and acceptance by the Authority of an invoice for services rendered during the preceding calendar month. Such invoices shall itemize the Base Amount, the Additional Services Amount, the Reimbursement Amount and Liquidated Damages.

SECTION 702. STOP-LOSS PAYMENTS

In the event Contractor's Base Services exceed the Monthly Base Services Transport Volume, the Authority shall pay to Contractor, in addition to compensation provided for in Section 701, the Stop-Loss Payment Amount.

Stop-Loss Payments due Contractor shall be made monthly in accordance with Section 218.70, F.S., "The Florida Prompt Payment Act", after receipt of invoices. In the event that the Monthly Base Services Transport Volume is not reached in any given month, Contractor shall adjust the monthly Base Amount down by an amount equal to multiplying the difference between the monthly Base Services Transport Volume and actual Base Services Transports by the Stop-Loss rate.

In no way shall annual Stop-Loss Payments be greater than the difference between the annual Base Services Transports and the annual Base Services Transport Volume times the Stop-Loss Payment rate. Likewise, in no way shall total payments for Base Services and Stop-Loss Payments combined be less than the annual Base Services amount.

SECTION 703. ADDITIONAL SERVICES

For Additional Services, compensation shall be determined and paid as follows:

(a) **Critical Care Transport.** For Critical Care Transport, the Authority shall pay Contractor in accordance with **Appendix A**, the Compensation Schedule. Reserve Critical Care call out charges shall only be paid when the Primary Critical Care Transport Unit is engaged in transport services.

(b) **Dedicated Standby.** For each hour of Dedicated Standby, Contractor shall be compensated as provided on the Compensation Schedule; provided, however, that, in any given month, the first thirty (30) hours of charitable Dedicated Standby provided by Contractor at the Executive Director's approval shall be provided at no charge to the

Authority. Regardless of the actual number of dedicated hours requested per event, Contractor shall be paid for a minimum of three (3) hours of coverage per event, for which Contractor is eligible for payment, to account for preparation and travel time. Payment for each hour of coverage in excess of three (3) hours shall be determined on the following basis: an hour eligible for additional payment shall commence with the thirty-first (31st) minute of such hour.

(c) **Long Distance Transport.** For each Long Distance Transport, the Authority shall pay Contractor in accordance with the Compensation Schedule.

(d) **Other Specialized Transport Arrangements.** Contractor may develop and implement specialized transport arrangements on a limited basis for limited customers, such as Interfacility Transports, that are specialized in the services that are provided, or specialized in how they are provided. Such arrangements must be approved by the Executive Director, in writing, and may or may not, based on agreement between Contractor and the Authority, require payments to Contractor by the Authority for transport services at Contractor's then current Wholesale Rate, or at any other mutually agreeable rate.

(e) **Tactical Emergency Medical Services.** For Tactical Emergency Medical Services, the Authority shall pay Contractor in accordance with the Compensation Schedule.

(f) **Mental Health Transport Services.** For Mental Health Transport Services, the Authority shall pay Contractor in accordance with **Appendix A**, the Contractor Compensation Schedule.

SECTION 704. LIQUIDATED DAMAGES FOR FAILURE TO COMPLY WITH RESPONSE TIME REQUIREMENTS

The following Liquidated Damage amounts shall be deducted from the Additional Services Amount:

(a) **Emergency Requests.** For every Emergency Request to which Contractor's response time exceeds the Response Time provided for in Section 405(b) hereof, the Authority shall deduct Liquidated Damages from the Additional Services Amount Seven (\$7.00) Dollars for each minute, or portion thereof, which exceeds the applicable Response Time.

(b) **Downgraded Emergency Requests.** For every Downgraded Emergency Request to which Contractor's response time exceeds the Response Time provided for in Section 405(b) hereof, the Authority shall deduct Liquidated Damages from the Additional Services Amount, Three (\$3.00) Dollars for each minute or portion thereof, which exceeds the applicable Response Time.

(c) **Non-Emergency Requests.** For every Non-Emergency Request to which Contractor's response time exceeds the Response Time provided for in Section 405(c) hereof, the Authority shall deduct Liquidated Damages from the Additional Services Amount, Three (\$3.00) Dollars for each minute or portion thereof, which exceeds the applicable Response Time.

(d) **Scheduled Transports.** For every Scheduled Transport or Dedicated Standby to which Contractor's response time exceeds the Response Time provided for in Section 405(d) hereof, the Authority shall deduct Liquidated Damages from the Additional Services Amount, Three (\$3.00) Dollars for each minute or portion thereof, which exceeds the applicable Response Time.

(e) **Daily Non-Compliance.** The Authority shall deduct Liquidated Damages in the amount of Five Hundred (\$500.00) Dollars from the Additional Service Amount for each category of Request for which Contractor fails to meet the following daily performance compliance:

- (i) Ninety (90%) percent compliance for Emergency and Downgraded Emergency Requests combined
- (ii) Ninety (90%) percent compliance for scheduled and unscheduled Non-Emergency Requests
- (iii) Ninety (90%) percent compliance for Scheduled Transports

(f) **First Responder Transports.** For every Emergency Request or Downgraded Emergency Request, which results in a Patient Transport by a First Responder to which Contractor's response time exceeds the Response Time provided for in Section 405(e) hereof and Medical Direction approval was given to the First Responder. Except for times of EMS Emergency or Disaster, the Authority shall deduct Liquidated Damages from the Additional Services Amount One Thousand and 00/100 (\$1,000.00) Dollars for each First Responder Transport.

SECTION 705. LIQUIDATED DAMAGES FOR FAULTY DATA SUBMISSIONS

The Authority shall deduct Liquidated Damages from the Additional Service Amount equal to the Wholesale Rate for one transport for every Patient served by Contractor for whom all the information required to be supplied by Contractor (i.e., dispatch record, Billable Run Report, and any required forms) is incomplete, illegible, inaccurate, altered, or lacking evidence of medical necessity, where such medical necessity exists, that

prevents the Authority from effectively utilizing its data processing, billing, and collection procedures.

The Authority understands that it is occasionally impossible to obtain complete and accurate information relative to a given patient at the time service is rendered, and that in such cases it may be necessary to obtain the missing information later by additional research, skip tracing, contacting the receiving hospital's emergency department or medical records staff, the Sheriff's Office or other sources of information or payors such as Medicaid. In that regard, when notified, the Authority shall grant Contractor additional time to complete billing authorization and assist Contractor as requested to secure the cooperation of area hospitals in supplying such missing information.

Notwithstanding the foregoing, prior to the imposition of any deduction of Liquidated Damages under this Section 705, the Authority shall provide Contractor a reasonable amount of time from the date of notification to correct the data deficiency. If, after the additional time has expired, Contractor is unable to provide missing information through no fault of their own, as determined by the Authority's Executive Director, a Liquidated Damage deduction will be waived. In no event will additional time be granted beyond the tenth business day of the month following the date service was rendered.

Contractor will cooperate with the Authority, in regard to billing/reimbursement issues, to improve collection, including but not limited to clerical time for processing and/or reprocessing billing information.

With respect to Transports involving movement of a patient on a stretcher to a helicopter landing zone, if no Billable Run Report is submitted for such Transport, Contractor will not be compensated for the Transport.

SECTION 706. DEDUCTIONS FOR FUEL

The Authority may deduct from the Additional Services Amount owed the County by Contractor for the cost of fuel supplied to Contractor pursuant to Section 401(b) hereof during any calendar month.

SECTION 707. LIQUIDATED DAMAGES FOR FAILURE TO COMPLY WITH PERFORMANCE REQUIREMENTS

(a) Performance Requirements. In the event Contractor fails to comply with any of the Performance Requirements or any terms contained in this Agreement, the Authority shall issue to Contractor a written warning describing such failure. Should Contractor's noncompliance continue after receipt of such warning, the Authority may deduct Liquidated Damages from the Additional Services Amount in an amount equal to One Hundred (\$100.00) Dollars for each day Contractor remains in non-compliance.

If the noncompliance continues for more than three (3) consecutive days, the Authority may deduct Liquidated Damages, in addition to the amounts already deducted, an amount equal to Two Hundred Fifty (\$250.00) Dollars for each day Contractor continues to be in noncompliance.

Persistent and repeated failure of Contractor to comply with any of the Performance Requirements or any terms contained in this Agreement may result in an Event of

Default. For purposes of this Section 707, Performance Requirements shall not include requirements, which Contractor has failed to meet and for which Liquidated Damage deductions have been made pursuant to other provisions of this Agreement.

(b) **Operational Expectations, Professionalism and Conduct.** In the event Contractor fails to comply with any requirements for operational expectations, professional image and conduct, as listed in **Appendix AB** attached hereto, Authority may deduct Liquidated Damages, an amount as prescribed in **Appendix AB**, for each occurrence from the Additional Services Amount.

(c) **Full-Time Staffing.** In the event Contractor fails to comply with the requirements for full-time (minimum 40 hours per week) staffing, as required in Section 410(f). Authority shall deduct Liquidated Damages in the amount of One Thousand (\$1,000.00) Dollars multiplied by the number of full-time staff, which brings the Contractor below the calculated requirement on a monthly basis, as determined in accordance with **Appendix AA**, from the Additional Services Amount.

SECTION 708. REIMBURSEMENT FOR SUPPLIES

Contractor manages the Authority's EMS supply warehouse, distribution and inventory. Except for those items listed on **Appendix T**, the Authority shall reimburse Contractor on a monthly basis for its actual unit costs of supplies used by all contracted First Responders and SPC in rendering Patient care and continuing medical education, as documented by invoices. Contractor shall seek the lowest price for supplies purchased on behalf of the Authority through the use of purchasing cooperatives or competitive bids.

SECTION 709. REIMBURSEMENT FOR DISASTER ASSISTANCE AND EMS EMERGENCY

At the conclusion of Disaster assistance or EMS Emergency, as described in Section 411(a) and (b) hereof, Contractor shall determine its additional costs incurred in the course of rendering such Disaster or EMS Emergency assistance, and shall present such cost statement to the Authority for review, acceptance, and reimbursement. The cost statement associated with rendering aid under Disaster or EMS Emergency conditions shall be based solely upon the additional costs incurred by Contractor in the course of rendering such assistance, and shall not include costs of maintaining production capacity that would have been borne by Contractor to meet normal service requirements if the Disaster or EMS Emergency had not occurred. Only reasonable and verifiable reimbursement of additional costs shall be made relative to Contractor performance during Disaster or EMS Emergency conditions.

During periods of Disaster, EMS Emergency or evacuations, and in accordance with a plan proposed by Contractor and coordinated with the County's Comprehensive Emergency Management Plan (CEMP), the Authority and Contractor shall supply, and continuously re-supply as necessary, oxygen and medical supplies to designated disaster sites, treatment areas or public shelters which are designated by the County. In addition, after evacuation has been effected, or prior to closure of roads due to flooding or other reasons in a hurricane or tropical storm situation, Contractor shall position one Ambulance at each of the public shelters designated by the County as a "special care" shelter. The Authority shall supply up to three (3) vehicles, oxygen tank racks, forklift(s), emergency contacts and drivers to distribute oxygen cylinders to disaster sites, treatment areas or public shelters at the Authority's expense through its EMS or

fleet management departments. Contractor shall supply shelter listings by quadrants, maps to shelters, emergency contacts, and additional personnel to assist the Authority drivers with oxygen distribution at its expense. The Authority will compensate Contractor for the oxygen supplied to Disaster shelters, based on supporting invoices.

Contractor will assist the Authority in managing the inventory and performing stock rotation of medical supplies of Authority's disaster response vehicles.

SECTION 710. AUTOMATIC ANNUAL INFLATION ADJUSTMENT

Contractor's Base Amount, Stop Loss Payment Amount, compensation for all Critical Care Transport and rates for Dedicated Standby, compensation for Long Distance Transport and Tactical EMS, and Liquidated Damage deductions for faulty data submissions, shall be adjusted annually for inflation as follows: The amounts shall be increased by the greater of (1) three (3%) percent or (2) the average of sixty (60%) percent of the medical CPI and forty (40%) percent of the Transportation CPI of the Consumer Price Index during the most recent twelve (12)-month period for which published figures are then available from the U.S. Department of Labor, but not to exceed five and one-half percent (5.5%) during any one (1) year period.

For the purpose of this Agreement, "Consumer Price Index" shall mean the average for "all items" shown on the "United States city average for urban wage earners and clerical workers, all items, groups, sub-groups and special groups of items as promulgated by the Bureau of Labor Statistics of the United States Department of Labor," using the Year 1982 as a base of one hundred (100).

**SECTION 711. ADJUSTMENT FOR EXTRAORDINARY COST INCREASES
DUE TO UNFORESEEN CIRCUMSTANCES**

Contractor may apply for and receive prospective compensation adjustments to the Base Amount as necessary to offset one hundred (100%) percent of documented increases in Contractor's cost of production directly resulting from increases in the prices paid by Contractor for fuel due to unforeseen circumstances and subject to the following stipulations:

- (a)** Contractor must document, using generally accepted accounting procedures, the actual financial impact of the increased fuel prices upon Contractor's costs of production;
- (b)** Only the effects of increased fuel prices, excluding any effects of increased fuel consumption, shall be considered;
- (c)** Only the portion of increase in fuel prices not already accounted for within the provision for automatic inflation adjustment set forth in Section 708 hereof, shall be considered, (i.e., either the portion above the three percent (3%) allowance or the portion above the fuel component of CPI inflation, as appropriate.
- (d)** For purposes of this provision, the prior Contractor's average price paid for, and consumption of, fuel during the contract year ending September 30, 2005, shall be employed as the "base line price and consumption levels". Beginning October 1, 2005, Contractor may apply annually for the adjustment provided for in this Section 710;
- (e)** In the event Contractor does apply for and obtain an adjustment pursuant to this provision, and should average fuel prices subsequently fall during a later annual accounting period, these same calculation shall then be applied to effect an appropriate

prospective reduction in compensation applicable during the then following accounting period.

SECTION 712. AUDITS AND INSPECTIONS

At any time during normal business hours, and as often as may reasonably be deemed necessary, the Authority's representatives may observe contractor's operations, and Contractor shall make available to the Authority for its examination its records with respect to all matters covered by this Agreement, and the Authority may audit, examine, copy, and make excerpts or transcripts from such records, and may make audits of all contracts, invoices, materials, payrolls including individual employee compensation, inventory records, individual employee personnel records, daily logs, conditions of employment, and other data related to all matters covered by this Agreement. Contractor shall provide the Authority with direct on-line and off-line access to its CAD system, including any Pre-Arrival Instruction or quality assurance data or applications, and/or future database systems in format requested by the Authority, at no additional cost to the Authority. Databases and reports shall be in a mutually agreeable format. The Authority's representatives may at any time, and without notification, directly observe Contractor's operation of the EMS Communications Center, maintenance facility, any ambulance post location, and an Authority representative may ride as "third person" on any of Contractor's Ambulances at any time: provided, however, that in exercising this right to inspection and observation, the Authority's representatives shall conduct themselves in a professional and courteous manner; shall have completed all training required by law to ride aboard an Ambulance as an observer; shall not interfere in any way with Personnel in the performance of their duties, and shall at all times be

respectful of Contractor's employer/employee relationships. The Authority's right to observe and inspect operations or records in Contractor's business office shall, however, be restricted to normal business hours, and reasonable notification shall be given Contractor in advance of any such visit.

Contractor shall retain all records pertaining to this Agreement for a period of at least seven (7) years after final payment is made.

The right to directly observe Contractors field operations, EMS Communications Center operations, and maintenance shop operations, shall also extend to authorized representatives of the Medical Control Board and the Medical Director; provided the requirements for polite conduct; completion of any training required by law; and non-interference with employees' duties shall be observed at all times.

SECTION 713. DISPUTE RESOLUTION

Contractor and the Authority will attempt to settle any claim or controversy arising from this Agreement through consultation and negotiation in good faith and a spirit of mutual cooperation. If those attempts fail, the dispute will be mediated by a mediator chosen jointly by Contractor and the Authority within thirty (30) days after notice by one of the parties demanding non-binding mediation. Neither party may unreasonably withhold consent to the selection of a mediator, and Contractor and the Authority will share the cost of the mediation equally. The parties may postpone mediation until they have completed some specified, but limited, discovery about the dispute. The parties may

also replace mediation with some other form of non-binding alternate dispute resolution (“ADR”) procedure.

Any dispute that cannot be resolved between the parties through negotiation or mediation within two (2) months after the date of the initial demand for non-binding mediation may then be submitted by either party to a court of competent jurisdiction in the State. Each party consents to jurisdiction over it by such a court. The use of any ADR procedures will not be considered under the doctrine of laches, waiver, or estoppel to affect adversely the rights of either party.

Either party may resort to the judicial proceedings described in this paragraph prior to the expiration of the two (2)-month ADR period if (a) good faith efforts to attempt resolution of the dispute under these procedures have been unsuccessful, or (b) interim relief from the court is necessary to prevent serious and irreparable injury to such party or any of its Affiliates, agents, employees, customers, suppliers, or subcontractors.

SECTION 714. FISCAL NON-FUNDING

In the event sufficient budgeted funds are not available for a new fiscal period, the Authority shall notify Contractor in writing within five (5) days of the determination of such occurrence, and this Agreement shall terminate on the last day of current fiscal period without penalty or expense to the Authority.

SECTION 715. LETTER OF CREDIT

Throughout the term of this Agreement, which shall include the term of any renewal period, Contractor shall maintain in force an Irrevocable Letter of Credit in the amount of One Million (\$1,000,000.00) Dollars.

SECTION 716. PROFIT CAP

Throughout the term of this Agreement, including any renewal periods, Contractor, at the end of each of its fiscal year, shall provide for inspection a statement of operations related to the performance of duties contained in this Agreement and any Outside Work. Such statement of operations shall be reviewed by an independent accounting firm, selected and paid for by the Contractor, and shall not include any corporate overhead or indirect cost allocations. Contractor shall report earnings before taxes using generally accepted accounting principles (GAAP) within ninety (90) days of Contractor's fiscal year end. Any earnings before taxes, which exceed nine percent (9.0%) shall be utilized for EMS purposes with the written approval of the Executive Director. Contractor shall also provide a monthly profit and loss report for inspection.

**ARTICLE VIII
EVENTS OF DEFAULT AND TERMINATION**

SECTION 801. EVENTS OF DEFAULT

Each of the following shall constitute an Event of Default on the part of Contractor:

(a) The failure or refusal by Contractor to substantially fulfill any of its obligations in accordance with this Agreement, notwithstanding the payment by Contractor of any

amounts provided for under this Agreement, provided, however, that no such default shall constitute an Event of Default unless and until:

- (i) The Authority's Executive Director has given prior written notice to Contractor specifying that a default or defaults exists which will, unless corrected, constitute a material breach of this Agreement on the part of Contractor.
- (ii) Contractor either has not corrected such default, or has not initiated reasonable steps, as determined by the Authority, to correct the same within thirty (30) days from the date of such notice and thereafter does not continue to take reasonable steps, as determined by the Authority's Executive Director, to correct such default.

(b) The written admission by Contractor that it is bankrupt, or the filing by Contractor of a voluntary petition as such under the Federal Bankruptcy Act, or the consent by Contractor to the appointment by a court of a receiver or trustee for all or a substantial portion of its property or business, or the making by Contractor of any arrangement with or for the benefit of its creditors involving an assignment to a trustee, receiver or similar fiduciary regardless of how designated, of all or a substantial portion of Contractor's property or business.

(c) The final adjudication of Contractor as bankrupt after the filing of an involuntary petition under the Federal Bankruptcy Act, but no such adjudication shall be regarded as final unless and until the same is no longer being contested by Contractor or until the order of adjudication is no longer able to be appealed.

(d) In the event of a strike, work stoppage, slow down or any other labor disruption, which causes failure of the Contractor to substantially fulfill any of its obligations in accordance with this Agreement, the Authority, in its sole discretion, may immediately terminate this agreement without penalty to the Authority. Such disruption on the part of

the Contractor's workforce shall constitute a default on the part of the Contractor for purposes of Section 805.

SECTION 802. EFFECT OF EVENT OF DEFAULT

In the event of a termination in accordance with this Article VIII, Contractor agrees to continue operations until either (i) the expiration of ninety (90) days, or (ii) the date on which a new party is substituted for Contractor as hereinafter provided, whichever occurs first. During such period, the Authority shall continue to be obligated to make payments to Contractor in accordance with Article VII hereof, and Contractor shall continue all operations and support services in accordance with the terms of this Agreement.

SECTION 803. TRANSFER OF OPERATIONS ON TERMINATION

If this Agreement is terminated pursuant to this Article VIII, or expires pursuant to Article IX or Section 1001, Contractor shall cooperate with the Authority or any other party providing ambulance transport service by providing reasonably necessary, as determined by the Authority, initial training and data, at Contractor's expense. Contractor shall also provide the Authority with equipment and supplies designated by the Authority.

SECTION 804. LETTER OF CREDIT

Upon the occurrence of an Event of Default, the Authority shall initiate steps to draw upon the Irrevocable Letter of Credit, which Contractor must have in place.

SECTION 805. LIQUIDATED DAMAGES

The Parties agree that, upon the occurrence of an Event of Default, it would be difficult or impossible to identify the cost to the Authority of such an Event of Default. Therefore, upon the occurrence of an Event of Default, Contractor shall pay to the Authority as liquidated damages, and not as a penalty, the sum of Four Million (\$4,000,000.00) Dollars, such amount to be paid to the Authority as follows: One Million (\$1,000,000.00) Dollars in Letter of Credit funds, as required under Section 804 hereof; plus the value of Contractor's inventory of medical supplies conveyed to the Authority at the time of takeover and for which the Authority has not yet reimbursed Contractor, the value to be established by an inventory of the stock and estimate of its value prepared by an independent certified public accountant mutually acceptable to the Authority and Contractor and/or actual unpaid invoices, plus funds retained by the Authority from payments owed Contractor for work performed prior to the occurrence of the Event of Default.

If the total of these amounts is less than Four Million (\$4,000,000.00) Dollars, Contractor shall make payment to the Authority in the amount of the shortfall within ninety (90) days after the occurrence of the Event of Default. If the total of these amounts exceeds Four Million (\$4,000,000.00) Dollars, the Authority shall pay the excess amount to Contractor within ninety (90) days of the Contractor's payment to the Authority of the sums required herein.

**ARTICLE IX
TERM**

SECTION 901. TERM

The term of this Agreement shall be for five (5) years, commencing October 1, 2004 and terminating at midnight, September 30, 2009. This Agreement may be renewed, by written agreement of the parties and upon no less than a nine (9)-month written notice from the Authority to Contractor, for up to two (2) consecutive three (3)-year periods after the initial term. This option shall be exercised only if all terms and conditions remain the same, and the Authority grants approval. The provisions of Article VII shall continue to be effective during any extension period and shall not be renegotiated.

ARTICLE X MISCELLANEOUS

SECTION 1001. ASSIGNMENT

Contractor shall not assign any portion of the Agreement for services to be rendered without first obtaining written consent from the Authority. Any assignment made contrary to the provisions of this section shall terminate the Agreement and, at the option of the Authority, shall not convey any rights to the assignee. Any change in majority ownership of the Contractor shall, for purposes of the Agreement, be considered a form of assignment. The Authority shall not unreasonably withhold its approval of requested change in ownership, so long as the transferee can conclusively demonstrate the ability to perform all terms, conditions and obligations of the Ambulance Service Agreement.

SECTION 1002. NONDISCRIMINATION IN EMPLOYMENT

In the performance of this contract, Contractor shall not discriminate against any individual on the basis of race, color, national origin, religion, sex, age, pregnancy and childbirth, disability, veteran's status, or marital status whether selecting, hiring, placement, removal, compensation, establishing the terms, conditions, and privileges of

employment, or for any reason. Failure to comply with this provision may be deemed to be a material breach and cause for immediate termination of the contract at the sole discretion of the County.

Contractor is responsible for and shall, at all times during the term of this contract, comply with any and all federal, state, and local laws and regulations regardless of their scope, including but not limited to the Fair Labor Standards Act, the Family and Medical Leave Act, Title VII of The Civil Rights Act of 1992, the Age Discrimination in Employment Act, Florida Unemployment Compensation Act, Florida Workers' Compensation Act, and the Florida Civil Rights Act. Failure to comply with this provision may be deemed to be a material breach and cause for immediate termination of the contract at the sole discretion of the County.

SECTION 1003. NOTICES

All notices, consents and agreements required or permitted by this Agreement shall be in writing, and, as applicable, shall be transmitted by registered or certified mail, return receipt requested, with notice deemed to be given upon receipt; postage prepaid, and shall be addressed as follows:

If to Authority: Executive Director
 Pinellas County EMS Authority
 12490 Ulmerton Road
 Largo, FL 33774-2700

If to Contractor: President
 Paramedics Plus, LLC
 352 South Glenwood Boulevard
 Tyler, TX 75701-6937

SECTION 1004. ENTIRE AND COMPLETE AGREEMENT

This Agreement, as amended, and all Appendices hereto, constitute the entire and complete agreement of the Parties with respect to the services to be provided hereunder. This Agreement, unless provided herein to the contrary, may be modified only by written agreement duly executed by the Parties with the same formality as this Agreement.

SECTION 1005. OTHER DOCUMENTS

Each Party agrees to execute and deliver any instruments and to perform any acts that may be necessary or reasonably requested in order to give full effect to this Agreement.

SECTION 1006. APPLICABLE LAW

The laws of Florida shall govern the validity, interpretation, construction and performance of this Agreement.

SECTION 1007. WAIVER

Unless otherwise specifically provided by the terms of this Agreement, no delay or failure to exercise a right resulting from any breach of this Agreement shall impair such right or shall be construed to be a waiver thereof, but such may be exercised from time to time and as often as may be deemed expedient. Any waiver shall be in writing and signed by the Party granting such waiver. If any representation, warranty, or covenant contained in this Agreement is breached by either Party and thereafter waived by the

other Party, such waiver shall be limited to the particular breach so waived and shall not be deemed to waive any other breach under this Agreement.

SECTION 1008. SEVERABILITY

In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal, or unenforceable in any respect, the Parties hereto shall negotiate in good faith and agree to such amendments, modifications, or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected herein, and the other provisions of this Agreement shall, as so amended, modified, supplemented, or otherwise affected by such action, remain in full force and effect.

SECTION 1009. INDEPENDENT CONTRACTOR

Nothing in this Agreement shall be construed to create a relationship of employer and employee, or principal and agent, partnership, joint venture, or any other relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of this Agreement.

SECTION 1010. HEADINGS

Captions and headings in this Agreement are for ease of reference and do not constitute a part of this Agreement.

SECTION 1011. COUNTERPARTS

This Agreement may be executed in more than one counterpart, each of which shall be deemed an original.

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers, have caused this Agreement to be executed on this 4 day of

June, 2004.

ATTEST:
KARLEEN F. DE BLAKER, CLERK

by: *Leonia R. Reed*
Deputy Clerk

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY

by: *Susan Strala*
Chairman

APPROVED AS TO FORM

Michelle Wallace
Office of the County Attorney

ATTEST:

by: *Chris R. Weber*

PARAMEDICS PLUS, L.L.C.

by: *Anthony Myers*
Anthony Myers, President

Gina M. Hostetler



Gina M. Hostetler
MY COMMISSION # DD210792 EXPIRES
July 8, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

Appendix A

Compensation Schedule

October 1, 2004 through September 30, 2005

Base Monthly Transport Volume	8,000
Base Monthly Payment Amount	\$1,578,657.00
Stop-Loss Payment (per transport)	\$145.99
Dedicated Standby Rate per Ambulance (3 hour minimum)	\$71.68
Long Distance Transport (per transport)	\$203.00
Long Distance Transport Mileage Charge (per mile over 25)	\$1.95
Critical Care Transport Base Monthly Payment Amount	\$55,659.95
Critical Care Transport Call-out Charges (per hour, 3 hour minimum)	\$116.42
Tactical EMS Base Monthly Payment Amount	\$4,431.32
Mental Health Transport Base Monthly Payment Amount	\$16,667.67

Appendix B

EMS Communications System Description

The Authority provides communications infrastructure to enable Contractor Personnel to receive emergency and non-emergency requests for service by telephone; conduct administrative functions by telephone; notify their personnel via pager; coordinate and dispatch Ambulances via radio; coordinate scene information between Ambulances and First Responder via radio; conduct Medical Direction consults via radio; notify hospitals of incoming Patients from the Ambulance via radio; and receive vehicle location data via wireless data systems at the EMS Communications Center. The Center features an Uninterruptible Power Supply (UPS) System and two redundant Diesel Generators to ensure electrical power is never interrupted.

Telephone

Eleven (11) Operator Positions within the EMS Communications Center allow for recorded answering of the following lines:

9-1-1

Twelve (12) incoming 9-1-1 telephone lines, feature enhanced 9-1-1 computer consoles capable of providing Automatic Location Identification (ALI) and Automatic Number Identification (ANI) data. System features the ability to transfer callers to another 9-1-1 center.

530-1234

Five (5) incoming telephone lines, with rollover capability, allow the receipt of Emergency and Non-emergency requests for Ambulance Service from health care facilities and the general public.

582-2073

Five (5) incoming telephone lines, with rollover capability, allow the receipt of administrative requests and call coordination for EMS system personnel.

582-2532

Two (2) incoming telephone lines, with rollover capability, are for the Medical Communications Officer (MCO). Receipt of Medical Communications administrative requests and call coordination for EMS system personnel, health care facilities and the general public are conducted on these lines

Outgoing

Five (5) outgoing telephone lines allow Personnel access to telephone lines for emergency and non-emergency outgoing calls.

Ring-down

Automated ring-down line between the EMS Communications Center and the 9-1-1 Center.

Appendix B, Page 2

800 MHz Radio System

Sunstar

The provision of dedicated ambulance tactical channels allow for the coordination and dispatch of ambulance units by the EMS Communications Center. Seven (7) tactical channels are designated as Sunstar Channels to be used solely for Ambulance to EMS Communications Center communications. An overview of the current usage is as follows:

SS-A	Primary Dispatch
SS-B	North County Radio Operator
SS-C	South County Radio Operator
SS-D	Administrative Hailing
SS-E	Non-emergency Radio Operator
SS-F	High Priority Tactical
SS-G	Low Priority Tactical

Medical Control

The provision of dedicated medical control tactical channels allows for the consultation by field paramedics with On-Line medical control and coordination by the Medical Communications Officer from the EMS Communications Center. Three (3) tactical channels are designated as Medical Control to be used solely for field paramedic to EMS Communications Center and physician communications. An overview of their general usage is as follows:

MED-DIR-A	Hailing
MED-DIR-B	Primary On-line Medical Control
MED-DIR-C	Secondary On-Line Medical Control

Fire/Rescue

Pinellas County Emergency Communication (9-1-1) operates twenty (20) tactical channels to allow for the coordination and dispatch of fire/rescue units. Sunstar mobile and portable radios are programmed to allow access to these channels to coordinate communications between fire/rescue units and Sunstar.

UHF Med Radios

UHF Med Radios are in place in each ambulance and in the EMS Communications Center. There are 10 channels coordinated by the Medical Communications Officer to allow field personnel the ability to communicate with every hospital emergency department in the region. Statewide disaster channels are also available. Channels are allocated as follows:

Med 1	Local Medical Coordination - Bayfront Medical Center
Med 2	Local Medical Coordination - St. Anthony's Hospital
Med 3	Bayflite Communications
Med 4	Local Medical Coordination - Morton Plant Hospital

Appendix B, Page 3

Med 5	Local Medical Coordination - Assigned on a real time basis
Med 6	Local Medical Coordination - Assigned on a real time basis
Med 7	Local Medical Coordination - Assigned on a real time basis
Med 8	Statewide Medical Coordination
Med 9	Bayflite Dispatch
Med 10	Pinellas County Hailing Channel

Paging

UHF Alphanumeric Pagers and a Paging Transmitter allow the Contractor's CAD software the ability to encode personnel and units through the County's paging terminal (Zetron) connected to the County's paging transmitter.

9-1-1 Data Transfer

A data link from the 9-1-1 Center's mainframe computer is routed via leased telephone line, T-1 line, or microwave link, as determined by the Authority, to the EMS Communications Center. It facilitates sending emergency call data between the Contractor's CAD and the 9-1-1 CAD. This allows each center to "ship" the call location of an emergency to the other communications center. Additionally, it allows for shared notes of the call to be continuously updated. The County provides the data link and the Contractor provides the interface server that is connected to the Contractor's CAD system.

Billing Data Transfer

A data link between the Contractor's CAD and the Authority's Ambulance Billing System. It facilitates sending dispatch data from the Contractor's CAD to the Authority's Ambulance Billing System. The County provides the data link and the Contractor provides the interface server and software that connects to the Contractor's CAD system.

Audio Recording of Telephone and Radio

A digital audio recording system is in place. It records every operator console telephone and all radio channels relating to Medical Direction and Sunstar. Fire/Rescue radio channels are recorded by the 9-1-1 Center. The Authority shall ensure such audio recording equipment is reliable and proper archives are maintained.

9-1-1 Fire Dispatch Consoles

The 9-1-1 Center has backup consoles located within the EMS Communications Center. In the event of an equipment failure or evacuation of the 9-1-1 Center, Contractor personnel may be called upon to operate those consoles while dispatch personnel are in transit to the EMS Communications Center from the 9-1-1 Center.

Appendix B, Page 4

Automated Vehicle Location and Mobile Communications Terminals

Contractor shall provide all necessary networking equipment, hardware and software to allow its GPS enabled Mobile Communications Terminals (MCTs) aboard each Vehicle to communicate with the Contractor's CAD to provide Automated Vehicle Location (AVL) functions. Authority shall provide demarcation to its telephone and network equipment as necessary.

Appendix C

EMS Districts

The EMS District is defined as the Fire District for the following providers:

Clearwater	Safety Harbor
Dunedin	Seminole
East Lake	South Pasadena
Gulfport	St. Pete Beach
Madeira Beach	Tarpon Springs
Oldsmar	Treasure Island
Palm Harbor	

The following EMS Districts are comprised of Multiple Fire Districts and are defined as:

The Pinellas Suncoast District is defined as the Pinellas Suncoast Fire District and the Redington Beaches Fire District.

The Largo EMS District is defined as the Largo Fire District, Largo/High Point Fire District, the Belleair Fire District, and the Belleair Bluffs Fire District.

The Lealman EMS District is defined as the Lealman Fire District and the Kenneth City Fire District.

The Pinellas Park EMS District is defined as the Pinellas Park Fire District and the Pinellas Park/High Point Fire District.

The St. Petersburg EMS District is defined as the St. Petersburg Fire District, the Gandy Fire District, the Tierra Verde Fire District, and Fort DeSoto Park.

Appendix D

FIRST RESPONDERS IN PINELLAS COUNTY

ALS

1. City of Clearwater
2. City of Dunedin
3. East Lake Tarpon Special Fire Control District
4. City of Gulfport
5. City of Largo
6. Lealman Special Fire Control District
7. City of Madeira Beach
8. City of Oldsmar
9. Pinellas Suncoast Fire and Rescue District
10. Palm Harbor Special Fire Control District
11. City of Pinellas Park
12. City of Safety Harbor
13. City of Seminole
14. City of South Pasadena
15. City of St. Petersburg
16. City of St. Pete Beach
17. City of Tarpon Springs
18. City of Treasure Island

BLS

1. Airport Crash Rescue Fire Fighters (ARFF)
2. City of Belleair Bluffs/Town of Belleair
3. Eckerd College Search and Rescue (EC-SAR)

Appendix E

LETTER OF CREDIT

**CURRENTLY BEING PROCESSED BY THE BANK
WILL BE AVAILABLE PRIOR TO THE COUNTY COMMISSION MEETING ON
MAY 25, 2004**

Appendix F

Medical Operations Manual (MOMs)

For a copy of the current manual contact:

PINELLAS COUNTY OFFICE OF THE MEDICAL DIRECTOR
12490 Ulmerton Road
Largo, FL 33774
Phone: (727) 582-2035
Dr. Laurie Romig
Medical Director
or visit:
www.medcontrol.com

Appendix G
PCR DELIVERY COMMITMENT

DELIVERY DAY	DATE OF SERVICE
MONDAY	PREVIOUS TUESDAY
TUESDAY	PREVIOUS WEDNESDAY
WEDNESDAY	PREVIOUS THURSDAY
THURSDAY	PREVIOUS FRIDAY & SATURDAY
FRIDAY	PREVIOUS SUNDAY & MONDAY
MONDAY HOLIDAY WEEK	
DELIVERY DAY	DATE OF SERVICE
TUESDAY	PREVIOUS TUESDAY
WEDNESDAY	PREVIOUS WEDNESDAY
THURSDAY	PREVIOUS THURSDAY
FRIDAY	PREVIOUS FRIDAY & SATURDAY
MONDAY	PREVIOUS SUNDAY & MONDAY
TUESDAY	PREVIOUS TUESDAY & WEDNESDAY
TUESDAY HOLIDAY WEEK	
DELIVERY DAY	DATE OF SERVICE
MONDAY	PREVIOUS TUESDAY
WEDNESDAY	PREVIOUS WEDNESDAY
THURSDAY	PREVIOUS THURSDAY
FRIDAY	PREVIOUS FRIDAY & SATURDAY
MONDAY	PREVIOUS SUNDAY & MONDAY
TUESDAY	PREVIOUS TUESDAY & WEDNESDAY
WEDNESDAY HOLIDAY WEEK	
DELIVERY DAY	DATE OF SERVICE
MONDAY	PREVIOUS TUESDAY
TUESDAY	PREVIOUS WEDNESDAY
THURSDAY	PREVIOUS THURSDAY, FRIDAY, & SATURDAY
FRIDAY	PREVIOUS SUNDAY & MONDAY
THURSDAY HOLIDAY WEEK	
DELIVERY DAY	DATE OF SERVICE
MONDAY	PREVIOUS TUESDAY
TUESDAY	PREVIOUS WEDNESDAY
WEDNESDAY	PREVIOUS THURSDAY
FRIDAY	PREVIOUS FRIDAY & SATURDAY
MONDAY	PREVIOUS SUNDAY & MONDAY
TUESDAY	PREVIOUS TUESDAY & WEDNESDAY
FRIDAY HOLIDAY WEEK	
DELIVERY DAY	DATE OF SERVICE
MONDAY	PREVIOUS TUESDAY
TUESDAY	PREVIOUS WEDNESDAY
WEDNESDAY	PREVIOUS THURSDAY
THURSDAY	PREVIOUS FRIDAY & SATURDAY
MONDAY	PREVIOUS SUNDAY & MONDAY
TUESDAY	PREVIOUS TUESDAY & WEDNESDAY

EXHIBIT H

AGREEMENT

THIS AGREEMENT is made and entered into this 18 day of Dec., 2003, by and between the DISTRICT BOARD OF TRUSTEES OF ST. PETERSBURG COLLEGE, FLORIDA, P.O. Box 13489, St. Petersburg, Florida, 33733, ("College") and PINELLAS COUNTY, a political subdivision of the State of Florida, represented by its Board of County Commissions, sitting as the EMERGENCY MEDICAL SERVICES AUTHORITY, a special taxing district of the State of Florida, ("Authority").

RECITALS

1. The Authority is a special taxing district created by Chapter 80-585 Laws of Florida ("Special Act"), for the purpose of providing emergency medical services (EMS) throughout Pinellas County.
2. Pursuant to the Special Act and Chapter 54, Article III of the Pinellas County Code, Authority has contracted with various municipalities, independent and special fire districts, and corporations in the County to provide First Responder Services, Ambulance Services and Medical Direction.
3. Pursuant to Chapter 401, Florida Statutes, Chapter 64E-2, Florida Administrative Code and Pinellas County EMS Rules and Regulations, Paramedics and EMTs must meet certain Continuing Medical Education ("CME") requirements in order to be certified to provide emergency medical services.
4. The Authority is responsible for making available in-service training as required by state regulation and the Pinellas County EMS Rules and Regulations.
5. The Authority has determined that it is in the best interest of the Pinellas County EMS System that the required in-service training program consisting of Continuing Medical Education and Remedial Training be conducted under the joint

auspices of the Authority and the College.

6. The Authority and the College desire to mutually cooperate in order to develop an in-service training program which meets the needs of the EMS System and the community by offering the number of classes and training sites that maintain the maximum number of First Responder and Ambulance Provider ALS units in service.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, the parties hereby agree as follows:

ARTICLE I

PURPOSE

The purpose of this Agreement is to define the obligations and responsibilities of the parties hereto with respect to the provision of an In-Service Training Program.

ARTICLE II

DEFINITIONS

Unless the context otherwise indicates, capitalized terms herein shall have the following ascribed meanings:

"Ambulance Contractor" means the company selected by the Authority to provide ambulance service.

"Authority" means the Pinellas County Emergency Medical Services Authority, a special taxing district established by Chapter 80-585, Laws of Florida, as amended.

"College" means the Board of Trustees of the St. Petersburg College.

"Continuing Medical Education" or "CME" means the medical education training classes that are provided for one of the following purposes: (1) Core Curriculum; (2) Advanced Cardiac Life Support Provider's Course; (3) Basic Trauma Life Support Provider's Course; (4) Cardiopulmonary Resuscitation Provider's Course; (5) State mandated training for re-certification; (6) additional training required by the

National Registry of EMTs; and (7) specialized courses identified by the Medical Director or the Medical Control Board.

"County Certified" means an EMT, Paramedic or Registered Nurse authorized by the Medical Director to provide patient care in the Pinellas County EMS System according to the Rules and Regulations.

"EMS Emergency" means any occurrence or threat thereof in the County, any municipalities therein or in any surrounding county or counties which may result in unusual system overload and is designated such by the Executive Director or Authority.

"EMS System" means the network of organizations and individuals established to provide emergency medical services to the residents of the County.

"Emergency Medical Technician" means a person who is trained in Basic Life Support, and who is certified by the State of Florida Department of Health to perform such services in emergency situations.

"Executive Director" means the Director of the EMS System, or his Designee.

"First Responder" means any entity that provides ALS or BLS First Responder Services, pursuant to an agreement with the Authority.

"In-service Training Program" means (1) the minimum Continuing Medical Education required for Emergency Medical Technicians and Paramedics to maintain certified status in the Pinellas County EMS System, the State of Florida, and where applicable, the National Registry of Emergency Medical Technicians; and (2) Remedial Training for individuals who may have a specific deficiency that must be corrected to maintain or restore their status within the EMS System.

"Medical Control Board" means the board appointed pursuant to County Ordinance No. 88-12, as amended.

"Medical Director" means a licensed physician, or a corporation, association, or

partnership composed of physicians, which employs a licensed physician for the purpose of providing Medical Control to the EMS System.

"Paramedic" means a person who is trained in Basic and Advanced Life Support and who is certified by the State of Florida Department of Health to perform Basic and Advanced Life Support procedures pursuant to the provisions of state statute, regulations, and the Medical Operations Manual.

"Performance Requirements" means the requirements of this Agreement intended to ensure that:

1. Instruction be conducted in a professional manner including, but not limited to, the instructor being prepared to conduct the class, class being convened and released in a timely manner, each Student demonstrates competency in the learning objectives or is referred for Remedial Training, and Student records are completed in a timely and accurate manner; and
2. Training site is equipped with instructional materials, supplies, and training equipment necessary to meet the requirements of the course being taught; and
3. Each course is of high quality, consistent with EMS training standards, requires the demonstration of competency of the learning objectives and is approved by the Medical Director in advance; and
4. Courses be prepared on a continual basis to ensure at least two completed and approved courses, six hours of deliverable material, are available at all times to ensure the uninterrupted operation of the CME program; and
5. The conduct and appearance of CME instructors be professional and courteous at all times; and
6. Contractor be unrelenting in its efforts to detect and correct performance deficiencies; and

7. Contractor cooperates with the Authority in upgrading the performance and reliability of the CME program.

"Provider" means an entity licensed under Florida Statutes, and under contract with the Authority to provide EMS services in Pinellas County.

"Registered Nurse" means a person who is trained in Basic and Advanced Life Support, who is licensed by the State of Florida to provide professional nursing pursuant to the provisions of state statute and who is County Certified.

"Remedial Training" means specialized medical education for selected individual students needing to correct a deficiency identified by the Medical Director.

"Rules and Regulations" means the rules and regulations adopted by the Authority on October 5, 1993, as may be amended from time to time.

"Steering Committee" means the committee described in Article V hereof.

"Student" means an EMT, Paramedic, or Registered Nurse who is an active volunteer with or employed by an ALS or BLS First Responder Service, the Ambulance Provider, the Medical Director or the Authority and is Pinellas County certified in accordance with the Pinellas County EMS Rules and Regulations. A Student may also be an EMT or Paramedic, who is employed by an affiliated agency and approved in writing by the Executive Director.

ARTICLE III

DUTIES AND RESPONSIBILITIES OF THE COLLEGE

SECTION 301. CONTINUING MEDICAL EDUCATION PROGRAM. The College shall have the sole and exclusive right to provide, administer, and coordinate the CME Program for Registered Nurses, Paramedics, and EMTs. In administering and coordinating the CME Program, the College shall:

1. Register Students; and
2. Schedule and conduct all CME Classes consisting of regular, regular make-up, and special make-up classes; and
3. Administer contracts and grants; and
4. Maintain student records as necessary and appropriate for the Authority, Medical Director, Ambulance Contractor, or any First Responder in the EMS System, including a CME database and information sufficient to verify the total time spent by each individual in training and provide necessary and appropriate student information upon receiving appropriate student releases and consent; and
5. Make available hard copy verification of completed CME training segment to all Students; and
6. Provide curriculum designers, consultants and faculty as needed; and
7. Evaluate the educational effectiveness of instruction, courses and programs in consultation with the Medical Director and/or Steering Committee;
8. Assess and collect fees from Students for CME classes that are offered and are not considered a regular class, a regular make-up class, or a special make-up class approved by the Medical Director; and
9. Provide faculty workshops as needed.

SECTION 302. REMEDIAL TRAINING PROGRAM. The College shall have the sole and exclusive right to provide, administer and coordinate the Remedial Training

Program for Paramedics and EMTs. In administering and coordinating the Remedial Training Program, the College shall:

1. Register Students referred to the Program by the Medical Director; and
2. Schedule and conduct all Remedial Training Classes; and
3. Maintain student records as necessary and appropriate for the Authority and Medical Director, including information sufficient to verify the total time spent by each individual in training and provide necessary and appropriate student information upon receiving appropriate student releases and consent; and
4. Make available hard copy verification of completed training to all Students who are registered in the Remedial Training Program; and
5. Provide curriculum designers, consultants and faculty as needed; and
6. Evaluate the educational effectiveness of instruction, in consultation with the Medical Director; and
7. Provide faculty workshops as needed.

SECTION 303. PROGRAM EVALUATION. The College shall establish procedures to regularly evaluate the educational effectiveness of instruction, courses, and programs offered under the Program and shall accept advice from the Authority and Medical Director so that the Program is operated in a cooperative spirit.

SECTION 304. EQUIPMENT. The College shall provide fundamental educational equipment for each site through approved Authority procedures for curriculum support. The College shall provide facilities and equipment for video production as the need

arises.

SECTION 305. OUTSIDE WORK College may request written permission of the Authority's Executive Director to use any course materials or curriculum specifically developed for the CME program for reproduction or sale to universities, colleges, EMS agencies outside Pinellas County or individual students. In such event, College shall request from the Executive Director, approval of such use, and provided the following conditions are met, such approval shall be granted:

(A). **Cost Recovery for the Authority.** College shall reimburse the Authority an amount sufficient to cover a fair and reasonable portion of the Authority's expenditure for such curriculum development. The Authority's Executive Director must agree to such amount in writing in advance.

(B). **High Quality Course Materials and Curriculum.** Executive Director has determined that the course materials or curriculum are of high quality and reflect a positive image of the Authority and the EMS System on an individual course or curriculum basis. Such authorization must be in writing.

(C). **Customers not within the Pinellas County EMS System.** College agrees that in no event will EMS agencies under contract with the Authority either directly or indirectly purchase or utilize CME materials authorized through this provision.

ARTICLE IV

DUTIES AND RESPONSIBILITIES OF THE AUTHORITY

SECTION 401. FACULTY AND TRAINING SITES. The Authority shall recommend faculty and curriculum designers to the College from within the EMS System, including the Ambulance Provider and First Responders.

The Authority shall also make available to the College training facilities and equipment from the Authority, and will coordinate the use of training sites with the Ambulance Provider and First Responders for training. Locked equipment cabinets at each training site shall be provided.

SECTION 402. MEDICAL DIRECTION. The Authority shall establish, with the Medical Director, procedures to evaluate the clinical impact and effectiveness of the entire Program as a part of its role in quality assurance and improvement for the EMS system. The Authority shall notify the College of any concern, which the Medical Director may have about any course, program, or instruction activity. The Authority shall make available the Medical Director, or his designee, to serve on the Steering Committee for ongoing curriculum guidance and evaluation and shall make available the staff of the Medical Director's Office to serve as faculty and/or curriculum consultants to the CME and Remedial Training programs, and to recommend participants from the Medical Control Board;

SECTION 403. RELEASES AND CONSENTS. The College shall obtain releases and consents from students to authorize the College to release to the Authority, the Office of the Medical Director, and other necessary and appropriate agencies, student information regarding student attendance, performance, and grades.

SECTION 404. MEDICAL SUPPLIES. The Authority shall provide disposable medical supplies in sufficient number for each site as recommended through approved Authority procedures.

SECTION 405. CAPITAL EQUIPMENT. The Authority shall provide capital equipment items as recommended through approved Authority procedures. The established procedure for capital equipment purchase shall be in the following order: 1) recommendation by the Steering Committee; 2) approval by the College; 3) approval by

the Authority; and 4) the Authority shall, after budgetary process, purchase and own the capital equipment requested if approved. Subsequently, the College shall accept responsibility via a hand receipt for control of these assets. The College accepts responsibility for any loss or damage to the equipment and shall pay for any repair or the fair market value of any equipment that is not repairable or lost to the Authority to the limits of Florida Statute 768.28, as applicable. The Authority shall be responsible for routine maintenance of the capital equipment.

ARTICLE V

STEERING COMMITTEE

The parties shall maintain a Steering Committee, which is advisory in nature, to assess learning needs, guide curriculum development (objectives, contents, and teaching methods), review and recommend the number and location of teaching sites and the number of classes, and recommend educational materials to implement the designed curriculum. The Steering Committee shall also review and evaluate the educational efficacy and student satisfaction with courses after they are developed and implemented. The CME Steering Committee shall consist of:

- (1). EMS Authority representative
- (2). Medical Director Representative
- (3). CME Program Coordinator
- (4). Ambulance Contractor representative
- (5). Pinellas County Fire Chiefs Association representative
- (6). Providers of Advanced Life Support Association (PALS) representative
- (7). Field Paramedic designated by the Ambulance Contractor

-
- (8). Field Paramedic designated by the Pinellas County Fire Chiefs Association
 - (9). Field EMT designated by the Ambulance Contractor
 - (10). Field EMT designated by the Pinellas County Fire Chiefs Association

The Chair of the Steering Committee shall be the CME Program Coordinator and the Vice Chair shall be elected by a majority vote of the Steering Committee. The CME Steering Committee shall meet at least on a quarterly basis.

ARTICLE VI

COMPENSATION

SECTION 601. COMPENSATION The Authority agrees to compensate the College for the total cost of the program plus a sum equal to fifteen (15%) percent of the cost of the program for the period commencing October 1, 2003 and ending September 30, 2006. Cost means actual cost of administration, regular, and remedial instruction, curriculum development, and all related matters. The College shall be paid in approximately equal payments quarterly. The annual compensation for the period commencing October 1, 2003 and ending September 30, 2004 shall be \$474,619.91.

For each year during the term of this Agreement, the compensation amount shall be established through the Pinellas County budget process and approved by the EMS Authority, but in no event shall compensation for any given year exceed Five Hundred Thousand Dollars (\$500,000.00)

The College shall provide the Authority with a Quarterly statement that services have been rendered, for the specific Quarter in accordance with this Agreement. This statement shall be addressed to the Executive Director for the Authority and shall constitute a request for reimbursement. Each Quarterly statement shall be

accompanied by a report which shall include at minimum, quarterly and year-to-date totals for classes held and students trained. During the term of this Agreement, the College shall also furnish the Authority on or before each December 15th, beginning in 2004, a detailed accounting of the cost incurred hereunder during the previous fiscal year and shall make adjustments, if necessary, for over or underpayment by the Authority. Should there be an overpayment, the College shall refund the same to the Authority. Should there be an underpayment, the Authority shall remit the same to the College.

SECTION 602. DEDUCTION FOR FAILURE TO COMPLY WITH PERFORMANCE REQUIREMENTS

In the event College fails to comply with any of the Performance Requirements, the Authority Shall issue to Contractor a written warning describing such failure. Should College's noncompliance continue after receipt of such warning, the Authority may deduct from the Annual Compensation an amount equal to seven hundred-fifty (\$750.00) Dollars for each occurrence. As determining actual damages would be extremely difficult or impossible, the Parties agree that these deduction amounts will be liquidated damages and not a penalty. Any such deductions will be made from the last quarterly payment within the then current fiscal year in accordance with Section 601. Any dispute of the College to the assessment of a deduction may be resolved in accordance with Section 902.

Persistent and repeated failure of College to comply with any of the Performance Requirements may result in termination pursuant to Section 802.

ARTICLE VII

INSURANCE

College property used in the Program and property of the Authority, which is in the care, custody, and control of the College shall be covered by the College's standard insurance coverage. All other property used in the program shall be insured by the respective property owner. Authority shall verify that students in the program receiving remedial training are covered under appropriate policy with their employers or through the students' own coverage with sufficient coverage and limits to satisfy the College and facilities providing hands-on experience and training. Evidence of such coverages shall be provided the College upon request.

ARTICLE VIII

TERM AND TERMINATION

SECTION 801. TERM OF AGREEMENT. This Agreement shall become effective on October 1, 2003, and shall expire on September 30, 2006.

SECTION 802. TERMINATION. If any party violates or defaults upon any of the terms and conditions of this Agreement, the aggrieved party shall provide written notice to the other party of such violation or default and the party shall have thirty (30) days to correct the violation or default. If the violation or default issue is not satisfactorily resolved within thirty (30) days, the aggrieved party may terminate this Agreement.

SECTION 803. : FISCAL NON-FUNDING. In the event that sufficient budgeted funds are not available for a new fiscal period, this contract shall terminate on the last day of the fiscal period without penalty or expense to the Authority.

ARTICLE IX

MISCELLANEOUS

SECTION 901. AMENDMENT. This Agreement may be amended by mutual agreement of the parties in writing.

SECTION 902. DISPUTE RESOLUTION. In the event the matter cannot be promptly resolved, the College shall request a meeting of representatives of the parties to include:

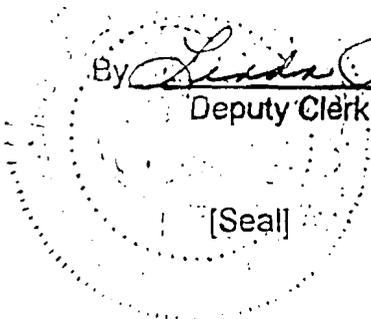
- (1). County Administrator
- (2). President, Pinellas County Fire Chiefs Association
- (3). Executive Director, EMS Authority
- (4). College Provost or Designee
- (5). Medical Director
- (6). Ambulance Contractor Management Representative

ATTEST:
KARLEEN F. De BLAKER, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY,
By and through the Board of County
Commissioners

By Linda R. Reed
Deputy Clerk

By Robert Williams Seal
Chairman



Approved as to Form:

[Signature]
Office of the County Attorney

Witnesses as to the Board:

Camela S. Smith
Rose Santella

DISTRICT BOARD OF TRUSTEES OF
ST. PETERSBURG COLLEGE
FLORIDA

By: Carl M. Kuttler Jr
Carl M. Kuttler, Jr.
College President & Secretary,
District Board of Trustees

APPROVED
AS TO FORM AND CONTENT

[Signature]
COLLEGE ATTORNEY

Approved by: [Signature]

On: 9/23/03

Appendix I

VEHICLE MARKING SPECIFICATIONS

AMBULANCES AND CRITICAL CARE UNITS

All Ambulances and Critical Care Units shall meet the Federal Specification for the Star-of-Life Ambulance (KKK-A-1822E) as may be amended.

The exterior of all Units shall be painted in the manufacturer's standard gloss white with a solid, uninterrupted reflective orange stripe as noted in the figures below and in compliance with KKK-A-1822E, 3.16.2 and 3.16.4. All lettering shall be blue reflective and include all emblems and markings required in KKK-A-1822E, 3.16.4.

The colors orange and blue shall be in compliance with the American National Standard Z53.1-1974, Safety Color Code for Marking Physical Hazards for "Ambulance Orange" and "Ambulance Blue."

The service name shall be in the form of the Authority's logo and no smaller than 9" in height and 53.5" in length. The word "PARAMEDICS" shall be displayed in reflective blue on both sides of the patient compartment and be at least 3.5" in height on all Ambulances.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

All Units shall look substantively like the vehicles pictured below.



APPENDIX I, PAGE 2



TACTICAL EMS UNIT

The Tactical EMS Unit shall be a four door mid-sized sport utility vehicle, painted in the manufacturer's color approved by the Executive Director.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director. The intent is for this vehicle to be "unmarked." The Unit shall look substantively like the vehicle pictured below.



APPENDIX I, PAGE 3

MENTAL HEALTH TRANSPORT UNIT

The Mental Health Transport Unit shall be passenger van, painted in the manufacturer's color approved by the Executive Director.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director. The intent is for this vehicle to be "unmarked."

The Unit shall look substantively like the vehicle pictured below.



EMS SUPERVISOR VEHICLE

EMS supervisor vehicles shall be a mid-sized sport utility vehicle or pick up truck with topper painted in the manufacturer's standard gloss white with a solid, uninterrupted reflective orange stripe as noted in the figure below. All lettering shall be blue reflective.

The colors orange and blue shall be in compliance with the American National Standard Z53.1-1974, Safety Color Code for Marking Physical Hazards for "Ambulance Orange" and "Ambulance Blue".

The service name shall be in the form of the Authority's logo. The Executive Director shall approve additional wording and letter sizing and placement.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

All Units shall look substantively like the vehicle pictured below.

APPENDIX I, PAGE 4



FLEET MAINTENANCE VEHICLE

Fleet Maintenance vehicle(s) shall be a pick up truck painted in the manufacturer's standard gloss white.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

All Fleet Maintenance Vehicles shall look substantively like the vehicle pictured below.



APPENDIX I, PAGE 5

MEDICAL SUPPLY UNIT

Medical Supply Units shall be, at a minimum medium duty chassis delivery trucks, painted in the manufacturer's standard gloss white. All lettering shall be blue reflective.

The service name shall be in the form of the Authority's logo. The Executive Director shall approve additional wording and letter sizing and placement.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

Medical Supply Units shall look substantively like the vehicle pictured below



Appendix J

Technical Specifications for Ambulances and Critical Care Transport Units

All Ambulances and Critical Care Transport Units shall meet the Federal Specifications for the Star-of-Life Ambulance (KKK-A-1822D) as may be amended.

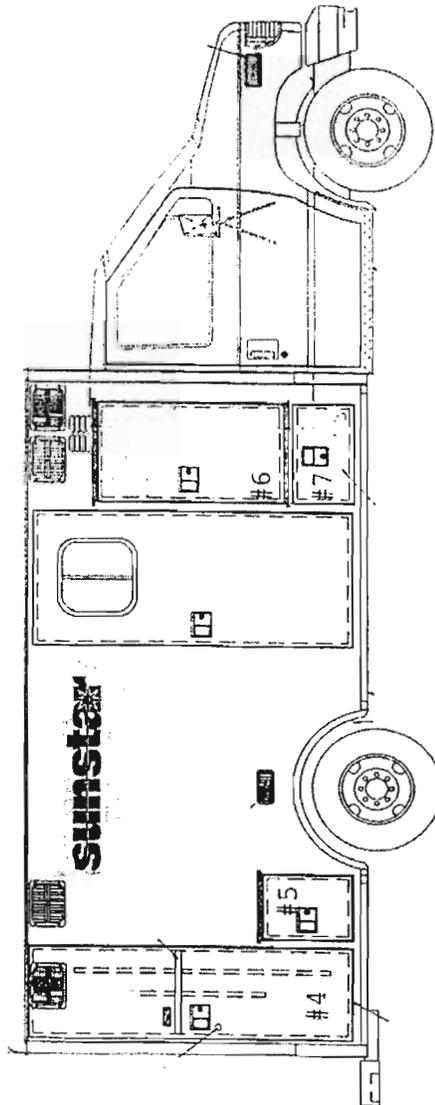
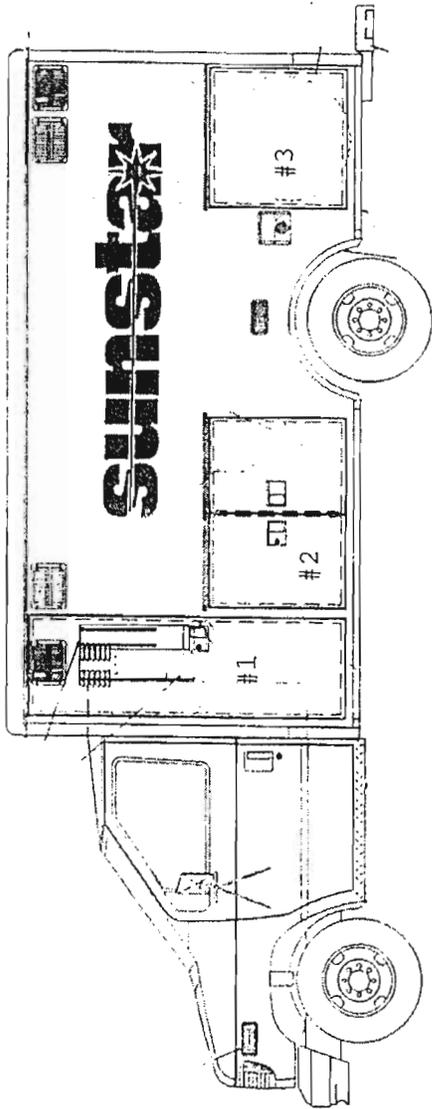
All Ambulances shall have the following attributes or equipment:

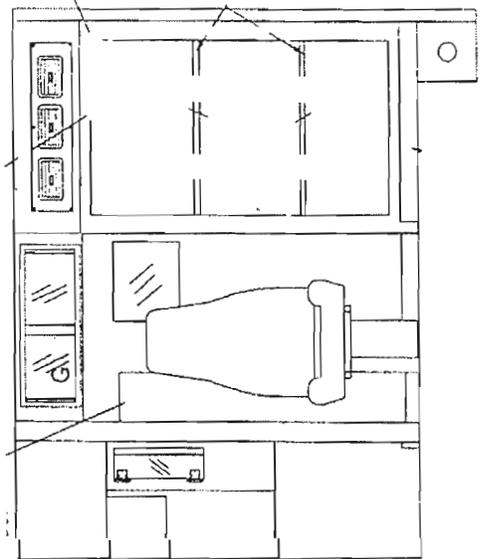
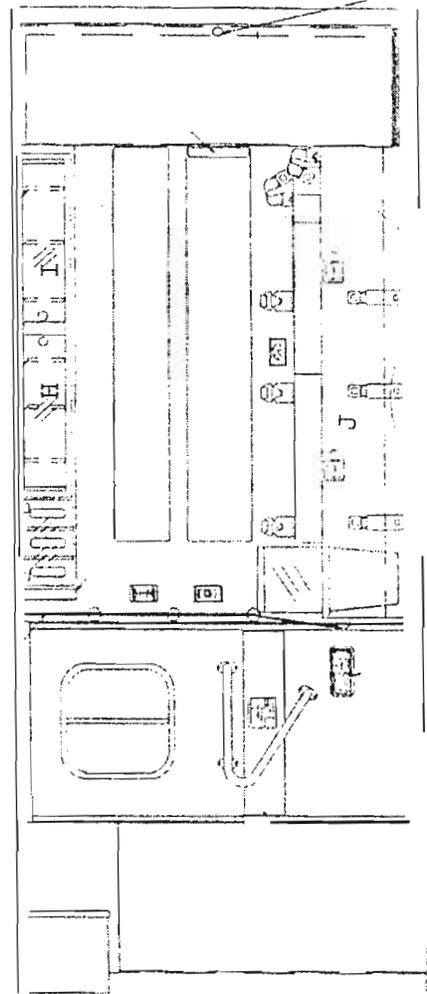
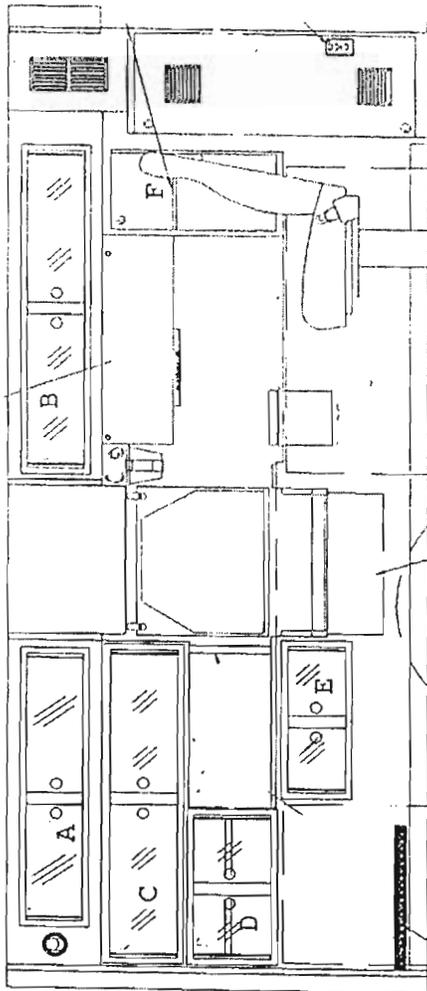
- Type III
- Minimum Gross Vehicle Weight Rating of 14,000 lbs.
- Dual Rear Wheel
- Electrical Inverter System
- Air Horn System

The Primary Critical Care Transport Unit shall have the following attributes or equipment above and beyond a standard ALS Ambulance:

- Type III
- Minimum Gross Vehicle Weight Rating of 26,000 lbs.
- Hydraulic Lift for the Isolette
- Dual Stretcher Mounts (one for a Standard Cot and one for an Isolette)
- Tie Downs or a mechanism for securing a Balloon Pump or additional medical equipment during transport
- Compressed Air System with Air Horns
- Independent Diesel Generator
- Electrical Inverter System

Appendix K





**Appendix K, Page 3
Unit Inventory
(Outside)**

Outside:

Compartment #1

- 1 Main O2 (600 psi min)
- 1 O2 Wrench
- 2 Portable O2 Tanks
- 1 Stair chair

Compartment #2

- 1 Child Car Seat
- 1 Wright Lifter

Compartment #3

- 2 KED
- 1 Traction Splint

Compartment #4

- 2 to 4 Backboards
- 1 Scoop Stretcher
- 1 Pedi Immobilizer

Compartment #5

- 4 to 8 Ferno Pillows
- 4 C-Collar (Adult)
- 2 C-Collar (Pedi)
- 2 C-Collar (Infant)

Inside/Outside Compartment #6

- Pedi Box
- Portable Suction Unit
- Trauma Bag
- Response Bag
- Parakit
- LifePak 12

Bench Seat - Cabinet J:

- 1 Fire Extinguisher
- 1 Urinal
- 1 Bed Pan

Action Area

- 1 Action Area Carrier

Inside Locking Cabinet - Cabinet F

- 1 Narcotic Box
- 2 Ea 10mg Valium
- 2 Ea 10mg Morphine
- 2 Ea 10mg Stadol
- 2 ea Carpuject Injector
- 1 ea Narc Needle Set

Parakit #6

- 1 Infant Cuff
- 1 Child Cuff
- 1 Adult Cuff
- 1 large Adult Cuff
- 1 Thigh Cuff
- 1 Hand Sphyg

Portable Suction Unit #6

- 1 Suction Tubing
- 1 Yankauer Tip
- 1 Suction Catheter 12, 14, 18

LifePak 12

Left side:

- 1 Adult Electrode
- 1 Prep Razor
- 4 Benzoin
- 1 Lead Set

Right Side:

- 1 EKG Paper
- 1 Defib Gel
- 1 Therapy Cable
- 1 Combo (Adult)
- 1 Combo (Pedi)

Paddle Cradle

- 1 Defib Paddles

Top Pouch

- 1 Pulse Oximeter
- 1 Glucometer
- 1 12 lead Cable

Counter Issue

- 2 Portable Radio
- 4 Radio Batteries
- 4 LP Batteries
- 2 NAAK Kit

**Appendix K, Page 4
UNIT INVENTORY
(Inside)**

IV Cabinet (I) - Cabinet A

- I1 4 Sodium Chl .09% 500cc
- 4 Sodium Chl .09% 1000cc
- 2 D5W Fluid (100cc IV bag)
- 6 Pre-filled sodium chl .09%
- I3 4 Macro (10) Tubing
- 6 IV Start Kit
- 6 Penrose
- 10 Alcohol Prep
- 10 Bandaid
- I4 2 Glucose Strips/no box
- 5 Tenderlett
- 1 Stopcock
- 1 Sharps Container
- 1 Pressure Infuser
- I5 2 Twin Catheter (20/22)
- 10 Angio Cath (14 thru 22ga)
- 2 Syringe (30 cc)
- 4 IV Needle Kits
- 3 Carpuject Injector
- I6 1 Huber Kits
- 2 Mini (60) Tubing
- 2 Stat Master
- 2 Blood Kit

Med Box (IV Cabinet) - Cabinet H

Top

- 1 Calcium Chloride
- 2 Lasix
- 2 Dopamine
- 2 Cordarone
- 2 Vasopressin
- 2 Haldol + (1) Phenergan
- 2 Benadryl
- 2 Magnesium Sulfate
- 2 Adenocard (12 mg)
- 1 Adenocard (6 mg)
- 3 Albuterol (Proventil)
- 3 Atrovent
- 1 Solu Medrol + Med Labels
- 1 Penlight
- 5 Ammonia Inhalants

Bottom (Left)

- 10 Epinephrine (1:10,000)
- 3 Atropine
- 2 Lidocaine
- 4 Narcan

Bottom (Right)

- 2 Dextrose
- 2 Sodium Bicarbonate
- 1 Needle Set
- 1 Cardizem
- 2 Pre-filled sodium chl .09%

Bottom (Right/Front)

- 1 Baby Aspirin
- 1 Epinephrine (1:1,000)
- 1 Glucagon
- 1 Nitro Spray

Pedi Cabinet (P) - Cabinet D

- P1 1 ET Tube (2.5 through 5.5)
- 1 Suction Catheter (6- 10)
- 1 Nasogastric (8 & 12)
- 1 OPA (40-80)
- 1 NPA (12 -18)
- 1 Toomey Syringe
- 1 Pedi ET Tube Holder
- P2 1 Stethoscope (pedi)
- 2 Intraosseus (15ga)
- 1 Infant Cap
- 1 Bulb Syringe
- 2 Sterile Gloves
- 1 Broselow Tape
- 1 Meconium Aspirator Kit
- P3 3 Non- Rebreather Masks
Pedi and Infant
- P4 3 Cannula-Pedi
- 2 Ambu Mask (Infant)
- 3 Aerosol Mask- Pedi
- Top Shelf:**
- 1 OB Kits
- 1 Ambu Bags PEDI w/ mask
- 2 Pedi Pulse Ox probes
- 1 Cricothyrotomy Airway Kit
- 2 Stuffed Animal (when available)

Isolation Shelf (IS) - Cabinet E

- 4 Disposable Blanket
- 2 N95 (Moldex) s,m,l
- 2 N95 (3M) sm,reg
- 4 Isolation Kits

Trauma Shelf (T) - Cabinet C

- T1 3 Sterile Water
- 2 Trauma Dressing
- T2 4 Sam Splints
- T3 6 Ace Bandage 4"
- 8 Triangular Bandages
- 1 Trauma Shear
- 1 Emergency Blanket
- T4 4 Sterile Glove
- 25 Sterile 4x 4
- 6 Vaseline Gauze
- 4 Eye Pad and Eye Shield
- 10 Cotton Applicator
- T5 4 Peroxide
- 1 Alcohol
- 4 Tape (1" & 3")
- T6 1 Non Sterile 4 x 4 Pack
- 6 5 x 9 ABD Pad
- 6 Roll Gauze 4"
- T7 4 Hot Packs
- 4 Cold Packs

- Loose:** 1 Roll Aluminum Foil
- 25 Triage Tags

Airway Cabinet (A) - Cabinet B

- A1 2 AMBU Bag (Adult) w/HEPA
- A2 1 E.T. Tube (6.0-8.5)
- 2 Tube Check
- 2 ET Tube Holder
- 10 Vaseline Packets
- 1 Neo-Synephrine
- 1 Hurricane Spray
- A3 1 Suction Cath (12-18)
- 1 Nasogastric (14&16)
- 2 Angiocath 14 x 1 3/4"
- 2 Suction Tubing
- 2 Yankauer Tip
- A4 6 Convenience Bags
- 1 NPA(20-30) 1 OPA (80-110)
- 2 Scalpels
- A5 1 Combi Tube Kit
- A6 2 Trach Mask
- A7 2 2 Aerosol Mask (adult)
w/adapters
- 2 Nebulizer w/ Albuterol
- A8 6 Non-Rebreather (adult)
- A9 6 Nasal Cannula (adult)
- LOOSE:**
- 1 Lighted Stylets
- 2 Suction Canisters
w/adapters

EKG Cabinet - Cabinet G

- E1 3 Electrodes/30 pack
- 1 Defib Jel
- 2 Razors
- 10 Benzoin Swab
- 4 LP 12 Paper
- E2 2 Quik Combo Adult
- 2 Quik Combo Pedi
- 2 Filter Line Sets

Burn Cabinet (B) - Cabinet I

- 1 PEP Kit
- 10 Patient Belonging Bags
- 10 Patient Belonging Labels
- 2 Splash Kit (x2 suits/boots)
- 2 Burn Sheet

Safety Cabinet (S) - Cabinet J

- 1 Set of Restraints
- 1 Safety Kit

Response Bag

Netting	Med Box	Airway Pouch (Blue)
1 1000 cc Sodium Chl .09	Top	1 Scalpel
1 Lighted Stylet	1 Calcium Chloride	1 Nasal Cannula Adult
1 Sharps Container	2 Lasix	1 Non- Rebreather Adult
1 Combi Tube	2 Dopamine	1 Nebulizer w/ Albuterol
1 <i>Huber Kit</i>	2 Cordarone	1 Aerosol Mask Adult
1 Stethoscope	2 Vasopressin	1 1" Tape
1 Blood Pressure Cuff (A)	2 Haldol + (1) Phenergan	1 Non-sterile 4x4 packet
1 Filter Line Set	2 Benadryl	1 Convenience Bag
	2 Magnesium Sulfate	1ea Nasal Gastric 14 & 16
	1 Adenocard 6 mg	3 C Batteries
	2 Adenocard 12 mg	1 Mouth Prop
	3 Albuterol	1 Ring Cutter
	3 Atrovent	
	1 Solu Medrol + Med Labels	
	1 Penlight	
	5 Ammonia Inhalants	
Intubation Roll	Bottom (Left)	IV Pouch (Red)
1 Tube Chek	10 Epinephrine (1:10,000)	1 500 Sodium Chloride
1 ET Tube Holder	3 Atropine	1 Macro (10) Tubing
1 Mini Isolation Kit	2 Lidocaine	1 Mini (60) Tubing
2ea ET Tube 7.0 & 8.0	4 Narcan	2 I.V. Start Kits
1ea ET Tube 7.5 & 8.5		1 Twin Cath 20/22
1 Laryngoscope	Bottom (Right)	5 Med Labels
1ea Miller Blade 0,1,2,3,4	2 Dextrose	2 Sodium Chloride pre-filled
1ea Mac Blade 2,3,4	2 Sodium Bicarbonate	1 4x4 Non-sterile
1ea Syringe 10 & 30cc	1 <i>Needle Kit</i>	1ea Angio 14,16, 22ga
1 Hurricane Spray	1 Cardizem	2ea Angio 18, 20ga
1 Neo-Synephrine	2 Sodium Chloride pre-filled	1 3 Way Stopcock
5 Vaseline Packet	Bottom (Right/Front)	1 4" Roll Gauze
3 Angiocath 14ga x 1 3/4	1 Baby aspirin	2 D5W 100CC bag
1 Magill Forcep (Adult)	1 Epinephrine (1:1,000)	
1 Magill Forcep (Pediatric)	1 Glucagon	
1 Kelly Forcep	1 Racepinephrine	
1 NPA Pack (20-30)	1 Nitro Spray	
1 OPA Pack (80-110)		
Loose		
1 Ambu Bag (Adult)		
w/HEPA filter		

Trauma Bag

Netting:	Clean Up Pouch - Orange	Dressing Pouch - Yellow
1 Multi Trauma Dressing	1 Non Sterile 4 x 4 Packs	6 Sterile 4 x 4
1 Emergency Blanket	2 Hydrogen Peroxide	4 Vaseline Gauze
2 Convenience Bags	1 Alcohol	6 Band-aids Large
1 Disposable Blanket		6 Band-aids Small
1 Small Bio Bag	I.V. Pouch (Red)	2 Ace Bandage
2 SAM Splints	2 Macro Kit	1 Tape (1" & 3")
1 Trauma Shears	2 I.V. Start Kit	4 5x9 Pad
1 Penlight	1 <i>Trauma Vascular Set:</i>	2 Triangular Bandage
1 Stethoscope		2 Eye shield / Eye Pads
1 BP Cuff Adult		4 Roll Gauze 4"
Loose		Thermo Pouch- Blue
1 Sterile Water		3 Hot and Cold Packs
2 1000cc Sodium Chloride		

Appendix K, Page 6

SUNSTAR

Response Bag and Trauma Bag Version 1

Response Bag V.1		
<p>MED POUCH (1)</p> <p>2 Sodium Bicarbonate 2 Dextrose 50% 4 Lidocaine</p> <p>MED POUCH (2)</p> <p>10 Epinephrine 1:10,000 4 Atropine Sulfate 5 Narcan</p> <p>MED POUCH (3) Cardiac Box</p> <p>1 Calcium Chloride 1 Cardizem 2 Lasix 1 Nitro Spray 2 Haldol 2 Dopamine 1 Epinephrine Multi Dose 2 Magnesium Sulfate 2 Vasopressin</p> <p>RESPIRATORY BOX</p> <p>1 Racepinephrine 1 Solu-Medrol 5 Ammonia Inhalant 3 Atrovent 3 Albuterol 3 Brethine 4 Benadryl</p> <p>LOOSE</p> <p>1 Glucagon 1 Baby Aspirin 1 Adenocard 6mg 2 Adenocard 12mg 2 Cordarone</p>	<p>AIRWAY POUCH (1)</p> <p>1 Nasal Cannula (A) 1 Non-Rebreather (A) 1 Nebulizer w/ Albuterol 1 Aerosol Mask (A) 1 OPA Pack (80-110) 1 NPA Pack (20-30) 1 One Inch Tape 1 4x4 Packet</p> <p>AIRWAY POUCH (2)</p> <p>1 Peak Flow Meter 1 Nu-Trake 1 Convenience Bag 1ea Nasal Gastric 14 & 16 1 Neo-Synephrine 1ea Magill Forcep (A&P) 1 Kelly Forcep 3 Battery (C) 1 Mouth Prop 1 Ring Cutter 1 Penlight</p> <p>NETTING FLAP</p> <p>1 1000 cc Sodium Chl .09 1 Lighted Stylet 1 Stethoscope 1 Blood Pressure Cuff (A) 1 Huber Kit 1 ea ET Tube Pack 6.0-8.5 1 Combi-Tube 1 V-Vac Set 1 Sharp Container 1 Filter Line Sets</p> <p>LOOSE</p> <p>1 Ambu Bag (Adult)</p>	<p>INTUBATION ROLL</p> <p>1 Tube Chek 1 ET Tube Holder 1 Mini Isolation Kit 2ea ET Tube 7.0, 7.5, 8.0 1 Laryngoscope 1ea Miller Blade 0,1,2,3,4 1ea Mac Blade 2,3,4 1ea Syringe 10 & 30cc 1 Hurricane Spray 5 Vaseline Packet 3 Angiocath 14ga x 1 3/4</p> <p>IV POUCH</p> <p>1 500cc Sodium Chl .09 1 Macro (10) Tubing 1 Mini (60) Tubing 1 IV Start Kit 2 D5W 100cc IV bag 1 Twin Cath 20/22 4 Med Label 2 Sodium Chloride 10cc 1 4" Non-sterile gauze 1ea Angio 14,16, 22ga 2ea Angio 18, 20ga 1 3 Way Stopcock</p> <p>X 1 IV Needle Set:</p> <p>1 ea Syringe 1,3,5,10cc 2 ea Needle 19,21,23,25ga 2 ea Alcohol Prep</p>

TRAUMA BAG V.1		
<p>2 SAM Splints 1 Multi trauma dressing 4 ABD Pad 3 Roll Gauze 4" 4 Vaseline Gauze 6 Sterile 4 x 4 1 Triangular Bandage 2 Convenience Bag 2 Eye shield / Eye Pads 3 Sterile Gloves 1 Hot and Cold packs</p>	<p>Bottom Panel:</p> <p>50 4 X 4 N/S Gauze 1 Sterile Water 1 Tape (1" & 3") 1 500 cc Sodium Chloride 1 Hydrogen peroxide 4 Ace Bandage (4")</p>	<p>x2 500cc I.V. Set -Up:</p> <p>500 cc Sodium Chl .09% 1 Macro Set</p> <p>X1 Vascular Set:</p> <p>3 ea Angio 22,20,18,16,14 3 ea Venigard 3 ea Penrose 4 ea Alcohol prep 6 ea Non-sterile gauze</p>

**Appendix K, Page 7
UNIT INVENTORY
(Kits)**

Safety Kit		Meconium Aspirator Kit	
2 Ea	Gauntlet Gloves	2 Ea	Meconium Aspirators
2 Ea	Safety Goggles	2 Ea	2.5 ET Tube
1 Ea	Flashlight	2 Ea	3.0 ET Tube
PEP Kit		Cricothyrotomy Airway Kit	
1 Ea	PEP - Source consent (laminated)	1 Ea	14ga x 1 1/4 Introcan Safety
1 Ea	Consent Form	1 Ea	3.0 ET Tube
3 Ea	Vacutainers (Note exp. Date)	1 Ea	Syringe (3cc)
3 Ea	Vacutainer Needles		
3 Ea	Vanishpoint Vacutainer Holder	Pedi Vascular Access Kit	
3 Ea	Alcohol Prep Pads	2 Ea	Angiocath (24, 22, 20, 18, 16ga)
Huber Needle Kit		1 Ea	Intraosseus Needle (15ga)
1 Ea	Port Access Infusion Set	Pedi Airway Kit	
2 Ea	Povidone-Iodine Swabstick	1 Ea	Nasal Cannula (pedi)
3 Ea	Alcohol Preps	1 Ea	Non Rebreather (infant & pedi)
2 Ea	10 Cc Syringe	1 Ea	AMBU Mask (infant)
2 Ea	21 Ga. Needle	1 Ea	Aerosol Mask (pedi)
3 Ea	Sterile 4x4's	1 Ea	Infant Cap
1 Ea	.9% Sodium Chloride (Check Date)	Needle Kits	
1 Ea	1" Tape	1 Ea	Syringe (1, 3, 5, 10cc)
1 Ea	Sterile Gloves (Small)	2 Ea	Needle (18, 21, 23, 25ga, 19 filtered)
1 Ea	Sterile Gloves (Medium)	2 Ea	Alcohol Preps
1 Ea	Sterile Gloves (Large)	Trauma Vascular Access Kit	
Mini Isolation Kit		3 Ea	Angiocath (14, 16, 18ga)
2 Ea	Face Shield	3 Ea	Penrose Drain
1 Pair	Gloves	4 Ea	Alcohol Preps
Splash Kit		4 Ea	Non-sterile 4x4's
3 Ea	Suits		
3 Ea	Boots		
Narc Needle Kit			
2 Ea	Syringe (3cc)		
2 Ea	Atomizer		
2 Ea	Alcohol Wipe		

Appendix K, Page 8

Loose	Zipper Case
Broselow Tape	Infant BP Cuff
Pedi Defib Paddles	Pedi BP Cuff
Ambu Bag (Pedi)	Pedi Stethoscope
Bulb Syringe	
ET Tube Holder	<i>Meconium Kit</i>
Toomey Syringe	
Pedi Pulse-Ox Probes x 2	<i>Pedi Vascular Access Kit</i>

NPA Kit Nasal Airway 1 ea 12, 14, 16, and 18FR	<i>Pedi Airway Kit</i>
	<i>Cricothyrotomy Airway Kit</i>

Pedi Packs

Pre-Term Infant	Pink/Red
2ea – ET Tube (2.5)	ET Tube (3.5)
Term Infant	Oral Airway (40 & 50mm)
2ea – ET Tube (3.0)	Suction Catheter (6F & 8F)
	Naso Gastric (8F)

Purple	Yellow
ET Tube (4.0)	ET Tube (4.5)
Oral Airway (50 & 60mm)	Oral Airway (60mm)
Suction Catheter (8 & 10F)	Suction Catheter (10F)
Nasogastric (8F)	Nasogastric (10F & 12F)

White	Blue
ET Tube (5.0)	ET Tube (5.5)
Oral Airway (60mm)	Oral Airway (60 & 80mm)
Suction Catheter (10F)	Suction Catheter (10F)
Nasogastric (12F)	Nasogastric (12 & 14F)

Orange	Green
ET Tube (6.0)	ET Tube (7.0)
Oral Airway (60 & 80mm)	Oral Airway (90mm)
Suction Catheter (10F)	Suction Catheter (12F)
Nasogastric (14 & 16F)	Nasogastric (16 F)

Appendix K, Page 9

Mental Health Transport Unit Requirements

- Operable Lights
 - Headlights, Tail Lights, and Brake Lights
 - Turn Signals and Back Up Lights
 - Hazard Warning Lights
 - Roof Mounted Yellow Strobe activated with Hazard Lights
 - Interior Lights

- Doors Open Properly and Close Securely
- Door Locks are Operable and Set for "Child Safety"

- 800 MHz Mobile Radio (except on reserve van)
- 800 MHz Portable Radio and Spare Battery

- Observation Mirror
- Rear View and Side Mirrors

- Fire Extinguisher (Not Secured in Client Compartment)

- Flashlight with Batteries

- First Aid Kit
 - Not Secured in Client Compartment
 - CPR Pocket Mask
 - Non Sterile Gloves and Eye Protection
 - Misc. Bandages
 - No Scissors
 - No other BLS Equipment or Supplies
 - No ALS Equipment or Supplies

- Safety Barrier between Driver and Client (except on reserve van)

- Seat Belts

- Client Compartment
 - Clean
 - Standard Seat Belts
 - No Storage of Equipment or Supplies

Appendix L
CURRENT ON-BOARD EQUIPMENT/SUPPLY
MINIMUM INVENTORY FOR CRITICAL CARE TRANSPORT UNITS

1. Standard basic and advanced life support equipment to treat adult and pediatric patients.
2. A refrigerator for medication storage (Primary CCT unit only).
3. A cellular phone.
4. Two invasive blood pressure monitors and one non-invasive blood pressure monitor to provide continuous monitoring of hemodynamically compromised patients.
5. A generator and/or inverter for powering and charging equipment necessary for critical care transports.
6. A transport isolette with ventilator and external temperature monitor for critical neonatal or pediatric transfers (Primary CCT unit only).
7. Intravenous pumps capable of maintaining three separate channels each.
8. Twelve lead EKG monitor capable of assessing and diagnosing critical changes in the EKG pattern of cardiac patients.
9. Non-invasive external pacemaker capabilities.
10. Temporary transvenous pacemaker (Primary CCT unit only).
11. Pulse oximetry.
12. Volume/pressure ventilator with blender capable of mixing gases to deliver the prescribed oxygen concentration required by any adult or pediatric patient.
13. The above equipment has the ability to be converted to pediatric sizes when required. The downsized equipment is carried on the critical care units.
14. Fetal Doppler to assess fetal heart tones in obstetric patients.
15. Advanced Medications as approved by the Medical Director including paralytics.

APPENDIX M

DATA EXCHANGE SPECIFICATIONS

AMBULANCE CAD TO AUTHORITY'S 9-1-1 CAD

The Data Exchange between the Ambulance Contractor's Computer Aided Dispatch (CAD) System and the Authority's 9-1-1 CAD System shall be in "real time" and continuously update all active EMS incidents.

The Authority shall provide the transmission medium (leased line, microwave, etc.), the software code and hardware interface necessary to operate the 9-1-1 CAD side of the data interface.

The Ambulance Contractor shall provide the software code and hardware interface necessary to operate the Ambulance CAD side of the data interface.

The data interface shall be serial ASCII communications that will allow variable length records to be transmitted and received.

The data interface shall allow Ambulance Control Center to automatically and instantaneously receive all data necessary to respond an Ambulance to an Emergency Request received by the 9-1-1 Center.

The data interface shall allow the 9-1-1 Center to automatically and instantaneously receive all data necessary to respond a First Responder Unit to an Emergency Request received by the Ambulance Control Center via a non-emergency phone line that requires the assistance of a First Responder.

The data interface shall automatically and instantaneously update the status of all First Responder and Ambulance Units on both the 9-1-1 CAD and the Ambulance CAD Systems. The status of units shall be accomplished via timestamps, which shall be accurate and identical regardless of which computer generated the change in the Unit's status. The status of units shall be accurate for the call that the unit is actively involved and shall automatically update if they respond to another incident (example: a Unit is cancelled from the first call to respond to a second call.)

APPENDIX M, PAGE 2

The status of units shall include, but not be limited to the following time stamps:

- Call Received
- Unit Dispatched
- Unit Responding
- Unit On Scene
- At Patient
- Unit Transporting
- Unit at Destination
- Unit Available

The data interface shall automatically and instantaneously update the "notes" of all active calls on both CAD Systems to allow for the on-going management of the incident and notification of field units to further information or developments gathered by either Communication Centers' personnel.

AMBULANCE CAD TO AUTHORITY'S EMS BILLING COMPUTER

The Data Exchange between the Ambulance Contractor's Computer Aided Dispatch (CAD) System and the Authority's EMS Billing Computer System shall daily after the "close of business" for the date of service be updated with all Ambulance Runs for the previous day.

The Authority shall provide the transmission medium (leased line, microwave, etc.), the software code and hardware interface necessary to operate the Billing Computer side of the data interface.

The Ambulance Contractor shall provide the software code and hardware interface necessary to operate the Ambulance CAD side of the data interface.

The data interface shall be serial ASCII communications that will allow variable length records to be transmitted and received.

The data interface shall allow the Authority to independently audit all data fields contained within the Contractor's Ambulance CAD System and be capable of allowing the Authority to process bills for services rendered using its financial software.

The Contractor shall be responsible for transmitting the data to the Authority's EMS Billing Computer and shall not have any other access to the Authority's EMS Billing Computer.

APPENDIX M, PAGE 3

SNAPSHOT

Contractor shall ensure its CAD is capable of capturing all system activities beginning with the status of the EMS System ("snapshot"), at the time a Request was made. Such information shall include, but not be limited to, the status and location of each Ambulance, Critical Care Transport Unit, and EMS Supervisor Unit. If such reporting feature isn't readily available, Contractor shall specify a time certain when such feature will be available.

Appendix N

Introduction

The trip import interface allows for the import of a trip into RightCAD/Sanitas.

Prerequisites and licensing

Trips import is licensed to all users.

The interface was first implemented in Version 3.30.

Required server-based components

The Trip Import API requires one server-based component to be running on the network. PPDatabaseServices can be running at any location on the network.

For more information, see “Server-based components.”

Instantiation

The COM interface for Trip Import is defined as Pinpoint.TripImportInterface

The following code illustrates how to connect to the Trip Import interface:

C++

```
ITripImportInterface TripImport;  
TripImport.CreateDispatch ( "Pinpoint.TripImportInterface" );
```

Visual Basic

```
Dim Tripimport as Object  
Set Tripimport = CreateObject ( "Pinpoint.TripImportInterface" )
```

Usage example

```
Dim Tripimport as Object
Set Tripimport = CreateObject ( "Pinpoint.TripImportInterface" )
Tripimport.ImportTrip("c:\import\trip.txt")
```

Methods

Method	Description
ImportTrip	Create a trip based on the data defined in a text file.

ImportTrip

Description

Creates a trip based on the data defined in a text file.

Syntax

TripImport.ImportTrip (*FileName*)

Parameters

TripImport

The instance variable of the TripImport interface.

FileName

String value that evaluates to the path of a file containing the trip information. Maximum length: Unlimited.

The text file passed must contain the heading “[import]” followed by keywords and values. An example follows the Available Keywords table. Keywords beginning with an asterisk (*) are required, or the trip will not be imported.

Available keywords	Meaning, possible values, format	Maximum length
*DateOfService	Date of service, in YYYY-MM-DD format.	10
*PickUpTime	Scheduled pick-up time, in HH:MM:SS format.	8
IncidentNumber	Incident number for exporting system. May be used to recall the trip in RightCAD/Sanitas. Any format.	20
CustomerLastName	Last name of customer/patient.	30
CustomerFirstName	First name of customer/patient.	30
Company	Must match company name as it exists in RightCAD/Sanitas. If not, the default company name will be used.	30
Vehicle	Vehicle number for a vehicle that exists in RightCAD/Sanitas.	6
Medicare ID	Medicare number, in ###-##-####-AA format.	14
Medicaid ID	Medicaid number, in any format.	20
ChiefComplaint	Text description of a complaint which already exists in RightCAD/Sanitas.	30
SecondComplaint	Text description of a complaint which already exists in RightCAD/Sanitas.	30

Available keywords	Meaning, possible values, format	Maximum length
ThirdComplaint	Text description of a complaint which already exists in RightCAD/Sanitas.	30
FourthComplaint	Text description of a complaint which already exists in RightCAD/Sanitas.	30
FifthComplaint	Text description of a complaint which already exists in RightCAD/Sanitas.	30
TreatingDoctorLast	Treating doctor's last name.	30
TreatingDoctorFirst	Treating doctor's first name.	30
TreatingDoctorPhone	Phone of treating doctor, in (999) 999-9999 Ext. 9999 format. If no extension, stop before "Ext."	24
TreatingDoctorUPIN	UPIN of treating doctor (if specified, this match takes precedence over a name match)	20
ReferringDoctorLast	Referring doctor's last name.	30
ReferringDoctorFirst	Referring doctor's first name.	30
ReferringDoctorPhone	Phone of referring doctor, in (999) 999-9999 Ext. 9999 format. If no extension, stop before "Ext."	24
ReferringDoctorUPIN	UPIN of referring doctor (if specified, this match takes precedence over a name match)	20
CustomerMiddleInitial	Middle initial of customer/patient	1
TripStatus	Will default to OPEN (ready for dispatch). Other values are COMPLETE (ready for billing) and CANCELED.	8
CustomerSSN	SSN, in 999-99-9999 format.	11
CustomerDOB	DOB, in YYYY-MM-DD format.	10
CustomerSex	M for male, F for female, or U for unknown.	1
CustomerAddr	Customer address.	30
CustomerAddr2	Apt/suite/room of customer.	30
CustomerCity	City of customer.	30
CustomerSt	State of customer.	2
CustomerZip	Zip of customer, in 99999-9999 or 99999 format.	9
CustomerPhone	Phone of customer, in (999) 999-9999 Ext. 9999 format. If no extension, stop before "Ext."	24
*PuAddr	Pick-up address.	30
PuAddr2	Pick-up address apt/suite/room number.	30
PuCity	Pick-up address city.	30
PuSt	Pick-up address state.	2
PuZip	Pick-up address zip, in 99999-9999 or 99999 format.	10
PuPhone	Pick-up address phone number, in (999) 999-9999 Ext. 9999 format. If no extension, stop before "Ext."	24

Available keywords	Meaning, possible values, format	Maximum length
Daddr	The drop-off address.	30
Daddr2	The drop-off address apt/suite/room number.	30
Dcity	The drop-off address city.	30
DSt	The drop-off address state.	2
Dzip	The drop-off address zip, in 99999-9999 or 99999 format.	10
Dphone	The drop-off address phone number, in (999) 999-9999 Ext. 9999 format. If no extension, stop before "Ext."	24
CallReceivedDate	Date call was received, in YYYY-MM-DD format.	10
CallReceivedTime	Time call was received, in HH:MM:SS format.	8
DispatchDate	Date call was dispatched, in YYYY-MM-DD format.	10
DispatchTime	Time call was dispatched, in HH:MM:SS format.	8
EnRouteDate	Date call went en route, in YYYY-MM-DD format.	10
EnRouteTime	Time call went en route, in HH:MM:SS format.	8
AtSceneDate	Date call was at scene, in YYYY-MM-DD format.	10
AtSceneTime	Time call was at scene, in HH:MM:SS format.	8
TransportDate	Date call was transported, in YYYY-MM-DD format.	10
TransportTime	Time call was transported, in HH:MM:SS format.	8
AtDestDate	Date call was at destination, in YYYY-MM-DD format.	10
AtDestTime	Time call was transported, in HH:MM:SS format.	8
PartAvailDate	Date crew was partially available (paperwork), in YYYY-MM-DD format.	10
PartAvailTime	Time crew was partially available (paperwork), in HH:MM:SS format.	8
CompleteDate	Call completion date, in YYYY-MM-DD format.	10
CompleteTime	Time call was completed, in HH:MM:SS format.	8
Calltype	Must match one of the call types set up in RightCAD/Sanitas. If not, default call type will be used.	30
LoadedMiles	Number of loaded miles (e.g., 41.4)	30
TripNote1	First trip note to add to the trip.	200
TripNote#	#th trip note to add to the trip (actual key name is TripNote2, TripNote3, etc.) Up to 50 notes are supported at this time.	200

Available keywords	Meaning, possible values, format	Maximum length
Narrative	The narrative for the trip, to be used for billing purposes. Note: this should not be used for general comments. Use TripNote# instead (see keyword description earlier).	255
PUMapPage	The map page for the pickup of the trip	10
DmapPage	The map page for the dropoff of the trip	10
Caller	The person calling to request the transport	20
CallerPhone	Pick-up address phone number, in (999) 999-9999 Ext. 9999 format. If no extension, stop before "Ext."	24
Priority	Must match one of the priorities set up in RightCAD/Sanitas. If not, default priority will be used.	30

The format of the ImportTrip text file is very similar in design to a Windows .INI file with one section, titled "[import]," as in the following example:

```
[import]
dateofservice=1999-01-20
pickuptime=14:23:00
incidentnumber=pdqxyz
customerlastname=SMITH
customerfirstname=JOHN
customerssn=264-27-2511
customerdob=1990-01-01
customersex=M
; address data for pickup
puaddr=100 MAIN ST
puaddr2=APT 3
pucity=BOSTON
pust=MA
puzip=55555-5555
puphone=(303) 555-1212 Ext. 1111
; address data for drop off
daddr=100 MAIN ST
daddr2=APT 3
dcity=BOSTON
dst=MA
dzip=55555-5555
dphone=(303) 555-1212
calltype=ABC
priority=E
TripNote1=Hello.
TripNote2=This is a test.
TripNote3=I hope you like it.
```

E911/ANIALI interface

Introduction

You can use the Emergency 911/Automatic Number Interface/Automatic Line Interface (E911/ANIALI) interface to create an emergency trip that will appear in the dispatch system. Once you have created the trip, it can be edited or immediately dispatched. Typically, you will use this interface to connect E911, Computer-Aided Dispatch (CAD)-to-CAD, or ANIALI systems to RightCAD.

Prerequisites and licensing

To see if you have this capability installed, on the **Help** menu, select **About**, and then click **System Info**. If **E911/ANIALI** is set to “Yes,” then the capability is functional. If E911/ANIALI is not installed and operational, all messages sent to this API will be ignored. For more information about setting up and configuring E911/ANIALI capability, see the RightCAD user manuals.

The interface was first implemented in Version 3.30.

Required server-based components

The E911/ANIALI API requires one server-based component to be running on the network. PPDatabaseServices can be running at any location on the network. For more information, see “Server-based components.”

Instantiation

The COM interface for E911/ANIALI is defined as Pinpoint.ANIALIInterface

The following code illustrates how to connect to the ANIALI interface:

C++

```
IANIALIInterface aniali;  
aniali.CreateDispatch ( “Pinpoint.ANIALIInterface” );
```

Visual Basic

```
Dim aniali as Object  
Set aniali = CreateObject ( “Pinpoint.ANIALIInterface” )
```

Appendix O

On Scene Equipment Exchange Items

- Short Spinal Immobilization Devices
- Long Spinal Immobilization Devices (Adult and Pediatric)
- Traction Splints

Appendix P

Caller requests Ambulance Service by dialing 9-1-1 or the published 7-digit phone number for the Ambulance Service.



The 9-1-1 Center or the EMS Communications Center personnel, as applicable, assign a Problem/Nature Code to the call to initiate the dispatch of an Ambulance, in accordance with Listing #1.



EMS Communications Center personnel through the application of the Priority Dispatch Protocols determines the appropriate Emergency Medical Dispatch Determinant or the specific Problem/Nature Code for Emergency Requests, Non-Emergency Requests and Critical Care Transport requests, in accordance with Listing #1 and Listing #2 as applicable.



EMS Communications Center personnel assign the appropriate Priority Code following the Priority Dispatch Protocols, in accordance with Listing #3. The Priority code is directly related to the definitions of Emergency Request, Downgraded Emergency Request, Non-Emergency Request, Scheduled Transport, and Critical Care Transport and the Response Time Requirements.

Appendix P, Page 2

Listing #1: Problem/Nature Codes

Emergency Medical Dispatch Codes

Abdominal Pain/Problem
Allergy/Hives/Med Reaction/Stings
Animal Bites/Attacks
Assault/Rape
Back Pain (Non-Traumatic)
Breathing Problem
Burns/Explosion
Carbon Mon/Inhalation/Hazmat
Cardiac/Respiratory Arrest
Chest Pain
Choking
Convulsions/Seizures
Diabetic Problems
Drowning (Near)/Diving Accident
Electrocution
Eye Problems/Injuries
Falls/Back Injuries (Traumatic)
Headache
Heart Problems
Heat/Cold Exposure
Hemorrhage/Lacerations
Industrial/Machinery Accidents
Overdose/Poisoning/Ingestion
Pregnancy/Childbirth/Miscarriage
Psychiatric/Suicide Attempt
Sick Person (Specific Diagnosis)
Stab/Gunshot Wound
Stroke/CVA
Traffic Accidents
Traumatic Injuries, Specific
Unconsciousness/Fainting
Unknown Problem (Person Down)

Secondary PSAP 9-1-1 Calls received by the EMS Communications Center

911 Call Information Only
Bomb Threat (SS)
Brush Fire (SS)
Emergency Transfer to Police
Fire Alarm (SS)
Storm Structure Damage-No Injury
Structural Response (SS)
Vehicle Accident (SS)
Water Rescue (SS)
Wires Down/Progress Energy Only (SS)

Critical Care and Interfacility Transports

Patient Transfer
All Children's Transport Team
CCT Transport-High Complexity

High Complex CCT OOC
High Complex System Car OOC
High Complexity System Car
Interfacility Emergency
interfacility/Palliative Care
intermediate Care Transport
LC Ambulance-Heparin
LC Ambulance-KCL
LC Ambulance- Lidocaine
LC Ambulance-Crystalloid
Low Complexity System Car OOC
Low Complexity System Car
MPP-Stat Transfer
MPP-Urgent Transfer
Stat Transfer
MHT Transport - Client
MHT Transport - Patient

Standbys, Special Teams and Situations

Aircraft Emergency
Assist Other Agency
Assist With Landing Zone
Assist-No Complaint-Alpha
Call On Hold
Child Locked In Vehicle
Evacuation Request
Harvest Team Transport
Medical Alarm
No Patient ID/Alpha
No Patient ID/False Call
PJAC Patient Assessment
Public Assist
Public Assist- Back In Bed
Standby- Bomb Threat
Standby- Hazmat Incident
Standby- Non-Dedicated
Standby- Paramedic Only
Standby- Special Event
Standby- Structure Fire
Stingray Injury
Sunstar Inquiry
Tactical EMS Team Response

ProQA Response Configuration

Determinants	Responses	CAD codes
1. Abdominal Pain / Problems		
A 1 Abdominal pain	Alpha	01A01
C 0 Override	Charlie	01C00
C 1 Fainting or near fainting => 50	Charlie	01C01
C 2 Females with fainting or near fainting 12-50	Charlie	01C02
C 3 Males with pain above navel => 35	Charlie	01C03
C 4 Females with pain above navel => 45	Charlie	01C04
D 0 Override	Delta	01D00
D 1 Not alert	Delta	01D01
2. Allergies (Reactions) / Envenomations (Stings, Bites)		
A 1 No difficulty breathing or swallowing (rash, hives, or itching may be present)	Alpha	02A01
A 2 Spider bite	Alpha	02A02
B 0 Override	Bravo	02B00
B 1 Unknown status (3rd party caller)	Bravo	02B01
C 0 Override	Charlie	02C00
C 1 Difficulty breathing or swallowing	Charlie	02C01
C 2 Special medications or injections used	Charlie	02C02
D 0 Override	Delta	02D00
D 1 SEVERE RESPIRATORY DISTRESS	Delta	02D01
D 2 Not alert	Delta	02D02
D 3 Condition worsening	Delta	02D03
D 4 Swarming ATTACK (bee, wasp, homet)	Delta	02D04
D 5 Snakebite	Delta	02D05
E 0 Override	Echo	02E00
E 1 INEFFECTIVE BREATHING	Echo	02E01
3. Animal Bites / Attacks		
A 1 NOT DANGEROUS body area	Alpha	03A01
A 2 NON-RECENT injuries (=> 6hrs)	Alpha	03A02
A 3 SUPERFICIAL bites	Alpha	03A03
B 0 Override	Bravo	03B00
B 1 POSSIBLY DANGEROUS body area	Bravo	03B01
B 2 SERIOUS hemorrhage	Bravo	03B02
B 3 Unknown status (3rd party caller)	Bravo	03B03
D 0 Override	Delta	03D00
D 1 Unconscious or Arrest	Delta	03D01
D 2 Not alert	Delta	03D02
D 3 DANGEROUS body area	Delta	03D03
D 4 Large animal	Delta	03D04
D 5 EXOTIC animal	Delta	03D05
D 6 ATTACK or multiple animals	Delta	03D06
4. Assault / Sexual Assault		
A 1 NOT DANGEROUS body area	Alpha	04A01
A 2 NON-RECENT injuries (=> 6hrs)	Alpha	04A02
B 0 Override	Bravo	04B00
B 1 POSSIBLY DANGEROUS body area	Bravo	04B01
B 2 SERIOUS hemorrhage	Bravo	04B02
B 3 Unknown status (3rd party caller)	Bravo	04B03
D 0 Override	Delta	04D00
D 1 Unconscious or Arrest	Delta	04D01
D 2 Not alert	Delta	04D02
D 3 Abnormal breathing	Delta	04D03
D 4 DANGEROUS body area	Delta	04D04

ProQA Response Configuration

Determinants	Responses	CAD codes
4. Assault / Sexual Assault (Continued)		
D 5 Multiple victims	Delta	04D05
5. Back Pain (Non-Traumatic or Non-Recent Trauma)		
A 1 NON-TRAUMATIC back pain	Alpha	05A01
A 2 NON-RECENT traumatic back pain (=> 6hrs)	Alpha	05A02
C 0 Override	Charlie	05C00
C 1 Fainting or near fainting => 50	Charlie	05C01
D 0 Override	Delta	05D00
D 1 Not alert	Delta	05D01
6. Breathing Problems		
C 1 Abnormal breathing	Charlie	06C01
C 2 Cardiac history	Charlie	06C02
D 0 Override	Delta	06D00
D 1 SEVERE RESPIRATORY DISTRESS	Delta	06D01
D 2 Not alert	Delta	06D02
D 3 Clammy	Delta	06D03
E 0 Override	Echo	06E00
E 1 INEFFECTIVE BREATHING	Echo	06E01
7. Burns (Scalds) / Explosion		
A 1 Burns < 18% body area	Alpha	07A01
A 2 Fire alarm (unknown situation)	Alpha	07A02
A 3 Sunburn or MINOR burns (<= hand size)	Alpha	07A03
B 0 Override	Bravo	07B00
B 1 Unknown status (3rd party caller)	Bravo	07B01
C 0 Override	Charlie	07C00
C 1 Building fire with persons reported inside	Charlie	07C01
C 2 Difficulty breathing	Charlie	07C02
C 3 Burns => 18% body area	Charlie	07C03
D 0 Override	Delta	07D00
D 1 Unconscious or Arrest	Delta	07D01
D 2 SEVERE RESPIRATORY DISTRESS	Delta	07D02
D 3 Not alert	Delta	07D03
D 4 Explosion	Delta	07D04
D 5 Multiple victims	Delta	07D05
8. Carbon Monoxide / Inhalation / HAZMAT		
A 1 Carbon monoxide detector alarm (without priority symptoms)	Alpha	08A01
B 0 Override	Bravo	08B00
B 1 Alert without difficulty breathing	Bravo	08B01
C 0 Override	Charlie	08C00
C 1 Alert with difficulty breathing	Charlie	08C01
D 0 Override	Delta	08D00
D 1 Unconscious or Arrest	Delta	08D01
D 2 SEVERE RESPIRATORY DISTRESS	Delta	08D02
D 3 HAZMAT	Delta	08D03
D 4 Not alert	Delta	08D04
D 5 Multiple victims	Delta	08D05
D 6 Unknown status (3rd party caller)	Delta	08D06
9. Cardiac or Respiratory Arrest / Death		
O 1 EXPECTED DEATH (unquestionable)	Omega	09O01

ProQA Response Configuration

Determinants		Responses	CAD codes
9. Cardiac or Respiratory Arrest / Death (Continued)			
B	0 Override	Bravo	09B00
B	1 OBVIOUS DEATH (unquestionable)	Bravo	09B01
D	0 Override	Delta	09D00
D	1 INEFFECTIVE BREATHING	Delta	09D01
E	0 Override	Echo	09E00
E	1 Not breathing at all	Echo	09E01
E	2 Breathing uncertain (agonal)	Echo	09E02
E	3 Hanging	Echo	09E03
E	4 Strangulation	Echo	09E04
E	5 Suffocation	Echo	09E05
E	6 Underwater	Echo	09E06
10. Chest Pain			
A	1 Breathing normally < 35	Alpha	10A01
C	0 Override	Charlie	10C00
C	1 Abnormal breathing	Charlie	10C01
C	2 Cardiac history	Charlie	10C02
C	3 Cocaine	Charlie	10C03
C	4 Breathing normally => 35	Charlie	10C04
D	0 Override	Delta	10D00
D	1 SEVERE RESPIRATORY DISTRESS	Delta	10D01
D	2 Not alert	Delta	10D02
D	3 Clammy	Delta	10D03
11. Choking			
A	1 Not choking now (can talk or cry, is alert and breathing normally)	Alpha	11A01
D	0 Override	Delta	11D00
D	1 Not alert	Delta	11D01
D	2 Abnormal breathing (PARTIAL obstruction)	Delta	11D02
E	0 Override	Echo	11E00
E	1 Choking verified/INEFFECTIVE BREATHING	Echo	11E01
12. Convulsions / Seizures			
A	1 Not seizing now and breathing regularly (verified)	Alpha	12A01
B	0 Override	Bravo	12B00
B	1 Breathing regularly not verified < 35	Bravo	12B01
C	0 Override	Charlie	12C00
C	1 Pregnancy	Charlie	12C01
C	2 Diabetic	Charlie	12C02
C	3 Cardiac history	Charlie	12C03
D	0 Override	Delta	12D00
D	1 Not breathing (after Key Questioning)	Delta	12D01
D	2 CONTINUOUS or MULTIPLE seizures	Delta	12D02
D	3 Irregular breathing	Delta	12D03
D	4 Breathing regularly not verified => 35	Delta	12D04
13. Diabetic Problems			
A	1 Alert	Alpha	13A01
C	0 Override	Charlie	13C00
C	1 Not alert	Charlie	13C01
C	2 Abnormal behavior	Charlie	13C02
C	3 Abnormal breathing	Charlie	13C03
D	0 Override	Delta	13D00

ProQA Response Configuration

Determinants	Responses	CAD codes
13. Diabetic Problems (Continued)		
D 1 Unconscious	Delta	13D01
14. Drowning (Near) / Diving / SCUBA Accident		
A 1 Alert and breathing normally (no injuries and out of water)	Alpha	14A01
B 0 Override	Bravo	14B00
B 1 Alert and breathing normally (injuries or in water)	Bravo	14B01
B 2 Unknown status (3rd party caller)	Bravo	14B02
C 0 Override	Charlie	14C00
C 1 Alert with abnormal breathing	Charlie	14C01
D 0 Override	Delta	14D00
D 1 Unconscious	Delta	14D01
D 2 Not alert	Delta	14D02
D 3 DIVING or suspected neck injury	Delta	14D03
D 4 SCUBA accident	Delta	14D04
15. Electrocution / Lightning		
C 1 Alert and breathing normally	Charlie	15C01
D 0 Override	Delta	15D00
D 1 Unconscious	Delta	15D01
D 2 Not disconnected from power	Delta	15D02
D 3 Power not off or hazard present	Delta	15D03
D 4 LONG FALL (=> 6ft/2m)	Delta	15D04
D 5 Not alert	Delta	15D05
D 6 Abnormal breathing	Delta	15D06
D 7 Unknown status (3rd party caller)	Delta	15D07
E 0 Override	Echo	15E00
E 1 NOT BREATHING/INEFFECTIVE BREATHING	Echo	15E01
16. Eye Problems / Injuries		
A 1 MODERATE eye injuries	Alpha	16A01
A 2 MINOR eye injuries	Alpha	16A02
A 3 MEDICAL eye problems	Alpha	16A03
B 0 Override	Bravo	16B00
B 1 SEVERE eye injuries	Bravo	16B01
D 0 Override	Delta	16D00
D 1 Not alert	Delta	16D01
17. Falls		
O 1 PUBLIC ASSIST (no injuries and no priority symptoms)	Omega	17O01
A 0 Override	Alpha	17A00
A 1 NOT DANGEROUS body area	Alpha	17A01
A 2 NON-RECENT (=> 6hrs) injuries (without priority symptoms)	Alpha	17A02
B 0 Override	Bravo	17B00
B 1 POSSIBLY DANGEROUS body area	Bravo	17B01
B 2 SERIOUS hemorrhage	Bravo	17B02
B 3 Unknown status (3rd party caller)	Bravo	17B03
D 0 Override	Delta	17D00
D 1 DANGEROUS body area	Delta	17D01
D 2 LONG FALL (=> 6ft/2m)	Delta	17D02
D 3 Not alert	Delta	17D03
D 4 Abnormal breathing	Delta	17D04

ProQA Response Configuration

Determinants		Responses	CAD codes
18. Headache			
A	1 Breathing normally	Alpha	18A01
B	0 Override	Bravo	18B00
B	1 Unknown status (3rd party caller)	Bravo	18B01
C	0 Override	Charlie	18C00
C	1 Not alert	Charlie	18C01
C	2 Abnormal breathing	Charlie	18C02
C	3 Speech problems	Charlie	18C03
C	4 Sudden onset of severe pain (<= 3hrs)	Charlie	18C04
C	5 Numbness or paralysis	Charlie	18C05
C	6 Change in behavior (<= 3hrs)	Charlie	18C06
19. Heart Problems / A.I.C.D.			
A	1 Heart rate => 50 bpm and < 130 bpm (without priority symptoms)	Alpha	19A01
A	2 Chest pain < 35 (without priority symptoms)	Alpha	19A02
B	0 Override	Bravo	19B00
B	1 Unknown status (3rd party caller)	Bravo	19B01
C	0 Override	Charlie	19C00
C	1 Firing of A.I.C.D.	Charlie	19C01
C	2 Abnormal breathing	Charlie	19C02
C	3 Chest pain => 35	Charlie	19C03
C	4 Cardiac history	Charlie	19C04
C	5 Cocaine	Charlie	19C05
C	6 Heart rate < 50 bpm or => 130 bpm (without priority symptoms)	Charlie	19C06
D	0 Override	Delta	19D00
D	1 SEVERE RESPIRATORY DISTRESS	Delta	19D01
D	2 Not alert	Delta	19D02
D	3 Clammy	Delta	19D03
20. Heat / Cold Exposure			
A	1 Alert	Alpha	20A01
B	0 Override	Bravo	20B00
B	1 Change in skin color	Bravo	20B01
B	2 Unknown status (3rd party caller)	Bravo	20B02
C	0 Override	Charlie	20C00
C	1 Cardiac history	Charlie	20C01
D	0 Override	Delta	20D00
D	1 Not alert	Delta	20D01
21. Hemorrhage / Lacerations			
A	1 NOT DANGEROUS hemorrhage	Alpha	21A01
A	2 MINOR hemorrhage	Alpha	21A02
B	0 Override	Bravo	21B00
B	1 POSSIBLY DANGEROUS hemorrhage	Bravo	21B01
B	2 SERIOUS hemorrhage	Bravo	21B02
B	3 Bleeding disorder or blood thinners	Bravo	21B03
C	0 Override	Charlie	21C00
C	1 Hemorrhage through tubes	Charlie	21C01
D	0 Override	Delta	21D00
D	1 DANGEROUS hemorrhage	Delta	21D01
D	2 Not alert	Delta	21D02
D	3 Abnormal breathing	Delta	21D03

ProQA Response Configuration

Determinants	Responses	CAD codes
22. Industrial / Machinery Accidents		
B 1 Unknown situation (not caught in machinery)	Bravo	22B01
D 0 Override	Delta	22D00
D 1 LIFE STATUS QUESTIONABLE	Delta	22D01
D 2 Caught in machinery (unknown status)	Delta	22D02
D 3 Multiple victims	Delta	22D03
23. Overdose / Poisoning (Ingestion)		
O 1 POISONING (without priority symptoms)	Omega	23O01
B 0 Override	Bravo	23B00
B 1 OVERDOSE (without priority symptoms)	Bravo	23B01
C 0 Override	Charlie	23C00
C 1 Violent (police must secure)	Charlie	23C01
C 2 Not alert	Charlie	23C02
C 3 Abnormal breathing	Charlie	23C03
C 4 Antidepressants (tricyclic)	Charlie	23C04
C 5 Cocaine (or derivative)	Charlie	23C05
C 6 Narcotics (heroin)	Charlie	23C06
C 7 Acid or alkali (lye)	Charlie	23C07
C 8 Unknown status (3rd party caller)	Charlie	23C08
C 9 Poison Control request for response	Charlie	23C09
D 0 Override	Delta	23D00
D 1 Unconscious	Delta	23D01
D 2 SEVERE RESPIRATORY DISTRESS	Delta	23D02
24. Pregnancy / Childbirth / Miscarriage		
A 1 1st TRIMESTER hemorrhage or MISCARRIAGE	Alpha	24A01
B 0 Override	Bravo	24B00
B 1 Labor (delivery not imminent, => 5 months/20 weeks)	Bravo	24B01
B 2 Unknown status (3rd party caller)	Bravo	24B02
C 0 Override	Charlie	24C00
C 1 2nd TRIMESTER hemorrhage or MISCARRIAGE	Charlie	24C01
C 2 1st TRIMESTER SERIOUS hemorrhage	Charlie	24C02
D 0 Override	Delta	24D00
D 1 BREECH or CORD	Delta	24D01
D 2 Head visible/out	Delta	24D02
D 3 IMMINENT delivery (=> 5 months/20 weeks)	Delta	24D03
D 4 3rd TRIMESTER hemorrhage	Delta	24D04
D 5 HIGH RISK complications	Delta	24D05
D 6 Baby born	Delta	24D06
25. Psychiatric / Abnormal Behavior / Suicide Attempt		
A 1 Non-violent and non-suicidal (alert)	Alpha	25A01
B 0 Override	Bravo	25B00
B 1 Violent (police must secure)	Bravo	25B01
B 2 THREATENING SUICIDE	Bravo	25B02
B 3 Near hanging, strangulation, or suffocation (alert)	Bravo	25B03
B 4 Unknown status (3rd party caller)	Bravo	25B04
D 0 Override	Delta	25D00
D 1 Not alert	Delta	25D01
26. Sick Person (Specific Diagnosis)		
A 1 No priority symptoms (complaint conditions 2-28 not identified)	Alpha	26A01
A 2 Boils	Alpha	26A02

ProQA Response Configuration

Determinants

Responses

CAD codes

26. Sick Person (Specific Diagnosis) (Continued)

A	3	Bumps (non-traumatic)	Alpha	26A03
A	4	Can't sleep	Alpha	26A04
A	5	Can't urinate (without abdominal pain)	Alpha	26A05
A	6	Catheter (in/out without hemorrhaging)	Alpha	26A06
A	7	Constipation	Alpha	26A07
A	8	Cramps/spasms (in extremities)	Alpha	26A08
A	9	Cut-off ring request	Alpha	26A09
A	10	Deafness	Alpha	26A10
A	11	Defecation/diarrhea	Alpha	26A11
A	12	Earache	Alpha	26A12
A	13	Enema	Alpha	26A13
A	14	Gout	Alpha	26A14
A	15	Hemorrhoids/piles	Alpha	26A15
A	16	Hepatitis	Alpha	26A16
A	17	Hiccups	Alpha	26A17
A	18	Hungry	Alpha	26A18
A	19	Nervous	Alpha	26A19
A	20	Object stuck (nose, ear, vagina, rectum, penis)	Alpha	26A20
A	21	Object swallowed (without choking or difficulty breathing, can talk)	Alpha	26A21
A	22	Penis problems/pain	Alpha	26A22
A	23	Rash/skin disorder (without difficulty breathing or swallowing)	Alpha	26A23
A	24	Sexually transmitted disease (STD)	Alpha	26A24
A	25	Sore throat (without difficulty breathing or swallowing)	Alpha	26A25
A	26	Toothache (without jaw pain)	Alpha	26A26
A	27	Transportation only	Alpha	26A27
A	28	Wound infected (focal or surface)	Alpha	26A28
B	0	Override	Bravo	26B00
B	1	Unknown status (3rd party caller)	Bravo	26B01
C	0	Override	Charlie	26C00
C	1	Cardiac history (complaint conditions 2-28 not identified)	Charlie	26C01
D	0	Override	Delta	26D00
D	1	Not alert	Delta	26D01

27. Stab / Gunshot / Penetrating Trauma

A	1	NON-RECENT (=> 6 hrs) PERIPHERAL wounds	Alpha	27A01
B	0	Override	Bravo	27B00
B	1	NON-RECENT (=> 6 hrs) single CENTRAL wound	Bravo	27B01
B	2	Known single PERIPHERAL wound	Bravo	27B02
B	3	SERIOUS hemorrhage	Bravo	27B03
B	4	Unknown status (3rd party caller)	Bravo	27B04
D	0	Override	Delta	27D00
D	1	Unconscious or Arrest	Delta	27D01
D	2	Not alert	Delta	27D02
D	3	CENTRAL wounds	Delta	27D03
D	4	Multiple wounds	Delta	27D04
D	5	Multiple victims	Delta	27D05

28. Stroke (CVA)

A	1	Breathing normally < 35	Alpha	28A01
B	0	Override	Bravo	28B00
B	1	Unknown status (3rd party caller)	Bravo	28B01
C	0	Override	Charlie	28C00

ProQA Response Configuration

Determinants		Responses	CAD codes
28. Stroke (CVA) (Continued)			
C	1 Not alert	Charlie	28C01
C	2 Abnormal breathing	Charlie	28C02
C	3 Speech or movement problems	Charlie	28C03
C	4 Numbness or tingling	Charlie	28C04
C	5 STROKE history	Charlie	28C05
C	6 Breathing normally => 35	Charlie	28C06
29. Traffic / Transportation Accidents			
A	1 1st party caller with injury to NOT DANGEROUS body area	Alpha	29A01
B	0 Override	Bravo	29B00
B	1 Injuries	Bravo	29B01
B	2 Multiple victims (one unit)	Bravo	29B02
B	3 Multiple victims (additional units)	Bravo	29B03
B	4 SERIOUS hemorrhage	Bravo	29B04
B	5 Unknown status (3rd party caller)	Bravo	29B05
D	0 Override	Delta	29D00
D	1 MAJOR INCIDENT (a through e)	Delta	29D01
D	2 HIGH MECHANISM (a through g)	Delta	29D02
D	3 HAZMAT	Delta	29D03
D	4 Pinned (trapped) victim	Delta	29D04
D	5 Not alert	Delta	29D05
30. Traumatic Injuries (Specific)			
A	1 NOT DANGEROUS body area	Alpha	30A01
A	2 NON-RECENT injuries (=> 6hrs)	Alpha	30A02
B	0 Override	Bravo	30B00
B	1 POSSIBLY DANGEROUS body area	Bravo	30B01
B	2 SERIOUS hemorrhage	Bravo	30B02
D	0 Override	Delta	30D00
D	1 DANGEROUS body area	Delta	30D01
D	2 Not alert	Delta	30D02
D	3 Abnormal breathing	Delta	30D03
31. Unconscious / Fainting (Near)			
A	1 Single or near fainting episode and alert < 35	Alpha	31A01
C	0 Override	Charlie	31C00
C	1 Alert with abnormal breathing	Charlie	31C01
C	2 Cardiac history	Charlie	31C02
C	3 Multiple fainting episodes	Charlie	31C03
C	4 Single or near fainting episode and alert => 35	Charlie	31C04
C	5 Females 12-50 with abdominal pain	Charlie	31C05
D	0 Override	Delta	31D00
D	1 Unconscious (at end of interrogation)	Delta	31D01
D	2 SEVERE RESPIRATORY DISTRESS	Delta	31D02
D	3 Not alert	Delta	31D03
E	0 Override	Echo	31E00
E	1 INEFFECTIVE BREATHING	Echo	31E01
32. Unknown Problem (Man Down)			
B	1 Standing, sitting, moving, or talking	Bravo	32B01
B	2 Medical Alert notifications	Bravo	32B02
B	3 Unknown status (3rd party caller)	Bravo	32B03
D	0 Override	Delta	32D00

ProQA Response Configuration

Determinants

Responses

CAD codes

32. Unknown Problem (Man Down) (Continued)

Determinants	Responses	CAD codes
D 1 LIFE STATUS QUESTIONABLE	Delta	32D01

33. Transfer / Interfacility / Palliative Care

A 1 ACUITY I (no priority symptoms)	Alpha	33A01
A 2 ACUITY II (no priority symptoms)	Alpha	33A02
A 3 ACUITY III (no priority symptoms)	Alpha	33A03
C 0 Override	Charlie	33C00
C 1 Not alert (acute change)	Charlie	33C01
C 2 Abnormal breathing (acute onset)	Charlie	33C02
C 3 Significant hemorrhage or shock	Charlie	33C03
C 4 Possible acute heart problems or MI (heart attack)	Charlie	33C04
C 5 Acute severe pain	Charlie	33C05
C 6 Emergency response requested	Charlie	33C06
D 0 Override	Delta	33D00
D 1 Suspected cardiac or respiratory arrest	Delta	33D01

Listing #3: Priority Codes

Priority 1	=	Emergency Request
Priority 2	=	Downgraded Emergency Request
Priority 3	=	Non-Emergency Request (scheduled or unscheduled)
Priority 4	=	Scheduled Transport
Priority 5	=	Omega/Hold Call
Priority 6	=	Long Distance Transfer – Non-Emergency Request
Priority 7	=	Critical Care Transport
Priority 8	=	Long Distance Transfer – Scheduled Transport
Priority 9	=	All Children's Transport
Priority 10	=	Mental Health Transport

Appendix Q

GUIDELINES FOR CRITICAL CARE TRANSPORT

The Critical Care Transport (CCT) program shall be operated for the benefit of those patients requiring a higher level of critical care than is available with the traditional ALS Ambulance Services.

Health Care Facility liability attached to COBRA/OBRA regulations has increased the need for Critical Care Transport programs. Case law on the subject indicates that patients in transit must receive care by "qualified personnel" which has been interpreted to mean that patient care during transport must be rendered with continuity; at the same level in the ambulance as provided in the hospital.

KEY FEATURES

Staffed 24 hours a day, 7 days a week by fully qualified personnel operating under Physician medical direction and approved protocols. The Unit shall be staffed with a critical care experienced Registered Nurse, a certified paramedic, and a certified emergency medical technician.

The Ambulance Contractor shall have a second critical care experienced Registered Nurse "on call" to handle secondary CCT calls with the back up unit when necessary. The back up unit shall also be staffed with a certified paramedic and a certified emergency medical technician.

CCT staff will project a highly professional image in their physical appearance and characteristics. They will be chosen from the most clinically qualified employees.

The CCT Unit is capable of transporting neonatal, pediatric, and adult medical and trauma patients including high-risk obstetrical patients. Able to supplement area aero-medical helicopter programs during severe weather.

Eliminates need for hospital personnel to attend critical patients during transport.

Reduces the COBRA/OBRA liability for hospitals and physicians because of qualified staff maintaining the same level of care during the transport of patients.

Able to transport patients to the appropriate health care facility throughout the region or state, as required.

Appendix Q, Page 2

Ambulance Control Center personnel shall accurately determine the level of response needed for Interfacility Transport requests following the Medical Director's protocols.

ADVERTISING

Contractor shall advertise the CCT Program periodically in regional medical trade journals.

Contractor shall deliver and distribute promotional items to the Social Service departments and Critical Care wards of hospitals within the region.

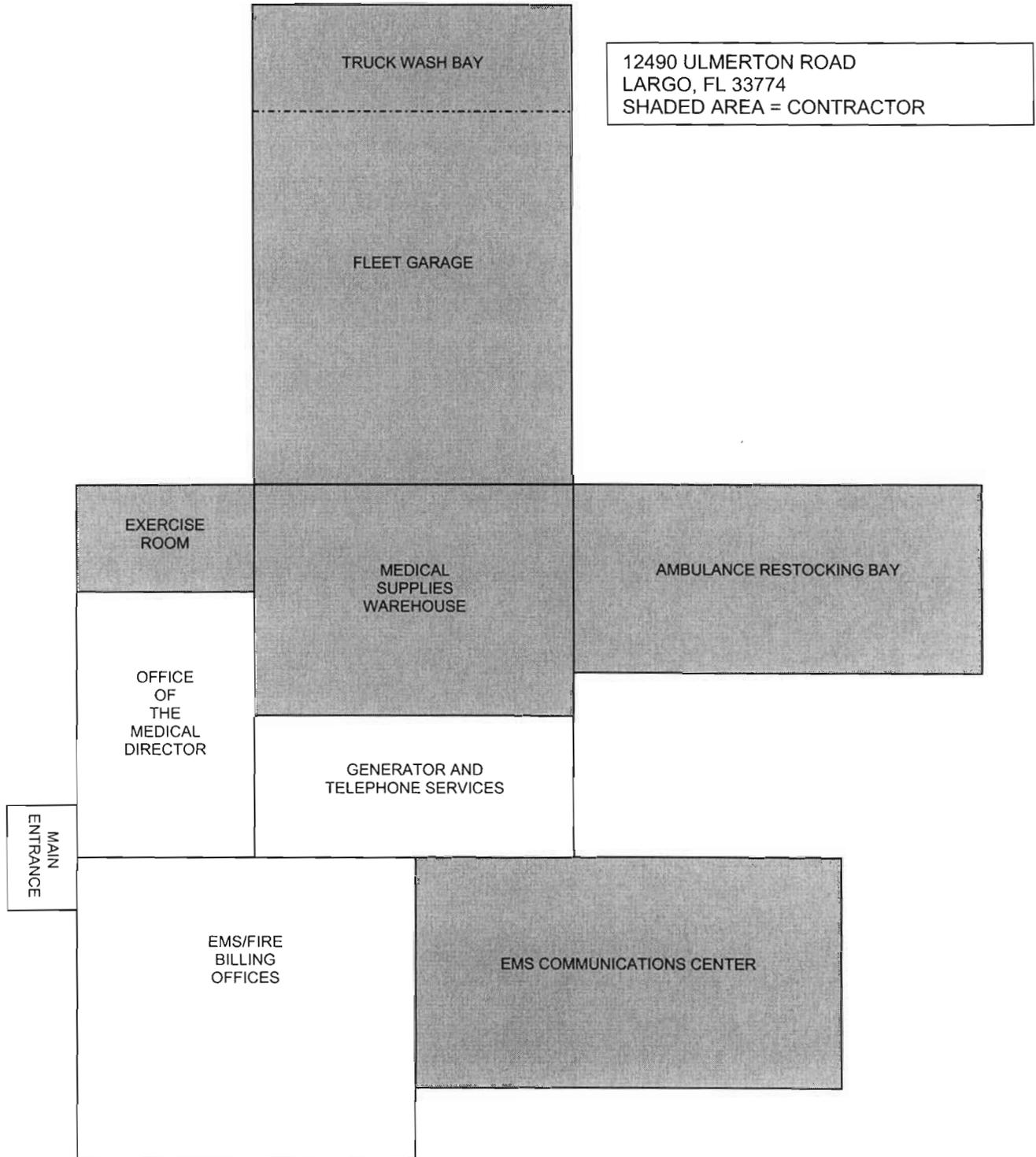
Sunstar shall regularly conduct tours of the CCT Unit at hospitals within the region for the benefit of social service, emergency department, and intensive care unit staff members.

ASSOCIATIONS

Contractor shall maintain associate membership in several professional associations, such as:

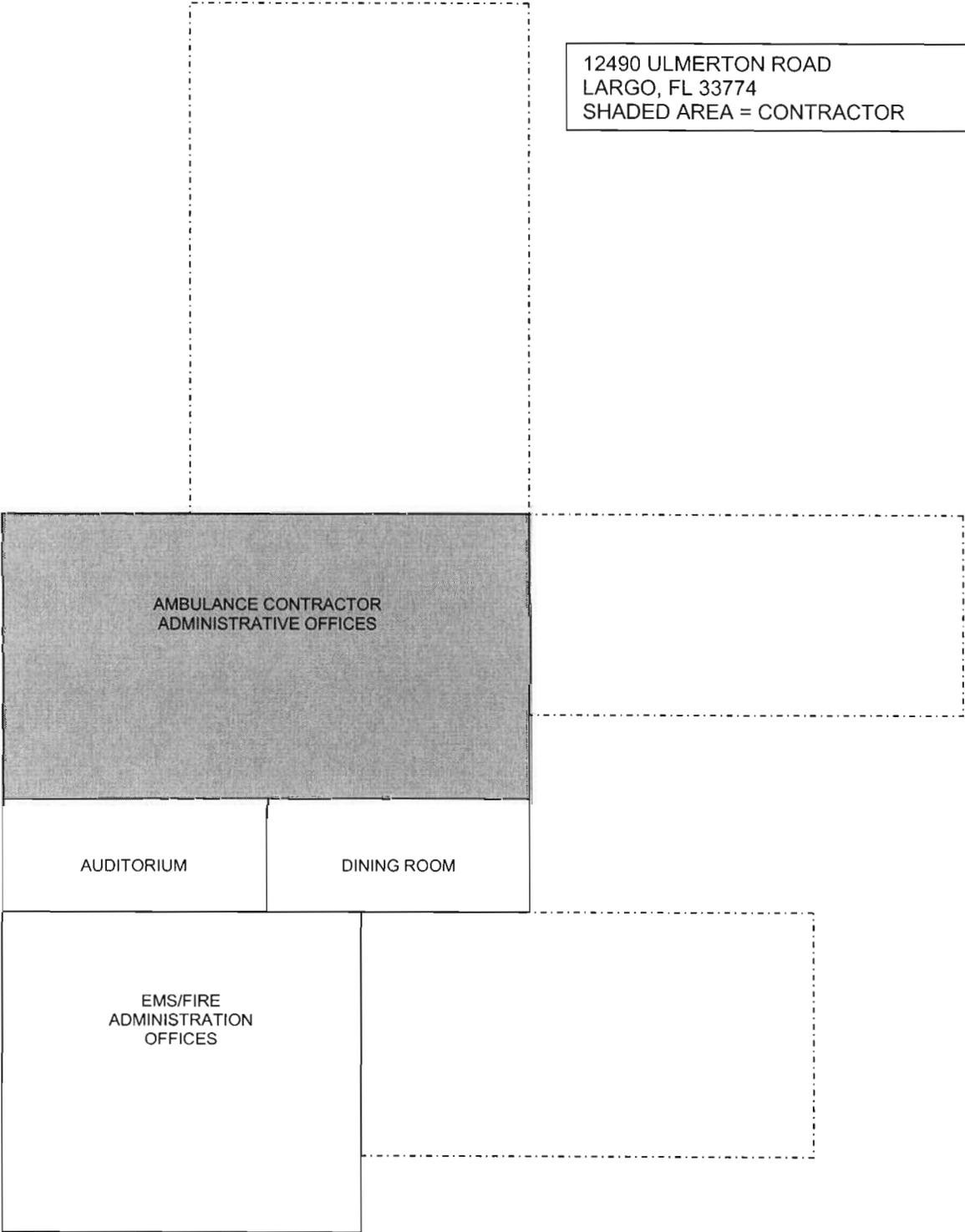
- Critical Care Nurses Association
- Emergency Nurses Association
- Florida College of Emergency Physicians
- Hospital Social Services Associations
- Pinellas County Medical Society
- Pinellas County Osteopathic Medical Association

APPENDIX R
EMS HEADQUARTERS FACILITY LAYOUT
FIRST FLOOR



**APPENDIX R, PAGE 2
EMS HEADQUARTERS FACILITY LAYOUT
SECOND FLOOR**

12490 ULMERTON ROAD
LARGO, FL 33774
SHADED AREA = CONTRACTOR



Appendix S

Extrication, Hazardous Materials, Technical Rescue, and Water Rescue Capabilities

Extrication, Hazardous Materials, Technical Rescue, and Water Rescue services are provided throughout Pinellas County by local fire departments, law enforcement agencies, governmental agencies and volunteer services. The current capabilities are listed below.

When a special rescue incident occurs or an upgrade is requested, the closest appropriate command, extrication, hazmat, technical rescue, and/or water rescue unit(s) are dispatched by the Pinellas County Emergency Communications Center following the then current nearest unit dispatch policy.

Extrication

Vehicle Extrication services are provided through a coordinated effort of the fire departments that are under contract to provide first responder services.

Current Extrication Units

Clearwater	S49, T45, T48
Dunedin	T60
East Lake	S57
Largo	S38, S41
Lealman	S18
Oldsmar	E54
Palm Harbor	S65
Pinellas Park	S35, T35
Pinellas Suncoast	S26, T28
Safety Harbor	E52, T53
Seminole	S29
St. Pete Beach	T23
St. Petersburg	T1, T4, T9
Tarpon Springs	T69
Treasure Island	S24

Firefighters trained in extrication have hand tools, power tools, high and low pressure airbags and hydraulic rescue tools at their disposal. Hydraulic rescue tools with cutters, spreaders and ram bars are sometimes referred to as the "jaws of life". These units carry all equipment required by Florida law and all administrative code

Appendix S, Page 2

promulgated thereunder. Extrication equipment is placed upon rescue squads, engines and ladder trucks, as applicable.

Pinellas County Hazardous Materials Response Team (PCHMRT)

Hazardous Materials Team services are provided through a coordinated effort of fire departments that are under contract to provide first responder services.

Current HazMat Units

Palm Harbor	H66
Largo	C38
Seminole	H29
Pinellas Park	H33
St. Petersburg	H5

Command staff and sheriff investigators are part of the response team.

Firefighters trained in hazardous materials handling, detection and abatement are equipped to mitigate hazardous materials spills and incidents.

Pinellas County Technical Rescue Team (TRT)

The Technical Rescue Team services are provided through a coordinated effort of fire departments that are under contract to provide first responder services.

Current Technical Rescue Units

Clearwater	TE48
Largo	TE40
Pinellas Park	TE34
Seminole	TE29
St. Petersburg	TE4

Firefighters, trained in technical rescue technique, participate in rescues associated with collapsed buildings, trench cave-ins, high-angle rope rescues, confined-space emergencies, and heavy machinery and transportation incidents.

Appendix S, Page 3

Water Rescue

Water Rescue and Dive Rescue services are provided through a coordinated effort of fire departments that are under contract to provide first responder services. Additionally, law enforcement, federal and state governmental agencies and volunteer teams are part of the effort.

Current Marine Units

Clearwater	M45, M46, M49
Crash Rescue	M16
Oldsmar	M54
Palm Harbor	M68
Pinellas Suncoast	M27
Safety Harbor	M52
St. Petersburg	M11, M14, M15
Tarpon Springs	M69

Dive Rescue Teams and other Responding Agencies

Clearwater DV45
US Coast Guard
Florida Marine Patrol
Florida Fish and Game
Eckerd College Dive Search and Rescue
Pinellas County Sheriff's Office, Marine Unit/Dive Team
St. Petersburg Police Department, Marine Unit/Dive Team

When a water rescue incident is reported the closest marine unit(s) are dispatched by the Pinellas County Emergency Communications Center following the then current nearest unit dispatch policy. Additionally other appropriate agencies are advised of the incident.

Appendix T

THE FOLLOWING SUPPLIES / MATERIALS ARE NOT SUPPLIED BY PINELLAS COUNTY

- All size scissors
- Assorted laryngoscope blades
- Assorted hand tools
- Assorted trauma bags
- Bedpans
- Blood pressure cuffs / adult / pediatric
- Cabinet locks or seals
- Complete on-board oxygen dispensing system and portable system
- Disposable Pillow(s)

- EKG monitor / defibrillator / attachments / cables / charger / batteries (Physio Control Lifepak 12 with pulse oximetry, pacing, non-invasive blood pressure, capnography, biphasic defibrillation and 12 lead capability or equivalent, as determined by the Medical Control Board and Authority)

- Bunker jackets and helmets
- Flashlight / batteries
- Forceps Adult / pediatric
- Laryngoscope handle
- Mouth prop(s)
- Oxygen regulators / D size / M size
- Oxygen tanks / all sizes
- Oxygen wrench / all sizes
- Paper towels
- Patient restraints
- Penlight
- Pillowcase(s)
- Pressure infuser 1000 cc
- Rain gear
- Ring cutter
- Sand bags
- Scoop stretcher
- Sharps container / portable
- Stair chair
- Stethoscope(s)
- Stretcher blankets
- Stretcher sheets / cloth / disposable
- Stretcher, wheeled
- Suction unit / attachments
- Uniforms and accessories
- Urinals

Appendix U

EQUIPMENT AGREEMENT

This Equipment Agreement ("Agreement") is made and entered into as of the 25th day of May 2004, by and between Paramedics Plus, L.L.C., a foreign limited liability corporation registered to do business in Florida, ("Contractor") and the Pinellas County Emergency Medical Services Authority, a special taxing district established by Chapter 80-585, Laws of Florida, as amended (the "Authority"). This Agreement is an integral part of that certain Ambulance Service Agreement (the "Ambulance Agreement") dated October 1st, 2004, between Contractor and the Authority, provided, however, that in the event of any conflict between the terms of this Agreement and the terms of the Ambulance Agreement, the terms of this Agreement shall govern.

1. PROVISION AND MAINTENANCE OF EQUIPMENT

Pursuant to the Ambulance Agreement, Contractor has an obligation to provide and maintain all the vehicles, machinery, equipment, and other personal property (the "Equipment") required under the Ambulance Agreement and described in Agreement Supplements which are, or may hereafter be, executed by Contractor and the Authority and attached hereto or incorporated herein by reference ("Supplements"), upon the terms and conditions set forth in this Agreement, as supplemented with respect to each item of Equipment by the terms and conditions set forth in the appropriate Supplement identifying such item of Equipment. Except as specifically modified with respect to any item of Equipment by the terms and conditions set forth in the appropriate Supplement identifying such item of Equipment, the terms and conditions of this Agreement shall govern the rights and obligations of Contractor and the Authority. Whenever reference is made herein to the "Agreement", it shall be deemed to include each of the various Supplements identifying all items of Equipment, all of which constitute one undivided Agreement.

2. TERM

The term of this Agreement shall be concurrent with the term of the Ambulance Agreement.

3. WARRANTIES

Contractor, NOT BEING THE MANUFACTURER OF THE EQUIPMENT, NOR THE MANUFACTURER'S AGENT, MAKES NO EXPRESS OR IMPLIED WARRANTY OF ANY KIND WHATSOEVER WITH RESPECT TO THE EQUIPMENT, INCLUDING BUT NOT LIMITED TO: THE MERCHANTABILITY OF THE EQUIPMENT OR ITS FITNESS FOR ANY PARTICULAR PURPOSE; THE DESIGN OR CONDITION OF THE EQUIPMENT; THE QUALITY OR CAPACITY OF THE EQUIPMENT; THE WORKMANSHIP IN THE EQUIPMENT; COMPLIANCE OF THE EQUIPMENT WITH

THE REQUIREMENTS OF ANY LAW, RULE, SPECIFICATION, OR CONTRACT PERTAINING THERETO; PATENT INFRINGEMENT; OR LATENT DEFECTS.

4. POSSESSION OF EQUIPMENT BY THE AUTHORITY

It being essential to the public welfare of the citizenry of Pinellas County that resources necessary for the delivery of emergency medical services be available at all times regardless of who may be providing the services, the parties agree that the Authority shall have the option, at the termination of this Agreement (as provided in Section 901 of the Ambulance Agreement) or in the Event of Default (as defined in Section 801 of the Ambulance Agreement) to take possession of the Equipment from Contractor through a purchase of the Equipment pursuant to Section 6 hereof.

5. EQUIPMENT COVERED BY THIS AGREEMENT

The Following equipment shall be covered by this agreement:

- A) Vehicles including ambulances, critical care transport units, EMS supervisor units, medical supply units and mental health transport units.
- B) Computer Aided Dispatch hardware and software
- C) Medical Equipment including EKG monitoring equipment, stretchers, driver performance monitors, ventilators, IV pumps and isolettes
- D) Other equipment and material (including software) which may be used by the Contractor after the commencement of the contract and which, in the opinion of the Authority, is necessary for a smooth transition of services. The Authority shall give advance written notice of the equipment or items being included under this paragraph as soon as practicable, but not later than at the time it exercises its purchase rights under this agreement.

6. PURCHASE OPTION

Pursuant to Section 4 above, the Authority shall have the option to purchase each item of Equipment for an amount equal to then depreciated value of such equipment. The calculated value shall be the straight-line depreciated value of the Equipment, based upon the original cost of the item, and with depreciation beginning upon the initial date that the item was actually placed in service under the Ambulance Agreement, and assuming the item shall be one hundred (100%) percent depreciated by the end of its stipulated period of Safe Useful Life ((defined in the Ambulance Agreement as five (5) years)). Upon such sale, all of Contractor's right, title, and interest in and to such Equipment shall be deemed to be conveyed to the Authority. Contractor further agrees to execute and procure such documents, and take such other actions, as are necessary and proper to effect such conveyance. In order to effectuate the terms of this provision, Contractor shall by January 1st following the effective date of this agreement and each year thereafter provide an inventory of the equipment covered by this agreement, including the date the equipment was put into service and its cost and such unique identifying information as may be available for each item (VIN, serial number, or inventory control number).

This option may be exercised upon written notice as provided in the Ambulance Agreement prior to the expiration of the contract term as provided in Section 901 or at anytime after the Authority has declared the Contractor to be in default as provided in Section 801, *et. seq.* However, in the event of a default, the Authority will have a minimum of 90 days after it declares a default to exercise its right. The parties may agree that the exercise of such right may be contingent upon the inability of the Contractor, with the approval of the Authority, to cure the default.

7. SEVERABILITY

Any provision in this Agreement, which is in conflict with any applicable law or regulation shall be deemed omitted, modified, or altered to conform thereto. The invalidity of any portion of this Agreement shall not affect the force and effect of the remaining valid portions hereof.

8. NOTICES

Service of all notices under this Agreement shall be sufficient if mailed to the party to be notified at its address set forth herein or at such other address as such party may provide in writing from time to time. Any such notice mailed to such address shall be effective when deposited in the U.S. Mail, registered and certified, return receipt requested, duly addressed, with postage prepaid. Each party shall promptly notify the other of any change in address.

If to Contractor: Paramedics Plus, LLC
Attention: President
352 South Glenwood Boulevard
Tyler, TX 75701-6937

If to Authority: Pinellas County Emergency Medical Services Authority
Attention: Executive Director
12490 Ulmerton Road
Largo, FL 33774

9. ENTIRE AGREEMENT; WAIVER

This Agreement, is an integral part of the entire Ambulance Agreement between the parties. The provisions hereof may be altered, varied, or added to only by the written agreement of the parties. Waiver of any provision hereof in one instance shall not constitute a waiver as to any other instance. To be effective, a waiver of any provision hereof must be in writing, signed by the party against whom it is asserted.

10. CONSTRUCTION AND GOVERNING LAW

This Agreement shall be governed by and construed according to the laws of the State of Florida, both with respect to the execution of and performance under this Agreement. In addition, the parties to this Agreement, their successors and assigns, consent to jurisdiction of the courts in the State of Florida in respect to any legal proceedings that may result from a dispute as to the interpretation or breach of any of the terms and conditions of this Agreement. The headings of the sections of this Agreement are for convenience only and shall not define or limit any of the terms of provisions hereof. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Time is of the essence of this Agreement and each and all of its provisions.

The undersigned hereby agree to all terms and conditions set forth herein and acknowledge receipt of a copy of said Agreement.

ATTEST:
KARLEEN F. DeBLAKER, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY

By: *Linda A. Reed*
Deputy Clerk

By: *Seamus Salvata*
Chairman

[seal]

APPROVED AS TO FORM:

Michelle Wallace
Office of the County Attorney

ATTEST:

PARAMEDICS PLUS, L.L.C.

by: *Mr. R. Ukup*

by: *Anthony Myers*
Anthony Myers, President

Gina M. Hostetler



Gina M. Hostetler
MY COMMISSION # DD210792 EXPIRES
July 8, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

Appendix V

"The 2004 Sterling Criteria for Organizational Performance Excellence"

For additional information or a copy of the book, contact:

FLORIDA STERLING COUNCIL, INC.

P.O. Box 13907

Tallahassee, FL 32317-3907

Phone: (850) 922-5316

John A. Pieno, Jr.

Chairman, Florida Sterling Council

or visit

www.floridasterling.com

**East Texas Medical Center Emergency Medical Services
Compliance Plan**

Compliance Officer

The Compliance Officer is at both the Departmental level at EMS and again at the System level for both billing, coding (CMS, DHHS and State) and overall compliance, including HIPAA and ethics. (Code 01-3007, 01-3005, 01-3012)

There are also protocols for the roles, responsibilities of the Corporate Compliance Officer, the Board, the Corporate Counsel, and the Executive Compliance Committee. (Code 01-3008, 01-3004, 01-3012, 01-2002).

Conducting Appropriate Training (see Code 01-3010 Standards of Conduct)

- General compliance -- specific training is provided to employees in General Orientation and in each Department. (Code 01-3007)
- HIPAA training is conducted as part of the new hire process. It is mandatory for all employees, business associates and contractors. (HIPAA Policies, Code 06-004, 01-3006, 01-3013)
- Job specific -- Each Department advises and coaches each employee on the specifics of the job function or major area of responsibility/task(s) performed.

Conducting Internal Monitoring and Reviews

- Periodic claims review, denoting it's frequency and results -- on a weekly and annual basis by consultants and internal Quality Assurance staff
- Risk Analysis of Overall Compliance (including Anti-kickbacks and Inducements) - to be conducted on every Medicare claim.
- Arrangements for First Responders, Hospitals, Nursing Homes, etc. (see *Legal Services*) Provide and review all contracts through legal counsel and Operations.
- Membership Programs -- review for compliance with State and kickback provisions, to ensure compliance.
- Risk Analysis -- snapshot of strengths and weaknesses for charges, documentation, coding, billing and collections review by third party.
- No Transports and Multiple Transports: due to Dead At Scene or Refusals -- compliance with CMS mandates and documentation and billing protocols, reviewed annually by third party. Per State of Texas, ETMC EMS is an all ALS System, with all units being a mobile MICU.
- Excessive charges -- annual review for contracted charges and rates, by third party accounting firm.

The above mentioned items are reviewed annually via an independent consultant, nationally recognized by the American Ambulance Association and by CMS, as a Subject Matter Expert. This consultant conducts periodic on-site reviews of claims, contracts and legal questions. The results of such audits are adhered to and presented to Senior Management of ETMC EMS and/or the ETMC Regional Healthcare System.

Any deficiencies are quickly and compliantly responded to, and are appropriately addressed, once the detected offence(s) is identified. This then provides a proactive and progressive response to many potential challenges. Risk Management and quality improvement models are outlined, as well as Sentinel Events protocols. (Code 09-001, 09-003)

- Legal Services -- Contracts Review & Referral Sources (Code 01-2001, 01-2004 and 01-2002)
- Ensure Independent Contractors and Vendors and review DHHS/OIG Sanctioned Providers (Code 01-3006 and 3013)
- The Information Services department also safeguards the data and integrity of the PHI, coupled with privacy and access limitations. (see Summary IT policies)

Development of Corrective Actions

- Pre-billing efforts – documentation, HCPCs, diagnosis codes, PU and Drop-off Zip codes
- Devoted two full time employees to ensure quality, integrity and adherence to CMS, State, Local and HIPAA rules and regulations, as well as clinical and regional protocols. (Code 06-002)
- Post payment audits – MSP and MVA, Credit Balances, Part A stay overlapping services
- Overall coding and billing systems – including Necessity, denials, Upcoding, PCSs' & non-ER

Developing Open Lines of Communication

There is a toll-free Hotline set up for compliance and includes a non-retribution and non-retaliation policy. (Code 01-3009, 01-3011) These policies are re-enforced through the disciplinary standards and through publicized guidelines. (Code 01-3010)

Included in the Employee's Handbook are the Hospital claim development and submission guidelines, the Hotline Office policy, Ethics policy and the Standards of Conduct. As part of the Employee Orientation process, each employee signs an Employee Acknowledgement form. This signature is an indication of understanding that the employee has received a copy of the policies and will consult with a supervisor or Human resources -- if the Employee Handbook does not answer questions.

Additionally, each employee also signs the Acknowledgement of Receipt of Standards of Conduct, which specifically deals with the Standards of Conduct and Compliance issues. Any variances from these mentioned policies require the approval of the System's Human Resource Director, the Chief Compliance Officer, or the Chief Executive Officer.

East Texas Medical Center Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Employee Education Policy: Hospital Claim Development and Submission

Code: 01-3007

GENERAL

It is the policy of East Texas Medical Center Regional Healthcare System and its affiliated entities (collectively, the "System") to provide employees involved in the claim development and submission process or in business activities which may be subject to the fraud and abuse laws with such training as may be reasonably necessary and appropriate to ensure material compliance with applicable laws relating to the submission of claims or System business relationships.

This policy and the education provided pursuant to this policy are intended to comply with the requirements set forth in Comment 3(k)(4) to Section 8.A.1 of the Federal Sentencing Guidelines.

A. Claim Development and Submission Process. The System will provide the following education to employees involved in the claim development and submission process:

1. Patient Admitting/Registration Personnel. Not less than 1 hour annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements applicable to the admitting/registration process; and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

2. Physician and Other Patient Care Personnel. Not less than 1 hour annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements relating to documentation, charge entry and coding (as applicable); and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

3. Coding Personnel. Not less than 8 hours annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements applicable to the coding of claims; and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

4. Billing Personnel. Not less than 8 hours annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements applicable to the coding of claims; and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

B. Payments for Referrals and Related Fraud and Abuse Issues. The System will provide the following education to employees involved in negotiating business relationships with physicians, providers and vendors on behalf of the organization. Such training will include, at a minimum, not less than 1 hour annually of training relating to one or more of the following subjects:

- 1. The System's compliance program;
- 2. An overview of the fraud and abuse laws as they relate to prohibitions against payments for referrals, kickbacks and rebates, and other illegal inducements; and
- 3. The consequences to both individuals and the System of failing to comply with applicable laws.

C. Documentation. The System shall document the training provided to each employee provided the training. The documentation shall include the name and position of the employee, the date and duration of the educational activity or program and a brief description of the subject matter of the education.

Education activities include, but are not necessarily limited to, System-sponsored programs or educational sessions, viewing educational videos, participation in department meetings in which compliance and the claim development and submission process issues are specifically addressed, attendance at carrier, intermediary or state sponsored educational sessions and attendance at seminars, workshops or similar education sessions.

[This policy is principally designed to reflect the activities of a hospital or clinic. It must be modified for use by ambulance, DME, homecare or other providers.]

Adopted: September 24, 1998 Approved By: Elmer G. Ellis

President/CEO

East Texas Medical Center Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Roles and Responsibilities for the Corporate Compliance Officer

Code: 01-3005

BACKGROUND/PURPOSE

East Texas Medical Center Regional Healthcare System and its related entities and subsidiaries (collectively, the "System") has made the decision that the Corporate Compliance Officer will have direct access to the CEO and the System's Board of Directors. The Corporate Compliance Office has been situated in the Executive Suite of the CEO. The Corporate Compliance Officer will meet periodically with the System Board of Directors.

POLICY

1. It is the policy of the System that the Corporate Compliance Officer has direct access to the CEO and, if deemed necessary, to the System Board of Directors.
2. The Corporate Compliance Officer is the focal point for all compliance activities and is an essential part of management and not subordinate to either the Corporate Counsel or Chief Financial Officer. However, the Corporate Compliance Officer shall consult with these functions (as well as other areas) in making compliance decisions.
3. The Executive Compliance Committee and the System Board of Directors will provide oversight and support to the Corporate Compliance Officer.
4. The Corporate Compliance Officer is responsible for assisting the System Board of Directors in scheduling meetings, developing agendas, responding to informational requests, and keeping them informed on the development and implementation of the compliance program.

PROCEDURES

The Corporate Compliance Officer shall carry out the responsibilities of the office by engaging in the following procedures:

1. Oversee and monitor the System's compliance activities. This includes designing and implementing the compliance program, as well as reviewing the content and performance of the compliance program on a continuing basis and taking appropriate steps to improve its effectiveness.
2. Periodically prepare and deliver reports to the CEO, Executive Compliance Committee, and the System Board of Directors on the status of System's compliance efforts.
3. Supervise the investigation of alleged compliance violations and act as appropriate to resolve problems. In carrying out the responsibilities of the function, will have access to all needed information, including contracts, billing records, billing policies and arrangements entered into by System or System entities for purposes of review.
4. Work with Corporate Counsel to review and update, on a periodic basis, the Standards of Conduct to ensure its continuing currency and relevance in providing guidance to management and employees.
5. Work with Corporate Counsel (as well as other key executives) to institute, maintain, and revise policies and procedures consistent with the System's Compliance Program for the general operation of the program and related activities to prevent illegal, unethical, or improper conduct.

6. **Oversee and manage the performance of the compliance program and identify potential areas of compliance vulnerability and risk; and thereafter, provide specific direction as to the resolution of problematic issues, as well as general guidance to the System at large on how to deal with similar situations.**
7. **Develop and oversee the System "Hotline" operation to solicit, evaluate, and respond to complaints and problems. Provide direction, oversight, and day-to-day management of the "Hotline" operation and other "feedback" mechanisms from employees.**
8. **Assist in the development and implementation of an effective compliance communication program for all System managers and employees, including promoting (a) use of the "Hotline," (b) heightened awareness of the Standards of Conduct, (c) understanding of new and existing compliance issues and related policies and procedures, and (d) reporting violations of laws, regulations, System policies, and Standards of Conduct.**
9. **Work with the Chief Financial Officer in ongoing monitoring and evaluating of System's regulatory compliance in business activities and recommending the development of internal systems and controls to reinforce compliance.**
10. **Analyze the System's business, industry environment and legal requirements with which it must comply, including specific risk areas; and assessing existing policies and procedures that address these areas.**
11. **Develop and oversee a system for uniform enforcement of violations of rules, regulations, policies, procedures, and the Standards of Conduct; and where appropriate, ensure proper reporting of potential violations of law to the duly authorized law enforcement agencies.**
12. **Coordinate with Human Resources compliance problems that involve personnel related issues, including, (a) assuring that appropriate sanction and disciplining agencies of the government have been checked for new and current employees, such as the Cumulative Sanction List of the Office of Inspector General; and (b) verifying credentials and licenses have been checked for new and current employees.**
13. **Ensure that individuals, entities and organizations with whom Standards of Conduct engages in a business relationship have been checked for sanctioning information with duly authorized regulatory and enforcement agencies.**
14. **Is responsible, together with the Executive Compliance Committee, to implement all necessary actions to ensure achievement of the objectives of an effective compliance program by means of reviews, relevant training, a system of consistent enforcement of the rules, and the development/implementation of corrective action plans.**
15. **Act in the role of Executive Director of the Executive Compliance Committee in reporting results of the compliance efforts of the System; and in providing oversight and guidance for the Chairman of Board, President, Corporate Counsel, and senior management on matters relating to compliance.**
16. **Prepare periodic reports and evidence for the Executive Compliance Committee and the System Board of Directors on the progress and effectiveness of System's compliance activities and efforts.**

Adopted: September 24, 1998 Approved By: Elmer G. Ellis

President/CEO

ETMC REGIONAL HEALTHCARE SYSTEM (ETMCRHS)

CORPORATE Policy and Procedures

Section: Compliance Office

Subject: Executive Compliance Committee

Code: 01-3012

POLICY

The Executive Compliance Committee ("Committee") provides oversight, advice and general guidance to the Board of Directors, President and other selected members of senior management on all matters relating to corporate compliance. The Committee reports as appropriate to the East Texas Medical Center Regional Healthcare System ("System") Board of Directors on all significant issues relating to compliance with applicable laws, regulations, policies and the System Standards of Conduct.

The Corporate Compliance Officer organizes the activities of the Committee and is responsible for reporting on the compliance activities of the System, maintaining the minutes of meetings, and ensuring that decisions of the Committee are implemented in a timely fashion. Membership of the Committee consists of Corporate Counsel, Chief Financial Officer, Vice President for Human Resources, Vice President Physician Services, Vice President Facilities, Vice President Information Services, and other high level executives of System's operating divisions as needed. The President of the System shall appoint the Committee's Chairman as deemed appropriate.

The Committee will have overall responsibility for the continual improvement in the performance of the Corporate Compliance program, including but not limited to the:

- Ongoing evaluation of the System's corporate values, culture and potential areas of compliance vulnerability as perceived by executives, management and other employees;
- Ensuring proper evidencing of the Compliance Program effectiveness;
- Establishing heightened awareness of compliance issues, and improved employee skills in dealing with these issues;
- Enhanced appreciation by executives and managers for how to promote compliance in the work environment;
- An appropriate infrastructure for the administration of the compliance program including mechanisms and systems for long-term support; and
- Strengthening of the Standards of Conduct, including a method for its periodic review and revision to ensure its continuing relevance to employees.

ROLES AND RESPONSIBILITIES

1. ***Policies and Procedures.*** Provides guidance in the formulation of policies and procedures in the operation of the System Compliance Program and related activities.
2. ***Compliance Oversight.*** Provides oversight to ensure compliance with all applicable laws, regulations and the Standards of Conduct. Reviews the hotline operation for effectiveness in detecting improper conduct and management problems.
3. ***Education/Training.*** Monitors and reviews the compliance awareness, education and training program. Ensures proper and continuous training and education on the Standards of Conduct and applicable laws and regulations.
4. ***Compliance Reviews.*** Reviews the System's adherence to policies and procedures and applicable laws and regulations.
5. ***Compliance Communication Program.*** Ensures communication to all employees the expectations set forth in the Standards of Conduct, the various Policies/Procedures and Employee Manuals. Ensures the Standards are kept current and that changes are communicated to all employees in a timely manner. Assists in strategy development for keeping employees and the public informed about the System's Compliance efforts.
6. ***Compliance Program Improvements.*** Reviews the need for and oversees the development of remedial actions and program improvements to ensure that violations of the Standards of Conduct are not repeated. Evaluates the effectiveness of the System's Compliance Program.
7. ***Compliance Enforcement.*** Ensures/oversees uniform enforcement of infractions and, where necessary, sees that matters are correctly reported in a timely fashion to appropriate outside authorities. Ensures employees can report, without fear of retribution, any improper activities, misconduct and violations of law and the Standards of Conduct.
8. ***New Programs and Systems.*** Evaluates Compliance Program effectiveness in ensuring compliance with laws, regulations, the System's Standards of Conduct and policies in the development of new programs and systems.
9. ***Organizational Changes and Personnel.*** Maintains oversight of operations and programs and reviews the organizational and personnel structure. Ensures that controls are in place for adherence to law and the Standards of Conduct.
10. ***Quality Assurance Programs.*** Maintains oversight of the System's quality assurance programs and ensures compliance with all applicable standards.

Adopted: May 18, 1999 Approved by: 9; Elmer G. Ellis

President/CEO

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Responsibilities of the Board of Directors

Code: 01-3008

GENERAL

This policy establishes certain responsibilities of the Board of Directors ("Board") of East Texas Medical Center Regional Healthcare System ("System") with respect to the System's Corporate Compliance Program. Board members participating should be independent of management of the System and free of any relationship that, in the opinion of the Board, would interfere with the exercise of independent judgment. The Board shall take appropriate actions after consultation with the President of the System and/or other appropriate members of management on those findings and matters within the scope of their responsibility for corporate compliance. The Board shall maintain minutes of all its discussions of corporate compliance matters to document its activities and recommendations. The primary goals of the Board in the area of corporate compliance are to (a) fulfill its fiduciary responsibilities relating to the System's legal and financial compliance with applicable laws, regulatory requirements, industry guidelines and policies and (b) communicate with management of the System with regard to proper operations of the System, its hospitals and related or subsidiary entities.

RESPONSIBILITIES

The corporate compliance responsibilities of the Board shall include ensuring the System, its hospitals and related or subsidiary entities have adopted and implemented policies and procedures which will require it and its employees to act in full compliance with all applicable laws, regulations, policies and procedures. The Board shall maintain communication with senior management of the System concerning matters relating to the Corporate Compliance Program.

DUTIES

In carrying out its responsibilities, the Board shall:

12. Periodically provide opportunity at meetings of the full Board of Directors for the Corporate Compliance Officer and other members of management to provide a briefing on their independent evaluation of the System's compliance with legal and regulatory practices.
13. Provide oversight to the Corporate Compliance Program relating to the conduct of business that will ensure that ethical and conduct standards are met. Ensure the System's mission, values and Standards of Conduct are communicated to System employees on an annual basis.
14. Provide oversight to the implementation of the Compliance Program within the System and to direct adherence by System employees to the Standards of Conduct and governmental rules and regulations and recommend any revisions thereto, as appropriate.
15. Review the activities of the System and its employees in light of the Standards of Conduct and the Compliance Program to ensure that the System's policies and procedures are properly understood and followed.
16. Review matters relating to education, training and communication in connection with the System's Standards of Conduct to ensure that the System's policies and procedures on compliance are properly disseminated, understood and followed.

17. Present at its meetings, as appropriate, such measures and recommend such actions as may be necessary or desirable to assist the System in conducting its activities in full compliance with all applicable laws, regulations, policies and the Standards of Conduct of the System.

Adopted by Resolution of the East Texas Medical Center Regional Healthcare System Board of Directors meeting of September 24, 1998.

By: _____

Wm. D. Lawrence, Secretary

Adopted: September 24, 1998 Approved By: Elmer G. Ellis

President/CEO

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Protocols and Procedures for the Compliance Office and Corporate Counsel

Code: 01-3004

BACKGROUND/PURPOSE

1. One of the primary purposes of the compliance program is to identify any misconduct that could constitute a violation of criminal, civil or administrative law. Therefore, it is necessary to establish protocols and procedures to guide the activities of the Compliance Office and Corporate Counsel.
2. Although the Compliance Office or Human Resources most appropriately address most allegations of misconduct, occasionally issues arise that should be addressed under the direction of Corporate Counsel.
3. This policy provides guidance for the Compliance Office to determine when and how issues should be turned over to Corporate Counsel. Furthermore, it provides guidance for both the Compliance Office and Corporate Counsel to conduct compliance inquiries and investigations. For purposes of this policy, the term "Corporate Counsel" refers to either inside or outside counsel.

POLICY

1. Upon reasonable indication of suspected noncompliance with any criminal, civil or administrative law, Corporate Counsel should be notified and allowed to conduct an investigation into the legal sufficiency of the allegations.
2. The Office of Inspector General's "Compliance Program Guidance for Hospitals" recognizes the need for Corporate Counsel to investigate, evaluate and determine whether possible violations of law exist. They have determined that 60 days is the period that should be allocated for that determination. In light of these timely reporting requirements, credible issues related to billing and reimbursement should be turned over to Corporate Counsel as expeditiously as possible.
3. During its investigation, Corporate Counsel must ensure that employee rights are protected and all evidence is preserved.

PROCEDURES

1. Upon report or notice of suspected noncompliance with any criminal, civil or administrative law, the Compliance Office will conduct an "Initial Inquiry" into the alleged misconduct. The purpose of the Initial Inquiry is to determine either that the allegation is baseless or that there is sufficient information to warrant further investigation.
2. If the Initial Inquiry results in an indication of noncompliance with any criminal, civil or administrative law, the issue should be turned over to Corporate Counsel and a memorandum to this effect should be executed. The memorandum should state whether inside or outside counsel would be leading the investigation. Furthermore, the memorandum should state that this investigation is being conducted in anticipation of litigation. All documents produced during the investigation must include the statement: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."
3. At this point Corporate Counsel will conduct a "Compliance Investigation" to evaluate the facts in order to determine if credible evidence exists to indicate that a violation of criminal, civil or administrative law has occurred. It will also be the responsibility of Corporate Counsel to (a) notify senior management of Company of the results of its Compliance Investigation; and (b) provide the Compliance Office with sufficient details of its Compliance Investigation to show that it is properly addressing the issue.
4. Both the Initial Inquiry and Compliance Investigation will be conducted as expeditiously as possible.

Adopted: September 24, 1998 Approved By: Elmer G. Ellis, President/CEO

ETMC REGIONAL HEALTHCARE SYSTEM (ETMCRHS)

CORPORATE Policy and Procedures

Section: Compliance Office

Subject: Executive Compliance Committee

Code: 01-3012

POLICY

The Executive Compliance Committee ("Committee") provides oversight, advice and general guidance to the Board of Directors, President and other selected members of senior management on all matters relating to corporate compliance. The Committee reports as appropriate to the East Texas Medical Center Regional Healthcare System ("System") Board of Directors on all significant Issues relating to compliance with applicable laws, regulations, policies and the System Standards of Conduct.

The Corporate Compliance Officer organizes the activities of the Committee and is responsible for reporting on the compliance activities of the System, maintaining the minutes of meetings, and ensuring that decisions of the Committee are implemented in a timely fashion. Membership of the Committee consists of Corporate Counsel, Chief Financial Officer, Vice President for Human Resources, Vice President Physician Services, Vice President Facilities, Vice President Information Services, and other high level executives of System's operating divisions as needed. The President of the System shall appoint the Committee's Chairman as deemed appropriate.

The Committee will have overall responsibility for the continual improvement in the performance of the Corporate Compliance program, including but not limited to the:

- Ongoing evaluation of the System's corporate values, culture and potential areas of compliance vulnerability as perceived by executives, management and other employees;
- Ensuring proper evidencing of the Compliance Program effectiveness;
- Establishing heightened awareness of compliance issues, and improved employee skills in dealing with these issues;
- Enhanced appreciation by executives and managers for how to promote compliance in the work environment;
- An appropriate infrastructure for the administration of the compliance program including mechanisms and systems for long-term support; and
- Strengthening of the Standards of Conduct, including a method for its periodic review and revision to ensure its continuing relevance to employees.

ROLES AND RESPONSIBILITIES

2. ***Policies and Procedures.*** Provides guidance in the formulation of policies and procedures in the operation of the System Compliance Program and related activities.
3. ***Compliance Oversight.*** Provides oversight to ensure compliance with all applicable laws, regulations and the Standards of Conduct. Reviews the hotline operation for effectiveness in detecting improper conduct and management problems.
4. ***Education/Training.*** Monitors and reviews the compliance awareness, education and training program. Ensures proper and continuous training and education on the Standards of Conduct and applicable laws and regulations.
5. ***Compliance Reviews.*** Reviews the System's adherence to policies and procedures and applicable laws and regulations.
6. ***Compliance Communication Program.*** Ensures communication to all employees the expectations set forth in the Standards of Conduct, the various Policies/Procedures and Employee Manuals. Ensures the Standards are kept current and that changes are communicated to all employees in a timely manner. Assists in strategy development for keeping employees and the public informed about the System's Compliance efforts.
7. ***Compliance Program Improvements.*** Reviews the need for and oversees the development of remedial actions and program improvements to ensure that violations of the Standards of Conduct are not repeated. Evaluates the effectiveness of the System's Compliance Program.
8. ***Compliance Enforcement.*** Ensures/oversees uniform enforcement of infractions and, where necessary, sees that matters are correctly reported in a timely fashion to appropriate outside authorities. Ensures employees can report, without fear of retribution, any improper activities, misconduct and violations of law and the Standards of Conduct.
9. ***New Programs and Systems.*** Evaluates Compliance Program effectiveness in ensuring compliance with laws, regulations, the System's Standards of Conduct and policies in the development of new programs and systems.
10. ***Organizational Changes and Personnel.*** Maintains oversight of operations and programs and reviews the organizational and personnel structure. Ensures that controls are in place for adherence to law and the Standards of Conduct.
11. ***Quality Assurance Programs.*** Maintains oversight of the System's quality assurance programs and ensures compliance with all applicable standards.

Adopted: May 18, 1999 Approved by: 9; Elmer G. Ellis

President/CEO

CORPORATE Policy and Procedures

Section: Legal Services

Subject: Access to Office of Corporate Counsel

Code: 01-2002

OBJECTIVE

The Office of Corporate Counsel exists for the primary purpose of providing legal services to East Texas Medical Center Regional Healthcare System (the "System") and its affiliated entities, which is responsive to the System's needs and are cost effective.

The Office of Corporate Counsel has responsibility to the Board of Directors of System, Affiliate Boards of Directors and Management Teams of the entities comprising System to insure that our organizational structure and business affairs are in accord with applicable civil law, and are legally structured so as to be beneficial to the organization.

The Office of Corporate Counsel has responsibility to certain external constituencies (such as independent auditors, bondholders, lenders and government agencies) for providing information, with client consent, concerning the operations of the organization and their legal effect.

To assist in carrying out the stated purposes, the Office of Corporate Counsel will:

- a. Assist personnel in obtaining appropriate legal services timely and efficiently.
- b. Assure the proper referral of legal and non-legal matters.
- c. Permit the monitoring and supervision of the use of outside attorneys.
- d. Manage and review the (in and outside) costs of legal services.
- e. Promote consistent action on recurring legal questions and to promote education of staff on such issues.

POLICY

All employees requiring access to the Office of Corporate Counsel or outside legal services will follow the procedures set forth below.

Personal legal services are not to be provided and no such inquiries may be made to the Office of Corporate Counsel by staff.

IMPLEMENTATION

A. Non-Emergent Matters: All requests for legal services involving non-emergent matters are to be made in writing and sent to the Office of the Corporate Counsel by a Department Director or Vice President.

B. Emergent Matters: Personnel are to consult Hospital policy and procedures first and then contact their immediate supervisor if unable to handle the matter. Department directors, or assistants where the Director is unavailable, should contact the Office of Corporate Counsel directly after consulting relevant written policies. Examples where the Office of Corporate Counsel should be consulted directly include, but are not limited to:

- 1) Incidents involving violent and/or criminal behavior,
- 2) Jehovah's Witness or other emergency treatment consent matters, and,

3) Serious incidents involving patients or staff, other than auto accidents or workers' compensation incidents, which are likely to result in a claim or lawsuit (which should be referred to the Office of Risk Management).

Physicians should contact the Office of Corporate Counsel (through the Office of Risk Management) directly at any time of a *bona fide* emergency. Physicians also are to contact the Office of Corporate Counsel to report incidents as required by the hospital professional liability program.

C. Child Protection Matters: All legal questions involving physical or sexual abuse or medical neglect of children are to be referred to the Office of Corporate Counsel.

D. Outside Attorney Requests: Any contact by letter, subpoena, telephone or other means by a non-System attorney to a System hospital, department or any other personnel will be referred to the Office of Corporate Counsel, except as otherwise provided in policies and procedures.

E. Outside Legal Services: All requests for the legal services of outside attorneys must be submitted in writing by a hospital Vice President to the Office of Corporate Counsel. A letter specifying the appropriate invoice format will accompany all outside legal service arrangements.

Adopted: Approval by: _____

President/CEO

East Texas Medical Center Regional Healthcare System (ETMCRHS)
CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Employee Education Policy: Hospital Claim Development and Submission

Code: 01-3007

GENERAL

It is the policy of East Texas Medical Center Regional Healthcare System and its affiliated entities (collectively, the "System") to provide employees involved in the claim development and submission process or in business activities which may be subject to the fraud and abuse laws with such training as may be reasonably necessary and appropriate to ensure material compliance with applicable laws relating to the submission of claims or System business relationships.

This policy and the education provided pursuant to this policy are intended to comply with the requirements set forth in Comment 3(k)(4) to Section 8.A.1 of the Federal Sentencing Guidelines.

A. Claim Development and Submission Process. The System will provide the following education to employees involved in the claim development and submission process:

1. Patient Admitting/Registration Personnel. Not less than 1 hour annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements applicable to the admitting/registration process; and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

2. Physician and Other Patient Care Personnel. Not less than 1 hour annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements relating to documentation, charge entry and coding (as applicable); and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

3. Coding Personnel. Not less than 8 hours annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements applicable to the coding of claims; and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

4. Billing Personnel. Not less than 8 hours annually of training relating to one or more of the following subjects:

- (a) the System's compliance program;
- (b) an overview of the fraud and abuse laws as they relate to the claim development and submission process;
- (c) a review of Medicare requirements applicable to the coding of claims; and
- (d) the consequences to both individuals and the System of failing to comply with applicable laws.

B. Payments for Referrals and Related Fraud and Abuse Issues. The System will provide the following education to employees involved in negotiating business relationships with physicians, providers and vendors on behalf of the organization. Such training will include, at a minimum, not less than 1 hour annually of training relating to one or more of the following subjects:

1. The System's compliance program;
2. An overview of the fraud and abuse laws as they relate to prohibitions against payments for referrals, kickbacks and rebates, and other illegal inducements; and
3. The consequences to both individuals and the System of failing to comply with applicable laws.

C. Documentation. The System shall document the training provided to each employee provided the training. The documentation shall include the name and position of the employee, the date and duration of the educational activity or program and a brief description of the subject matter of the education.

Education activities include, but are not necessarily limited to, System-sponsored programs or educational sessions, viewing educational videos, participation in department meetings in which compliance and the claim development and submission process issues are specifically addressed, attendance at carrier, intermediary or state sponsored educational sessions and attendance at seminars, workshops or similar education sessions.

[This policy is principally designed to reflect the activities of a hospital or clinic. It must be modified for use by ambulance, DME, homecare or other providers.]

Adopted: September 24, 1998 Approved By: Elmer G. Ellis
President/CEO

ETMC Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Discipline: Information Technology

Subject: Confidentiality and Non-Disclosure Agreement

Code: 06-004

OBJECTIVE

Information systems and telecommunications vendors, consultants, suppliers, contractors, or other third parties (collectively called "vendors") working with or for ETMCRHS, are required to sign the attached *Confidentiality and Non-Disclosure Agreement*, and to accept the applicable components of ETMCRHS Standards of Conduct (see compliance policy 01-3010). The scope of this policy applies to all vendors that are currently under contract to ETMCRHS, or are pending a contractual or purchasing arrangement with ETMCRHS. In addition, other vendors may be asked to sign the *Confidentiality and Non-Disclosure Agreement* at the discretion of ETMCRHS management personnel.

POLICY

18. Vendors are required to sign the *Confidentiality and Non-Disclosure Agreement* prior to initiating work for ETMCRHS. Additionally, vendors will be asked to review and accept the conditions set forth in ETMCRHS' Standards of Conduct as outlined in Compliance Policy 01-3010.
19. Upon receipt of signed *Confidentiality and Non-Disclosure Agreement*, ETMCRHS Vice President of Information Technology will countersign and a copy will be returned to vendor. All originals will be filed at ETMCRHS corporate offices.
20. A vendor's failure or refusal to sign the *Confidentiality and Non-Disclosure Agreement* will cause ETMCRHS to consider severing any current or future relationship related to information systems/telecommunications systems and/or related services.

Date Adopted: 11/1/96 Approved By: _____

Date Revised: 05/19/00 President/CEO

Date Revised:

EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

This Confidentiality and Non-Disclosure Agreement ("Agreement") is entered into by and between _____ ("Receiving Party") and East Texas Medical Center Regional Healthcare System ("ETMCRHS").

Receiving Party does hereby acknowledge that it will, as a result of conversations, discussions, and negotiations with representatives of ETMCRHS, receive or have access to data, physicians fees, hospital rates, reports, secret processes, trade secrets, intellectual property, know how, interpretation, forecasts, financial statements, agreements, legal opinions, and other confidential and sensitive material relating to ETMCRHS and/or its suppliers and their products, work-in-process, inventions, and business (hereinafter collectively referred to as "Information"). Receiving Party understands that the Information is valuable and confidential and, in consideration for ETMCRHS disclosing the Information, Receiving Party agrees not to reveal or disclose, and covenants that no representative, agent, officer, director, employee, or contractor of Receiving Party will reveal or disclose the Information to any person or entity, whatsoever, so long as the confidential or secret nature of the Information shall continue, absent express written authorization from ETMCRHS. Additionally, Receiving Party agrees that it will not reveal or disclose to any person or entity that it has discussed the Information with ETMCRHS. Receiving Party also agrees that it will not use, or assist in any way any other person or entity in using any of the Information for any purpose other than for that expressly permitted by ETMCRHS or its suppliers. Further, Receiving Party will not copy or reproduce any of the Information without prior written permission from ETMCRHS. ETMCRHS agrees that it will not reveal any confidential Information of Receiving Party it has access to so long as the sensitive nature of the Information continues.

It is agreed that any action for damages for violation of this Agreement may be wholly inadequate, and that the remedies available include obtaining an injunction to prevent any further dissemination of the Information, without posting bond therefor. If ETMCRHS provides access to any Information of its suppliers to a Receiving Party, those suppliers shall be entitled to the benefit of the obligations incurred by the Receiving Party herein.

Finally, Receiving Party acknowledges that it has reviewed and accepts the conditions of ETMCRHS' Standards of Conduct policy.

In WITNESS WHEREOF, the parties hereto have caused their authorized officers to execute this Agreement this ____ day of _____, 200__.

_____ East Texas Medical Center

Regional Healthcare System

By: _____ By: _____

Name: _____ Name: Paula E. Anthony

Title: _____ Title: Vice President,

Information Technology

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Employee/Vendor Screening Policy

Code: 01-3006

GENERAL

It is the policy of East Texas Medical Center Regional Healthcare System and its related or affiliated entities and subsidiaries (collectively, the "System") to make reasonable inquiry into the background of prospective employees and vendors whose job function or activities may materially impact the Medicare/Medicaid claim development and submission process, the organization's relationship with physicians or referral patterns between providers.

This policy and the inquiries associated herewith are intended to reflect the requirements of Comment 3(k)(3) to Section 8.A.1 of the Federal Sentencing Guidelines.

1. **Employees.** The following categories of prospective employees shall be screened to determine whether they have been (a) convicted of a criminal offense related to healthcare or (b) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation.
 - Any person occupying a management position Department Level or Grade Level __ or above in the organization.
 - Providers who do or will possess an individual Medicare provider number.
 - All billing office supervisors and managers.
2. **Vendors and Contractors.** The System will not knowingly contract with or retain on its behalf any person or entity which has been (a) convicted of a criminal offense related to healthcare (unless such person or entity has implemented a compliance program as part of an agreement with the federal government) or (b) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation.
3. **Inquiry.** In attempting to ascertain whether an individual or entity is ineligible, the System shall review the following sources:

DHHS/OIG Cumulative Sanction Report. The Cumulative Sanction Report may be accessed on the World Wide Web at IGSNet, the web site of the Federal Inspector General or at the DHHS IG "subpage" located at:

East Texas Medical Center Regional Healthcare System ("System")

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Independent Contractors and Vendors

Code: 01-3013

POLICY

The System purchases goods and services from many consultants, independent contractors, and vendors ("Contractors"). The System's policy is that all Contractors who provide items or services to the System must comply with all applicable laws and applicable System policies. Each Contractor or other agent furnishing items or services worth at least \$10,000 per year shall be given a copy of the System's "Standards of Conduct Policy" and shall provide a written certification that it is aware of and will comply with the System's "Standards of Conduct Policy" (as applicable to the Contractor and its contract or business relationship with the System) (see attachment for certification). Contractors should bring any questions or concerns about System practice and their own operations to the Corporate Compliance Officer.

System employees who work with Contractors or who process their invoices should be aware that the System's compliance policies apply in certain instances (Problem Reporting and Non-retaliation Policy, Gift and Gratuity Policy, etc.) to those outside companies as well. Employees are encouraged to monitor carefully the activities of Contractors in their areas. Any irregularities, questions, or concerns on those matters should be directed to the employee's supervisor, human resources or the Corporate Compliance Officer.

Adopted: August 26, 1999 Approved by: Elmer G. Ellis, President/CEO

SUBCONTRACTOR CERTIFICATION AND AGREEMENT OF COMPLIANCE

I hereby certify that I am a duly authorized officer or representative of the independent contractor named below ("Contractor"). On behalf of Contractor and its officers, directors, employees, and agents, I certify that I have received and read the "Standards of Conduct Policy" of East Texas Medical Center Regional Healthcare System ("System"), and fully understand the requirements set forth in that document. I certify that Contractor shall act in full accordance with all applicable rules and policies of the System. These rules and policies include the System's commitment to comply with all applicable federal and state laws, and the System's commitment to conduct its business in compliance with the highest ethical standards.

To this end, Contractor expressly agrees that the System's "Standards of Conduct Policy" shall be incorporated within and made a part of Contractor's agreement with the System and shall survive termination of that agreement for any reason. Any failure of Contractor to comply with the applicable rules and policies as set forth in the System's "Standards of Conduct Policy," or to report violations of these rules and policies, may result in immediate termination by the System of its agreement with Contractor.

Name of Contractor:

Signed:

Date:

East Texas Medical Center Regional Healthcare System ("System")
CORPORATE Policy and Procedures

Section: Administrative - Compliance
Subject: Independent Contractors and Vendors
Code: 01-3013

POLICY

The System purchases goods and services from many consultants, independent contractors, and vendors ("Contractors"). The System's policy is that all Contractors who provide items or services to the System must comply with all applicable laws and applicable System policies.

Each Contractor or other agent furnishing items or services worth at least \$10,000 per year shall be given a copy of the System's "Standards of Conduct Policy" and shall provide a written certification that it is aware of and will comply with the System's "Standards of Conduct Policy" (as applicable to the Contractor and its contract or business relationship with the System) (see attachment for certification). Contractors should bring any questions or concerns about System practice and their own operations to the Corporate Compliance Officer.

System employees who work with Contractors or who process their invoices should be aware that the System's compliance policies apply in certain instances (Problem Reporting and Non-retaliation Policy, Gift and Gratuity Policy, etc.) to those outside companies as well. Employees are encouraged to monitor carefully the activities of Contractors in their areas. Any irregularities, questions, or concerns on those matters should be directed to the employee's supervisor, human resources or the Corporate Compliance Officer.

Adopted: August 26, 1999 Approved by: Elmer G. Ellis

President/CEO

SUBCONTRACTOR CERTIFICATION AND AGREEMENT OF COMPLIANCE

I hereby certify that I am a duly authorized officer or representative of the independent contractor named below ("Contractor"). On behalf of Contractor and its officers, directors, employees, and agents, I certify that I have received and read the "Standards of Conduct Policy" of East Texas Medical Center Regional Healthcare System ("System"), and fully understand the requirements set forth in that document.

I certify that Contractor shall act in full accordance with all applicable rules and policies of the System. These rules and policies include the System's commitment to comply with all applicable federal and state laws, and the System's commitment to conduct its business in compliance with the highest ethical standards.

To this end, Contractor expressly agrees that the System's "Standards of Conduct Policy" shall be incorporated within and made a part of Contractor's agreement with the System and shall survive termination of that agreement for any reason. Any failure of Contractor to comply with the applicable rules and policies as set forth in the System's "Standards of Conduct Policy," or to report violations of these rules and policies, may result in immediate termination by the System of its agreement with

Contractor.

Name of Contractor:

Signed:
Date:

ETMC Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Section: Risk Management/Quality Improvement

Subject: Access to Medical Records Involving Controversy or Litigation

Code: 09-001

OBJECTIVE

To give guidance on how every facility/business unit of East Texas Medical Center Regional Healthcare System should control access to those medical records involving controversy and/or litigation, collectively known as the "legal file".

POLICY

All records involved in litigation and/or controversy will be maintained in a secured and locked cabinet or storage area to prevent unauthorized access, spoilation, or loss of records until the matter in controversy has been brought to final resolution.

PROCEDURE

1. The original medical record(s) and radiology films will be secured in the legal file. If a record locked in the legal file is needed for ongoing patient care, only a copy of the record will be released.
2. Medical Records shall maintain a list of all files contained within the legal file.
3. All practitioners involved in the care and treatment of the client will be allowed access to the medical record. However, at no time will documents/films in the legal file be accessed without supervision by Medical Records, Radiology, or Risk Management staff.
4. Staff access to the legal file will be subject to the approval of either Risk Management or the hospital attorney, and will be under the supervision of Medical Record/Radiology staff or Risk Management staff.
5. At no time shall the legal file leave the Medical Records/Radiology Department without the prior approval of Risk Management or the hospital attorney.
6. In the event a question relating to access to the legal file arises, Risk Management or the hospital attorney shall be contacted for resolution.
7. Medical records secured in the legal file will not be sent for microfilming/microfiching without approval from Risk Management or the hospital attorney.
8. Risk Management should be notified of all requests for copies of medical records/radiology films locked in the legal file.
9. Once litigation has formally been concluded, Risk Management will notify Medical Records/Radiology that the records can be returned to regular storage practices.

Exceptions for the above policy are as follows:

1. Subpoena for the original medical record
2. Emergency situation involving direct patient care when a copy of the medical record is not available.

Adopted: May 1997

Revised:

ETMC Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Section: Risk Management/Quality Improvement

Subject: Sentinel Event

Code: 09-003

OBJECTIVE

To provide a definition of a Sentinel Event and provide a protocol in the event an adverse Sentinel Event occurs within the facility.

DEFINITION

"An adverse sentinel event is an unexpected occurrence involving a death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function."(1) The event is called "sentinel" since it sends a signal or sounds a warning that requires immediate attention.

POLICY

All adverse sentinel events require the facility/hospital to immediately complete a Quality Control Report (QCR), which is to be forwarded to the Risk Management Department as defined in the occurrence policy. In addition, both the Risk Management and Quality Improvement departments should be notified immediately by phone. In the event of an adverse sentinel event, a root cause analysis will be done through the appropriate performance improvement team or committee of the hospital to:

- determine why the incident occurred (i.e. common cause vs. special cause or uncontrollable human error)
- resolve how to reduce the likelihood of reoccurrence, focusing on both departmental and system processes.
- address appropriate action based upon the root-cause analysis.

GENERAL INFORMATION REGARDING JCAHO AND SENTINEL EVENTS

In most cases, the JCAHO will contact the hospital's CEO to inform him or her that the Joint Commission will conduct an unscheduled, on-site evaluation of the hospital if, in its judgment, one or more of the following criteria are met:

- The sentinel event potentially involves a continuing threat to patient care or safety;
- The sentinel event has significant potential for being reflective of serious underlying systems problems in the organization;
- There has been more than one event within a six-month period; or
- The nature of the event has potentially undermined public confidence in the hospital.

In cases where the sentinel event indicates a possible continuing threat to life or safety, the Joint Commission may conduct an unannounced survey.

(1) References: JCAHO, CAMH Update 1, February 1997

Adopted: May 1997

ETMC Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Section: Legal Services

Subject: Contracts Review

Code: 01-2001

OBJECTIVE

To ensure coordination of the ETMCRHS activities by allowing those with an overall view of these institutions review of the contract;

To ensure the legal review of the instrument;

To ensure that the proposed activity is sound financially and feasible in practice given the risk/benefit analysis for an appropriate business decision;

To ensure that the expected benefits from the contract outweigh the risks of liability, negative public relations and other administrative concerns;

To allow routine contracts to be reviewed and processed thoroughly within 30 business days.

POLICY

It is the policy of ETMCRHS (the "System") to require an administrative review of all contracts greater than \$5,000.00 or longer than one year in duration, leases, letters of intent, memoranda of understanding, releases and agreements in any form, including verbal agreements, which obligate the System or any of its affiliates. It is also its policy to require the signature of an authorized representative of the System on all such documents. Failure to observe this policy may void the contract.

IMPLEMENTATION

A. Routing and Review. The contract review process requires that the contract be routed from the Department Director through that Department's Vice President to the Office of Corporate Counsel for contracts involving all areas where (i) the dollar amount of the contract (expense or revenue) is greater than \$5,000.00, (ii) the contract term is longer than one year or the subject matter of the contract may extend beyond one year, or (iii) where the transaction has significant liability and/or insurance and indemnification issues or implications or is not otherwise in the ordinary course of business of the System regardless of amount or length (e.g., affiliation agreements, Internship contracts or physician agreements). In the event of a question as to what constitutes the ordinary course of business, the Office of Corporate Counsel should be contacted. Contract renewals that reflect changes requested by previous reviews, that do not substantially increase the System expense or liability exposure or do not deviate significantly from the original contract, need not be reviewed by the Office of Corporate Counsel.

For major contracts (i.e., over \$50,000.00), the Office of Corporate Counsel should be contacted as soon as possible, preferably before negotiations begin, to ensure a coordinated approach to contract review and approval.

The Office of Corporate Counsel and the appropriate business department, as applicable, will ensure that other appropriate personnel review the contract, when necessary. The contract will then be forwarded to the individual authorized to sign the contract.

B. Transmittal Form. Before routing the contracts, the Initiator must complete the Contract Transmittal Form and attach it to the contract. Failure to do so may cause the contract to be returned to the initiator. The contract will not be processed until all appropriate personnel have signed the transmittal form. The initiator shall send a copy of Corporate Counsel's comments, if any, to the person signing the contract. All initiators should bear in mind that even minor changes to an approved form of contract can materially affect the meaning and legal consequences of a given instrument. Therefore, changes to approved forms

of contract should be reviewed with Corporate Counsel to ensure that such changes do not alter the meaning of the contract as originally approved.

C. Office of Corporate Counsel Review and Comments. Comments provided by the Office of Corporate Counsel must be addressed and resolved by the initiator prior to the date the contract is signed. Where possible, the Office of Corporate Counsel will include suggested language to resolve the concerns raised during its contract review. In addition, where necessary, the Office of Corporate Counsel will assist by contacting the other party(ies) to resolve the issues. Prior to the date the contract is signed, the initiator shall contact the Office of Corporate Counsel (in writing, when feasible) with respect to how the concerns raised by the Legal Department have been addressed.

The approval and/or initialing by Corporate Counsel is not a warranty of sound business principles or that the instrument is totally without any legal risk. It is an acknowledgment that given the facts and circumstances after consulting with the appropriate vice president, and assuming the terms of the contract are carried out in accordance with System approved business practices, that the instrument is acceptable under the circumstances.

Approval by: Elmer G. Ellis

President/CEO

Originally Adopted December 19, 1997

Modified November 16, 1998

CORPORATE Policy and Procedures

Section: Legal Services

Subject: General Statement on Agreements with Referral Sources; Approval Process

Code: 01-2004

SCOPE: All East Texas Medical Center Regional Healthcare System ("System") facilities including, but not limited to, hospitals, managed care entities, home health centers, home health agencies, physician practices, and all System departments.

OBJECTIVE

To provide direction as to the System's process on the entering into financial arrangements with physicians and other referral sources.

POLICY

The System will from time to time promulgate various policies as to financial relationships between System entities and physicians and other referral sources (the "Policies"). Compliance with the Policies is required in all of the contracts with physicians and other referral sources, although exceptions may be made in certain circumstances where the facts demonstrate that an exception is appropriate. **Any proposed exceptions must be discussed with and approval obtained beforehand with Corporate Counsel and your immediate supervisor prior to committing to such non-conforming proposals.**

The Policies apply to any agreement involving a physician or, as set forth above, a non-physician referral source and a physician's immediate family members (herein and in the Policies, all may be referred to as "physicians"). ("Immediate family members" is defined as spouse; natural or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and the spouse of a grandparent or grandchild). This includes, but is not limited to, physician recruiting agreements, loans, guarantees of physician loans, management services agreements, professional service agreements, employment agreements, other agreements for the provision of services (whether medically related or not), asset purchase and disposition agreements, and medical office building leases. **In compliance with 42 U.S.C. § 1395nn (commonly known as "Stark II") and the fraud & abuse safe harbors, all agreements with physicians must be written agreements.** More informal documents, such as "letters of intent," "letter agreements," or "memorandums of understanding" are subject to the Policies. Arrangements with physician-owned entities, as well as family members of physicians, are also covered by the Policies. **No System entity may enter into side agreements with physicians. The Policies apply to all amendments and extensions/renewals of agreements with physicians as well.**

All physician agreements must receive the approval of the System Board of Directors and be reviewed by the Corporate Counsel prior to becoming effective. The review and approvals must be obtained even if the agreement complies in all respects with the Policies. It is not acceptable to obtain the appropriate approvals after execution of the agreement. Further, you should not make commitments to physicians until approvals have been obtained from both the President of the System and the Corporate Counsel. Failure to obtain the required prior approval and review will result in sanctions, which may include written reprimands, or termination of employment.

Physician arrangements meet the Policies where the intent is to bring a new service to the community (in the case of recruitment), to obtain services or rent property at fair market value rates or to acquire or divest medical practice assets at fair market value as confirmed by independent, third-party appraisers. If at any time it appears that there have been discussions or memoranda, or that the appraisal leading to such agreement was not independent, indicating an intent to obtain or reward referrals by way of an agreement, such agreement will **not be approved.**

In all arrangements with referral sources, performance of all of the terms of the agreements is required. For example, monies owed by a physician under a lease agreement or loan documents must be paid in accordance with the terms of the documents. Accurate and complete collection records should be maintained by the facility. The Corporate Counsel should be contacted in the event of a default so that remedies may be pursued in a prompt and business-like fashion.

The Corporate Counsel has prepared form contracts, which will cover most situations. To the extent possible, you should adhere to the form contracts. Each provision of the contract has its own purpose, so there should not be many deletions (other than "optional" provisions). Substantially all physician agreements should utilize the forms. The turn-around time with non-complying forms will be substantially longer. PLEASE DO NOT RETYPE THE FORM CONTRACTS ONTO YOUR WORD PROCESSING SYSTEM NOR ALLOW PROSPECTIVE CONTRACTORS TO DO SO EITHER; THESE MODIFIED FORMS WILL NOT BE APPROVED.

Adopted: 12/11/98 Approved by: Elmer G. Ellis

President/CEO

ETMC Regional Healthcare System (ETMCRHS)
CORPORATE Policy and Procedures

Section: Legal Services
Subject: Access to Office of Corporate Counsel
Code: 01-2002

OBJECTIVE

The Office of Corporate Counsel exists for the primary purpose of providing legal services to East Texas Medical Center Regional Healthcare System (the "System") and its affiliated entities, which is responsive to the System's needs and are cost effective.

The Office of Corporate Counsel has responsibility to the Board of Directors of System, Affiliate Boards of Directors and Management Teams of the entities comprising System to insure that our organizational structure and business affairs are in accord with applicable civil law, and are legally structured so as to be beneficial to the organization.

The Office of Corporate Counsel has responsibility to certain external constituencies (such as independent auditors, bond holders, lenders and government agencies) for providing information, with client consent, concerning the operations of the organization and their legal effect.

To assist in carrying out the stated purposes, the Office of Corporate Counsel will:

- a. Assist personnel in obtaining appropriate legal services timely and efficiently.
- b. Assure the proper referral of legal and non-legal matters.
- c. Permit the monitoring and supervision of the use of outside attorneys.
- d. Manage and review the (in and outside) costs of legal services.
- e. Promote consistent action on recurring legal questions and to promote education of staff on such issues.

POLICY

All employees requiring access to the Office of Corporate Counsel or outside legal services will follow the procedures set forth below.

Personal legal services are not to be provided and no such inquiries may be made to the Office of Corporate Counsel by staff.

IMPLEMENTATION

A. Non-Emergent Matters: All requests for legal services involving non-emergent matters are to be made in writing and sent to the Office of the Corporate Counsel by a Department Director or Vice President.

B. Emergent Matters: Personnel are to consult Hospital policy and procedures first and then contact their immediate supervisor if unable to handle the matter. Department directors, or assistants where the Director is unavailable, should contact the Office of Corporate Counsel directly after consulting relevant written policies. Examples where the Office of Corporate Counsel should be consulted directly include, but are not limited to:

- 1) Incidents involving violent and/or criminal behavior,
- 2) Jehovah's Witness or other emergency treatment consent matters, and,
- 3) Serious incidents involving patients or staff, other than auto accidents or workers' compensation incidents, which are likely to result in a claim or lawsuit (which should be referred to the Office of Risk Management).

Physicians should contact the Office of Corporate Counsel (through the Office of Risk Management) directly at any time of a *bona fide* emergency. Physicians also are to contact the Office of Corporate Counsel to report incidents as required by the hospital professional liability program.

C. Child Protection Matters: All legal questions involving physical or sexual abuse or medical neglect of children are to be referred to the Office of Corporate Counsel.

D. Outside Attorney Requests: Any contact by letter, subpoena, telephone or other means by a non-System attorney to a System hospital, department or any other personnel will be referred to the Office of Corporate Counsel, except as otherwise provided in policies and procedures.

E. Outside Legal Services: All requests for the legal services of outside attorneys must be submitted in writing by a hospital Vice President to the Office of Corporate Counsel. A letter specifying the appropriate invoice format will accompany all outside legal service arrangements.

Adopted: Approval by: _____

President/CEO

SUMMARY OF CORPORATE INFORMATION SERVICES POLICIES

06-001 Executive Information Services Planning Committee

The Executive Information Services (IS) Planning Committee is responsible for setting the strategic direction for information systems and related services for ETMC Regional Healthcare System.

06-002 Information Access and Confidentiality of Information

It is the policy of ETMCRHS to provide its employees with access to computerized forms of information consistent with their job duties and responsibilities, while protecting the required integrity and confidentiality of such information.

06-003 Computer User Ids and Security Guidelines

The objective of this policy is to outline the process by which ETMCRHS employees are granted access to those computer-based applications required for each employee's job responsibilities, and are informed of confidentiality issues related to such access.

06-004 Confidentiality and Non-Disclosure Agreement

Information systems and telecommunications vendors, consultants, suppliers, contractors, or other third parties (collectively called "vendors") working with or for ETMCRHS, are required to sign the attached Confidentiality and Non-Disclosure Agreement.

06-005 Public Network Access

In order to protect ETMCRHS information and reduce costs, access to public networks is limited to individuals and departments on a need to have basis for work-related purposes only.

06-006 Use of Licensed Personal Computer Software

ETMCRHS is committed to compliance with all applicable laws regarding licensing and use of personal computer software on personal computers owned or under the control of ETMCRHS.

06-007 Standardization of Personal Computer Software

ETMCRHS has adopted a standard set of personal computer (PC) and/or network server-based software packages.

06-008 Standardization of Personal Computer Hardware

The objective of this policy is to define this minimum equipment configuration, and to outline the process by which hardware is specified and purchased.

06-009 Computerized Data Back-up

All computerized data on personal computers, network servers, and minicomputers must be backed-up to diskette, tape, optical media or paper on a regular basis.

06-010 Computer System Downtime

Access to various computerized information systems is restricted during periods of downtime. Scheduled downtime is defined as a predetermined/planned period of restricted access to a computer system or application during which routine backups, software upgrades or file maintenance is performed.

06-011 Data Center Facility Access

Access to Data Center facilities is restricted to authorized personnel.

06-012 Electronic/Voice Mail

This policy applies to all electronic/voice mail services provided by ETMCRHS and to all users and uses of such services; and to all hospital records in the form of electronic mail in the possession of hospital employees or other users of electronic/voice mail services provided by ETMCRHS.

06-013 Help Desk Services

This policy describes the Help Desk and related support services offered by the ETMCRHS Information Services department.

06-014 Computer System Support Services

In an effort to provide consistent, quality support to users of computer software, all computer software selection, purchase and implementation processes must be coordinated through Information Services.

06-015 Information Services Training Center

This objective of this policy is to document the process of accessing the Information Services Training Center - both to schedule the use of the Training Center and to register for scheduled classes.

06-016 Database Timesharing System

ETMC Tyler maintains access to a database timesharing system through the Medical Staff Office and the ETMC Bell Marsh Memorial Library. The database system is available to all physicians, employees and allied health staff associated with ETMCRHS.

ETMC Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Section: Information Technology

Subject: Information Access and Confidentiality of Information

Code: 06-002

OBJECTIVE

It is the policy of ETMCRHS to provide its employees with access to computerized forms of information consistent with their job duties and responsibilities, while protecting the required integrity and confidentiality of such information. Computerized information is a valuable business asset and shall be treated with the same concerns as are other physical and intellectual assets.

ETMCRHS has adopted this policy to ensure compliance with:

- ❑ The Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- ❑ The requirement of the proposed HIPAA security regulations to protect the security of electronic health information; and
- ❑ ETMCRHS' duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation guidelines.

POLICY

1. Access to required computer information will typically be defined (implicitly or explicitly) by the job duties described in the employee's job description. Computer privileges will be assigned by the Information Technology department as the employee's user profile is created.
2. Granting of access to computerized information and limitations on the level of access provided will be facilitated by the use of access control software including password control, library list controls, menu passwords and profiles, the type of access software being dependent on the platform the employee will be accessing (e.g., AS/400, RS6000, Novell networks, etc.)
3. The Director of Information Technology will designate a Security Officer or officers as needed and will assign them the specific systems for which he/she has control. All requests for changes and additions to computerized access will be channeled through these individuals.
4. If a Director feels that an employee needs additional privileges beyond those inherent in the job description, the request will be routed through the employee's vice-president for justification. These justifications will remain on file in the corporate Data Center.
5. Employees are required to sign a *Computer User Sign-On and Security Guidelines* statement (see policy 06-003) which indicates understanding of the sensitive nature of computerized information, and the penalties for misuse of the information or signons/passwords to which the employee has access. Employees may be asked to review and resign this statement on a periodic basis.

6. Employees who require downloading or transferring of data from a centralized data repository (AS/400, RS6000, file server) will be trained by an Information Technology representative in the use of the appropriate tools for effecting such transfer, and will also be trained in the structure and content of the data files to which they have access.
7. Except in specifically defined instances, data or information residing on a user's machine will not be allowed to be uploaded or transferred into the data files in a centralized data repository. Such instances need vice-president level approval and will be coordinated by the Information Technology Director or his designee.
8. As employees resign or are terminated for any reason, Human Resources will notify the Security Officer, who will immediately deactivate all computerized passwords, profiles, and signon IDs for the subject employee. Also, if an employee transfers to a different job, Human Resources will notify the Security Officer who will evaluate the employee's computer access and make necessary changes in concert with the employee's new manager or supervisor. Additionally, Information Technology may, at its discretion, use other means of determining when an employee has terminated and/or transferred in order to respond to the change as quickly as possible.
9. Appropriate physical barriers shall be maintained to prevent unauthorized access to computerized information. Communications lines will be varied off when not in use, modem phone numbers are non-published numbers, access to the data center will be restricted, access protocols and passwords will be rigidly enforced. Printed information will be shredded or placed in designated containers for recycling.
10. Vendors who are granted access to computerized information shall have signed an ETMCRHS *Confidentiality and Non-Disclosure Statement*. Specifics of this document are covered by another policy (06-004) in this section of the manual. Additionally, vendors and/or other contractors will be expected to review and accept the conditions set forth in ETMCRHS' Standards of Conduct as outlined in Compliance Policy 01-3010.

Date Adopted: 11/1/96 Approved By: _____

Date Revised: 05/19/00 President/CEO

Date Revised:

EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM (ETMCRHS)

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Problem Reporting and Non-Retaliation

Code: 01-3009

Purpose

East Texas Medical Center Regional Healthcare System and its affiliated entities (collectively, the "System") recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state and private payor healthcare program requirements, as well as the organization's ethical and business policies. To promote this culture, the System established a problem resolution process and a strict non-retaliation policy to protect employees who report problems and concerns in good faith from retaliation. Any form of retaliation can undermine the problem resolution process and result in a failure of communication channels in the organization.

Policy

1. All employees are responsible for reporting misconduct, including actual or potential violations of law, regulation, policy, procedure, or the (Standards of Conduct).
2. An "open-door policy" will be maintained at all levels of management to encourage employees to report problems and concerns.
3. Employees will be encouraged to proceed up the chain-of-command or communicate with the Human Resources Department if their problem or concern is not resolved.
4. Employees may also utilize the Employee Hotline if they wish to remain anonymous. **(NOTE: Employees are strongly encouraged to report problems and concerns via the chain-of-command or Human Resources before resorting to the Employee Hotline. However, this communication channel is always available if special circumstances exist or the issue is not being properly addressed.)**
5. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
6. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
7. Employees cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action.

Procedures

ALL EMPLOYEES

1. Knowledge of misconduct, including actual or potential violations of law, regulation, policy, procedure, or the (Standards of Conduct) must be immediately reported to management, the Corporate Compliance Officer, or the Employee Hotline.
2. Knowledge of a violation or potential violation of this policy must be reported directly to the Corporate Compliance Officer or the Employee Hotline.
3. Concerns regarding any issue should be addressed to facility management in the following order: (a) immediate supervisor, (b) department manager, (c) department head/director, and d) senior administrative officer of the organization.
4. Employees may also report problems or concerns to the Human Resources Department.
5. If an employee's concern or problem cannot be satisfactorily resolved or special circumstances exist, the employee should report the problem to the Corporate Compliance Officer or the Employee Hotline.

MANAGEMENT (includes Administrators, Executives, VPs, Directors, Managers and Supervisors)

Management must take appropriate measures to ensure that their subordinate management personnel support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:

- Meet with subordinates and discuss the main points within this policy.
- Provide all subordinates with a copy of this policy.

CORPORATE COMPLIANCE OFFICER

1. CCO will be responsible for the investigation and follow-up of any reported retaliation against an employee.
2. CCO will report the results of an investigation into suspected retaliation to the Executive Compliance Committee or Board Compliance Committee, whichever is deemed appropriate.

Adopted: October 29, 1998 Approved by: Elmer G. Ellis

President/CEO

CORPORATE Policy and Procedures

Section: Compliance Office

Subject: Hotline Office Policy

Code: 01-3011

POLICY

The Corporate Compliance Officer or his designee is charged with ensuring that telephone calls or other communications received shall be acted upon in a timely fashion. All those who contact the Hotline shall be assured anonymity to the maximum extent reasonably possible, or in the case wherein they identify themselves, confidentiality. The Hotline Staff are expected to act with utmost discretion and integrity in assuring that information received is acted upon in a reasonable and proper manner. They will maintain records of information received but will take all appropriate steps to avoid compromising those with whom they are in communication. All information that identifies or could lead to the identification of callers or correspondents to the Hotline will be expunged as soon as the information provided is no longer needed.

The East Texas Medical Center Regional Healthcare System (the "System") Corporate Compliance Officer shall have the responsibility, autonomy, authority and necessary resources, whether acting personally or through line of command, to ensure that actions brought to the Hotline are appropriately and promptly received, addressed and resolved.

The Hotline Staff will communicate matters deemed potentially illegal, unethical, or otherwise abusive or improper to the Corporate Compliance Officer. The Corporate Compliance Officer will involve other departments, as appropriate, for advice or further investigation. In the event that the Corporate Compliance Officer is not, in good faith, satisfied that a matter brought before the aforesaid departments was appropriately addressed and resolved, the Corporate Compliance Officer is authorized to take the matter to other persons in positions of authority.

The Corporate Compliance Officer also has the authority to ensure that any matter requiring external reporting, such as to a regulatory or law enforcement agency, is properly disclosed. As general practice, the Corporate Compliance Officer should ensure such reporting by communicating the issue to Corporate Counsel. However, the Corporate Compliance Officer has the responsibility and authority to bring such an issue to the attention of the senior System executives, which the Corporate Compliance Officer may, in his or her good faith judgment, deem it appropriate.

Adopted by the East Texas Medical Center Regional Healthcare System Executive Compliance Committee.

Adopted: May 18, 1999 Approved by: Elmer G. Ellis

President/CEO

PROBLEM RESOLUTION

The System is charging all supervisors, managers and corporate officers with supporting the Compliance Program, ensuring that their staff receives compliance training and ensuring that the System's policies as well as applicable laws, rules and regulations are followed.

All staff level employees are encouraged to bring concerns to their managers/supervisors. Any employee who raises concerns or allegation of possible violations of the Standards of Conduct, policies/procedures, laws, or regulations will be treated openly and with courtesy. Managers/supervisors who have issues and concerns should feel free to contact members of the administration.

All administrators and managers at the System including its hospitals, affiliates and subsidiaries, maintain an open door policy. When the desired administrator or manager is in conference, the manager/supervisor should ask an administrative secretary for a conference as soon as possible.

It is expected that questions will arise about the Standards or other System policies. When this occurs your questions and concerns should be addressed through the normal chain of command - to your supervisor, or to the Human Resources staff, quality assurance committee, etc. If you receive an unsatisfactory response from the management staff, you are encouraged to continue raising your concerns to the highest levels of the System management.

If concerns arise over violations of the Standards, or illegal or unethical conduct, you are invited to report your concerns to the Corporate Compliance Officer. The System has initiated a **toll-free Hotline** for this purpose. By dialing 1-877/888-4809, you will reach the System Compliance Hotline. The Hotline should be used to report serious concerns about suspected or known instances of fraud or violations of law or System policies.

The Hotline staff is available for calls Monday through Friday, from 8:00 a.m. to 7:00 p.m. Central Standard Time. No calls to the Hotline will be traced or recorded. Callers are encouraged to remain anonymous, but in the event that the caller's identity is revealed, all efforts will be made to maintain the caller's confidentiality to the extent permitted by law. The Compliance Office will maintain records of information received but will take all appropriate steps to avoid compromising those with whom they are in communication.

In connection with the System Compliance Program, the System has established a "non-retribution and non-retaliation" policy. This means no action of retaliation or reprisal shall be taken against anyone who, in good faith, contacts their supervisor, management, Human Resources, or calls the Hotline to make a report, complaint or inquiry. However, calls to the Hotline do not protect callers from appropriate disciplinary action regarding their own performance or conduct.

The Compliance Office or its designees will evaluate and respond to allegations of wrongdoing, concerns and/or inquiries made to the Hotline in an impartial manner. The Compliance Office will respect and protect the rights of all personnel, including anyone who is the subject of a Hotline complaint. To this end, all allegations will be investigated and verified before any action is taken. Furthermore, any disciplinary action or other response toward an individual(s) which results from a Hotline call will be handled in a professional and confidential manner.

Any employee of the System who may have suggestions for improvements in the Compliance Program is encouraged to write to the System Compliance Department or call the East Texas Medical Center Regional Healthcare System Compliance Hotline.

FORM OF ACKNOWLEDGMENT

Human Resources shall, on or before April 1 of each year, ensure that each employee, agent or consultant employed by or contracting with the System executes a form substantially in the format of **Schedule 1**, attached. Human Resources shall report to the Corporate Compliance Officer the status of such efforts annually.

HOTLINE

If you believe any person is not complying with the Standards of Conduct, you must tell your supervisor, Human Resource representatives, or the Corporate Compliance Officer. You should use Compliance Issue Form (See **Schedule 2. Compliance Issue Form**) or the Hotline.

Compliance Hotline
1-877/888-4809

Adopted: December 11, 1998

Approved by: 
President/CEO

SCHEDULE 2

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM
COMPLIANCE ISSUE FORM**

Printed Name and Signature of Person Making Report (include your name if you so desire):

Position or Title of the Person Making Report:

Specific Area in which you work:

Name of your Immediate Supervisor:

Date of Report:

Please describe the compliance issue in as much detail as possible including dates, times, circumstances and witnesses. At a minimum, you must clearly and concisely answer these questions. When [day(s), date(s) and time(s)] did the incident giving rise to the compliance issue occur?

What act(s), process(es), or procedure(s) do you, in good faith, believe does not comply with East Texas Medical Center Regional Healthcare System's Standards of Conduct:

Identify (by name, position and department) the person(s) that you, in good faith, believe violated East Texas Medical Center Regional Healthcare System's Standards of Conduct:

Identify the provision(s) of East Texas Medical Center Regional Healthcare System's Standards of Conduct, policies and/or procedures that you in good faith believe have been violated:

Schedule 2 (Continued)

Identify (by name, position and department) the person(s) that you in good faith believe has knowledge or information concerning the subject of the incident(s):

Have you reported this to your immediate supervisor or Human Resources?

If yes, when? _____

And did you make a written report? Yes No

Have you called and reported this on the Compliance Hotline

(1-877/888-4809)? Yes No

For Compliance Office Use Only

Compliance Officer Review Date: _____

Compliance Officer's Determination: _____

Signature of Compliance Officer: _____

Compliance Committee Review Date: _____

Compliance Committee's Determination: _____

Signature of Corporate Counsel: _____

Signature of Chairperson: _____

EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM (ETMCRHS)

CORPORATE Policy and Procedures

Section: Administrative - Compliance

Subject: Standards of Conduct

Code: 01-3010

Purpose

To provide guidelines for compliance with applicable federal, state and local laws and regulations.

MISSION STATEMENT

The mission of East Texas Medical Center Regional Healthcare System and its affiliated and related entities or subsidiaries (collectively referred to as the "System") is to continuously strive to bring an unmatched Spirit of Excellence to the art and science of health care, and to measure such success by how these efforts improve the quality of life for people and communities in East Texas.

I. QUALITY OF CARE

The System is committed to the principle of providing quality, cost-effective health care services that respond to individual, family and community needs in a safe, healing environment. The System is committed to providing quality of care to patients and to the delivery of health care services in a responsible, reliable and appropriate manner. The System is also committed to the goal of excellence in patient care and sensitivity to patient needs.

General Policy

A. General Principles

1. It is the policy of the System to comply with applicable federal, state and local laws and regulations, both civil and criminal.
2. System employees are not authorized to act in a manner that is contrary to the provisions of the law or to authorize, direct or condone violations by other employees.
3. An employee or agent of the System who has knowledge of facts concerning the System's activities that he or she believes may violate the law or the rules of any third-party reimbursement program has an obligation to report the matter to his or her immediate supervisors, Human Resources, local ethics officers or to the Corporate Compliance Officer ("CCO") promptly after learning such facts. As used in this policy, the CCO shall mean the System CCO.
4. The System will take those steps that the System determines are reasonably necessary to communicate this Policy to all System employees and agents.
5. The System will take those steps as may be reasonably necessary to achieve compliance with its standards by utilizing monitoring and auditing systems reasonably designed to detect improper conduct and by having in place and publicizing a reporting system whereby employees and agents can report improper conduct by others within the organization without fear of retribution.
6. This Policy will be enforced through appropriate disciplinary mechanisms. The form of discipline will be case-specific.
7. After a question has been raised, the System will take those steps that the System determines are reasonably necessary to respond appropriately to the question and to prevent further similar conduct $\frac{1}{2}$ including any necessary modifications to its program to prevent and detect violations of law or this Policy.
8. The CCO will review and, when the CCO determines it is reasonable to do so, disseminate such information as the CCO may determine to be appropriate or necessary for compliance with this Policy. Such information may include, but is not limited to, the program exclusion listings by the Office of the Inspector General and the Department of

Health and Human Services that are published in the Federal Register from time to time, various federal or state statutes that may be applicable, regulations, manuals, bulletins, pronouncements or directives from the government's fiscal intermediary or third-party payors, and hospital association or trade publications that may affect this Policy.

9. The CCO will report to various agencies the System's continued compliance with the terms and conditions set forth in any settlement agreement that may be executed by the System with the federal or state government.

B. Compliance with Laws and Regulations

The System shall operate its enterprises in accordance with legal, moral and ethical standards and in a manner which is lawful and sensitive to the needs and justifiable expectations of the public it serves, including patients, physicians and other health professionals, fellow employees, and governmental entities - local, state, and federal.

1. We shall strive to ensure all marketing and advertising complies with laws and regulations.
2. We will strive to ensure payments or other benefits provided to clinicians and referral sources are supported by proper documentation, and that the services contracted for were in fact provided and within the limitation provided by state or federal laws or regulations.
3. We do not pay employees, physicians, or health professionals for referrals of clients/patients. We only pay people or entities for services provided to our clients/patients. We do not make payments or provide non-cash benefits (e.g., office space) to physicians or health professionals providing services without a written contract, which has been approved through the corporate approval process.
4. We shall strive to ensure that our contracts conform with applicable laws and regulations by having them reviewed and approved by our Corporate Counsel, or by outside counsel retained by Corporate Counsel for this purpose.
5. We shall not engage in fraud, kickbacks or bribes intended to induce client referrals or admissions.
6. We shall be honest and forthright in any representations made to patients, vendors, payors, other employees and the community.
7. We are required to report provider, patient and proprietary information accurately, and honestly.
8. We shall respect and protect the confidentiality of patient records and other personal information.
9. We shall not pursue any business opportunity that requires engagement in unethical or illegal activity.

C. Commitments

The System is a tax-exempt organization that is organized for the promotion of health of the individuals who reside in the System's service area. In order to further its tax-exempt purposes, the System, its Board of Directors, officers, employees and agents hereby express the following commitments:

1. We are committed to the promotion of health and a good faith effort to address the medical needs of the communities in which we serve while operating the System in a fiscally responsible manner.
2. We will implement and maintain employment practices and programs that comply with applicable federal and state laws.
3. We are committed to providing an appropriate quality of care, consistent with the System's facilities and resources, that is responsive to patient needs and complies with applicable state and federal laws and regulations. The System is also committed to maintaining its accreditation by the Joint Commission on Accreditation of Healthcare Organizations and/or such other accreditation bodies as the System may determine.
4. We are committed to implementing such policies and procedures as the System determines are reasonably likely to result in the submission of bills for System services in a timely and accurate fashion and reporting reimbursable costs to the Medicare Program and to any other third party in a legally appropriate manner.
5. We are committed to making a good faith effort to conduct System's business in a manner that is consistent with the System's exemption from federal, state and local taxes and other applicable laws and regulations.

D. Responsibility

1. We have a proud history of participation in the Medicare and Medicaid Programs. The System views participation in these programs to be an integral part of the System's mission of the promotion of health to the communities served by the System.
2. System employees whose job responsibilities include submitting claims to the Medicare or Medicaid Programs or other third-party payors (collectively, "Payors") are expected to participate in education offered by the System and by various professional programs and associations and to be familiar with the laws and regulations governing the billing of System inpatients and outpatients under those programs. In the event that an employee is unclear as to whether to, or the appropriate manner in which to, submit a claim to a Payor in any particular situation, it is the System's policy that the employee is to exercise reasonable discretion and, when in doubt, seek appropriate advice. Each employee is responsible not to submit a claim to Payors with actual knowledge of its falsity, in deliberate ignorance of its falsity, or with reckless disregard of applicable state or federal law.
3. System employees have a way to report known or suspected violations of Medicare or Medicaid billing rules or regulations or these Standards to his or her supervisor, manager, local ethics officer or to the System's CCO. The System will strive to protect the confidentiality of any employee who makes such a report. An employee will not experience retribution by the System as a result of reporting a violation of billing rules or regulations or these Standards in good faith. Any employee with knowledge of such a Medicare or Medicaid violation is required as a condition of employment to contact his or her supervisor, manager, local ethics officer or the CCO.

E. Patient Care Practices

The System's commitment to ethical conduct requires that those who provide services to System patients, whether directly or indirectly, strive to achieve the following:

1. All employees of the System are charged with the responsibility of carrying out their job in a quality manner and are encouraged to take an active role in continuous quality improvement.
2. We are encouraged to communicate and demonstrate openness, honesty, and integrity through lawful and positive relationships with patients, customers and regulatory agencies.
3. Our patients have the right to receive information regarding our policies, procedures and charges and to know the identity and qualifications of all our personnel who provide services to them.
4. We shall be courteous and helpful, both when dealing with patients and with each other.
5. We shall be responsible for maintaining the integrity and quality of our job performance.
6. We shall strive to ensure that the clinical assessments of all prospective patients be done by someone who is properly licensed/credentialed.
7. We shall strive to ensure that treatment of our patients will be based solely on clinical needs.
8. We shall strive to ensure all patients admitted to our care shall receive service with optimum, cost-effective care, regardless of payor source or level of reimbursement.
9. We shall provide quality, value-added treatment services that respond to individual, family and community needs in a safe and healing environment.
10. We shall treat our patients in a safe manner at all times and with dignity and respect.
11. We shall periodically assess and evaluate the medical program goals and objectives to assure maintenance with current standards of practice.

F. Bidding, Negotiation and Performance of Contracts

1. System employees shall observe the laws, rules and regulations which govern acquisition of goods and services that are paid for, in whole or in part, by the state or federal government or by private third-party payors. System employees are not to attempt to obtain information regarding competitors' bids or proposals in circumstances where there is reason to believe the release of such information is unauthorized.

2. System employees or agents will not directly or indirectly pay any form of remuneration, overt or covert, in cash or in-kind, with the intent of obtaining a service or the referral of business that is paid for, in whole or in part, by the Medicare or Medicaid Programs or by any other third-party payor. System employees are not authorized to obtain access to information that is not subject to release or disclosure or to improperly influence the award of any contract. System employees and agents are not authorized to submit or concur in the submission of any claims, invoices, bids, proposals or other documents of any kind that are false, fictitious or fraudulent.

3. System employees must properly report and charge costs to the appropriate account, regardless of the status of the budget for that account. Charging labor or material costs improperly, charging labor or material costs to the wrong account or falsifying time sheets or other records will not be tolerated. System supervisors are responsible for monitoring whether the time of employees is recorded promptly and accurately.

4. Where the System requires its employees to submit cost or pricing data, the employee must certify that to the best of his or her knowledge and belief any such data is current, accurate and complete. Costs reported to the federal or state government or to a private third-party payor for reimbursement are to be reported in a manner that satisfies any applicable governmental or third party payor requirements.

5. Supervisors are to be careful in words and conduct to avoid placing or seeming to place pressure on subordinates that could cause them to deviate from acceptable norms of conduct.

G. Conflicts of Interest

System employees shall refrain from and avoid conflicts or the appearance of conflicts between our private interests and our official responsibilities and performance of duties.

1. We must avoid engaging in activities, practices or acts which conflict with the interests of the System, its hospitals, affiliates or subsidiaries or its clients/patients. Situations that would create an actual conflict or an appearance of a conflict of loyalty or interest should be avoided unless approved by supervisory authorities.

2. We shall refrain from placing business with any company or entity in which there is a family or a close personal relationship or hiring or having a reporting relationship to relatives as it could constitute a conflict of interest, or create the appearance of a conflict of interest.

3. We shall choose to do business with individuals and companies solely on the basis of the System's best interests.

4. We shall report any potential conflicts of interest concerning ourselves or our family members in accordance with System policies and procedures.

5. We should not under any circumstances use or share inside information which is not otherwise available to the general public for any manner of direct or indirect personal gain or other improper use.

6. We should not voluntarily have a personal financial interest in any sale, lease, or contract with the System or its related or affiliated hospitals, affiliates or subsidiaries, except for any such contracts as may be approved by the applicable Board of Directors or the President, after disclosure of all material facts concerning the conflict of interest.

7. Outside employment is prohibited in circumstances where the employment creates the potential for or the appearance of a conflict with the business or other interests of the System. Any exception to this policy shall be made by the appropriate administrator or employee's supervisor.

H. Contracting with Excluded Individuals

The System shall not employ or contract with any individual in any capacity who the System knows is excluded from participation in the Medicare or Medicaid Programs. Prior to making an offer of employment, the System will make a good faith attempt to determine whether the potential employee is or was ever excluded from participation in the Medicare or Medicaid Program. The same policy shall apply to contracts with an independent contractor. The System also hereby determines that it is the duty of each medical staff member to inform the System immediately in the event the medical staff member is provided with notice that he or she has been excluded from participation in the Medicare or Medicaid Programs. In the event of such exclusion, the medical staff member shall voluntarily relinquish his or her ability to treat Medicare or Medicaid beneficiaries, whichever is applicable, while the exclusion is in effect.

I. Time Card Reporting

1. Costs, which are unallowable, misallocated, contrary to a contract provision or otherwise improper, should not be allocated to Medicare or Medicaid or to a private third-party payor. System employees and independent contractors are to report only the true and actual number of hours worked. Shifting of costs to inappropriate departments is prohibited.
2. The Accounting Department may conduct time compliance reviews to monitor whether practices conform to time keeping procedures. Disciplinary actions for violations should be taken consistent with the System's time keeping and disciplinary procedures.

J. Relations with Government Employees

Federal, state and local government departments and agencies have regulations concerning acceptance by their employees of entertainment, meals, transportation, accommodations, gifts and any other thing of value from entities and persons with whom the departments and agencies do business or over whom they have regulatory authority. System employees may not give or offer to give any entertainment or gift that the employee knows is in violation of those regulations.

K. Complete and Accurate Books, Records and Communications

Applicable laws and regulations establish the following requirements with regard to record keeping and communications:

1. The System's financial statements, cost reports, and books and records on which they are based must reflect the transaction in an accurate fashion.
2. Disbursements of funds and receipts must be properly and promptly recorded. Expenditures should be fully documented when requesting reimbursement.
3. Undisclosed or unrecorded funds are not to be established for any purpose.
4. Claims for payment are to be prepared in an appropriate manner and are to be based on such documentation as the System determines is reasonably necessary to substantiate the claim.

L. Consultants and Agents

1. The System may utilize consultants and agents when there are specifically defined tasks to be performed requiring specialized expertise and System management determines that it is reasonable to do so. Where legally required, independent contractors are to execute a written agreement that requires the consultants and agents to be obligated to comply with the System's policies and procedures.
2. The System may periodically monitor whether an individual's classification as an independent contractor is in compliance with current pronouncements of the Internal Revenue Service and applicable state and local agencies. The System may reclassify any independent contractor and treat that individual or entity as a System employee for tax purposes if the System reasonably determines that such a reclassification is necessary to comply with the current pronouncements of the Internal Revenue Service or of any other federal, state or local agency.
3. Nothing herein shall be construed as a waiver of attorney-client or work product privilege or any other privilege accorded by law.

M. Compliance with Antitrust Laws

The antitrust laws of the United States prohibit agreements that unlawfully restrain trade in interstate commerce, as well as certain monopolistic practices. Antitrust actions are contrary to public laws and violate the policy of the System. Employees are expected to report concerns they have with any actions taken by the System or with other companies or entities with which the System is involved that may involve a violation of the federal antitrust laws. Given the complexity of the antitrust laws, System management may obtain legal advice on any question regarding this subject.

N. Federal and State Tax-Exempt Status

1. The System is a not-for-profit entity that is exempt from federal taxation pursuant to Section 501(c)(3) of the Internal Revenue Code. That tax-exempt status could be jeopardized if any of the tax-exempt benefits enjoyed by the System inure to the benefit of certain private individuals. Employees, consultants and agents who contract with the System must do so in a manner that is consistent with the System's federal and state tax-exempt status.
2. The System is exempt from federal taxation in part because it participates in the Medicare and Medicaid Programs and it operates several acute care hospitals and health centers that provide emergency medicine services 24 hours a day. The System's federal tax-exempt status may be jeopardized (as well as various other hospitals and entities) if the System (or other tax-exempt entities) are excluded from participation in the Medicare or Medicaid Programs or is found to have not provided emergency medical treatment in a manner that is consistent with the Emergency Medical Treatment and Active Labor Act ("EMTALA"). Suspected violations by employees, consultants or agents of any law or regulation governing the Medicare or the Medicaid Programs, the anti-referral provisions of any state or federal law, or EMTALA are to be reported to the appropriate supervisor, manager or CCO. In addition to the loss of federal tax exemption, violations of these laws may subject the System and the employee involved to criminal prosecution and significant civil penalties. Where applicable, supervisors are to monitor whether employees in their department receive adequate education on how these laws and regulations affect the employee's duties and make each employee aware of this policy and his or her duty to report any suspected violations.
3. Political contributions and activities may also jeopardize the System's federal tax-exempt status. System funds or assets, including the work time of any employee, are not to be contributed, loaned or made available, directly or indirectly, to any political party or to the campaign of any candidate for a federal, state or local office. Involvement or participation in a political campaign by System employees must be on an individual basis, on their own time, and at their own expense. Furthermore, if an employee speaks on public issues, the employee should make it clear that the comments or statements made are those of the individual and not of the System.
4. The System is also exempt from certain state and local taxes. System employees are to make a good faith effort not to undertake any activity that may jeopardize the System's exemption from state and local taxation.

O. Hospital Resources

1. The System's Board has a fiduciary duty to manage the System's resources in an efficient and effective manner. These resources include personnel, technology, data, buildings, land and equipment. System employees are not to make improper use of System resources or permit others to do so.
2. Examples of improper uses of System facilities include the unauthorized appropriation or personal use of System services, equipment, technology, patents, software, computer and copying equipment, and the alteration, destruction or disclosure of System data.

P. Security

Each System employee is responsible for maintaining the security of the System's confidential and proprietary information regardless of whether the employee works directly with such information. Employees requiring access to specific information are to treat System patient information, as well as confidential and proprietary information, in accordance with System policy and with any applicable legal, accreditation and regulatory agency requirements governing the safeguarding of confidential information. The unauthorized disclosure or possession of confidential documents or confidential information or the failure to properly safeguard such information is a violation of these Standards and may subject the employee to discharge and/or legal action.

Q. Safety and Environmental Issues

The System shall operate in an environment where the health, safety, privacy and comfort of patients and employees come first.

1. We shall report to our supervisor or manager any practices or conditions that may violate any rule, regulation, or safety standards.
2. We are expected to exercise good judgment with regard to environmental aspects of the use of buildings and property.
3. We are committed to providing patients, employees and visitors with a safe and healthful environment in which to recover, work or visit.

4. We shall not permit to report or remain on his job any employee discovered at work in a condition that suggests that he/she is under the influence of narcotics, illegal drugs, prescription drugs used improperly or alcohol.

5. We must comply with applicable laws and apply due diligence and care to minimize the generation, discharge and disposal of medical waste or other hazardous materials.

R. Proper Consideration of Human Resources

The System shall treat all people with respect, dignity and courtesy. East Texas Medical Center Regional Healthcare System seeks to create a stimulating, productive and safe environment in which fairness, equal opportunity and professional development flourish for the benefit of all.

1. We seek to be a responsible employer, by providing opportunities for professional satisfaction, pride of work, and career growth for our employees.

2. We shall ensure that applicants and employees are afforded equal employment and advancement opportunities regardless of age, citizenship, marital status, handicap, national origin, race, religion or sex.

3. We shall welcome employees' questions or concerns and, as appropriate, seek assistance in addressing them.

4. We shall support equal employment and advancement opportunities as required by law and ensure that all employee relation decisions will be in accordance with this policy.

5. We shall ensure that employees are afforded equal pay for equal work regardless of age, citizenship, marital status, handicap, national origin, race, religion or sex.

6. We shall encourage employee input through regular meetings with managers and supervisors, satisfaction and periodic attitude surveys and other communication vehicles.

7. We shall take appropriate action to remedy unlawful discriminatory practices, sexual harassment, or harassment based on race, religion, sex (gender), national origin, age, disability or status as a veteran.

8. We have a fundamental responsibility to show appropriate respect and consideration for one another, regardless of position, station or relationship.

9. We shall not permit any acts of retaliation or reprisal to be taken against an employee who, in good faith, reports a violation of law, regulation, company policy or Standards of Conduct.

10. We shall report to our supervisor practices or conditions that may violate rules regulations, or safety standards.

11. The System's Board has delegated to the System's CEO or his designee the authority to hire, fire and establish salaries of System employees and agents. The System's management shall make a good faith effort to benchmark the amount of compensation realized by any such employee or agent providing goods or services to the System against regional or national standards, where applicable.

12. We encourage and support employees seeking to develop their individual skills, talents, knowledge, and understanding of their job by delivering the highest quality of service and benefit to our patients.

S. Billing and Coding Integrity

We are committed to accurate and truthful billing to clients/patients and/or third-party payors, and will not misrepresent charges to, or on behalf of, a client/patient.

1. We shall strive to submit only claims that contain true, correct, accurate, and complete statements.

2. We shall strive to take reasonable precautions to ensure that our billing and coding work is accurate, timely, and in compliance with our policies, federal and state laws and regulations.

3. We strive to ensure that diagnoses are properly coded and that they are supported by medical necessity requirements.

4. We will strive to maintain accurate records of our activities.

5. Submission of claims for payment or reimbursement that are false, fraudulent, inaccurate, incomplete or fictitious is prohibited and will be subject to review and appropriate disciplinary action which may include termination. If an employee becomes aware of an improper or inaccurate bill, it must be reported to the appropriate authority as soon as possible for resolution.

6. We will refund money received that is not due to us, in accordance with applicable law.

We shall take steps to alert the payor and correct the bill if inaccuracies are discovered in bills that have been submitted.

T. Business Relationships

We will conduct business transactions with vendors, contractors and other third parties that are free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

The Standards set forth below are intended to guide us in determining the appropriateness of the listed activities or behaviors within the context of the System's business relationships, including relationships with vendors, providers, contractors, third party payors and government entities. It is the intent of the System that this policy be construed broadly to avoid even the appearance of improper activity. If there is any doubt or concern about whether specific conduct or activities are ethical or otherwise appropriate, you should contact your supervisor, management or the CCO.

1. Gifts and Gratuities. It is our desire at all times to preserve and protect the System and its employees' reputation and to avoid the appearance of impropriety. Consequently,

a. Gifts from Patients. We will not solicit tips, personal gratuities or gifts from patients and will not accept monetary tips or gratuities. We may accept gratuities and gifts of a nominal value from patients. If a patient or another individual wishes to present a monetary gift, he/she should be referred to the appropriate business office.

b. Gifts Influencing Decision-making. We shall not accept gifts, favors, services, entertainment or other things of value to the extent that decision-making or actions affecting the System might be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer, government official or other person by the System is absolutely prohibited. Any such conduct must be reported immediately either to the employee's supervisor, management or to the CCO.

c. Gifts from Existing Vendors. We may retain gifts from vendors, which have a nominal value. (The System has made no attempt to define "nominal" as a specific dollar value. Rather, the System expects its employees to exercise good judgment and discretion in accepting gifts.) If an employee has any concern whether a gift should be accepted, the employee should consult with his/her supervisor. To the extent possible, these gifts should be shared with the employees' co-workers. Employees shall not accept excessive gifts, meals, expensive entertainment or other offers of goods or services which have more than a nominal value nor may they solicit gifts from vendors, suppliers, contractors or other persons. We may never accept cash or cash equivalents, such as a gift certificate.

d. Vendor Sponsored Entertainment. At a vendor's invitation, an individual may accept meals or refreshments at the vendor's expense. Occasional attendance at a local theater or sporting event, or similar entertainment at vendor expense may also be accepted. In most circumstances, a regular business representative of the vendor should be in attendance with the employee.

e. Governmental Employees. U. S. Federal and state governments have strict rules and laws regarding gifts, meals, and other business courtesies for their employees. The System's policy is to not provide any gifts, entertainment, meals, or anything else of value to any employee of the Executive Branch of the Federal government, except for minor refreshments in connection with business discussions or promotional items with the System or facility logo valued at no more than \$10.00. With regard to gifts, meals, and other business courtesies involving any other category of government official or employee, you must determine the particular rules applying to any such person and carefully follow them.

f. Extending Business Courtesies to Possible Referral Sources. Any entertainment or gift involving physicians or other persons who are in a position to refer patients to our healthcare facilities must be undertaken in accordance with corporate policies. We will comply with all Federal laws, regulations, and rules regarding these practices.

Political Activities and Contributions. The organization's political participation is limited by law. System funds or resources are not to be used to contribute to political campaigns or for gifts or payments to any political party or any of their affiliated organizations. Organization resources include financial and non-financial connotations such as using work time and telephone to solicit for a political cause or candidate or the loaning of the System property for use in the political campaign. The conduct of any political action committee is to be consistent with relevant laws and regulations.

It is important to separate personal and corporate political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. You may, of course, participate in the political process on your own time and at your own expense. While you are doing so, it is important not to give the impression that you are speaking on behalf of or representing the System in these activities. You cannot seek to be reimbursed by the System for any personal contributions for such purposes.

At times, the System may ask colleagues to make personal contact with government officials or to write letters to present our position on specific issues. In addition, it is a part of the role of some System management to interface on a regular basis with government officials. If you are making these contributions on behalf of the organization, be certain that you are familiar with any regulatory constraints and observe them. Guidance is always available from the Legal Department as necessary.

Nothing in this policy shall prohibit a business unit or supervisor from establishing stricter rules relating to the acceptance of gifts, gratuities or other things of value from vendors.

g. Workshops, seminars and training sessions. Attendance at local, vendor-sponsored workshops, seminars and training sessions is permitted. Attendance, at vendor expense, at out-of-town seminars, workshops and training sessions is permitted only with the approval of an employee's supervisor and the CCO.

h. Business Inducements. We shall not seek to gain any advantage through the improper use of payments, business courtesies or other inducements. Offering, giving, soliciting or receiving any form of bribe or other improper payment is prohibited.

Appropriate commissions, rebates, discounts and allowances are customary and acceptable business inducements provided that they are approved by the System's management and that they do not constitute illegal or unethical payments. Any such payments must be reasonable in value, competitively justified, properly documented, and made to the business entity to whom the original agreement or invoice was made or issued. Such payments should not be made to individual employees or agents of business entities.

II. PROBLEM RESOLUTION

The System is charging all supervisors, managers and corporate officers with supporting the Compliance Program, ensuring that their staff receives compliance training and ensuring that the System's policies as well as applicable laws, rules and regulations are followed.

All staff level employees are encouraged to bring concerns to their managers/supervisors. Any employee who raises concerns or allegation of possible violations of the Standards of Conduct, policies/procedures, laws, or regulations will be treated openly and with courtesy. Managers/supervisors who have issues and concerns should feel free to contact members of the administration.

All administrators and managers at the System including its hospitals, affiliates and subsidiaries, maintain an open door policy. When the desired administrator or manager is in conference, the manager/supervisor should ask an administrative secretary for a conference as soon as possible.

It is expected that questions will arise about the Standards or other System policies. When this occurs your questions and concerns should be addressed through the normal chain of command - to your supervisor, or to the Human Resources staff, quality assurance committee, etc. If you receive an unsatisfactory response from the management staff, you are encouraged to continue raising your concerns to the highest levels of the System management.

If concerns arise over violations of the Standards, or illegal or unethical conduct, you are invited to report your concerns to the Corporate Compliance Officer. The System has initiated a toll-free Hotline for this purpose. By dialing 1-877/888-4809, you will reach the System Compliance Hotline. The Hotline should be used to report serious concerns about suspected or known instances of fraud or violations of law or System policies.

The Hotline staff is available for calls Monday through Friday, from 8:00 a.m. to 7:00 p.m. Central Standard Time. No calls to the Hotline will be traced or recorded. Callers are encouraged to remain anonymous, but in the event that the caller's identity is revealed, all efforts will be made to maintain the caller's confidentiality to the extent permitted by law. The Compliance Office will maintain records of information received but will take all appropriate steps to avoid compromising those with whom they are in communication.

In connection with the System Compliance Program, the System has established a "non-retribution and non-retaliation" policy. This means no action of retaliation or reprisal shall be taken against anyone who, in good faith, contacts their supervisor, management, Human Resources, or calls the Hotline to make a report, complaint or inquiry. However, calls to the Hotline do not protect callers from appropriate disciplinary action regarding their own performance or conduct.

The Compliance Office or its designees will evaluate and respond to allegations of wrongdoing, concerns and/or inquiries made to the Hotline in an impartial manner. The Compliance Office will respect and protect the rights of all personnel, including anyone who is the subject of a Hotline complaint. To this end, all allegations will be investigated and verified before any action is taken. Furthermore, any disciplinary action or other response toward an individual(s) which results from a Hotline call will be handled in a professional and confidential manner.

Any employee of the System who may have suggestions for improvements in the Compliance Program is encouraged to write to the System Compliance Department or call the East Texas Medical Center Regional Healthcare System Compliance Hotline.

III. FORM OF ACKNOWLEDGMENT

Human Resources shall, on or before April 1 of each year, ensure that each employee, agent or consultant employed by or contracting with the System executes a form substantially in the format of Schedule III, attached. Human Resources shall report to the Corporate Compliance Officer the status of such efforts annually.

IV. HOTLINE

If you believe any person is not complying with the Standards of Conduct, you must tell your supervisor, Human Resource representatives, or the Corporate Compliance Officer. You should use Compliance Issue Form (See Schedule IV. Compliance Issue Form) or the Hotline.

Compliance Hotline

1-877/888-4809

Adopted: December 11, 1998 Approved by: Elmer G. Ellis

President/CEO

SCHEDULE III

ACKNOWLEDGMENT OF RECEIPT OF COMPLIANCE POLICY

I, _____, hereby acknowledge that I have received a copy of the East Texas Medical Center Regional Healthcare System (the "System") Standards of Conduct which provides guidelines on the policies, procedures, and programs affecting my employment with this organization. I understand that the System can, at its sole discretion, modify, eliminate, revise or deviate from the guidelines and information in these Standards of Conduct as circumstances or situations warrant.

I also understand that any changes made by System with respect to its Corporate Compliance Program, including its policies, procedures, or programs, can supersede, modify, or eliminate any of the policies, procedures, or programs outlined in these Standards of Conduct. I accept responsibility for familiarizing myself with the information in these Standards of Conduct and will seek verification or clarification of their terms or guidance where necessary

I hereby agree that while I am an employee, agent or consultant of the System, I have a duty to report any suspected violations of these Standards. I also hereby agree to conduct myself in accordance with these Standards.

I understand and agree to immediately report any compliance issue and seek (if necessary) the Corporate Compliance Officer's assistance.

Furthermore, I acknowledge that these Standards of Conduct are not a contract of employment and nothing in these, Standards of Conduct create an express or implied contract of employment. I understand that I should consult my administrative supervisor, manager, local ethics officer or the Corporate Compliance Officer if I have any questions that are not answered in these Standards of Conduct.

Signature Date

SCHEDULE IV

EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM

COMPLIANCE ISSUE FORM

Printed Name and Signature of Person Making Report (include your name if you so desire):

Position or Title of the Person Making Report: _____

Specific Area in which you work: _____

Name of your Immediate Supervisor: _____ Date of Report: _____

Please describe the compliance issue in as much detail as possible including dates, times, circumstances and witnesses. At a minimum, you must clearly and concisely answer these questions. When [day(s), date(s) and time(s)] did the incident-giving rise to the compliance issue occur?

What act(s), process(es), or procedure(s) do you, in good faith, believe does not comply with East Texas Medical Center Regional Healthcare System's Standards of Conduct: _____

Identify (by name, position and department) the person(s) that you, in good faith, believe violated East Texas Medical Center Regional Healthcare System's Standards of Conduct: _____

Identify (either by section number or title) the provision(s) of East Texas Medical Center Regional Healthcare System's Standards of Conduct, policies and/or procedures that you in good faith believe has been violated:

Identify (by name, position and department) the person(s) that you in good faith believe has knowledge or information concerning the subject of the incident(s): _____

Have you reported this to your immediate supervisor or Human Resources? _____

If yes, when? _____ And did you make a written report? Yes ___ No ___

Have you called and reported this on the Compliance Hotline (1-877/888-4809)? Yes ___ No ___

For Compliance Office Use Only

Compliance Officer Review Date: _____

Compliance Officer's Determination: _____

Signature of Compliance Officer: _____

Compliance Committee Review Date: _____

Compliance Committee's Determination: _____

Signature of Corporate Counsel: _____

Signature of Chairperson: _____

SCHEDULE IV (Continued)



HIPAA Policies

Click on the following links to view the current documentation regarding HIPAA Policy:

Document List
<u>A.3.2.1 Authorization for the Use and Disclosure of Protected Health Information</u>
<u>A.4.1.1 Acknowledgement of Notice of Privacy Practice</u>
<u>A.4.2.1 Model Form for Patient Medical Record Requests of Restrictions</u>
<u>A.4.3.2 Sample Form for Patient Medical Record Requests Request for Confidential Communications Regarding Medical Information</u>
<u>A.5.2 Model Data Use Agreement</u>
<u>A.7.1 Research Authorization Form</u>
<u>A11.1.1 Workforce Member Confidentiality Agreement</u>
<u>A.17.1 OHCA and SACE Decision Tree</u>
<u>A.17.1 OHCA Medical Staff Policy</u>
<u>ETMC System Business Associate Agreement</u>
<u>Section 1 Introduction With Glossary of Terms</u>
<u>Section 2 Privacy Officer</u>
<u>Section 3.1 Consent</u>
<u>Section 3.2 Authorization</u>
<u>Section 3.3 Oral Agreement or Objection</u>
<u>Section 4.1 Notice of Privacy Practices</u>
<u>Section 4.2 Request for Restrictions on the Use and Disclosure of PHI</u>
<u>Section 4.3 Confidential Communications</u>

Section 4.4 Access To Inspect and Copy Records

Section 4.5 Request for Amendment of PHI

Section 4.6 Accounting of Certain Disclosures

Section 5.1 De-identification and Re-identification

Section 5.2 Limited Data Sets

Section 6.1 The Minimum Necessary Standard In General

Section 6.2 Uses of Protected Health Information

Section 6.3 Disclosures of Protected Health Information General Principles

Section 6.4 Disclosures to the Parents of a Minor

Section 6.6 Disclosures to the Media

Section 6.7 Disclosures to a Coroner, Medical Examiner, or Funeral Director

Section 6.8 Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes

Section 6.9 Disclosures for Research Purposes

Section 7 Research

Section 8 Marketing and Outreach

Section 9 Fundraising

Section 6.10 Disclosures Required by Law

Section 6.11 Disclosures for Specialized Government Functions

Section 6.14 Disclosures to Law Enforcement Officers

Section 6.15 Disclosures About Victims of Abuse, Neglect or Domestic Violence

Section 6.16 Disclosures for Public Health Activities

Section 6.17 Disclosures To Avert a Serious Threat to Health or Safety

Section 6.18 Disclosures for Health Oversight Activities

Section 6.19 Disclosures for Workers' Compensation

Section 6.21 Surgical Observation

Section 6.22 Transcription Providers

Section 6.24 Ambulance Services

Section 6.25 Psychotherapy Notes

Section 6.26 Telemedicine

Section 6.27 Disclosures to Employers

Section 6.28 Incidental Disclosures

Section 6.29 Non-routine Disclosures

Section 11 Workforce Training

Section 13 Receiving and Resolving Complaints

Section 14 Sanctions

Section 15 Mitigation

Section 16 Business Associate Agreements

Section 17 SACE and OHCA

**APPENDIX X
HIPAA BUSINESS ASSOCIATE AGREEMENT ADDENDUM TO CONTRACT**

This Agreement ("Agreement") is entered into by and between Paramedics Plus, L.L.C. ("Business Associate") and of PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY/SUNSTAR (EMS) and is incorporated into the contract between the parties to which it is appended (also referred to as Underlying Agreement).

RECITALS

WHEREAS, Business Associate performs functions, activities, or services for, or on behalf of Covered Entity, and Business Associate receives, has access to or creates Health Information in order to perform such functions, activities or services;

WHEREAS, Covered Entity is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder ("HIPAA"), including but not limited to, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 Code of Federal Regulations Parts 160 and 164; and

WHEREAS, HIPAA requires Covered Entity to enter into a contract with Business Associate to provide for the protection of the privacy and security of Health Information, and HIPAA prohibits the disclosure to or use of Health Information by Business Associate if such a contract is not in place.

AGREEMENT

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

**ARTICLE I
DEFINITIONS**

1.1 "Disclose" and "Disclosure" mean, with respect to Health Information, the release, transfer, provision of access to, or divulging in any other manner of Health Information outside Business Associate's internal operations or to other than its employees.

1.2 "Health Information" means information that (a) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; (b) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual); and (c) is received by Business Associate from or on behalf of Covered Entity, or is created by Business Associate, or is made accessible to Business Associate by Covered Entity.

1.3 “Privacy Regulations” means the Standards for Privacy of Covered Individually Identifiable Health Information, 45 Code of Federal Regulations Parts 160 and 164, promulgated under HIPAA.

1.4 “Services” means the services provided by Business Associate pursuant to the Underlying Agreement(s), or if no such agreement(s) are in effect, the services Business Associate performs with respect to the Covered Entity.

1.5 “Underlying Agreement” means the services agreement executed by the Covered Entity and Business Associate.

1.6 “Use” or “Uses” mean, with respect to Health Information, the sharing, employment, application, utilization, examination or analysis of such Health Information within Business Associate’s internal operations.

1.7 “Security Regulations” means the Security Standards for the Protection of Electronic Protected Health Information 45 Code of Federal Regulations Parts 160 and 164, promulgated under HIPAA.

ARTICLE II OBLIGATIONS OF BUSINESS ASSOCIATE

2.1 Initial Effective Date of Performance. The obligations created under this Agreement shall become effective at the same time as the contract to which this is appended.

2.2 Permitted Uses and Disclosures of Health Information. Business Associate is authorized to and shall:

- a. Use and Disclose Health Information as necessary to perform Services for, or on behalf of Covered Entity;
- b. Use Health Information to create aggregated or de-identified information (in accordance with the requirements of the Privacy Regulations);
- c. Use or Disclose Health Information (including aggregated or de-identified information) as otherwise directed by Covered Entity provided that Covered Entity shall not request Business Associate to Use or Disclose Health Information in a manner that would not be permissible if done by Covered Entity.

Business Associate shall not Use Health Information for any other purpose, except that if necessary, Business Associate may Use Health Information for the proper management and administration of Business Associate or to carry out its legal responsibilities; provided that any Use or Disclosure described herein will not violate the Privacy Regulations or Florida law if done by Covered Entity. Except as otherwise limited in this Agreement, Business Associate may Disclose Health Information for the proper management and administration of the Business Associate, provided that with

respect to any such Disclosure either (a) the Disclosure is required by law (within the meaning of the Privacy Regulations) or (b) the Disclosure would not otherwise violate Florida law and Business Associate obtains reasonable written assurances from the person to whom the information is to be Disclosed that such person will hold the information in confidence and will not Use or further Disclose such information except as required by law or for the purpose(s) for which it was Disclosed by Business Associate to such person, and that such person will notify Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

2.3 Adequate Safeguards for Health Information. Business Associate warrants that it shall implement and maintain appropriate safeguards to prevent the Use or Disclosure of Health Information in any manner other than as permitted by this Agreement. This includes insuring the security of electronic protected health information as required by the Security Regulations.

2.4 Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of Health Information by Business Associate in violation of the requirements of this Agreement.

2.5 Reporting Non-Permitted Use or Disclosure or Security Incident. Business Associate shall report to Covered Entity each Use or Disclosure that is made by Business Associate, its employees, representatives, agents or subcontractors that is not specifically permitted by this Agreement of which Business Associate becomes aware. Business Associate shall also report each security incident of which it becomes aware. The initial report shall be made by telephone call to the Covered Entity within forty-eight (48) hours from the time the Business Associate becomes aware of the non-permitted Use or Disclosure, followed by a written report to covered Entity no later than five (5) days from the date the Business Associate becomes aware of the non-permitted Use or Disclosure.

2.6 Availability of Internal Practices, Books and Records. Business Associate agrees to make its internal practices, books and records relating to the Use and Disclosure of Health Information and its security procedures available to the Secretary of the U.S. Department of Health and Human Services ("Secretary"), for purposes of determining Covered Entity's compliance with the Privacy Regulations.

2.7 Access to and Amendment of Health Information. Business Associate shall, to the extent Covered Entity determines that any Health Information constitutes a "designated record set" under the Privacy Regulations, (a) make the Health Information specified by Covered Entity available to Covered Entity or to the individual(s) identified by Covered Entity as being entitled to access and copy that Health Information, and (b) make any amendments to Health Information that are requested by Covered Entity. Business Associate shall provide such access and make such amendments within the time and in the manner specified by Covered Entity.

2.8 Accounting of Disclosures. Upon Covered Entity's request, Business Associate shall provide to Covered Entity an accounting of each Disclosure of Health Information made by Business Associate or its employees, agents, representatives or subcontractors as required by the Privacy Regulations. For each Disclosure that requires an accounting under this Section 2.8, Business Associate shall track the information required by the Privacy Regulations, and shall securely maintain the information for six (6) years from the date of the Disclosure.

2.9 Use of Subcontractors and Agents. Business Associate shall require each of its agents and subcontractors that receive Health Information from Business Associate to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this Agreement with respect to such Health Information.

ARTICLE III OBLIGATIONS OF COVERED ENTITY

3.1 Privacy Notice. Covered Entity shall notify Business Associate of any limitation(s) in Covered Entity's notice of privacy practices to the extent such limitation(s) may affect Business Associate's Use or Disclosure of Health Information.

ARTICLE IV TERM AND TERMINATION

4.1 Term. Subject to the provisions of Sections 4.2 and 4.3, the term of this Agreement shall be the term of the Agreement(s) to which this is appended.

4.2 Termination for Cause. Upon Covered Entity's knowledge of a material breach of this Agreement by the Business Associate, Covered Entity shall either:

a. notify Business Associate of the breach in writing, and provide an opportunity to cure the breach or end the violation within ten (10) business days of such notification; provided that if Business Associate fails to cure the breach or end the violation within such time period to the satisfaction of Covered Entity, Covered Entity shall have the right to immediately terminate this Agreement and the Underlying Agreement(s) upon written notice to Business Associate;

b. upon written notice to Business Associate, immediately terminate this Agreement and the Underlying Agreement if Covered Entity determines that such breach cannot be cured; or

c. if Covered Entity determines that neither termination nor cure is feasible, the Covered Entity shall report the violation to the Secretary.

d. violation of this agreement is a violation of the Underlying Agreement and may lead to termination of that agreement.

4.3 Termination for Breach of Section 5.2. Covered Entity may terminate the Underlying Agreement(s) and this Agreement upon thirty (30) days written notice in the event (a) Business Associate does not promptly enter into negotiations to amend this Agreement when requested by Covered Entity pursuant to Section 5.2 or (b) Business Associate does not enter into an amendment to this Agreement providing assurances regarding the safeguarding of Health Information that the Covered Entity, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA.

4.4 Disposition of Health Information Upon Termination or Expiration. Upon termination or expiration of this Agreement, Business Associate shall either return or destroy, in Covered Entity's sole discretion and in accordance with any instructions by Covered Entity, all Health Information in the possession or control of Business Associate and its agents and subcontractors. In such event, Business Associate shall retain no copies of such Health Information. However, if the Business Associate determines that neither return nor destruction of Health Information is feasible, Business Associate shall notify Covered Entity of the conditions that make return or destruction infeasible, and may retain Health Information provided that Business Associate (a) continues to comply with the provisions of this Agreement for as long as it retains Health Information, and (b) further limits Uses and Disclosures of Health Information to those purposes that make the return or destruction of Health Information infeasible.

ARTICLE V MISCELLANEOUS

5.1 Indemnification. Notwithstanding anything to the contrary in the Underlying Agreement(s), at Business Associate's expense, Business Associate agrees to indemnify, defend and hold harmless Covered Entity and Covered Entity's employees, directors, officers, subcontractors or agents (the "Indemnities") against all damages, losses, lost profits, fines, penalties, costs or expenses (including reasonable attorneys' fees) and all liability to third parties arising from any breach of this Agreement by Business Associate or its employees, directors, officers, subcontractors, agents or other members of Business Associate's workforce. Business Associate's obligation to indemnify the Indemnitees shall survive the expiration or termination of this Agreement for any reason.

5.2 Amendment to Comply with Law. The parties acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA and other applicable laws relating to the security or confidentiality of Health Information. The parties understand and agree that Covered Entity must receive satisfactory written assurance from Business Associate that Business Associate will adequately safeguard all Health Information that it receives or creates on behalf of Covered Entity. Upon Covered Entity's request, Business Associate agrees to promptly enter into negotiations with Covered Entity, concerning the terms of any amendment to this Agreement

embodying written assurances consistent with the standards and requirements of HIPAA or other applicable laws.

5.3 Relationship to Underlying Agreement(s) Provisions. In the event that a provision of this Agreement is contrary to a provision of an Underlying Agreement(s), the provision of this Agreement shall control. Otherwise, this Agreement shall be construed under, and in accordance with, the terms of such Underlying Agreement(s), and shall be considered an amendment of and supplement to such Underlying Agreement(s).

5.4 Modification of Agreement. No alteration, amendment, or modification of the terms of this Agreement shall be valid or effective unless in writing and signed by Business Associate and Covered Entity.

5.5 Non-Waiver. A failure of any party to enforce at any time any term, provision or condition of this Agreement, or to exercise any right or option herein, shall in no way operate as a waiver thereof, nor shall any single or partial exercise preclude any other right or option herein. In no way whatsoever shall a waiver of any term, provision or condition of this Agreement be valid unless in writing, signed by the waiving party, and only to the extent set forth in such writing.

5.6 Agreement Drafted By All Parties. This Agreement is the result of arm's length negotiations between the parties and shall be construed to have been drafted by all parties such that any ambiguities in this Agreement shall not be construed against either party.

5.7 Severability. If any provision of this Agreement is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

5.8 Section Headings. The section headings contained herein are for convenience in reference and are not intended to define or limit the scope of any provision of this Agreement.

5.9 No Third Party Beneficiaries. There are no third party beneficiaries to this Agreement.

5.10 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, and will become effective and binding upon the parties as of the effective date at such time as all the signatories hereto have signed a counterpart of this Agreement.

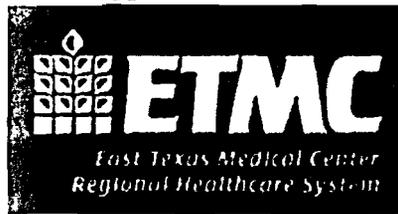
5.11 Notices. Any notices required or permitted to be given hereunder by either party to the other shall be given in accordance with the terms of the Underlying Agreement or to such other addresses as the parties may request in writing by notice given pursuant to this Section 5.12. Notices shall be deemed received on the earliest of

personal delivery; upon delivery by electronic facsimile with confirmation from the transmitting machine that the transmission was completed; twenty-four (24) hours following deposit with a bonded courier or overnight delivery service; or seventy-two (72) hours following deposit in the U.S. Mail as required herein.

5.12 Applicable Law and Venue. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Florida (without regard to principles of conflicts of laws). The parties agree that all actions or proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state or federal (if permitted by law and a party elects to file an action in federal court) courts located in PINELLAS COUNTY. This choice of venue is intended by the parties to be mandatory and not permissive in nature, and to preclude the possibility of litigation between the parties with respect to, or arising out of, this Agreement in any jurisdiction other than that specified in this Section 5.12. Each party waives any right it may have to assert the doctrine of *forum non conveniens* or similar doctrine or to object to venue with respect to any proceeding brought in accordance with this Section 5.12.

5.13 Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Regulations.

Appendix Y



HIPAA Policies

Click on the following links to view the current documentation regarding HIPAA Policy:

Document List
A.3.2.1 Authorization for the Use and Disclosure of Protected Health Information
A.4.1.1 Acknowledgement of Notice of Privacy Practice
A.4.2.1 Model Form for Patient Medical Record Requests of Restrictions
A.4.3.2 Sample Form for Patient Medical Record Requests Request for Confidential Communications Regarding Medical Information
A.5.2 Model Data Use Agreement
A.7.1 Research Authorization Form
A11.1.1 Workforce Member Confidentiality Agreement
A.17.1 OHCA and SACE Decision Tree
A.17.1 OHCA Medical Staff Policy
ETMC System Business Associate Agreement
Section 1 Introduction With Glossary of Terms
Section 2 Privacy Officer
Section 3.1 Consent
Section 3.2 Authorization
Section 3.3 Oral Agreement or Objection
Section 4.1 Notice of Privacy Practices
Section 4.2 Request for Restrictions on the Use and Disclosure of PHI
Section 4.3 Confidential Communications
Section 4.4 Access To Inspect and Copy Records
Section 4.5 Request for Amendment of PHI
Section 4.6 Accounting of Certain Disclosures
Section 5.1 De-identification and Re-identification
Section 5.2 Limited Data Sets
Section 6.1 The Minimum Necessary Standard In General
Section 6.2 Uses of Protected Health Information
Section 6.3 Disclosures of Protected Health Information General Principles
Section 6.4 Disclosures to the Parents of a Minor

Section 6.6 Disclosures to the Media
Section 6.7 Disclosures to a Coroner, Medical Examiner, or Funeral Director
Section 6.8 Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes
Section 6.9 Disclosures for Research Purposes
Section 7 Research
Section 8 Marketing and Outreach
Section 9 Fundraising
Section 6.10 Disclosures Required by Law
Section 6.11 Disclosures for Specialized Government Functions
Section 6.14 Disclosures to Law Enforcement Officers
Section 6.15 Disclosures About Victims of Abuse, Neglect or Domestic Violence
Section 6.16 Disclosures for Public Health Activities
Section 6.17 Disclosures To Avert a Serious Threat to Health or Safety
Section 6.18 Disclosures for Health Oversight Activities
Section 6.19 Disclosures for Workers' Compensation
Section 6.21 Surgical Observation
Section 6.22 Transcription Providers
Section 6.24 Ambulance Services
Section 6.25 Psychotherapy Notes
Section 6.26 Telemedicine
Section 6.27 Disclosures to Employers
Section 6.28 Incidental Disclosures
Section 6.29 Non-routine Disclosures
Section 11 Workforce Training
Section 13 Receiving and Resolving Complaints
Section 14 Sanctions
Section 15 Mitigation
Section 16 Business Associate Agreements
Section 17 SACE and OHCA

Sample form only. May be modified by individual facility/business. Integrity of form content must be maintained.

Authorization for the Use and Disclosure of Protected Health Information

1. I hereby authorize ETMC to use and disclose protected health information from the record(s) of:

Patient's Name: _____
Birth date: _____
Social Security No.: _____

2. Copies of the following records shall be used and disclosed:

_____ Complete Medical Records; or
_____ Other: _____ (specifically identify)

3. I understand that the records used and disclosed pursuant to this authorization form may include information relating to: Human Immunodeficiency Virus ("HIV") infection or Acquired Immunodeficiency Syndrome ("AIDS"); treatment for or history of drug or alcohol abuse; or mental or behavioral health or psychiatric care.

4. I understand that copies of the records indicated above will be: (check one or more, as applicable)

_____ Used by members of ETMC's workforce.

_____ Sent to: Name of Recipient: _____
Name of Company: _____
Address: _____
State: _____ Zip Code: _____

_____ Faxed to: Name of Recipient: _____
Name of Company: _____
Fax Number: _____
Confirmation Telephone Number: _____

5. I understand that to the extent any Recipient of this information, as identified above, is not a "covered entity" under Federal or Texas privacy law, the information may no longer be protected by Federal and Texas privacy law once it is disclosed to the Recipient and, therefore, may be subject to re-disclosure by the Recipient.

6. I understand that the purpose(s) of the requested use and disclosure is (are):

_____ At the request of the individual.

_____ For marketing: Will ETMC receive remuneration for the use or disclosure? _____ Yes
_____ No

_____ Other: _____

7. I understand that I may revoke this authorization in writing at any time except to the extent that ETMC Hospital has already relied on this authorization. I understand that I may revoke this authorization by sending or faxing a written notice to *[name of contact person at ETMC Hospital; address of ETMC Hospital; and/or fax number]* stating my intent to revoke this authorization.

8. Unless otherwise revoked, I understand that the specific date or event upon which this authorization expires is: _____ *[The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.]*

9. I understand that ETMC Hospital may not condition treatment on my completion of this authorization form. *[Or, if the covered entity is permitted to condition services on the individual's completion of the authorization form under 45 C.F.R. § 164.508(b)(4), this statement should explain the consequences to the individual of a refusal to sign the authorization (e.g., ETMC Health Plan may deny you enrollment or eligibility for benefits if you fail to complete this authorization form)].*

Signature of Patient or Patient's Legal Representative: _____ Date: _____
Printed Name of Legal Representative (if any): _____
Representative's Authority to Act for Patient: _____

Sample form only. May be modified by individual facility/business. Integrity of form content must be maintained.

Acknowledgement of Notice of Privacy Practices

Your name and signature on this cover sheet indicate that you have received a copy of ETMC's Notice of Privacy Practices on the date indicated. If you have any questions regarding the information set forth in ETMC's Notice of Privacy Practices, please do not hesitate to contact the Privacy Office at 903-596-3388.

Name (printed): _____

Signature _____

Date Notice Received: _____

If unable to give to patient, please explain: _____

Sample form only. May be modified by individual facility/business. Integrity of form content must be maintained.

MEDICAL RECORD REQUESTS

1. Request For Restricting the Use or Disclosures of Medical Information by ETMC
2. Request for Confidential Communications Regarding Medical Information
3. Request to Amend Medical Records
4. Patient Authorization Form for Inspecting and Copying Health Information

INSTRUCTIONS: PLACE A CHECK (✓) OR NOT APPLICABLE ("N/A") IN THE SPACE PROVIDED TO INDICATE WHICH MEDICAL REQUEST APPLIES.

[✓ or N/A]

1. _____ **Request for Restrictions or Limitations on Medical Information ETMC Uses or Discloses for Health Care Treatment, Payment, or Operations**

I wish to restrict the use or disclosure of my medical information when ETMC uses it for health care treatment, payment, or operations in the following manner:

- A. *What information do you wish to restrict (e.g., that you have had a particular surgery)?*

- B. *Please describe specifically how you wish to restrict ETMC's use or disclosure of this information? For health care treatment? for payment? or for ETMC's operations? Other?*

- C. *To whom do you want the restriction to apply? Be sure to include the name(s) of the person(s) who should not receive your medical information.*

ETMC is not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

[✓ or N/A]

2. _____ **Request for Confidential Communications Regarding Medical Information**

I wish to request that ETMC communicate with me confidentially about medical matters in the following manner:

Describe how you wish ETMC to contact you (e.g., only by phone at work? at home? by fax? only by mail at a given address, other than the address ETMC has on record?). Be sure to include the area code and phone number(s) and/or the full address of the location where ETMC can contact you.

ETMC will not ask you the reason for your request. ETMC will accommodate all reasonable requests.

If you cannot be reached at the designated alternative location you specify, ETMC may use other means to contact you for payment.

Sample form only. May be modified by individual facility/business. Integrity of form content must be maintained.

[✓ or N/A]

3. _____ **Request to Amend Medical Records**

I wish to request that ETMC correct or complete my medical information in its medical records as follows:

A. *Describe what information is incomplete or incorrect and what you believe should be changed. State what information you believe should be added and/or deleted.*

B. *State the reason that supports your request. Furnish copies of supporting information, if applicable.*

ETMC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, ETMC may deny your request if you ask ETMC to amend information that: (1) was not created by ETMC, unless the person or ETMC that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for ETMC; (3) is not part of the information which you would be permitted to inspect and copy; or (4) ETMC believes is accurate and complete.

[✓ or N/A]

4. _____ **Patient Authorization Form for Inspecting and Copying Health Information**

A. I desire access to and/or copies of medical information created and maintained by ETMC. I authorize ETMC to copy and disclose to me my health information.

B. The information to be disclosed is: (specify the exact information to be disclosed, including dates of service):

_____ Complete medical records: _____

[OR the records marked below:]

_____ History and physical examination: _____

_____ Consultation reports: _____

_____ X-ray reports: _____

_____ Laboratory tests: _____

_____ Discharge summary: _____

_____ Progress notes: _____

_____ Photographs, videotapes, or digital or other images: _____

_____ Billing records: _____

_____ Other: _____

I understand that this information may include information relating to: acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV infection); treatment for drug or alcohol abuse; or mental or behavioral health or psychiatric care, excluding psychotherapy notes.

C. Purpose of disclosure: _____

Sample form only. May be modified by individual facility/business. Integrity of form content must be maintained.

D. The information should be sent to me at the following address:
Street/Apt. No./City/State/ Zip Code:

E. Unless otherwise revoked, this authorization will expire when revoked by me; I may revoke this authorization form at any time. Initials: _____

I understand that ETMC may charge a fee for the costs of copying, mailing, or other supplies associated with this request.

ETMC may deny your request to inspect and copy medical records in certain limited circumstances, which are described in separate policies. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by ETMC will review your request and the denial. The person conducting the review will not be the person who denied the request. ETMC will comply with the outcome of the review.

Signature of patient or patient's representative*

Printed name of patient's representative

Relationship to patient giving representative authority
to act for patient

Date: _____
(Month/Day/Year)

* Your signature authorizes ETMC to take action regarding the requests checked (✓) above.

Sample form only. May be modified by individual facility/business. Integrity of form content must be maintained.

MEDICAL RECORD REQUESTS

East Texas Medical Center Regional Healthcare System

Request for Confidential Communications Regarding Medical Information

I wish to request that ETMC communicate with me confidentially about medical matters in the following manner:

Describe how you wish ETMC to contact you (e.g., only by phone at work? at home? by fax? only by mail at a given address, other than the address ETMC has on record?). Be sure to include the area code and phone number(s) and/or the full address of the location where ETMC can contact you.

ETMC will not ask you the reason for your request. ETMC will accommodate all reasonable requests.

If you cannot be reached at the designated alternative location you specify, ETMC may use other means to contact you for payment.

Signature of patient or patient's representative

Printed name of patient's representative

Relationship to patient giving representative authority to act for patient

Date: _____
(Month/Day/Year)

*Sample form only. May be modified by individual facility/business.
Integrity of form content must be maintained.*

DRAFT

DATA USE AGREEMENT

This Data Use Agreement (the "Agreement"), effective as of the ___ day of _____, 20__, is by and between East Texas Medical Center Regional Healthcare System ("Covered Entity") and _____ ("Limited Data Set Recipient" or "Recipient") (collectively, the "Parties"; each, a "Party") for purposes of complying with the federal Standards for Privacy of Individually Identifiable Health Information set forth at 45 C.F.R. Parts 160 and 164 (the "Privacy Standards").

RECITALS

WHEREAS, Limited Data Set Recipient would like to use certain individually identifiable health information maintained by Covered Entity for purposes of _____ [such purposes must relate to health care operations, research, or public health];

WHEREAS, Recipient recognizes that Covered Entity is a covered entity under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and that Covered Entity is required by the Privacy Standards adopted pursuant to HIPAA to protect the privacy of the individually identifiable health information maintained by Covered Entity;

WHEREAS, the Privacy Standards permit Covered Entity to disclose a Limited Data Set of information to Recipient for purposes of health care operations, research, or public health if Recipient enters into a Data Use Agreement with Covered Entity;

WHEREAS, 45 C.F.R. § 164.514(e) of the Privacy Standards requires Covered Entity to receive adequate assurances from Recipient that Recipient will comply with certain obligations with respect to the individually identifiable health information received from Covered Entity; and

WHEREAS, the purpose of this Agreement is to comply with 45 C.F.R. § 164.514(e) of the Privacy Standards as it may be amended from time to time.

NOW THEREFORE, in consideration of the mutual promises and covenants, herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

A. Definitions.

1. "Limited Data Set Recipient." "Limited Data Set Recipient" shall mean _____ [insert name of Limited Data Set Recipient].

DRAFT

2. “Covered Entity.” “Covered Entity” shall mean _____
_____ [insert name of Covered Entity].
 3. “Limited Data Set.” “Limited Data Set” shall mean PHI that excludes the following direct identifiers of the individuals or of the relatives, employers, or household members of individual: (i) names; (ii) postal address information, other than town or city, state and zip code; (iii) telephone numbers; (iv) fax numbers; (v) electronic mail addresses; (vi) social security numbers; (vii) medical record numbers; (viii) health plan beneficiary numbers; (ix) account numbers; (x) certificate/license numbers; (xi) vehicle identifiers and serial numbers, including license plate numbers; (xii) device identifiers and serial numbers; (xiii) web universal resource locators (URLs); (xiv) Internet Protocol (IP) address numbers; (xv) biometric identifiers, including finger and voice prints; (xvi) full face photographic images and any comparable images.
 4. “Individual.” “Individual” shall mean the person who is the subject of the Protected Health Information.
 5. “Privacy Standards.” “Privacy Standards” shall mean the Standards for Privacy of Individually Identifiable Health Information set forth at 45 C.F.R. Parts 160 and 164.
 6. “Protected Health Information” or “PHI.” “Protected Health Information” or “PHI” shall mean individually identifiable health information regardless of the form in which it is maintained or transmitted.
 7. “Required by Law.” “Required by Law” means a mandate contained in law that compels a use or disclosure of PHI and that is enforceable in a court of law.
- B. Creation and Disclosure of Limited Data Set. Covered Entity may use PHI to create a Limited Data Set and may disclose PHI to Recipient for the purposes of _____ [such purposes must relate to health care operations, research, or public health].
- C. Limited Data Set Recipient Obligations. As a condition of receiving the Limited Data Set for purposes of carrying out _____ [such purposes must relate to health care operations, research, or public health], Limited Data Set Recipient agrees to comply with applicable federal and state privacy and security laws. Recipient further agrees:
1. not to use or disclose PHI except as necessary to fulfill the purposes of this Agreement as described in Sections B and C, above;
 2. not to use or further disclose the Limited Data Set in a manner that would violate the Privacy Standards if done by Covered Entity;

DRAFT

3. not to use or further disclose the Limited Data Set other than as permitted by this Agreement or otherwise required by law;
4. to use appropriate safeguards to prevent use or disclosure of the Limited Data Set other than as provided for by this Agreement;
5. to report to Covered Entity any use or disclosure of the Limited Data Set not provided for by this Agreement of which Recipient becomes aware;
6. to ensure that any agents, including a subcontractor, to whom it provides the Limited Data Set agrees to the same restrictions and conditions that apply to the Recipient with respect to such information; and
7. not to identify the individuals who are the subjects of the Limited Data Set or contact such individuals.

D. Term and Termination.

1. Term. The term of this Agreement shall be effective as of the date first set forth above and shall continue for as long as Recipient is in possession of data.
2. Termination for Breach. If Recipient breaches any provision in this Agreement, Covered Entity may, at its option, access and audit the records of Recipient related to its use and disclosure of PHI, require Recipient to submit to monitoring and reporting, and such other conditions as Covered Entity may determine is necessary to ensure compliance with this Agreement, or Covered Entity may terminate this Agreement on a date specified by Covered Entity.
3. Continued Confidentiality of Information. After the termination of this Agreement, Recipient agrees to maintain the confidentiality of the PHI as set forth in this Agreement and the Privacy Standards.

E. Miscellaneous.

1. Indemnification. To the extent permitted by law, Recipient agrees to indemnify and hold harmless Covered Entity from and against all claims, demands, liabilities, judgments, or causes of action of any nature for any relief, elements of recovery or damages recognized by law (including, without limitation, attorney's fees, defense costs, and equitable relief), for any damage or loss incurred by Covered Entity arising out of, resulting from, or attributable to any acts or omissions or other conduct of Recipient in connection with the performance of Recipient's duties under this Agreement. This indemnity shall apply even if Covered Entity is *alleged* to be solely or jointly negligent or otherwise solely or jointly at fault; provided, however, that a trier of fact finds Covered Entity not to be solely or jointly negligent or otherwise solely or jointly at fault. This indemnity

DRAFT

shall not be construed to limit Covered Entity's rights, if any, to common law indemnity.

The indemnities set forth in this Section D(1) shall survive termination of this Agreement and Covered Entity reserves the right, at its option and expense, to participate in the defense of any suit or proceeding through counsel of its own choosing.

- 2. Rights of Proprietary Information. Covered Entity retains any and all rights to the proprietary information, confidential information, and/or Limited Data Set Covered Entity discloses to Recipient.
- 3. Notices. Any notices pertaining to this Agreement shall be given in writing and shall be deemed duly given when personally delivered to a Party or a Party's authorized representative as listed below or sent by means of a reputable overnight carrier, or sent by means of certified mail, return receipt requested, postage prepaid. A notice sent by certified mail shall be deemed given on the date of receipt or refusal of receipt. All notices shall be addressed to the appropriate Party as follows:

If to Covered Entity:

Attn: _____

If to Limited Data Set Recipient:

Attn: _____

- 4. Amendments. This Agreement may not be changed or modified in any manner except by an instrument in writing signed by a duly authorized officer of each of the Parties hereto. The Parties, however, agree to amend this Agreement from time to time as needed to assure Covered Entity's compliance with the Privacy Standards.
- 5. Choice of Law. This Agreement and the rights and the obligations of the Parties hereunder shall be governed by and construed under the laws of the State of Texas, without regard to applicable conflict of laws principles.
- 6. Assignment of Rights and Delegation of Duties. This Agreement is binding upon and inures to the benefit of the Parties hereto and their respective successors and permitted assigns. However, neither Party may

DRAFT

assign any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other Party, which consent shall not be unreasonably withheld or delayed. Notwithstanding any provisions to the contrary, however, Covered Entity retains the right to assign or delegate any of its rights or obligations hereunder to any of its wholly owned subsidiaries, affiliates or successor companies. Assignments made in violation of this provision are null and void.

7. Nature of Agreement. Nothing in this Agreement shall be construed to create: (i) a partnership, joint venture, or other joint business relationship between the Parties or any of their affiliates; (ii) any fiduciary duty owed by one Party to another Party or any of its affiliates; or (iii) an agency or employment relationship between the Parties or any of their affiliates.
8. No Waiver. Failure or delay on the part of either Party to exercise any right, power, privilege or remedy hereunder shall not constitute a waiver thereof. No provision of this Agreement may be waived by either Party except by a writing signed by an authorized representative of the Party making the waiver.
9. Equitable Relief. Any disclosure or misappropriation of Limited Data Set information by Recipient in violation of this Agreement will cause Covered Entity irreparable harm, the amount of which may be difficult to ascertain. Recipient therefore agrees that Covered Entity shall have the right to apply to a court of competent jurisdiction for specific performance and/or an order restraining and enjoining Recipient from any such further disclosure or breach, and for such other relief as Covered Entity shall deem appropriate. Such rights are in addition to any other remedies available to Covered Entity at law or in equity. Recipient expressly waives the defense that a remedy in damages will be adequate, and further waives any requirement in an action for specific performance or injunction for the posting of a bond by Covered Entity.
10. Severability. The provisions of this Agreement shall be severable and, if any provision of this Agreement shall be held or declared to be illegal, invalid or unenforceable, the remainder of this Agreement shall continue in full force and effect as though such illegal, invalid or unenforceable provision had not been contained herein.
11. No Third Party Beneficiaries. Nothing in this Agreement is intended to confer on any person other than the Parties to this Agreement or their respective successors and assigns any rights, remedies, obligations or liabilities under or by reason of this Agreement. Nothing in this Agreement shall be considered or construed as conferring any right or benefit on a person not party to this Agreement nor imposing any obligations on either Party hereto to persons not a party to this Agreement.

DRAFT

- 12. Entire Agreement. This Agreement together with the all exhibits, schedules, riders, and amendments, if applicable, which are fully completed and signed by authorized Persons on behalf of both Parties from time to time while this Agreement is in effect, constitutes the entire Agreement between the Parties hereto with respect to the subject matter hereof and supersedes all previous written or oral understandings, agreements, negotiations, commitments, and any other writing and communication by or between the Parties with respect to the subject matter hereof. In the event of any inconsistencies between any provisions of this Agreement in any provisions of the exhibits, schedules, or riders, the provisions of this Agreement shall control.

- 13. Regulatory References. A citation in this Agreement to the Code of Federal Regulations ("C.F.R.") shall mean the cited section as that section may be amended from time to time.

Agreed to:

LIMITED DATA SET RECIPIENT

By: _____
(Authorized Signature)

Name: _____
(Type or Print)

Title: _____

Date: _____

Agreed to:

COVERED ENTITY

By: _____
(Authorized Signaturc)

Name: _____
(Type or Print)

Title: _____

Date: _____

Sources: 67 Fed. Reg. 53182, 53234-53238 (Aug. 14, 2002); 45 C.F.R. § 164.514(e) as it may be amended from time to time.

DRAFT

East Texas Medical Center

Authorization for the Use and Disclosure of Protected Health Information

1. I hereby authorize East Texas Medical Center ("ETMC") to use and disclose Protected Health Information from the record(s) of:

Patient's Name: _____

Birth date: _____

Social Security No.: _____

2. Copies of the following records shall be used and disclosed:

_____ Complete Medical Records; or

_____ Other: _____ (specifically identify)

I understand that the records used and disclosed pursuant to this authorization form may include information relating to: Human Immunodeficiency Virus ("HIV") infection or Acquired Immunodeficiency Syndrome ("AIDS"); treatment for or history of drug or alcohol abuse; or mental or behavioral health or psychiatric care.

3. I understand that copies of the records indicated above will be: (check one or more, as applicable)

_____ Used by members of ETMC's workforce.

_____ Sent to:

Name of Recipient: _____

Name of Company: _____

Address: _____

State: _____ Zip Code: _____

**WORKFORCE MEMBER
HEALTH INFORMATION CONFIDENTIALITY AGREEMENT
East Texas Medical Center Regional Healthcare System**

This Health Information Confidentiality Agreement ("Agreement") applies to all members of ETMC's workforce including staff, employees, volunteers, trainees and others who, in the performance of work for ETMC, are under ETMC's direct control and who have access to protected health information ("PHI") maintained, received, or created by ETMC.

Please read all sections of this Agreement, in addition to ETMC's privacy and security policies and procedures, before signing below.

ETMC has a legal and ethical responsibility to safeguard the privacy of all ETMC patients and to protect the confidentiality of their health information. In the course of your employment, whether or not you are directly involved in providing patient services, you may hear information that relates to a patient's health, read or see computer or paper files containing PHI and/or create documents containing PHI. Because you may have contact with PHI, ETMC requests that you agree to the following as a condition of your employment:

1. Confidential PHI.

I understand that all health information which may in any way identify a patient or relate to a patient's health must be maintained confidentially. I will regard confidentiality as a central obligation of patient care.

2. Prohibited Use and Disclosure.

I agree that, except as required under my job responsibilities or as directed by ETMC, I will not at any time during or after my work for ETMC speak about or share any PHI with any person. I understand and agree that personnel who have access to health records must preserve the confidentiality and integrity of such records, and no one is permitted access to the health record of any patient without a necessary, legitimate, work-related reason. I shall not inappropriately examine or photocopy a patient record or remove a patient record from ETMC.

3. Safeguards.

When PHI must be discussed with other healthcare practitioners in the course of my work for ETMC, I shall make reasonable efforts to avoid such conversations from being overheard by others who are not involved in the patient's care.

I understand that when PHI is within my control, I must use all reasonable means to prevent it from being disclosed to others, except as otherwise permitted by this Agreement. I will not at any time reveal to anyone my confidential access codes to ETMC's information systems, and I will take all reasonable measures to prevent the disclosure of my access codes to anyone. I also understand that ETMC may, at any time, monitor and audit my use of the electronic/automated patient record and information systems.

Protecting the confidentiality of PHI means protecting it from unauthorized use or disclosure in any form: oral, fax, written, or electronic. If I keep patient notes on a handheld or laptop computer or other electronic device, I will ensure that my supervisor knows of and has approved such use. I agree not to send patient identifiable health information in an email, or email attachment, unless I am directed to do so by my supervisor.

4. Return or Destruction of Health Information.

If, as part of my job responsibilities, I must take PHI off the premises of ETMC, I shall ensure that I have ETMC's permission to do so, I shall protect the PHI from disclosure to others, and I shall ensure that all of the PHI, in any form, is returned to ETMC or destroyed in a manner that renders it unreadable and unusable by anyone else.

5. Termination.

At the end of my employment with ETMC, or when my assignment for ETMC is otherwise terminated, I will make sure that I take no PHI with me, and that all PHI in any form is returned to ETMC or destroyed in a manner that renders it unreadable and unusable by anyone else. Discharge or termination, whether voluntary or not, shall not affect my ongoing obligation to safeguard the confidentiality of PHI and to return or destroy any such PHI in my possession.

6. Sanctions.
I understand that my unauthorized access or disclosure of PHI may violate state or federal law and cause irreparable injury to ETMC and harm to the patient who is the subject of the PHI and may result in disciplinary and/or legal action being taken against me, including termination of my employment.
7. Reporting of Non-Permitted Use.
I agree to immediately report to ETMC any unauthorized use or disclosure of PHI by any person. The person to whom I report unauthorized uses and disclosures is my supervisor, the Privacy Office at 903-596-3388 or the Privacy Hotline at 1-800-688-3144.
8. Disclosure to Third Parties.
I understand that I am not authorized to share or disclose any PHI with or to anyone who is not part of ETMC's workforce, unless otherwise permitted by this Agreement.
9. Agents of the Department of Health and Human Services.
I agree to cooperate with any investigation by the Secretary of the U.S. Department of Health and Human Services ("HHS"), or any agent or employee of HHS or other oversight agency, for the purpose of determining whether ETMC is in compliance federal or state privacy laws.
10. Disclosures Required by Law.
I understand that nothing in this Agreement prevents me from using or disclosing PHI if I am required by law to use or disclose PHI.

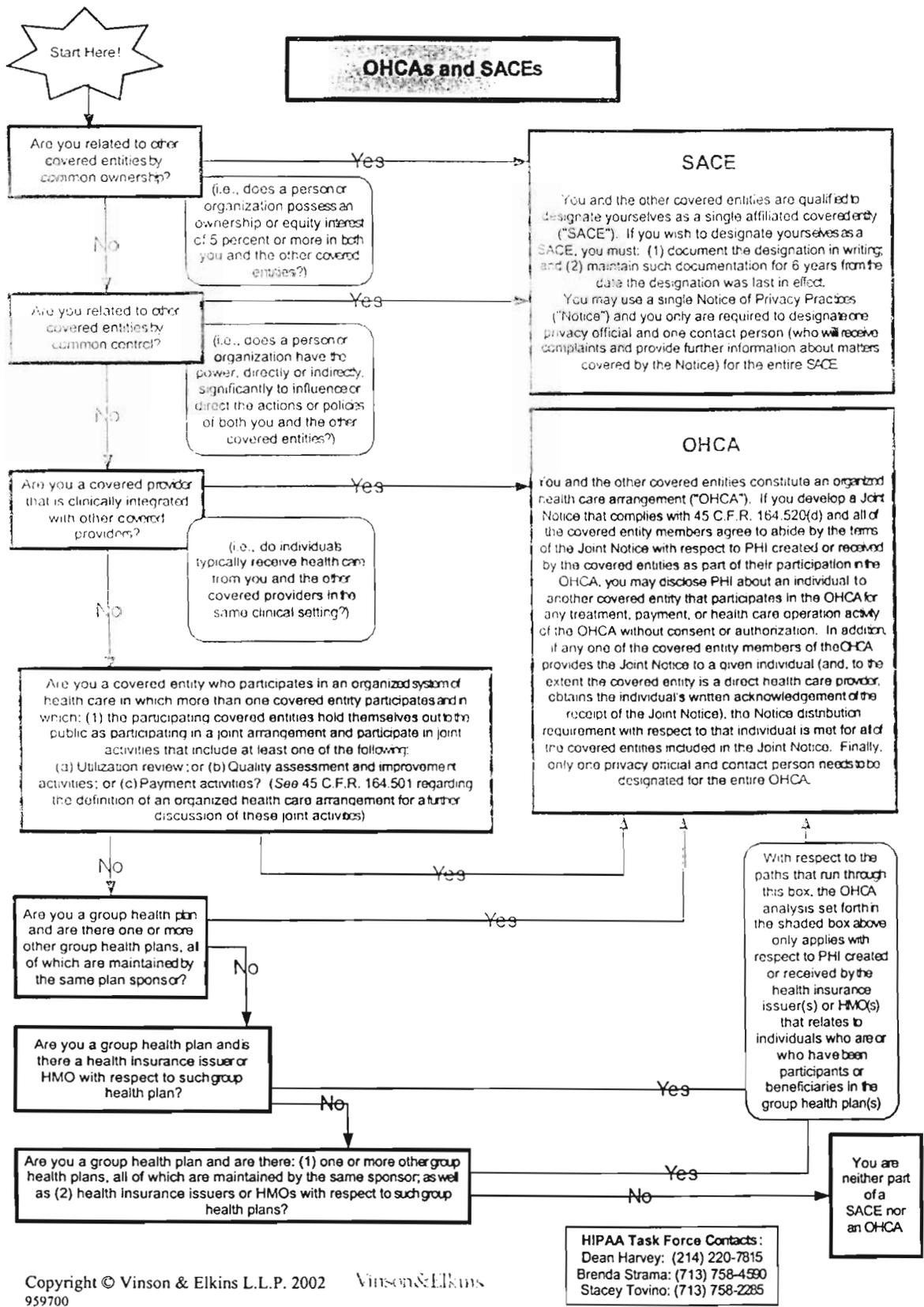
By my signature below, I affirm that I completed ETMC's privacy training, and agree to abide by all the terms and conditions of this Agreement.

Signature of Workforce Member: _____
 Printed Name: _____
 Date: _____
 Facility: _____
 Department: _____
 Social Security Number: _____
 Work Phone: _____

Do you work at other ETMC Facilities? Yes No

If yes, please list: _____

Instructor Signature: _____



Medical Staff Policy _____

ORGANIZED MEDICAL STAFF HEALTH CARE AGREEMENT

OBJECTIVE:

This Medical Staff Health Care Agreement, a written and approved by the Medical Staff Executive Committee, as defined in the ETMC Medical Staff Bylaws, Rules & Regulations and Policies & Procedures, and the Administration of the ETMC, collectively as "parties", creates and promotes a sharing environment of protected health information.

The outcome of this shared environment is to facilitate the delivery of the best possible treatment to patients, to facilitate reimbursement, to promote medical research and to protect patient health information for the benefit of the Medical Staff, Patients and ETMC.

CODE:

POLICY:

The Privacy Standards, implemented in the reference listed at the end of this document, will be followed as outlined in this Medical Staff Policy - Health Care Agreement which has been approved by the Organized Medical Staff and Hospital Administration.

Each medical staff member, by his/her making application including his/her signature, to the ETMC Medical Staff, with final approval by the ETMC Board of Directors, agrees to abide by and assumes individual performance responsibilities to follow the Bylaws, Rules & Regulations and policies & Procedures of the ETMC Medical Staff.

This health care agreement covers the participation of both named parties in either of the following:

- 1) A clinically integrated care setting in which patients typically receive health care treatment and protected health information is shared among more than one health care provider;
- 2) An organized system of health care providers in which more than one of the parties participates including multiplies within a single party;
 - a). Hold themselves to the public as a joint arrangement, and
 - b). Participate in joint activities that include at least:
 - (1) Utilization Review, in which resource use is reviewed by members of the parties or a third member on their behalf;
 - (2) Peer Review and Quality Improvement activities in which treatment provided by members is review by peer members of a party or is assessed by a third party on their behalf;
 - (3) Payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating parties through a joint arrangement, including protected health information that is created or received by a party or a third party on their behalf, for the purpose of sharing the financial risk.

PROCEDURE:

This organized health care arrangement, its bylaws, rules & regulations and policies and procedures, do not provide for a joint venture, joint enterprise, general partnership or other type of joint arrangement among the two parties their members or employees.

The parties agree that the purpose of this health care agreement is to promote the provision of the best care possible care by permitting the sharing of protected health care information for the purpose of providing treatment, obtaining reimbursement for provided patient care services, clinical research, and hospital operations.

Roy Gerard, MD
President,
ETMC Medical Staff

Bob Evans
CEO, Administrator
ETMC

Ref: Privacy Standards of the Administrative Simplification Subtitle of the Health Insurance
Portability and Accountability Act of 1996 ("HIPPA"); 45CFR Parts 160 and 164

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement"), is made as of the 14th day of April, 2003, by and between East Texas Medical Center Regional Healthcare System ("Contractor"), contracting on behalf of each Affiliate (each, a "Covered Entity"), and _____ ("Business Associate") (collectively the "Parties") in order to comply with the Federal Standards for Privacy of Individually Identifiable Health Information, located at 45 C.F.R. parts 160 and 164.

RECITALS

WHEREAS, Business Associate provides _____ services for Covered Entity;

WHEREAS, in connection with these services, Covered Entity discloses to Business Associate certain protected health information ("PHI") that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Standards ("Privacy Standards");

WHEREAS, the Privacy Standards require that Covered Entity receives adequate assurances that Business Associate will comply with certain obligations with respect to the PHI received in the course of providing services on behalf of Covered Entity; and

WHEREAS, the purpose of this Agreement is to comply with the requirements of the Privacy Standards.

NOW THEREFORE, in consideration of the mutual promises and covenants herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

A. Definitions. The term "Affiliates" as used in this Agreement includes Covered Entities under the Contractor's "common ownership" or "common control" as such terms are defined in the Privacy Standards. Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the Privacy Standards.

B. Relationships Among Contractor, Each Affiliate as a Covered Entity, and Business Associate.

1. The sole relationship among Contractor, each Affiliate as a Covered Entity, and Business Associate is that of independent contractors. This Agreement does not create a joint venture, joint enterprise, partnership, agency, employment or other joint business relationship between or among Contractor, each Affiliate and/or Business Associate. This Agreement does not create (i) any fiduciary duty owed by one Party to another Party or any of its affiliates or (ii) a relationship of employer and employee between the Parties. This Agreement does not create a community of pecuniary interest among the parties hereto, nor does it give an equal right to a voice in the direction of the business, health care or other activities in which Business Associate, Contractor and each Affiliate engage.

2. Each Affiliate is subject to the Privacy Standards and shall have the rights and duties and perform the obligations of a "Covered Entity" as that term is used in this Agreement. Business Associate acknowledges that the Privacy Standards require each Covered Entity to document, through a written contract or other written agreement or arrangement with Business Associate, that it has obtained satisfactory assurances that Business Associate will appropriately safeguard PHI disclosed in the course of providing services on behalf of the Covered Entity and that Covered Entity shall have authority to take reasonable steps to cure a breach or end a violation of the Business Associate's obligation under this Agreement. Business Associate agrees that as a Covered Entity, each Affiliate shall have the right to enforce this Agreement against Business Associate, the right to terminate its relationship with Business Associate, and the other remedies set forth Section F of this Agreement, as if the Affiliate were a direct party to this Agreement.

3. Contractor is not subject to the Privacy Standards. Contractor has an agreement with each Affiliate that grants Contractor authority to contract on the Affiliate's behalf for certain limited purposes. The role of Contractor under this Agreement is limited to contracting on behalf of each Affiliate to obtain adequate assurances, as required under the Privacy Standards, that Business Associate will comply with certain obligations with respect to PHI received in the course of providing services on behalf of each Affiliate as a Covered Entity subject to the Privacy Standards.

C. Business Associate Obligations. Business Associate agrees to comply with applicable federal and state confidentiality and security laws, including, without limitation, the following provisions under the Privacy Standards:

1. Use and Disclosure of PHI. Business Associate shall not use or disclose PHI except as necessary to fulfill the purposes of this Agreement, as required by law or to report violations of law to federal and state authorities. Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI on behalf of, or to provide services to, Covered Entity for the following purposes: _____ services. Business Associate is permitted to use and disclose PHI as necessary for the proper management and administration of Business Associate or to carry out its legal responsibilities and its responsibilities under this Agreement. Business Associate shall:

(a) provide adequate training to members of its workforce regarding the confidentiality requirements in the Privacy Standards and this Agreement:

(b) obtain reasonable assurances from the person or entity to whom the information is disclosed that: (i) the PHI will be held confidential and further used and disclosed only as required by law or for the purpose for which it was disclosed to the person or entity; and (ii) the person or entity will notify Business Associate and Covered Entity of any instances of which it is aware in which confidentiality of the PHI has been breached;

(c) agree to report to Covered Entity any instances of which it is aware in which the PHI is used or disclosed for a purpose that is not otherwise provided for in this Agreement or for a purpose not expressly permitted by the Privacy Standards; and

(d) ensure that all disclosures of PHI are subject to the principle of "minimum necessary use and disclosure," *i.e.*, only PHI that is the minimum necessary to accomplish the intended purpose of the use, disclosure, or request may be disclosed.

2. Disclosure to Third Parties. If Business Associate discloses PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, to agents, including a subcontractor, Business Associate shall require the agent to agree to the same restrictions and conditions that apply to Business Associate under this Agreement.

3. Data Aggregation. In the event that Business Associate works for more than one Covered Entity, Business Associate is permitted to use and disclose PHI for data aggregation purposes as permitted by 45 C.F.R. §164.504(e)(2)(i)(B) as may be amended from time to time, but only in order to analyze data for permitted health care operations, and only to the extent that such use is permitted under the Privacy Standards.

4. Withdrawal of Authorization. Covered Entity shall notify Business Associate if there are any changes in, or the revocation of, permission by the individual to use or disclose PHI to the extent that such changes may affect Business Associate's use or disclosure of PHI. To the extent Covered Entity provides notice of such revocation or changes, Business Associate agrees to cease the use and disclosure of any such individual's PHI except to the extent Business Associate has relied on such authorization, or where an exception under the Privacy Standards expressly applies.

5. Restrictions. Covered Entity shall notify Business Associate of, and Business Associate agrees to comply with, any restriction on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. §164.522 as may be amended from time to time to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

6. Further Use or Disclosure that Would Violate HIPAA. Business Associate is prohibited from further use or disclosure of PHI in a manner that would violate the requirements of the Privacy Standards if the PHI were used or disclosed by Covered Entity.

7. Safeguards. Business Associate agrees to maintain appropriate safeguards to ensure that PHI is not used or disclosed other than as provided by this Agreement.

8. Individual Rights Regarding Designated Record Sets. If Business Associate maintains a designated record set on behalf of Covered Entity, Business Associate agrees as follows:

(a) Individual Right to Access and Amendment. Business Associate agrees that it will provide access to and amend, at the request of Covered Entity and in the time and manner required by Covered Entity, PHI in a designated record set, to Covered Entity or, as directed by Covered Entity, to an individual in accordance with the requirements under 45 C.F.R. §164.524 and 45 C.F.R. §164.526 as may be amended from time to time.

(b) Accounting of Disclosures. Business Associate agrees to document disclosures of PHI and information related to such disclosures, and make available to the individual and/or Covered Entity from whom the PHI originated, information required for an accounting of disclosures of PHI with respect to the individual, in accordance with 45 C.F.R. §164.528 as may be amended from time to time.

9. Internal Practices, Books, and Records. Business Associate shall make available its internal practices, books, and records relating to the use and disclosure of PHI received from, created or received by Business Associate on behalf of Covered Entity to the Secretary of the Department of Health and Human Services or his or her agents for the purpose of determining Covered Entity's compliance with the Privacy Standards, or any other health oversight agency, or to Covered Entity.

D. Duty to Mitigate. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

E. Indemnification.

TO THE EXTENT PERMITTED BY LAW, BUSINESS ASSOCIATE AGREES TO INDEMNIFY AND HOLD HARMLESS CONTRACTOR AND COVERED ENTITY FROM AND AGAINST ALL CLAIMS, DEMANDS, LIABILITIES, JUDGMENTS OR CAUSES OF ACTION OF ANY NATURE FOR ANY RELIEF, ELEMENTS OF RECOVERY OR DAMAGES RECOGNIZED BY LAW (INCLUDING, WITHOUT LIMITATION, ATTORNEY'S FEES, DEFENSE COSTS, AND EQUITABLE RELIEF), FOR ANY DAMAGE OR LOSS INCURRED BY CONTRACTOR OR COVERED ENTITY ARISING OUT OF, RESULTING FROM, OR ATTRIBUTABLE TO ANY ACTS OR OMISSIONS OR OTHER CONDUCT OF BUSINESS ASSOCIATE IN CONNECTION WITH THE PERFORMANCE OF BUSINESS ASSOCIATE'S DUTIES UNDER THIS AGREEMENT. THIS INDEMNITY SHALL APPLY EVEN IF CONTRACTOR OR COVERED ENTITY IS ALLEGED OR FOUND TO BE SOLELY OR JOINTLY NEGLIGENT OR OTHERWISE SOLELY OR JOINTLY AT FAULT. THIS INDEMNITY SHALL NOT BE CONSTRUED TO LIMIT CONTRACTOR'S OR COVERED ENTITY'S RIGHTS, IF ANY, TO COMMON LAW INDEMNITY.

THESE INDEMNITIES SHALL SURVIVE TERMINATION OF THIS AGREEMENT AND CONTRACTOR OR COVERED ENTITY RESERVES THE RIGHT, AT ITS OPTION AND EXPENSE, TO PARTICIPATE IN THE DEFENSE OF ANY SUIT OR PROCEEDING THROUGH COUNSEL OF ITS OWN CHOOSING.

F. Term and Termination.

1. Term. The term of this Agreement shall begin April 14, 2003 and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such PHI, in accordance with the termination provisions in this Section F.

2. Termination for Breach. Upon Covered Entity's knowledge of a material breach by Business Associate of any provision in this Agreement, Covered Entity may, at its option, either:

(a) require Business Associate to submit to monitoring and reporting, and such other conditions as Covered Entity may determine is necessary to cure the breach and ensure compliance with this Agreement;

(b) terminate this Agreement and its business relationship with Business Associate on a date specified by Covered Entity; or

(c) if neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary of the Department of Health and Human Services.

3. Return of Records. Upon termination of this Agreement, Business Associate agrees to return or destroy all PHI received from Covered Entity that Business Associate maintains in any form and shall comply with federal and state laws as may be amended from time to time governing the maintenance or retention of PHI. If Business Associate determines that the return or destruction of PHI is not feasible, Business Associate shall so inform Covered Entity, and Business Associate agrees to extend the protections of this Agreement to the information and limit further uses and disclosures of the PHI to those purposes that make the return or destruction of the PHI infeasible, for so long as Business Associate retains the PHI.

G. Miscellaneous.

1. Rights of Proprietary Information. Covered Entity retains any and all rights to the proprietary information, confidential information, and PHI it releases to Business Associate.

2. Survival. The respective rights and obligations of Business Associate under Section F of this Agreement with regard to the return of records to Covered Entity shall survive the termination of this Agreement.

3. Notices. Any notices pertaining to this Agreement shall be given in writing and shall be addressed to the appropriate Party as follows:

Contractor	Business Associate
East Texas Medical Center	_____
Regional Healthcare System	_____
Privacy Officer	_____
P.O. Box 6400	_____
Tyler, TX 75711	_____
903-596-3388	_____

4. Amendments. This Agreement may not be changed or modified in any manner except by an instrument in writing signed by a duly authorized officer of each of the Parties hereto. The Parties, however, agree to amend this Agreement from time to time, in order to assure Covered Entity's compliance with the requirements of the Privacy Standards.

5. Choice of Law and Conflicts. This Agreement and the rights and the obligations of the Parties hereunder shall be governed by and construed under the laws of the State of Texas, without regard to applicable conflict of laws principles. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Standards.

6. Assignment of Rights and Delegation of Duties. This Agreement is binding upon and inures to the benefit of the Parties hereto and their respective successors and permitted assigns. However, neither Party may assign any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other Party, which consent shall not be unreasonably withheld or delayed. Notwithstanding any provisions to the contrary, however, Covered Entity retains the right to assign or delegate any of its rights or obligations hereunder to any of its wholly owned subsidiaries, affiliates or successor companies. Assignments made in violation of this provision are null and void.

7. No Waiver. Failure or delay on the part of either Party to exercise any right, power, privilege or remedy hereunder shall not constitute a waiver thereof. No provision of this Agreement may be waived by either Party except by a writing signed by an authorized officer of the Party making the waiver.

8. Equitable Relief. Any disclosure of misappropriation of PHI by Business Associate in violation of this Agreement will cause Covered Entity irreparable harm, the amount of which may be difficult to ascertain. Business Associate therefore agrees that Covered Entity shall have the right to apply to a court of competent jurisdiction for specific performance and/or an order restraining and enjoining Business Associate from any such further disclosure or breach, and for such other relief as Covered Entity shall deem appropriate. Such rights are in addition to any other remedies available to Covered Entity at law or in equity.

9. Severability. The provisions of this Agreement shall be severable, and if any provision of this Agreement shall be held or declared to be illegal, invalid or unenforceable, the remainder of this Agreement shall continue in full force and effect as though such illegal, invalid or unenforceable provision had not been contained herein.

10. No Third Party Beneficiaries. Nothing in this Agreement is intended to confer on any person other than the Parties to this Agreement or their respective successors and assigns any rights, remedies, obligations or liabilities under or by reason of this Agreement. Nothing in this Agreement shall be considered or construed as conferring any right or benefit on a person not party to this Agreement nor imposing any obligations on either Party hereto to persons not a party to this Agreement.

11. Entire Agreement. This Agreement, together with the all Exhibits, Riders and amendments, if applicable, which are fully completed and signed by authorized representatives on behalf of both Parties from time to time while this Agreement is in effect, constitutes the entire Agreement between the Parties hereto with respect to the subject matter hereof and supersedes all previous written or oral understandings, agreements, negotiations, commitments, and any other writing and communication by or between the Parties with respect to the subject matter hereof. In the event of any inconsistencies between any provisions of this Agreement in any provisions of the Exhibits or Riders, the provisions of this Agreement shall control.

12. Regulatory References. A citation in this Agreement to the Code of Federal Regulations shall mean the cited section as that section may be amended from time to time.

BUSINESS ASSOCIATE

**EAST TEXAS MEDICAL CENTER
REGIONAL HEALTHCARE SYSTEM**

By: _____
(Authorized Signature)

By: _____
(Authorized Signature)

Name: _____
(Type or Print)

Name: Paula E. Anthony

Title: _____

Title: Vice President

Date: _____

Date: February 24, 2003

DRAFT

East Texas Medical Center Regional Healthcare System CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 1: Introduction With Glossary of Terms

Page: 1 of 6

Effective Date: April 14, 2003

ETMC respects the privacy and confidentiality of its patients' medical information. Protection of patient confidentiality is a core value of ETMC.

This *Policy and Procedure Manual for the Confidentiality of Health Care Information*, ("Manual") addresses policies and procedures for protecting the health information of ETMC's patients, consistent with the requirements of the HIPAA Privacy Standards and state law. Members of ETMC's workforce, including volunteers, trainees, and others shall be familiar with and comply with this Manual.

Glossary of Terms

Administrative Simplification – *The Administrative Simplification* provisions are set forth in Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").¹ The Administrative Simplification provisions give the U.S. Department of Health and Human Services the authority to establish standards and requirements for the electronic transfer of health care information, and for the privacy and security of PHI.

Authorization – *Authorization* is written permission required prior to disclosing a patient's PHI when the use or disclosure is for a purpose other than for treatment, payment, or operations. A valid authorization contains all of the elements listed in the Privacy Standards for the specific type of disclosure and entity.² (See Section 3.2 of this Manual.)

Business Associate – A *business associate* is a person or organization who performs a function or activity on behalf of a covered entity or who performs a specified service regardless of whether it involves performing a service on behalf of a covered entity. The specified services where disclosure of personally identifiable health information is considered routine include:

DRAFT

legal, actuarial, accounting, consulting, management, administrative accreditation, data aggregation, and financial services. When a covered entity discloses PHI to a business associate, a business associate agreement between the covered entity and the person or organization performing functions on behalf of the covered entity or specified services is required to protect the use and disclosure of PHI. (See Section 16 of this Manual.)

Data Use Agreement – A *data use agreement* is required before a covered entity may use or disclose a limited data set without an authorization in which a covered entity obtains satisfactory assurance that the limited data set recipient will only use or disclose the PHI for limited purposes. A data use agreement must: (i) establish the permitted uses and disclosures of the information and may not authorize the limited data set recipient to use or further disclose the information in a manner that would violate the Privacy Standards if done by the covered entity; (ii) establish who is permitted to use or receive the limited data set; and (iii) provide that the limited data set recipient will: (a) not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law; (b) use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement; (c) report to the covered entity any use or disclosure of the information not provided for by its data use agreement of which it becomes aware; (d) ensure that any agents, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information; and (e) not identify the information or contact the individuals. There is no prescribed form for a data use agreement, which may be a formal contract, an informal memorandum of understanding. (See Section 5.2 of this Manual.)

De-identified – *De-identified* describes the status of information that does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual. Information that has been de-identified according to the methodology described in 45 C.F.R. § 164.514 is not subject to the Privacy Standards.³ (See Section 5.1 of this Manual.)

Designated Record Set – A *designated record set* is a group of records maintained by or for a covered entity that consists of the medical records and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or used, in whole or in part, by or for the covered entity to make decisions about individuals. A *record* is any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.⁴

Disclosure – *Disclosure* means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.⁵ See also Use. (See Section 6 of this Manual.)

DRAFT

ETMC – *ETMC* is the name for the Single Affiliated Covered Entity (SACE), for East Texas Medical Center Regional Health Care System and its individual covered entities that are wholly owned or controlled companies consisting of, but not limited to: ETMC Tyler, ETMC Athens, ETMC Behavioral Health Center, ETMC Carthage, ETMC Clarksville, ETMC Crockett, ETMC Fairfield, ETMC Jacksonville, ETMC Mt. Vernon, ETMC Pittsburg, ETMC Quitman, ETMC Trinity, ETMC Rehabilitation Center, ETMC Specialty Hospital, ETMC Business Health, ETMC Cancer Institute, Access Direct PPO, DRL Labs, ETMC MSO, ETMC 501a, ETMC501a Trauma, ETMC Air 1, ETMC Centralized Credentialing, ETMC EMS, ETMC Home Health, ETMCRHS Corporate Accounting, ETMCRHS Corporate Human Resources, ETMCRHS Corporate Information Technology, ETMCRHS Corporate Marketing, ETMCRHS Foundation, HealthFirst TPA and MM Solutions.

Health Care Operations – *Health care operations* are any of the following activities to the extent they are related to covered functions: conducting quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, conducting training programs, evaluating practitioner and provider performance, activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, conducting medical review, legal services, and auditing, business planning and development, and business management and general administrative activities, including the activities set forth of 45 CFR §164.501." (See also Section 6 of this Manual.)

Health Oversight Agency – A *health oversight agency* is an agency or a person or entity acting under a grant of authority from or contract with such public agency, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

Institutionally Related Foundation – An *institutionally related foundation* is a tax-exempt entity that collects funds for ETMC, has in its charter statement of charitable purposes an explicit linkage to ETMC, and channels collected funds to ETMC.

IRB – *IRB* is an acronym for Institutional Review Board. An IRB has the authority to decide whether to waive individual authorization for the use or disclosure of PHI for research purposes.

JCAHO – *JCAHO* is the acronym for Joint Commission on Accreditation of Healthcare Organizations. The "2002 Comprehensive Accreditation Manual for Hospitals" sets forth the standards a hospital must meet in order to qualify for accreditation by the JCAHO. The standards include patient rights and organizational ethics; medical staff organization; by-laws; rules and regulations; continuing medical education; information management planning; patient-specific data and information; aggregate data and information; governance; management of environment of care; leadership; management of human resources; and continuum of care.

DRAFT

Limited Data Set – A *limited data set* is PHI that excludes the following direct identifiers of the individuals or of relatives, employers, or household members of the individuals: (i) names; (ii) postal address information other than town or city, state, and zip code; (iii) telephone numbers; (iv) fax numbers; (v) e-mail addresses; (vi) Social Security numbers; (vii) medical record numbers; (viii) health plan beneficiary numbers; (ix) account numbers; (x) certificate/license numbers; (xi) vehicle identifiers and serial numbers, including license plate numbers; (xii) device identifiers and serial numbers; (xiii) Web Universal Resource Locators (“URLs”); (xiv) Internet Protocol (“IP”) address numbers; (xv) biometric identifiers, including finger and voice prints; and (xvi) full face photographic images and any comparable images. Identifiable information that may remain in a limited data set includes dates relating to a patient (dates of service, admission, or discharge; date of birth; date of death) and information relating to the town or city, state, and five-digit zip code of the patient, his or her employer, and the patient’s household members.⁹ (See Section 5 of this Manual.)

Manual – *Manual* refers to this *Policy and Procedure Manual for the Confidentiality of Health Care Information*.

Minimum Necessary Standard – The *minimum necessary standard* is a limitation placed on uses, disclosures, and requests for PHI. It applies when using or disclosing PHI or when requesting PHI from another covered entity. A covered entity must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. The minimum necessary standard does not apply to certain disclosures or requests.⁹ (See Section 6 of this Manual.)

Mitigation – *Mitigation* is the reasonable action taken by a covered entity to lessen the damage of known wrongful use or disclosure of PHI in violation of the covered entity’s policies and procedures or the requirements of the Privacy Standards.¹⁰ (See Section 15 of this Manual.)

Payment Activities – *Payment activities* are the activities undertaken by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of plan benefits, as well as those activities undertaken by a covered provider to obtain or to provide reimbursement for the provision of health care. Such activities include, but are not limited to, determinations of eligibility or coverage, risk adjusting amounts due based on enrollee health status and demographic characteristics, billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing, review of health care services, utilization review activities, and disclosure to consumer reporting agencies.

Privacy Standards or Privacy Rule – *Privacy Standards or Privacy Rule* refers to the final rule “Standards for Privacy of Individually Identifiable Health Information,” which the Department

DRAFT

of Health and Human Services published at 65 Fed. Reg. 82462 *et seq.* (Dec. 28, 2000), and modified at 67 Fed. Reg. 53182 *et seq.* (Aug. 14, 2002).

Protected Health Information (“PHI”) – *PHI or protected health information* is individually identifiable health information that is transmitted or maintained in any medium or form. PHI excludes individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act, as amended; in records described at 20 U.S.C. § 1232g(a)(4)(B)(iv) (student treatment records excepted from FERPA); and in employment records held by a covered entity in its role as an employer.¹¹

Public Health Authority – *Public health authority* means an agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with a public agency, including the employees or agents of the public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.¹² A public health authority can create health information as well as receive it.

Sanctions – *Sanctions* are administrative actions by a covered entity taken against members of its workforce who fail to comply with the entity’s policies and procedures or with the requirements of the Privacy Standards. A covered entity must have and apply appropriate sanctions and must document the sanctions that are applied.¹³ (*See* Section 14 of this Manual.)

Treatment – *Treatment* means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a patient, or the referral of a patient for health care from one health care provider to another.

Use – *Use* means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains the information.¹⁴

REFERENCES/CITATIONS

¹ Pub. L. No. 104-191, 110 Stat. 1936.

² *Id.* § 164.508.

³ *Id.* § 160 and § 164.

⁴ *Id.* § 164.501 (definitions).

⁵ *Id.*

⁶ *Id.*

DRAFT

- 11
- 12 67 Fed. Reg. 53182, 53270 (Aug. 14, 2002) (to be codified at 45 C.F.R. § 164.514(e)).
- 13 45 C.F.R. § 164.502(b).
- 14 11 § 164.530(f).
- 15 11.
- 16 11.
- 17 11 § 164.530(e)
- 18 11.

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	

DRAFT
East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 2: Privacy Officer

Page: 1 of 4

Effective Date: April 14, 2003

POLICY

A Privacy Officer shall be appointed to assume responsibility for developing, implementing, maintaining, and monitoring adherence to ETMC's privacy policies and procedures. Documentation of privacy personnel designations will be regularly updated and maintained.

PROCEDURE

1. Privacy Officer. ETMC's Privacy Officer shall be appointed by and report directly to ETMC's Vice President, Information Technology. The Privacy Officer shall work with the members of ETMC's management team to ensure compliance with the Privacy Standards.
2. Qualifications. The Privacy Officer shall have the following qualifications:
 - a. education and experience relative to the size and scope of the organization;
 - b. knowledge of and experience with information privacy laws, access to and release of information, and release control technologies;
 - c. an understanding of the Administrative Simplification provisions of HIPAA;
 - d. knowledge in and the ability to apply the principles of health information management, project management, and change management; and
 - e. demonstrated organization, facilitation, communication, and presentation skills.
 - f. current knowledge of applicable federal and state privacy laws and accreditation standards, and the ability to monitor advancements in

DRAFT

information privacy technologies to ensure organizational adaptation and compliance.

3. Job Description. The duties of the Privacy Officer shall include the following:
- a. Work with organization senior management and corporate compliance officer on the development, implementation, and on-going review of privacy policies and procedures, as well as assistance with implementation of these policies and procedures.
 - b. Designate a Contact Person [or office] able to provide information about matters covered by the notice of privacy practices, and responsible for receiving, responding to, and documenting complaints from patients, employees, business associates, and others regarding ETMC's privacy practices. The Contact Person [or office] will also be responsible for conducting a thorough and timely investigation of all complaints lodged against ETMC and assessing the viability and severity of the complaints. The Contact Person [or office] will also coordinate correction, mitigation, and disciplinary action with the Privacy Officer, the human resources department, and other appropriate persons and offices.
 - c. Regularly update and maintain documentation of privacy personnel designations, including those for the Privacy Officer and the Contact Person [or office]. This documentation should include the identification of the person designated as the Privacy Officer as well as the Privacy Officer's duties. Documentation regarding the hiring of a Privacy Officer or documentation showing that privacy duties have been added to the duties already handled by an existing employee shall be maintained.
 - d. Perform a periodic privacy risk assessment of policies, procedures, supervisory personnel responsible for privacy and security oversight, training programs, etc.; analyze whether there are any gaps; and determine timeframes and resources necessary to address any gaps.
 - e. Work with legal counsel and management, key departments, and committees to ensure the organization has and maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials reflecting current organization and legal practices and requirements.
 - f. Identify, implement, and maintain ETMC's privacy policies and procedures in coordination with management and administration, the HIPAA task force, and legal counsel.

DRAFT

- g. Ensure that the privacy policies and procedures are regularly reviewed and updated.
- h. Prepare ETMC's report on a periodic basis regarding the status of implementing and maintaining the privacy program and regarding future requirements to implement and maintain compliance.
- i. Oversee, direct, deliver or ensure delivery of initial privacy training on these policies and procedures to employees, volunteers, board members, and other appropriate parties.
- j. Coordinate with Human Resources to document and maintain documentation that all required training has occurred in a timely manner.
- k. Initiate, facilitate, and promote activities to foster information privacy awareness within ETMC [and its related entities].
- l. Conduct ongoing compliance monitoring activities in coordination with ETMC's other compliance and operational assessment functions.
- m. Establish with management, and operations a mechanism to track disclosures of PHI that per the statute require tracking, within the purview of the organization and as required by law and to allow qualified individuals to review or receive a report on such activity.
- n. Work cooperatively with other applicable organization units in overseeing patient rights to inspect, amend, and restrict access to PHI when appropriate.
- o. Work with the appropriate management representatives to establish a process for receiving, documenting, tracking, investigating, and taking corrective action on all complaints concerning the organization's privacy policies and procedures (including self-disclosures).
- p. Implement corrective action to mitigate effects of inappropriate use or disclosure of PHI and document such actions.
- q. Cooperate with the Department of Health and Human Services, the Office for Civil Rights, other legal entities, and organization officers in any compliance reviews or investigations.
- r. Serve as the information privacy liaison for users of clinical and administrative systems.

DRAFT

REFERENCES/CITATIONS

Privacy officer: 45 C.F.R. § 164.530(a)(1)(i) (2001)

65 Fed. Reg. 82462, 82561, 82744-45, 82767-68, 82782-83 (Dec. 28, 2000)

Contact Person: 45 C.F.R. §§ 164.520(b)(1)(vii), 164.524(d)(2)(iii), 164.526(d)(1)(iv), 164.530(a)(1)(ii) (2001)

65 Fed. Reg. 82462, 82548, 82550, 82557, 82561-62, 82747 (Dec. 28, 2000); 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

Legal Analysis Issue No. 28 (Feb. 15, 2002); Legal Analysis Issue No. 1 (Aug. 22, 2000); One Step At A Time, Issue No. 1 Step 4 (Jun. 27, 2000)

Date Approved: _____

Date Revised/Reviewed: 2/5/03

Approved By: _____

Title: _____

Signature: _____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 3.1: Consent	Page: 1 of 1
Effective Date: April 14, 2003	

POLICY

ETMC has considered the use of a consent as permitted by the HIPAA Privacy Standards and has determined that it is not practicable and is unnecessary. Accordingly, ETMC will not attempt to obtain the consent of patients prior to using or disclosing PHI for treatment, payment, or operations, but will obtain an acknowledgment of receipt of the Notice of Privacy Practices (*see* Section 4.1 of this Manual).

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 3.2: Authorization

Page: 1 of 4

Effective Date: April 14, 2003

POLICY

ETMC shall obtain each patient's written authorization before disclosing the patient's PHI when the use or disclosure is not permitted or required by the Privacy Standards without patient authorization. This authorization shall be written in plain language and made available in languages other than English in conformity with Title VI of the Civil Rights Act of 1964. ETMC employees whose responsibilities include using or disclosing PHI, or obtaining, retaining, and relying on authorizations, shall be familiar with this policy and shall follow these procedures.

PROCEDURE

1. Obtain Each Individual's Written Authorization Before Using or Disclosing PHI. Except as otherwise provided herein, ETMC shall obtain each individual's signed, written authorization before using or disclosing the individual's PHI in situations when the use or disclosure is not permitted or required by the Privacy Standards without patient authorization. ETMC shall not condition the provision of treatment to an individual on the signing of an authorization by the individual except as provided in paragraph 6 of this Policy. An individual may initiate an authorization for his or her own purposes and the purpose may be described in the authorization as "at the request of the individual." An individual may elect not to reveal the purpose of the requested disclosure. ETMC shall disclose to the individual if ETMC will receive any remuneration from obtaining an authorization for marketing purposes (*see* Section 8 of this Manual).
2. Completed Authorization Forms Presented to ETMC. In situations in which a person or organization presents a completed authorization form to ETMC and requests ETMC to disclose PHI pursuant to that authorization form, ETMC shall either: provide the person or organization a blank ETMC authorization which contains the elements required by the Privacy Standards, and direct the person or organization to obtain the signature of the individual who is the subject of the PHI to be disclosed; or forward the completed authorization form to the Privacy Officer or his or her designee, and the Privacy Officer or designee shall ensure that all of the required authorization elements set forth below are included in the

authorization form before ETMC discloses PHI pursuant to the completed authorization form. The required elements of an authorization form include:

- a. A description of the information to be used or disclosed;
- b. The identification of the persons or class of persons authorized to make the use or disclosure of the PHI;
- c. The identification of the person or class of persons to whom ETMC is authorized to make the use or disclosure;
- d. A description of each purpose of the use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose. If the purpose of the authorization is marketing and the marketing involves direct or indirect remuneration to ETMC from a third party, the authorization must state that such remuneration is involved.
- e. An expiration date or event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of PHI for research, including the creation and maintenance of a research database or repository.
- f. The individual's signature and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.
- g. A statement that the individual's right to revoke the authorization in writing, and either: (i) the exceptions to the right to revoke and a description of how the individual may revoke the authorization; or (ii) to the extent that the information in (i) is included in the Notice of Privacy Practices, a reference to ETMC's notice.
- h. A statement regarding the ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization, by stating either: (i) ETMC may not condition treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations set forth in 45 C.F.R. § 164.508(b)(4) applies; or (ii) the consequences to the individual of a refusal to sign the authorization when, in accordance with 45 C.F.R. § 164.508(b)(4), ETMC can condition treatment, enrollment in

the health plan, or eligibility for benefits on failure to obtain such authorization; and

2. A statement regarding the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by the Privacy Standards.
3. Provide Copy to the Individual. ETMC shall provide the individual with a copy of the signed authorization and ETMC shall retain the signed authorization in accordance with paragraph 7 of this Policy.
4. Uses or Disclosures Consistent With the Authorization. When ETMC obtains or receives a valid authorization for its use or disclosure of PHI, ETMC's uses and disclosures will be consistent with the signed authorization. Uses and disclosures of PHI pursuant to an authorization for any purpose are exempt from the Minimum Necessary standard. (See Section 6 of this Manual).
5. Revocation of an Authorization. An individual has the right to revoke his or her authorization at any time, provided that the individual's revocation is in writing. ETMC's authorization form recognizes this right to revoke and provide a written address and fax number to which individuals may send their written revocations to the Contact Person appointed in accordance with Section 2 of this Manual. When the Contact Person receives an individual's written revocation, he or she shall notify applicable parties of the revocation of authorization and that ETMC will stop using and disclosing the individual's PHI as permitted under the authorization, except to the extent ETMC has already taken action in reliance on the authorization. If ETMC has not yet used or disclosed the PHI, ETMC shall refrain from doing so, pursuant to the revocation. If, however, ETMC has already disclosed the information, ETMC is not required to retrieve the information.
6. Conditioning Activities on the Provision of an Authorization. ETMC shall not condition the provision of treatment on the patient's provision of an authorization, except as follows:
 - a. ETMC may condition the provision of health care on a patient's provision of an authorization if (i) the health care is to be provided solely for the purpose of creating PHI for disclosure to a third party and (ii) the authorization is for the disclosure of such PHI to such third party; and
 - b. ETMC may condition the provision of research-related treatment on the patient's provision of an authorization for the use or disclosure of PHI for such research.

7. Document Retention. ETMC shall maintain a written authorization or the electronic record of the authorization for 6 years from the stated expiration date or event or 6 years from the date ETMC receives a written revocation of the authorization, whichever is earlier. Documentation of revocation shall be maintained for 6 years from its effective date.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.508, 164.530(j), 164.532(a), (b) (2001)

42 C.F.R. § 482.13(d)(2) (2001)

65 Fed. Reg. 82462, 82513-21, 82650-62 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53219-53226 (Aug. 14, 2002)

Civil Rights Act of 1964, 42 U.S.C. § 2000d *et seq.*; 45 C.F.R. § 80.3(b)(2) (2001); 65 Fed. Reg. 52762 (2000) (Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency)

JCAHO Standards IM.2(e) (2002) (confidentiality, security, and integrity of data and information)

Legal Analysis Issue No. 36 (May 20, 2002, updated Aug. 16, 2002); Legal Analysis Issue No. 36 – Attachment 1 (May 20, 2002, revised Feb. 3, 2003).

Appendix: A.3.2.1

Date Approved: _____

Date Revised/Reviewed: 2/5/03

Approved By: _____

Title: _____

Signature: _____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 3.3: Oral Agreement or Objection	Page: 1 of 5
Effective Date: April 14, 2003	

POLICY

This Policy applies to disclosures of PHI to certain persons involved in an individual's care, disclosures of PHI for certain notification purposes, and disclosures of directory information. The individual's prior written authorization is not required for these disclosures. Instead, the individual's oral agreement may be obtained or implied from the circumstances to the extent the procedures in this Policy are satisfied.

PROCEDURE

1. Disclosures to Persons Involved in an Individual's Care; Disclosures for Notification Purposes.
 - a. *Determine Whether Policy Applies.* Paragraph 1 of this Policy applies to disclosures of PHI:
 - i. To persons (including family members, other relatives, close personal friends, or any other person identified by the individual (e.g., roommates, boyfriends, girlfriends, domestic partners, neighbors, and colleagues)) involved in an individual's care or payment for the individual's care [hereinafter, "Persons Involved in an Individual's Care"]. Paragraph 1 of this Policy does not apply to a broader range of individuals, such as media or journalists, who may be curious about a celebrity's health status.
 - ii. To notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death [hereinafter, "Notification Purposes"]. For example, paragraph 1 of this Policy applies to the situation when ETMC seeks to notify a patient's adult child that her father has suffered a stroke and to tell the person that her father is in ETMC's intensive care unit.

- b. *Procedures To Be Followed If the Individual Is Present and Has the Capacity To Make Health Care Decisions.* If the individual is present for, or otherwise available prior to, the disclosure and the individual has the capacity to make health care decisions, ETMC may disclose PHI to Persons Involved in an Individual's Care or for Notification Purposes if ETMC:
- i. Obtains the individual's oral agreement;
 - ii. Provides the individual with the opportunity to object to the disclosure and the individual does not express an objection; or
 - iii. Reasonably infers from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure (e.g., when a patient brings a spouse to ETMC; when a colleague or friend has brought the individual to the emergency room for treatment).
- c. *Procedures To Be Followed When the Individual Is Not Present or When the Individual Is Incapacitated or Emergent.* If the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or because of an emergency situation, ETMC may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the minimum PHI necessary and directly relevant to the Person Involved in the Individual's Care to enable that Person to provide the assistance he or she is providing.
- d. *Disaster Relief Purposes.* ETMC may use or disclose PHI to a public (federal, state, or local) or private entity (e.g., the American Red Cross) authorized by law or by its charter to assist in disaster relief efforts (e.g., floods, fires, terrorist attacks) for the purpose of coordinating with such entities the uses or disclosures of PHI for Notification Purposes. ETMC shall follow the procedures set forth in paragraphs 1(b) and (c) of this Policy to the extent that ETMC, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances. For example, ETMC may disclose PHI to the Red Cross to enable the Red Cross to help family members to locate individuals affected by a disaster and to inform them of the individual's general health condition.
- e. *Permissive Nature of Disclosures.* The disclosures to which paragraph 1 of this Policy applies (disclosures to Persons Involved in an Individual's

Care and disclosures for Notification Purposes) are permissive, not mandatory. ETMC may disclose PHI to Persons Involved in an Individual's Care or for Notification Purposes in accordance with this Policy; however, ETMC is not required to make such disclosures.

2. Directory Information. Paragraph 2 of this Policy applies to ETMC's creation of a database containing "Directory Information" about ETMC patients, as well as the use and disclosure of such Directory Information.
 - a. *Information Required To Be Provided to Patients*. Unless the individual is incapacitated or has an emergency treatment situation, ETMC shall:
 - i. Orally inform each individual of the PHI that ETMC will include in its facility directory regarding the individual (*see* paragraph 2(b) of this Policy);
 - ii. Orally inform each individual of the persons to whom ETMC may disclose such Directory Information (*see* paragraphs 2(c) and (d) of this Policy); and
 - iii. Provide the individual with a meaningful opportunity to opt out of the directory listing or to restrict some or all of the uses and disclosures of the information in the directory. For example, a patient should be allowed to choose to have his or her name and condition included in the directory but not his or her religious affiliation.
 - b. *Using PHI To Maintain a Facility Directory*. Except when the individual objects, ETMC may use the following information (collectively, "Directory Information") to maintain a directory of individuals in the facility:
 - i. The individual's name;
 - ii. The individual's location in the facility;
 - iii. The individual's condition described in general terms that does not communicate specific medical information about the individual (e.g., "undetermined," "good," "fair," "poor"); and
 - iv. The individual's religious affiliation.

- c. *Disclosing Directory Information to Clergy.* Except when the individual objects, ETMC may disclose all four pieces of Directory Information (i.e., name, location, condition, and religious affiliation) to members of the clergy who request such information. The purpose of this rule is to accommodate patients who seek religious counsel.
- d. *Disclosing Limited Pieces of Directory Information to Persons Who Ask for an Individual by Name.* Except when the individual objects, ETMC may disclose the individual's location and general condition to members of the general public who ask for the individual by name. (ETMC shall not disclose the individual's religious affiliation to persons other than members of the clergy who ask for the individual by name. ETMC shall not disclose any Directory Information to a person who does not ask for an individual by name (e.g., a person who calls and requests information regarding the patient "just shown on the 6:00 news")).
- e. *Recording the Individual's Agreement or Objection.* ETMC shall document the individual's oral agreement or objection to the use and disclosure of each piece of Directory Information.
- f. *Use and Disclosure of Directory Information When the Individual's Agreement or Objection Cannot Practicably Be Obtained.* If ETMC cannot practicably provide the individual with the opportunity to agree or object because of the individual's incapacity or an emergency situation (e.g., a patient is conscious and capable of making a decision but is so seriously injured that asking permission to include his or her information in the directory would delay treatment such that the patient's health would be jeopardized). ETMC may use or disclose some or all of the Directory Information permitted in accordance with paragraphs 2(b), (c), and (d) of this Policy if:
 - i. The disclosure is consistent with a prior expressed preference of the individual, if any, that is known to ETMC;
 - ii. The disclosure is in the individual's best interest as determined by the clinicians involved in treatment, in the exercise of professional judgment; and
 - iii. ETMC provides the individual with the opportunity to agree or object to ETMC's use and disclosure of the individual's Directory Information when it becomes practicable to do so.

- g. *Permissive Nature of Uses and Disclosures.* The uses and disclosures of Directory Information described in paragraph 2 of this Policy are permissive, not mandatory. ETMC may use PHI to maintain a facility directory and may disclose Directory Information to members of the clergy and to persons who ask for the individual by name in accordance with this Policy; however, ETMC is not required to use and disclose Directory Information.

REFERENCES/CITATIONS

45 C.F.R. § 164.510(b) (2001)

65 Fed. Reg. 82462, 82498, 82501, 82521-24, 82795 (Dec. 28, 2000); 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 4.1: Notice

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

ETMC shall develop, maintain, make available upon request, distribute as required, and post on its web site its Notice of Privacy Practices ("Notice"). ETMC shall make a good faith effort to obtain an individual's written acknowledgment of receipt of ETMC's Notice at the time of first service delivery except in emergency treatment situations. ETMC employees whose responsibilities include making available, distributing, and posting the Notice, as well as those responsible for acknowledgments or documentation of good faith efforts to obtain an acknowledgment, shall be familiar with this policy and shall follow these procedures.

PROCEDURE

1. Provide the Notice to Any Person Upon Request. ETMC shall provide its Notice to *any person* who requests the Notice. The requestor does not have to be a patient of ETMC because the Notice is intended to be a public document that individuals can use as one factor in deciding whether to receive services from ETMC.
2. Make Notice Available and Post Notice at Physical Delivery Site. ETMC shall make the Notice available at any service delivery site for individuals to request to take with them. ETMC shall post the Notice in a clear and prominent location where it is reasonable to expect that individuals seeking service from ETMC will be able to read the Notice.
3. Distribute the Notice on the Date of First Service Delivery Following April 14, 2003. ETMC shall provide each patient with a copy of the Notice no later than the date of first service delivery to the patient (including at the time of admission, at a first visit to a hospital department, or any other first service contact with the patient) or when reasonably practical following an emergency treatment situation.
4. Make a Good Faith Effort to Obtain a Written Acknowledgment of the Patient's Receipt of the Notice. ETMC shall make a good faith effort to obtain each patient's written acknowledgment of receipt of the Notice except in emergency

treatment situations and, if not obtained, ETMC shall document its good faith efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained (e.g., the individual refused to sign it).

5. Make Notice Available After Revisions. Whenever ETMC revises its Notice, ETMC shall make the Notice available upon request to any person on or after the effective date of the revision.
6. Post Notice on Web Site. ETMC shall post its Notice on its web site and make the Notice available electronically through the web site.
7. Document Retention. ETMC shall retain its Notice, including all subsequent revisions to its Notice made available to individuals, and all written acknowledgments received from patients (or documentation establishing ETMC's good faith efforts to obtain such acknowledgment) in paper or electronic form for 6 years from the date when such documents were last in effect.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.520, 164.530(j) (2001)

65 Fed. Reg. 82462, 82551, 82723-8272 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53238-43 (Aug. 14, 2002)

Civil Rights Act of 1964, 42 U.S.C. § 2000d *et. seq.*; 45 C.F.R. § 80.3(b)(2) (2001); 65 Fed. Reg. 52762 (Aug. 30, 2000) (Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency)

JCAHO Standards R1.1.4 (2002) (patient rights)

Legal Analysis Issue No. 49 (Aug. 23, 2002); One Step At A Time Issue No. 11 (Aug. 23, 2002); Legal Analysis Issue No. 46 (Aug. 2, 2002); Legal Analysis Issue No. 45 (Aug. 2, 2002); Legal Analysis Issue No. 41 (Jun. 3, 2002); Legal Analysis Issue No. 20 – Attachment 1 (Sept. 24, 2001); Legal Analysis Issue No. 20 – Attachment 2 (Sept. 24, 2001)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 4.2: Request for Restrictions on the Use and Disclosure of PHI	Page: 1 of 3
Effective Date: April 14, 2003	

POLICY

ETMC shall recognize an individual's right to request the restriction of uses and disclosures of PHI and adhere to restrictions to which it has agreed in accordance with the HIPAA Privacy Standards. ETMC employees whose responsibilities include acting on individual requests for restrictions shall be familiar with this policy and shall follow these procedures.

PROCEDURE

1. Recognize an Individual's Right to Request Privacy Protection for PHI. ETMC shall permit an individual to request ETMC to restrict its: (a) uses and disclosures of PHI about the individual to carry out treatment, payment, or health care operations and (b) disclosures to persons involved in the individual's care (collectively, "requesting a restriction"). ETMC's Notice of Privacy Practices informs individuals of this right and individuals may, from time to time, request that ETMC restrict its uses and disclosures accordingly. The Notice will also inform individuals that ETMC is under no obligation to agree to a requested restriction. Other covered entities receiving PHI from ETMC will not be under the same mandate (except as provided in paragraph 3 of this Policy). Individuals are responsible for asking their health plan and other providers for a similar restriction.
2. Determine Whether to Agree to Requested Restriction. If an individual requests a restriction, the individual shall be referred to the Privacy Office who has been designated to act upon requests for restrictions and who has the authority to agree to and bind ETMC to restrictions. The Privacy Office shall determine whether to agree to the requested restriction. The Privacy Office will not agree to restrictions that foreseeably could impede the individual's treatment.
3. Use and Disclose PHI in Accordance With Agreed Upon Restrictions. If ETMC agrees to a requested restriction, ETMC may not use or disclose PHI in violation of the restriction unless the individual who requested the restriction is in need of

emergency treatment and the restricted PHI is needed to provide the emergency treatment; in such a case ETMC may use the restricted PHI, or may disclose PHI to a health care provider, to provide emergency treatment to the individual.

4. Do Not Prevent Certain Uses and Disclosures. A restriction agreed to by ETMC is not effective to prevent: (a) disclosures to the individual; (b) uses and disclosures of directory information in accordance with Section 3.3 of this Manual; (c) uses and disclosures that do not require individual permission; and (d) disclosures to the Secretary of Health and Human Services.
5. Terminating a Restriction. ETMC may terminate its agreement to a restriction if:
 - a. The individual agrees to or requests the termination in writing; or
 - b. The individual orally agrees to the termination and the oral agreement is documented (i.e., a note in the medical record or similar notation is sufficient documentation); or
 - c. ETMC informs the individual that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after ETMC has informed the individual. ETMC shall continue to comply with its former agreed-upon restrictions with respect to PHI created or received prior to informing the individual of the termination.
6. Documentation of Agreed Upon Restrictions. If ETMC agrees to a requested restriction, ETMC must document the restriction in written or electronic form and shall maintain such documentation for 6 years from the date the restriction was last in effect. A specific form of documentation is not required; a note in the medical record or similar notation is sufficient.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.502(c), 164.522(a) (2001)

65 Fed. Reg. 82462, 82512, 82552-53, 82726-30 (Dec. 28, 2000); 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

Legal Analysis Issue No. 49 (Aug. 23, 2002); One Step At A Time Issue No. 11 (Aug. 23, 2002); Legal Analysis Issue No. 20 (Sept. 24, 2001); Legal Analysis Issue No. 20 – Attachment 3 (Sept. 24, 2001)

Appendix: A.4.2.1

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 4.3: Confidential Communications	Page: 1 of 2
Effective Date: April 14, 2003	

POLICY

ETMC shall permit individuals to request and shall accommodate reasonable requests by individuals to receive communications of PHI from ETMC by alternative means or at alternative locations in accordance with the HIPAA Privacy Standards. ETMC employees whose responsibilities include communicating with individuals shall be familiar with this policy and shall follow the procedures herein.

PROCEDURE

1. Recognize an Individual's Right To Request Confidential Communications. ETMC shall recognize an individual's right to request to receive communications of PHI from ETMC by alternative means or at alternative locations. ETMC's Notice of Privacy Practices shall inform individuals of this right and individuals may request to receive communications of PHI by alternative means or at alternative locations.
2. Obtain Written Request From the Individual. If an individual makes a request to receive communications by alternative means or at alternative locations, ETMC shall ask the individual to complete a "Request to Receive Confidential Communications" or another form of written communication that provides specific information. For example, an individual who does not want his or her family members to know about a certain treatment may request ETMC to communicate with the individual about that treatment at the individual's place of employment, by mail to a designated address, or by phone to a designated phone number. The individual must specify in the "Request to Receive Confidential Communications" or other written communication an alternative location or means of receiving communications.
3. Accommodate Reasonable Requests. If an individual requests a confidential communication in writing, the individual shall be referred to the individual who has been designated to act upon requests for confidential communications. This individual shall determine whether the request is reasonable and, if so, shall agree to the requested communication. ETMC shall accommodate reasonable requests

and shall determine the reasonableness of a request solely on the basis of the administrative difficulty of complying with the request.

4. ETMC May Require Payment Information and Identification of Alternative Means of Communication. ETMC may condition the provision of a reasonable accommodation on the individual's:
 - a. provision of, when appropriate, information as to how payment, if any, will be handled; and
 - b. specification of an alternative address or other method of contact.
5. ETMC Shall Not Require an Explanation. ETMC shall not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.
6. Use and Disclose PHI in Accordance With Accommodated Requests. If ETMC agrees to an individual's request for confidential communications, ETMC shall communicate with the individual by such alternative means or at such alternative locations as is specified by the individual and to which ETMC has agreed. ETMC may use other addresses to collect payment if the individual may not be reached at the designated alternative locations after reasonable attempts to do so.

REFERENCES/CITATIONS

45 C.F.R. § 164.522(b) (2001)
65 Fed. Reg. 82462, 82553, 82731 (Dec. 28, 2001)

Legal Analysis Issue No. 49 (Aug. 23, 2002); One Step At A Time Issue No. 11 (Aug. 23, 2002); Legal Analysis Issue No. 20 – Attachment 3 (Sept. 24, 2001); 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 4.4: Access To Inspect and Copy Records	Page: 1 of 6
Effective Date: April 14, 2003	

POLICY

ETMC shall recognize an individual's right to access (i.e., inspect and/or obtain copies) of his or her own PHI contained in a designated record set, if it is determined the individual is entitled to access. ETMC employees who receive patient requests to inspect and copy records shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Request Must Be in Writing. Individuals requesting an opportunity to inspect and/or obtain copies of their PHI must submit a written request or a completed ETMC for consideration of the request.
2. Access Only to Information in a "Designated Record Set." An individual shall only be given access to information contained in the following designated record sets:
 - a. Medical records;
 - b. Billing records; and
 - c. Other records containing information used, in whole or in part, to make decisions about the individual, whether or not the records have been used to make a decision about the individual.

An individual shall have access to this information for as long as it is maintained in a designated record set. If the information requested is not part of a designated record set, the individual has no right of access to it. For example, an individual will *not* have access to PHI contained in records or information systems used for: (i) quality control; or (ii) peer review analyses. The [Privacy Officer] shall determine what PHI is in the individual's designated record set and is accessible to the individual.

3. Providing Access to Records in the Designated Record Set. If an individual makes a valid request for access to PHI, the following steps should be taken:
 - a. Notify the individual and grant access not later than 15 days after receiving the request and payment of the authorized fees.
 - b. ETMC shall provide the individual with access to the information in the form or format requested by the individual if it is readily producible. If the form requested by the individual is not readily producible, the information may be produced in a readable hard copy format.
 - c. If an individual requests that PHI be mailed to him or her, ETMC shall honor that request if fees for copying and mailing are paid in advance.
 - d. An individual may be provided with a summary of the requested PHI rather than specific information if:
 - i. the individual agrees to receive a summary;
 - ii. the individual agrees in advance to any fees that will be imposed in preparing the summary; and
 - iii. a summary is permitted by and in accordance with state law.
 - e. If access to PHI is denied in part for the reasons stated in paragraph 4(a) of this Policy, ETMC shall provide the individual with access to the PHI that the individual has the right of access to, and exclude (through redaction) the PHI for which ETMC has a ground to deny access.
 - f. If ETMC does not maintain the requested information, but knows where the information is maintained (for example, non-duplicative information held by a business associate of ETMC), ETMC shall inform the individual where to direct the request for access or, in ETMC's sole discretion, ETMC shall obtain the information requested.
4. Fee Charged for Disclosure. ETMC may charge the requestor a reasonable fee for ETMC's disclosure of PHI in accordance with this paragraph 4.
 - a. ETMC may charge a reasonable cost-based fee for providing access/copies, that includes:
 - i. the cost of copying (supplies and labor);

- ii. postage; and
 - iii. the cost of preparing a summary, if the individual agrees to a charge in advance.
 - b. Maximum Fee Amount. A list of maximum fees allowed for providing health care information is published annually by the Texas Department Health. ETMC fees will be equal to the maximum fees permitted by law.
 - c. ETMC will not charge a fee for a medical or mental health record requested by a patient or former patient, or by an attorney or other authorized representative of the patient or former patient, for use in supporting an application for disability benefits or other benefits or assistance or an appeal relating to denial of those benefits or assistance. ETMC will provide the requested information not later than the 30th day after the date on which ETMC receives the request.
5. Denial of Access to PHI.
- a. *Reasons for Denial.* There are several narrow exceptions to the rule of open access. Access to PHI may be denied if:
 - i. The information is:
 - (1) not part of a designated record set;
 - (2) psychotherapy notes;
 - (3) compiled by ETMC in anticipation of a civil, criminal, or administrative action or proceeding;
 - (4) a test report or result held by a clinical laboratory regulated under the Clinical Laboratory Improvement Amendments ("CLIA") or a research laboratory exempt from CLIA if the individual is not an "authorized person," which CLIA defines as the person who requested the test--normally the physician
 - (5) compiled during the course of a research study, in which case access may be denied until the completion of research if the participant agreed to this denial of access when consenting to participate in the clinical trial and was informed that the right to access PHI will be reinstated at the conclusion of the clinical trial (however, access is

allowed in certain situations, such as when a participant has a severe adverse reaction and needs the information to make a proper treatment decision);

- (6) received from another source other than a health care provider under a promise of confidentiality, and providing access would reveal the source of the information; or
- (7) subject to the Privacy Act (5 U.S.C. § 552a) if such denial is permitted under the Privacy Act ; or

ii. A designated health care professional has decided to deny access because in his or her professional judgment he or she believes that:

- (1) the access requested is reasonably likely to endanger the life or physical safety of the individual or another person—this would *not* include the potential for causing emotional or psychological harm;
- (2) the information contains a reference to a third person, and it is reasonably likely that access may cause substantial physical, emotional, or psychological harm to that other person; or
- (3) the person requesting the PHI is the personal representative of the individual, and the provision of access is reasonably likely to cause substantial harm to the individual who is the subject of the information or to another person.

b. *Notice of Denial.* If access is to be denied in part or in whole, ETMC will inform individuals requesting to inspect and/or copy PHI, in writing and within the timeframes established by paragraph 3(a) of this Policy, of the following:

- i. the specific grounds for the denial; and
- ii. the individual's right to protest the denial to the Privacy Office at 903.565.6105 or to the Secretary of Health and Human Services as set forth in Section 13 of this Manual
- iii. if access is denied because a designated health care professional has determined, in the exercise of his or her professional judgment, that access should be denied because of the potential of harm to

either the individual or another person as listed in paragraph 5(a)(ii) of this Policy, the notice will also:

- (1) inform the individual that he/she has the right to have the decision to deny access reviewed by another licensed health care provider, designated by ETMC, who did not participate in the initial decision to deny access; and
- (2) inform the individual may exercise this right by notifying ETMC's Contact Person of his or her desire to have the decision reviewed by another licensed health care provider.

c. *Review of Denial.* An individual may obtain review of a denial of access that is based on one of the reasons in paragraph 5(a)(ii) of this Policy as follows:

- i. ETMC shall designate a licensed health care professional who was not directly involved in the decision to deny access to be the designated reviewing official ("official"), and will promptly refer a request to that official;
- ii. The official will determine within a reasonable period of time, whether to deny access based upon the criteria listed in paragraph 5(a)(ii) of this Policy, which decision by the official will be final;
- iii. ETMC will notify the individual in writing of the determination of the official, and if the official finds that the individual should be given access to inspect and/or copy his or her PHI, ETMC will provide that access as described in paragraph 3 of this Policy.

6. Document Retention. ETMC shall retain documentation of the designated record sets that are subject to access by individuals and the titles of persons or offices responsible for receiving or processing requests for access by individuals in paper or electronic form for at least 6 years from the date when such documents were last in effect.

REFERENCES/CITATIONS

45 C.F.R. §§ 160.202, 164.501, 164.514(h), 164.524 (2002)

65 Fed. Reg. 82462, 82485, 82504, 82538, 82547, 82548, 82554-58, 82593, 82605-07, 82731-36, 82764 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53191, 53249 (Aug. 14, 2002)

OCR Guidance, 28, 30, 44, 49 (July 6, 2001)

Clinical Laboratory Improvement Amendments, 42 U.S.C. § 263a; 42 C.F.R. part 493 (2002)

Privacy Act, 5 U.S.C. § 552a

Texas Hospitals: TEX. HEALTH & SAFETY CODE ANN. §§ 161.202-161.203, 241.154 (Vernon Supp. 2002); Texas Department of Health, Health Facility Licensing and Compliance Division, *Maximum Fees Allowed for Providing Health Information*, available at <http://www.tdh.state.tx.us/hfc/FEEINFO.HTM> (last visited February 24, 2003)

Texas Physicians: TEX. OCCUPATIONS CODE §§ 159.006-159.008 (Vernon 2002); 22 TEX. ADMIN. CODE § 165.2 (Vernon 2002) (Tex. State Bd. of Med. Examiners, Medical Records)

Legal Analysis Issue No. 49 (Aug. 23, 2002); One Step At A Time Issue No. 11 (Aug. 23, 2002); Legal Analysis Issue No. 20 (Sept. 24, 2001); Legal Analysis Issue No. 20 – Attachment 3 (Sept. 24, 2001)

Date Approved: _____

Date Revised/Reviewed: 2/5/03

Approved By: _____

Title: _____

Signature: _____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 4.5: Request for Amendment of PHI

Page: 1 of 4

Effective Date: April 14, 2002

POLICY

ETMC shall recognize an individual's right to request the amendment of PHI about the individual in a designated record set for as long as the PHI is maintained in the designated record set when the individual believes that the PHI is incorrect or inaccurate. ETMC employees whose responsibilities include receiving requests for amendment of records shall be familiar with this policy and shall follow these procedures.

PROCEDURE

1. Processing a Request for Amendment. Requests for ETMC to amend PHI must be in writing, and must include a reason to support the requested amendment. Requests may be submitted on an ETMC form. Once ETMC has received a request to amend, it has 60 days to grant or deny the request. If ETMC cannot grant or deny the request within 60 days, it may extend the time to respond one time for no more than 30 days. ETMC will inform the individual, in writing, within the original 60-day period, of the need to extend the deadline, stating the reason for the delay and the date by which ETMC will complete its action on the request.
2. Granting an Amendment.
 - a. ETMC will first determine if the PHI is contained in one of the following designated record sets:
 - i. medical records;
 - ii. billing records; and
 - iii. records containing information used, in whole or in part, to make decisions about individuals, whether or not the records have been actually used to make a decision about the individual.
 - b. If ETMC grants the request, it will:

- i. make the amendment to the PHI by, at a minimum, identifying the records that are affected by the amendment and appending or otherwise providing a link to the location of the amendment;
- ii. inform the individual that the amendment has been accepted and obtain the individual's permission to notify the relevant persons with whom the amendment needs to be shared;
- iii. inform persons identified by the individual as needing notice of the amendment; and
- iv. inform other such persons, such as business associates, that ETMC knows to have/maintain the original PHI and who has relied or may foreseeably rely on the information to the detriment of the individual.

3. Denial of the Requested Amendment.

- a. ETMC will deny the amendment if:
 - i. the PHI was not created by ETMC, unless the individual provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
 - ii. the PHI is not part of the "designated record set" (i.e., the information was not utilized to make treatment decisions about the individual);
 - iii. the PHI would not be available to the individual for inspection and/or copying under Section 4.4 of this Manual; or
 - iv. ETMC determines that the information is accurate and complete.
- b. If ETMC denies the amendment, it will provide the individual with a timely, written denial, which indicates:
 - i. the basis for the denial;
 - ii. that the individual has the right to submit a written statement of disagreement, and that such a statement may be submitted to ETMC by sending it to the Privacy Office at 903-596-3388;

- iii. that if the individual chooses not to submit a statement of disagreement, the individual may instead request, in writing, that a copy of the request for amendment and ETMC's denial be included with any future disclosures of the disputed PHI; and
 - iv. how the individual may complain to ETMC or the Secretary of Health and Human Services pursuant to Section 13 of this Manual, including the name, title, and telephone number of the Contact Person designated to receive these complaints.
 - c. *Statement of Disagreement.* Individuals will be permitted to submit a written statement disagreeing with the denial of all or part of a requested amendment.
 - d. *Rebuttal Statement.* ETMC may prepare a written rebuttal to the individual's statement of disagreement. If prepared, a copy of the written rebuttal will be provided to the individual.
4. **Record Keeping.** ETMC will identify the record or PHI that is the subject of the disputed amendment and will append or otherwise link the following information to the designated record set in which the PHI resides:
 - a. the individual's request for amendment;
 - b. ETMC's denial of the request;
 - c. the individual's statement of disagreement, if any; and
 - d. ETMC's rebuttal, if any.
5. **Future Disclosures.** If a statement of disagreement has been submitted by the individual, ETMC will provide the information in paragraph 4 of this Policy, or an accurate summary of this information, with any future disclosures of the PHI to which the disagreement relates. If the individual has not submitted a statement of disagreement, ETMC will provide the information in paragraphs 4(a) and (b) of this Policy, or an accurate summary of this information, only if the individual has so requested.
6. **Notices of Amendment From Other Entities.** If ETMC receives notice from another covered entity that an amendment to an individual's PHI has been made, ETMC will amend the PHI in its designated record sets as provided in paragraph 2 of this Policy.

7. Other Documentation. Documentation of the title of the person or office responsible for receiving and processing these requests will be retained for 6 years after it was last in effect.

REFERENCES/CITATIONS

45 C.F.R. §§ 160.202 (definition of more stringent), 164.504(e)(2)(ii)(F), 164.504(f)(2)(ii)(F), 164.520(b)(1)(iv)(D), 164.526 (2001)

65 Fed. Reg. 82462, 82506, 82558-59, 82736-38, 82755, 82774, 82796 (Dec. 28, 2000);
67 Fed. Reg. 53182-273 (Aug. 14, 2002)

TEX. HEALTH & SAFETY CODE ANN. § 181.101 (Vernon Supp. 2002)

Legal Analysis Issue No. 49 (Aug. 23, 2002); One Step At A Time Issue No. 11 (Aug. 23, 2002); Legal Analysis Issue No. 20 (Sept. 24, 2001); Legal Analysis Issue No. 20 – Attachment 3

Appendix: A.4.5.2

Date Approved: _____

Date Revised/Reviewed: 2/5/03

Approved By: _____

Title: _____

Signature: _____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 4.6: Accounting of Certain Disclosures

Page: 1 of 5

Effective Date: April 14, 2003

POLICY

ETMC recognizes an individual's right to receive an accounting of certain disclosures ("accounting") of the individual's PHI made by ETMC in the 6 years prior to the date on which the accounting is requested. ETMC employees whose responsibilities include receiving requests for accountings and processing and providing accountings shall be familiar with this policy and shall follow these procedures.

PROCEDURE

1. Designation of Person or Office Responsible for Accountings. ETMC hereby designates Privacy Office as the office responsible for receiving and processing requests for an accounting.
2. Recognize an Individual's Right to Request an Accounting. ETMC shall recognize an individual's right to receive an accounting of certain disclosures of the individual's PHI made by ETMC in the 6 years prior to the date on which the accounting is requested. However, an accounting will not be provided for disclosures made prior to April 14, 2003.
3. Determine the Time Period of the Request. An individual who requests an accounting shall complete the "Request for Accounting of Disclosures" form. ETMC shall ensure that the individual has filled out the form completely, including the time period within which the disclosures requested must have occurred. An individual may request an accounting for a period of less than 6 years from the date of the request.
4. Acting on an Individual's Request for an Accounting.
 - a. *Create the Accounting of Disclosures.* ETMC shall act on each individual's request for an accounting within the time periods set forth in paragraph 5 of this Policy, and shall include all required disclosures and other information in accordance with paragraphs 4(b) and (c) of this Policy.

- b. *Exceptions From Disclosure.* The accounting shall include required disclosures of the individual's PHI made by ETMC in the time period chosen by the individual. However, the accounting is *not* required to include any of the following disclosures:
- i. to carry out treatment, payment, and health care operations;
 - ii. to individuals regarding their own PHI;
 - iii. Directory Information, disclosures to Persons Involved in the Individual's Care, and disclosures for notification purposes as provided for in Section 3.3 of this Manual;
 - iv. for national security or intelligence purposes as provided in paragraph 2 of Section 6.10 of this Manual;
 - v. to correctional institutions or law enforcement officials as provided in paragraph 5 of Section 6.10 of this Manual;
 - vi. that occurred prior to April 14, 2003;
 - vii. authorized by the individual according to Section 3.2 of this Manual;
 - viii. incidental to a permitted use or disclosure; or
 - ix. as part of a limited data set pursuant to a data use agreement in accordance with Section 5.2 of this Manual.
- c. *Include Other Required Information in the Accounting.* The accounting shall further include, for each disclosure:
- i. the date of the disclosure;
 - ii. the recipient of the PHI and the address, if known;
 - iii. a description of the information disclosed; and
 - iv. a statement of the purpose of the disclosure or a copy of the individual's written request for a disclosure.
- d. *Process for Accounting for Multiple Disclosures.* If, during the period covered by the accounting, ETMC has made multiple disclosures of PHI to the same person or entity for a single purpose as requested by the

individual, the accounting may, with respect to such multiple disclosures, provide:

- i. the information required by paragraph 4(c) of this Policy for the first disclosure during the accounting period;
 - ii. the frequency, periodicity, or number of the disclosures made during the accounting period; and
 - iii. the date of the last such disclosure during the accounting period.
- e. *Disclosures for Research Involving 50 or More Individuals.*
- i. **Content of Accounting.** If, during the period covered by the accounting, ETMC has made disclosures of PHI for a particular research purpose in accordance with Section 7 paragraphs (3)(b), (c), or (d) of this Policy for 50 or more individuals, the accounting may, with respect to such disclosures for which the PHI about the individual may have been included, provide:
 - A. The name of the protocol or other research activity;
 - B. A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
 - C. A brief description of the type of PHI that was disclosed;
 - D. The date or period of time during which such disclosures occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
 - E. The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
 - F. A statement that the PHI of the individual may or may not have been disclosed for a particular protocol or other research activity.
 - ii. **Assistance in Contacting the Sponsor and the Researcher.** If it is reasonably likely that the PHI of the individual was disclosed for such research protocol or activity, ETMC shall, at the request of

the individual, assist in contacting the entity that sponsored the research and the researcher.

5. Time Period for Acting on an Individual's Request for an Accounting. ETMC shall act on each individual's request for an accounting no later than 60 days after receipt of such a request, as follows:
 - a. Provide the accounting requested; or
 - b. Obtain an extension for no more than 30 additional days and provide a written statement of the reasons for the delay.
6. Fees. The first accounting to an individual in any 12-month period shall be without charge. A reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12-month period will be charged. ETMC shall inform the individual in advance of the fee and provide the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.
7. Suspension of Right to Receive an Accounting. ETMC shall temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency as provided in Section 6.16 this Manual, or law enforcement official, as provided in Section 6.12 of this Manual, for the time specified by such agency or official, if the agency or official provides a written statement specifying: (i) that the accounting to the individual would be reasonably likely to impede the agency's activities; and (ii) the time for which such a suspension is required (the "Written Statement"). If the agency or official statement is made orally, ETMC shall:
 - a. Document the oral statement and the identity of the agency or official making the statement;
 - b. Temporarily suspend the individual's right to an accounting; and
 - c. Limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a Written Statement is submitted.
8. Required Documentation. ETMC will document the following and retain the documentation for 6 years from the date when the information was created or was last in effect:
 - a. The written accounting that is provided to the individual in accordance with this Policy;

- b. The information required to be included in an accounting as set forth in paragraphs 4 and 5 of this Policy; and
- c. The titles of the persons or offices responsible for receiving and processing requests for an accounting by individuals.

REFERENCES/CITATIONS

45 C.F.R. § 164.528 (2001)

65 Fed. Reg. 82462, 82506, 82559-61, 82672, 82692, 82739-44, 82784 (Dec. 28, 2000);

67 Fed. Reg. 53182, 53243-47, 53271-72 (Aug. 14, 2002)

Legal Analysis Issue No. 49 (Aug. 23, 2002); One Step At A Time Issue No. 11 (Aug. 23, 2002);

Appendix: A.4.6.1

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 5.1: De-identification and Re-identification	Page: 1 of 3
Effective Date: April 14, 2003	

POLICY

ETMC shall de-identify individually identifiable health information — to protect the confidentiality of the individual and to allow ETMC to use or disclose de-identified information for research, quality management, and other purposes without the individual's authorization.

PROCEDURE

1. No Authorization Required To De-identify Information. ETMC may, without an authorization or other permission from the individual, either (a) use PHI to create de-identified information, or (b) disclose PHI for the sole purpose of creating de-identified information, independent of whether ETMC intends to use the de-identified information.
2. Policies and Procedures Do Not Apply to De-identified Information. Health information that has been properly de-identified according to this procedure is not considered to be PHI; therefore the HIPAA Privacy Standards and the policies and procedures in this Manual do not apply to properly de-identified information, as long as the de-identified information is not re-identified or the code or other means of re-identification is not disclosed.
3. De-identification Through "Safe Harbor." To de-identify information, ETMC should not have actual knowledge that the information could be used in any way to identify an individual who is a subject of the information; and the following identifiers of the individual (or of relatives, employers, or household members of the individual) shall be removed:
 - a. names;
 - b. all geographic subdivisions smaller than a State, except for the initial three digits of a zip code if (i) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and (ii) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
 - c. all elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of

death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

- d. telephone numbers;
- e. tax numbers;
- f. electronic mail addresses;
- g. Social Security numbers;
- h. medical record numbers;
- i. health plan beneficiary numbers;
- j. account numbers;
- k. certificate/license numbers;
- l. vehicle identifiers and serial numbers, including license plate numbers;
- m. device identifiers and serial numbers;
- n. web Universal Resource Locators (URLs);
- o. internet Protocol (IP) address numbers;
- p. biometric identifiers, including finger and voice prints;
- q. full face photographic images and any comparable images; and
- r. any other unique identifying number, characteristic, or code, except as permitted to re-identify information according to this procedure.

4. De-identification Through Statistical Method. With prior approval from the Privacy Office, PHI may be de-identified through a statistical method. Under this method, a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable shall apply such principles to determine that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information. In addition, the qualified expert shall document the methods and results of the analysis that justify such determination.

5. Alternative to De-identification; Limited Data Set. If PHI cannot be de-identified using the safe harbor or the statistical methods described above, the use or disclosure of a limited data set may be permissible, without an authorization, if certain requirements are met. First, the limited data set may be used for research, public health or health care operations purposes. Second, certain direct identifiers will be removed to qualify as a limited data set. And, third, a Data Use Agreement is generally required. Section 5.2 of this Manual sets forth the policy and procedure regarding limited data sets.

6. Re-identification. ETMC may assign a code or other means of record identification to allow information de-identified according to this procedure to be re-identified, provided that (a) the code is not related to information about the individual and is not otherwise capable of being translated to identify the individual; and (b) ETMC does not use or disclose the code for any other purpose. ETMC may use or disclose re-identified information only as permitted or required by the HIPAA Privacy Standards and the policies and procedures of this Manual.

REFERENCES/CITATIONS

45 C.F.R. §§164.502(d), 164.514(a)-(c) (2001)

67 Fed. Reg. 53182, 53270-71 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 5.2: Limited Data Sets

Page: 1 of 4

Effective Date: April 14, 2003

POLICY

ETMC shall use a limited data set of PHI and enter into a data use agreement with recipients of the limited data set to protect the confidentiality of the individual and to allow ETMC to use or disclose such information for research, public health, or health care operations without the individual's authorization.

PROCEDURE

1. No Authorization Required To Create a Limited Data Set. ETMC may, without an authorization or other permission from the individual, either (a) use PHI to create a limited data set, or (b) disclose PHI for the sole purpose of creating a limited data set, independent of whether ETMC intends to use the limited data set.

2. Creating a Limited Data Set. To create a limited data set, the PHI must exclude the following direct identifiers of the individual or of relatives, employers, or household members of the individual:
 - a. names;
 - b. postal address information, other than town or city, State, and zip code;
 - c. telephone numbers;
 - d. fax numbers;
 - e. electronic mail addresses;
 - f. Social Security numbers;
 - g. medical record numbers;
 - h. health plan beneficiary numbers;

- i. account numbers;
 - j. certificate/license numbers;
 - k. vehicle identifiers and serial numbers, including license plate numbers;
 - l. device identifiers and serial numbers;
 - m. web Universal Resource Locators (URLs);
 - n. Internet Protocol (IP) address numbers;
 - o. biometric identifiers, including finger and voice prints; and
 - p. full face photographic images and any comparable images.
3. Required Elements of a Data Use Agreement. ETMC may use or disclose a limited data set if ETMC obtains satisfactory assurance, in the form of a Data Use Agreement, that the limited data set recipient will only use or disclose the PHI for limited purposes. The Data Use Agreement must:
- a. establish the permitted uses and disclosures of the information, which permitted uses and disclosures may include research, public health, health care operations, or as otherwise required by law, and may not authorize the limited data set recipient to use or further disclose the information in a manner that would violate the HIPAA Privacy Standards if performed by ETMC;
 - b. establish who is permitted to use or receive the limited data set; and
 - c. provide that the limited data set recipient will:
 - i. not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law;
 - ii. use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement;
 - iii. report to ETMC any use or disclosure of the information not provided for by its data use agreement of which it becomes aware;

- iv. ensure that any agents, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information; and
 - v. not identify the information or contact the individuals.
4. Non-compliance. If ETMC knows of a pattern of activity or practice of a limited data set recipient that constitutes a material breach or violation of the data use agreement, ETMC will take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful:
- a. discontinue disclosure of PHI to the recipient; and
 - b. report the problem to ETMC's Privacy Officer.
5. ETMC as a Recipient of a Limited Data Set. If ETMC is a recipient of a limited data set, ETMC must comply with the requirements applicable to limited data set recipients set forth in this policy.

REFERENCES/CITATIONS

45 C.F.R. § 164.514(e) (2001)

67 Fed. Reg. 53234-38 (Aug. 14, 2002)

Appendix: A.5.2

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.1: The Minimum Necessary Standard In General

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

When using, disclosing, or requesting PHI from another covered entity, ETMC shall make reasonable efforts to limit uses or disclosures to the minimum necessary to accomplish the intended purpose. ETMC employees whose responsibilities include using, disclosing, or requesting PHI shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. The Minimum Necessary Standard Does Not Apply to the Following:
 - a. Disclosures to or requests by a health care provider for treatment;
 - b. Uses or disclosures made to the individual;
 - c. Uses or disclosures made pursuant to an authorization;
 - d. Disclosures made to the Secretary for purposes of enforcing the HIPAA Privacy Standards;
 - e. Uses or disclosures that are required by law to the extent they are limited to the relevant requirements of such law;
 - f. Uses or disclosures that are required for compliance with any regulation implementing the Administrative Simplification provisions of HIPAA
2. Release of the Entire Medical Record. For all uses, disclosures, or requests to which the minimum necessary standard applies, ETMC shall not use, disclose, or request the entire medical record, unless it can specifically justify the entire medical record as the amount reasonably necessary to accomplish the purpose of the use, disclosure, or request.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.502(b), 164.514(d) (2001)

65 Fed. Reg. 82462, 82543-45, 82616-17, 82712-16, 82767, 82782-83 (Dec. 28, 2000);
67 Fed. Reg. 53182, 53195-99 (Aug. 14, 2002)

Legal Analysis Issue No. 22 (Oct. 23, 2001); Legal Analysis Issue No. 14 (Jun. 28, 2001)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

+

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.2: Uses of Protected Health Information	Page: 1 of 2
Effective Date: April 14, 2003	

POLICY

ETMC shall identify those persons or classes of persons, as appropriate, in its workforce who need access to PHI to carry out their duties, and for each such person or class of persons, the category or categories of PHI to which access is needed and any conditions appropriate to such access. ETMC shall make reasonable efforts to limit the access of the identified persons or classes to PHI. ETMC employees whose responsibilities include using PHI shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

- I. General Principles of Role-based Access.
 - a. *Identify Members of the Workforce That Need Access to PHI.* ETMC shall identify the members of its workforce that need access to PHI, which may be individuals (e.g., a certain physician or administrator) or groups of individuals (e.g., pharmacy technicians) that are employees, volunteers, trainees, and other persons whose conduct, in the performance of work for ETMC, is under the direct control of ETMC, whether or not they are paid by ETMC. Health care providers (such as doctors, nurses, or researcher/providers) who work for ETMC and do not conduct their own transactions are members of ETMC's workforce and are not covered entities.
 - b. *Identify the Category or Categories of PHI to Which Workforce Members Need Access.* ETMC shall identify the electronic, paper, or other forms of PHI to which each individual or group of individuals needs access consistent with their job responsibilities
 - c. *Access for Treatment Purposes.* ETMC's workforce may use PHI to provide, coordinate, or manage "health care" for a particular patient; to consult with a health care provider regarding a particular patient; or to refer a particular patient to a health care provider for treatment purposes.

For purposes of this Manual, "health care" means care, services, or supplies related to the health of an individual. "Health care" includes, but is not limited to, the following: (i) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition or functional status, of an individual that affects the structure or function of the body, and (ii) sale or dispersing of a drug, device, equipment, or other item in accordance with a prescription.

- d. *Access for Payment Purposes.* ETMC's workforce may use PHI for ETMC's own payment activities. Payment activities include the activities that are undertaken by ETMC to obtain reimbursement for the provision of health care and that relate to an individual to whom health care is provided. See the definition of "payment activities" in Section I of this Manual.

- e. *Access for Health Care Operations Purposes.* ETMC's workforce may use PHI for ETMC's own health care operations activities. See the definition of "health care operations" in Section I of this Manual.

REFERENCES/CITATIONS

45 C.F.R. §§ 160.103, 164.514(d)(2) (2001)

65 Fed. Reg. 82462, 82480, 82544-45, 82570, 82575, 82579, 82630, 82712-16, 82746 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53195-99, 53205 (Aug.14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.3: Disclosures of Protected Health Information – General Principles	Page: 1 of 7
Effective Date: April 14, 2003	

POLICY

For any type of disclosure made on a routine and recurring basis, ETMC shall follow the policies and procedures set forth in this Section 6.3 (which are standard protocols) in order to limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure. For other disclosures, ETMC shall develop criteria designed to limit the PHI disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought; and shall review requests for disclosure on an individual basis in accordance with such criteria. ETMC employees whose responsibilities include disclosing PHI shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Reasonable Reliance and Minimum Necessary Requests. ETMC may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when:
 - a. Making disclosures to public officials pursuant to Sections 6.7, 6.11, 6.14, 6.15, 6.16, 6.17 and 6.18 of this Manual, if the public official represents that the information requested is the minimum necessary for the stated purpose(s);
 - b. The information is requested by another covered entity;
 - c. The information is requested by a professional who is a member of its workforce or is a business associate of the covered entity (e.g., attorneys or accountants) for the purpose of providing professional services to the covered entity, if the professional represents that the information requested is the minimum necessary for the stated purpose(s); or
 - d. Documentation or representations that comply with the applicable requirements for research have been provided by a person requesting the

information for research purposes in accordance with Section 7 of this Manual.

2. **Verification.** Prior to any disclosure, the identity of the person requesting PHI and the authority of any such person to have access to PHI must be verified if the person's identity or authority is not known to the person making the disclosure. Knowledge of the person can take the form of a known place of business, address, phone or fax number, as well as a known human being. Documentation, statements, or representations, whether oral or written, from the person requesting the PHI must be obtained when such documentation, statement, or representation is a condition of the disclosure. ETMC may rely on documentation, statements, or representations that, on their face, meet the applicable requirements.
 - a. *Applicability.* This verification requirement applies to all disclosures of PHI permitted by the Privacy Standards, including disclosures for treatment, payment, or health care operations, where the identity of the recipient is not known to ETMC. Routine communications between providers, where existing relationships have been established, do not require special verification procedures.
 - b. *Verification of Identity.* ETMC may rely on any of the following to verify identity when the disclosure of PHI is to a public official or a person acting on behalf of the public official:
 - i. If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
 - ii. If the request is in writing, the request is on the appropriate government letterhead; or
 - iii. If the disclosure is to a person acting on behalf of a public official (e.g., a public health agency contracting with a nonprofit agency to collect and analyze data), a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, that establishes that the person is acting on behalf of the public official.
 - c. *Verification of Authority.* A covered entity may rely on any of the following to verify authority when the disclosure of PHI is to a public official or a person acting on behalf of the public official:

- i. A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of the legal authority;
 - ii. If a request is made pursuant to legal process, warrant, subpoena, order, or other legal process, it is presumed to constitute legal authority.
 - d. *Professional Judgment.* The verification requirements in Section 6.3.2 of this Policy are satisfied if ETMC exercises professional judgment in making a use or disclosure requiring an opportunity for the individual to agree or to object (e.g., emergency situations), or acts on a good faith belief in making a disclosure to avert a serious threat to health or safety.
 - e. *Minimum Requirements for Verification.* Section 6.3.2 of this Policy does not require a disclosure of PHI if these verification requirements have not been satisfied, nor does Section 6.3.2 of this Policy preempt state laws that establish additional verification requirements. Where state law establishes more stringent verification requirements, ETMC shall adhere to the more stringent requirements.
3. Disclosures for Treatment Purposes. ETMC and members of its workforce may disclose PHI for the treatment activities of ETMC or of another health care provider without a prior written authorization from the individual who is the subject of the PHI. Disclosures for treatment activities are *not* subject to the minimum necessary standard. Treatment includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. A health care provider is a provider of medical or health services or any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.
4. Disclosures for Payment Transactions. ETMC may disclose PHI for ETMC's own payment activities. ETMC also may disclose PHI to another covered entity or any health care provider for the payment activities of that covered entity or health care provider. When disclosing PHI for its own or another entity's payment purposes, ETMC shall disclose only the minimum PHI necessary to facilitate payment. The amount of PHI that constitutes the minimum necessary shall depend upon the type of payment activity that is being undertaken. ETMC

may rely on the assertions of another covered entity that the amount of information requested to facilitate payment is the minimum amount necessary, but ETMC may not rely on the assertions of a private, third party that is not a covered entity (e.g., a financial institution or credit card payment system).

- a. *Definition of Transactions for Payment Purposes.* Transactions for payment purposes include any activity undertaken by ETMC to obtain reimbursement for the provision of health care, including, but not limited to: (a) determinations of coverage, including coordination of benefits; (b) billing, claims management, collection activities, and related health care data processing; (c) review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; (d) utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and (e) disclosure to consumer reporting agencies PHI relating to collection of premiums or reimbursement.
- b. *Coordination of Benefits and Determinations of Coverage.* When disclosing PHI to a health plan for the purpose of coordination of benefits, the minimum necessary PHI shall be that PHI required for the proper completion of the ASC X12N 837 health care claim form.
- c. *Filing Health Care Claims.* When disclosing PHI to a health plan for the purposes of filing a health claim, the minimum necessary PHI shall be the PHI required for the proper completion of the ASC X12N 837 health care claim form. When disclosing PHI to a property and casualty insurer (e.g., home owners or automobile insurer) for purposes of obtaining payment of a health care claim, the minimum necessary PHI shall be the PHI that is equivalent to that required for the proper completion of the ASC X12N 837 health care claim form.
- d. *Inquiring about the Status of a Claim.* When disclosing PHI to a health plan for the purpose of inquiring about the status of a claim the minimum necessary PHI shall be that PHI required for the proper completion of the ASC X12N 276 health care claim status form.
- e. *Disclosure to Collection Agencies.* ETMC shall make reasonable efforts to limit the disclosure of PHI to collection agencies to that information necessary to investigate and assess payment disputes and collect payments on behalf of ETMC. The collection agency, acting as a business associate of ETMC, is permitted to disclose PHI as necessary to obtain payment for

health care, and is not limited to whom such disclosure may be made. The collection agency is permitted to contact persons other than the individual to whom health care is provided as necessary to obtain payment for such services (e.g., a spouse or parent), unless ETMC has agreed to a restriction or accommodation for confidential communications that would prohibit such a disclosure.

- f. *Coverage Determinations.* When disclosing PHI to a health plan for the purpose of determining an individual's coverage under the health plan, the minimum necessary PHI shall be the PHI required for the proper completion of the ASC X12N 270 health care eligibility benefit inquiry form.
 - g. *Utilization Review Purposes.* If a party requesting PHI for utilization review purposes is a health plan, the amount of PHI that is minimally necessary is the amount of PHI requested by the health plan, and may include the entire medical record. If a party requesting PHI for utilization review purposes is not a health plan, such as a property and casualty insurer, the amount of PHI that is minimally necessary to be disclosed shall be determined under Section 6.29 of this Manual.
 - h. *Disclosure to Consumer Reporting Agencies.* When disclosing PHI to consumer reporting agencies, ETMC may disclose only the individual's: (i) name and address; (ii) date of birth; (iii) Social Security number; (iv) payment history; (v) account number; and (vi) name and address of the health care provider and/or health plan.
 - i. *Disclosure Beyond That Authorized by This Policy.* To the extent that a particular payment disclosure requires the disclosure of PHI beyond that authorized by this policy, such disclosure shall undergo individual review under Section 6.31 (relating to non-routine disclosures) of this Manual, unless such disclosure is to a health plan. If such disclosure is to a health plan, the PHI requested may be disclosed if it is reasonable.
 - j. *Disclosing the Entire Medical Record.* There may be situations where disclosure of the entire medical record other than for treatment by health care providers or as otherwise provided in this Manual shall be necessary.
5. **Disclosures for Health Care Operations.** ETMC may disclose PHI to carry out ETMC's own health care operation. ETMC may disclose PHI to another covered entity for that entity's health care operations, if both ETMC and the other covered entity either has or had a relationship with the individual who is the subject of the

information, if the PHI pertains to that relationship, and if the disclosure is for a listed purpose in paragraphs 5(a) and 5(b) of this Policy or for the purpose of health care fraud and abuse detection or compliance. The minimum necessary standard shall apply to both the request for and the disclosure of PHI for these purposes. Health care operations include the following activities to the extent that the activities are related to ETMC's covered functions:

- a. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; population-based activities relating to improving health or reducing health care costs; protocol development; case management and care coordination; contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
- b. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- c. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of 45 C.F.R. § 164.514(g) are met, if applicable;
- d. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- e. Business planning and development;
- f. Business management and general administrative activities of the entity;
- g. Other disclosures required for healthcare operations that may include those required for licensing and/or certification.

REFERENCES/CITATIONS

NOTE: The numbers refer to the paragraph numbers of this Policy

1. 45 C.F.R. §§ 164.514(d)(3)(iii) (2001)
65 Fed. Reg. 82462, 82537, 82545, 82600, 82715 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53198 (Aug. 14, 2002)
2. 45 C.F.R. § 164.514(h) (2001)
65 Fed. Reg. 82462, 82500, 82524, 82538, 82546-47, 82632, 82682, 82686, 82718-20 (Dec. 28, 2000)
3. 45 C.F.R. §§ 160.103, 164.501, 164.506 (2001)
65 Fed. Reg. 82462, 82497-99 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53196-97, 53208-19 (Aug. 14, 2002)
4. 45 C.F.R. §§ 162.1101-162.1802, 164.501, 164.502(a)(1)(ii), 164.506 (2001)
65 Fed. Reg. 82462, 82495-96, 82498-99, 82534-35, 82613-18, 82630 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53197, 53203, 53208-19 (Aug. 14, 2002)
5. 45 C.F.R. §§ 164.501, 164.506 (2001)
65 Fed. Reg. 82462, 82489-91, 82498-99 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53208-19 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.4: Disclosures to the Parents of a Minor

Page: 1 of 3

Effective Date: April 14, 2003

POLICY

ETMC shall treat a parent, guardian, or other person acting *in loco parentis* on behalf of an unemancipated minor as a personal representative of a minor. In certain situations, ETMC shall disclose PHI to that parent, guardian, or other person acting *in loco parentis* who is relevant to such representation. Because the representative is treated as the individual, these disclosures shall not be subject to the minimum necessary standard. ETMC workforce members who disclose the PHI of minors shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures to the Parents or Personal Representative of a Minor. ETMC shall treat a parent, guardian, or other person acting *in loco parentis* who has the authority under applicable law to act on behalf of an unemancipated minor to make health care decisions as the personal representative of the unemancipated minor. A personal representative shall be treated as the individual for purposes of the HIPAA Privacy Standards, but his or her authority is limited by the document defining the scope of this authority, if any. The personal representative is treated as the individual only to the extent that PHI is relevant to such representation. The minimum necessary standard does *not* apply to disclosures to personal representatives.
 - a. *Exceptions.* The *minor* has the authority to act as an individual with respect to PHI pertaining to a health care service if:
 - i. The minor consents to the health care service; no other consent to the health care service is required by law, regardless of whether the consent of another person has also been obtained (the HIPAA Privacy Standards do not intend for state notification laws, e.g., those pertaining to a minor's request for an abortion, to affect the rights of minors in this situation); and the minor has not requested that another person be treated as the personal representative

(although the minor can involve an adult in his or her health care decisions without forfeiting his or her rights under this policy):

- ii. The minor may lawfully obtain the health care service without the consent of a parent, guardian, or other person acting *in loco parentis* (e.g., HIV testing), and the minor, a court, or another person authorized by law consents to the health care service; or
 - iii. A parent, guardian, or other person acting *in loco parentis* assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.
 - iv. ETMC health care professionals have a reasonable belief that the minor has been or may be subjected to domestic violence, abuse, or neglect by such parent, guardian, or other person acting *in loco parentis*, or treating such person as the personal representative could endanger the minor, and ETMC health care professionals in the exercise of professional judgment decide that it is not in the best interest of the minor to treat the person as a personal representative.
- b. *Disclosure or Access Permitted or Required by Law.* If, and to the extent, permitted or required by an applicable provision of state or other law, including applicable case law, ETMC may disclose, or provide access to, PHI about an unemancipated minor to a parent, guardian, or other person acting *in loco parentis*.
 - c. *Disclosure or Access Prohibited by Law.* If, and to the extent, prohibited by an applicable provision of state or other law, including applicable case law, ETMC may *not* disclose, or provide access to, PHI about an unemancipated minor to a parent, guardian, or other person acting *in loco parentis*.
 - d. *Discretion To Provide Access When Not a Personal Representative.* If the parent, guardian, or other person acting *in loco parentis*, is not the personal representative under paragraph 1(a) of this Policy (relating to exceptions) and if there is no applicable access provision under State or other law, including case law, ETMC may provide or deny access to a minor's PHI to a parent, guardian, or other person acting *in loco parentis*, if the action is consistent with state or other applicable law, and the decision is made by a licensed health care professional in the exercise of his or her professional judgment. Nothing in this paragraph shall affect

whether or not a minor would have a right of access to his or her own records.

- e. *Denial of Access.* A personal representative may be denied access to PHI of an unemancipated minor for all of the reasons listed in Section 4.4 of this Manual (relating to access to inspect and copy records).
- f. *Disclosures To Avert a Serious and Imminent Threat.* Disclosure of PHI to a parent, guardian, or other person acting *in loco parentis* is always permitted as necessary to avert a serious and imminent threat to the health or safety of the minor. See discussion in Section 6.17 of this Manual.

REFERENCES/CITATIONS

45 C.F.R. § 164.502(g)(3) (2001)

65 Fed. Reg. 82462, 82500-01, 82528, 82581-82, 82633-35, 82733-34 (Dec. 28, 2000);
67 Fed. Reg. 53182, 53199-203 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.6: Disclosures to the Media	Page: 1 of 2
Effective Date: April 14, 2003	

POLICY

ETMC shall obtain prior written authorization before disclosing PHI regarding an individual to the media; however, an exception for disclosures of directory information exists. ETMC workforce members who disclose PHI to the media shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures to the Media. ETMC shall obtain the prior written authorization of the patient or personal representative before disclosing PHI regarding an individual to the media; however, an exception for disclosures of directory information exists.
 - a. *Identify Source and Purpose of Request*. When a member or representative of the media (e.g., newspaper, radio, television) requests information from ETMC regarding a current or past patient, the ETMC workforce member who responds to the contact shall request the identity of the caller and the purpose of the request.
 - b. *Obtain Prior Written Authorization*. Except as described in paragraph 1(c) of this Policy, ETMC shall not disclose any PHI regarding an individual to the media without obtaining the prior written authorization of the individual who is the subject of the information in accordance with Section 3.2 of this Manual.
 - c. *Disclosing Directory Information to the Media*. Because disclosures to the media do not constitute a treatment, payment, or health care operations activity, ETMC may not disclose PHI to the media without prior written authorization; however, to the extent that ETMC has followed Section 3.3 (relating to the oral opportunity to agree or object) of this Manual and has informed the individual that ETMC shall include limited information in its directory and the individual has not refused to permit disclosure of directory information, ETMC *may (but is not required to)* disclose the

location and general condition of an individual to a member of the media who requests such information *if the member of the media asks for the individual by his or her full name.*

REFERENCES/CITATIONS

45 C.F.R. § 164.510(a) (2001)

65 Fed. Reg. 82462, 82531-32, 82664, 82684 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53237-38 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.7: Disclosures to a Coroner, Medical Examiner, or Funeral Director	Page: 1 of 2
Effective Date: April 14, 2003	

POLICY

A decedent's PHI may be used and disclosed to enable the performance of coroner, medical examiner, and funeral director functions without obtaining patient authorization if certain conditions are satisfied in accordance with the HIPAA Privacy Standards. ETMC employees whose responsibilities include using and disclosing PHI to enable the performance of coroner, medical examiner, and funeral director functions shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures to a Coroner, Medical Examiner, or Funeral Director. A decedent's PHI may be used and disclosed to enable the performance of coroner, medical examiner, and funeral director functions without obtaining the prior written authorization of the decedent or the decedent's family if the following applicable conditions are satisfied.
 - a. *Uses by and Disclosures to Coroners and Medical Examiners.* ETMC may disclose a decedent's PHI to a coroner or medical examiner to enable the coroner or medical examiner to identify the decedent, determine the cause of death, or perform other duties as authorized by law, without prior written authorization. To the extent ETMC performs the duty of a coroner or medical examiner, ETMC may use a decedent's PHI for the purpose of identifying the decedent, determining a cause of death, or perform other duties as authorized by law, without prior written authorization.
 - i. *Redaction of Other Information Not Required.* ETMC is not required to redact information about persons other than the individual who may be identified in the individual's medical record before using or disclosing the record to enable the performance of coroner or medical examiner functions.

- ii. *Psychotherapy Notes.* An individual's psychotherapy notes are part of the PHI that is permitted to be used and disclosed without individual permission pursuant to this Policy.

- b. *Disclosures to Funeral Directors.* ETMC may disclose a decedent's PHI to a funeral director, consistent with applicable law, as necessary to enable the funeral home to carry out its duties with respect to the decedent. In addition, and if necessary for a funeral director to carry out its duties, ETMC may disclose the PHI prior to, and in reasonable anticipation of, the individual's death.

REFERENCES/CITATIONS

45 C.F.R. § 164.512(g) (2001)

65 Fed. Reg. 82462, 82500, 82534, 82687-88 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.8: Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes	Page: 1 of 1
Effective Date: April 14, 2003	

POLICY

ETMC shall use and disclose PHI without individual authorization to facilitate organ, eye, or tissue donation and transplantation. ETMC employees whose responsibilities include using or disclosing PHI for such purposes shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes. ETMC may use and disclose PHI, which may be the entire medical record, without prior written authorization by the decedent or the decedent's family to facilitate cadaveric organ, eye, or tissue donation and transplantation. ETMC may initiate contact with organ and tissue donation and transplantation organizations to facilitate transplantation of organs, eyes, and tissues from cadavers without prior authorization from the decedent or the decedent's family consistent with state law and the requirements of Medicare's conditions of participation for hospitals. This Policy does not permit the use or disclosure of PHI without individual authorization for purposes of blood or sperm banking, for example, because the donor in such a situation is *living* and an opportunity to obtain an authorization for the use or disclosure of PHI from the donor still exists.

REFERENCES/CITATIONS

45 C.F.R. § 164.512(h) (2001)

65 Fed. Reg. 82462, 82477, 82524, 82534, 82571, 82572, 82598, 82668, 82688 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.9: Disclosures for Research Purposes

Page: 1 of 1

Effective Date: April 14, 2003

POLICY

ETMC shall obtain an individual's written authorization or satisfy an exception to the authorization requirement before using or disclosing the individual's PHI for research purposes. ETMC employees whose responsibilities include using or disclosing PHI for research purposes shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

Disclosures for Research Purposes. See Section 7 of this Manual.

REFERENCES/CITATIONS

See Section 7 of this Manual.

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 7: Research

Page: 1 of 6

Effective Date: April 14, 2003

POLICY

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") provides specific rules pertaining to standards and requirements for the electronic transfer of health care information, and for the privacy and security of PHI. If a covered entity wishes to use or disclose PHI for Research purposes, the covered entity must either obtain specific individual authorization of the use or disclosure or must satisfy one (1) of the three (3) exceptions, which include (1) reviews preparatory to Research, (2) Research on decedent's information or (3) IRB Approval of the waiver or alteration to the required authorization as set forth below.

ETMC's IRB requires that an individual's written authorization is obtained or otherwise satisfied an exception to the authorization requirement before using or disclosing the individual's PHI for Research purposes. ETMC employees whose responsibilities include using or disclosing PHI for Research purposes shall be familiar with this policy and shall follow the procedures set forth herein.

PROCEDURE

1. Determine That the Requested Use or Disclosure Is for Research Purposes. This Policy only applies when the purpose of the requested use or disclosure is Research, defined as a systematic investigation including research development, testing, and evaluation that is *designed to develop or contribute to generalizable knowledge*. This Policy does not apply if the purpose of the requested use or disclosure is health care operations, defined to include quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, *provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities*; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination.

2. Determine That the Information To Be Used or Disclosed Is PHI. This Policy only applies if the information being used for Research is PHI. If the information being used or disclosed has been completely de-identified in accordance with the de-identification policy of ETMC, this Policy does not apply and ETMC (or the Investigator) may use or disclose the de-identified information without following the procedures set forth in this Policy.
3. Obtain Individual Authorization or Satisfy an Exception to the Authorization Requirement. Once ETMC has determined that the purpose of the requested use or disclosure is Research and that the information to be used or disclosed is PHI, ETMC's IRB shall require the Investigator to obtain the written authorization of the individual who is the subject of the PHI or satisfy an exception to the authorization requirement before using or disclosing the individual's PHI for Research purposes. Accordingly, the Investigator shall satisfy one of the following:
 - (a). *Obtain Written Authorization.* Using sample authorization form (*see Exhibit ~~17(A)~~*), ETMC's IRB shall obtain the written authorization of each individual who is the subject of the PHI being used or disclosed for the Research purposes:
 - (b). *Obtain Representations From the Researcher That the Review Is Preparatory to Research.* Using sample Representation Form (*see Exhibit 17(B)*), ETMC's IRB shall obtain written representations from the Investigator (or researcher) that:
 - (i) the use or disclosure is sought solely to review PHI as necessary to prepare a Research protocol or for similar purposes preparatory to Research;
 - (ii) no PHI will be removed from ETMC's premises by the researcher in the course of the review;¹ and

¹ Please note that this representation would prohibit a researcher from using ETMC's PHI to actually recruit research subjects unless ETMC or the researcher contacts the potential research subjects from ETMC's premises. This representation further would prohibit a researcher from copying potential subjects' names and addresses and later preparing written communications to such individuals requesting such individuals to participate in the research. However, this representation would not be prohibited to the extent a researcher wishes: (i) to review, but not remove, PHI to determine whether ETMC has PHI relating to prospective research participants who may meet the eligibility criteria for enrollment in the researcher's study; or (ii) to make a determination regarding whether there are a sufficient number of patients with a particular health condition within the community that would make the researcher's study feasible.

- (c). *Obtain Representations and Documentation From the Researcher That the Research Relates to Decedents' Information.* Using sample Representation Form (~~see Exhibit 17(C)~~), ETMC's IRB shall obtain the following from the researcher:
- (i) a representation that the use or disclosure is sought solely for Research on the PHI of decedents;
 - (ii) documentation, at the request of ETMC,² of the death of such individuals; and
 - (iii) a representation that the PHI for which use or disclosure is sought is necessary for the Research purposes; or
- (d). *Obtain an IRB Approval of the Waiver of or Alteration to the Otherwise Required Authorization.* Using sample IRB or Privacy Board Waiver or Alteration Form (~~see Exhibit 17(D)~~), ETMC's IRB shall obtain written documentation regarding the following:
- (i) The waiver of or alteration to the authorization has been approved by an IRB or a privacy board meeting specified standards;
 - (ii) A statement identifying the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;
 - (iii) The IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization, satisfies specified criteria;
 - (iv) A brief description of the PHI for which use or access has been determined to be necessary by the IRB or privacy board;
 - (v) A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures; and
 - (vi) The documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair, of the IRB or privacy board.

² ETMC may, but is not required, to request written documentation regarding the death of the individuals whose medical records will be used for research.

- (e) *Disclose a Limited Data Set Pursuant to a Data Use Agreement.* In accordance with ETMC's General Policy regarding HIPAA, ETMC is permitted to use or disclose a limited data set of information for Research purposes pursuant to a data use agreement without the prior written authorization of the individual(s) who is/are the subject of the information.
- (i) **Limited Data Set.** The information disclosed for the Research purposes shall be limited to a limited data set that excludes the following direct identifiers of the individuals or of relatives, employers, or household members of the individuals: (i) names; (ii) postal address information other than town or city, state, and zip code; (iii) telephone numbers; (iv) fax numbers; (v) e-mail addresses; (vi) Social Security numbers; (vii) medical record numbers; (viii) health plan beneficiary numbers; (ix) account numbers; (x) certificate/license numbers; (xi) vehicle identifiers and serial numbers, including license plate numbers; (xii) device identifiers and serial numbers; (xiii) Web Universal Resource Locators ("URLs"); (xiv) Internet Protocol ("IP") address numbers; (xv) biometric identifiers, including finger and voice prints; and (xvi) full face photographic images and any comparable images. Identifiable information that may remain in the limited data set and therefore disclosed for Research purposes pursuant to paragraph 2(e) of this Policy includes dates relating to a patient (dates of service, admission, or discharge; date of birth; date of death) and information relating to the town or city, state, and five-digit zip code of the patient, his or her employer, and the patient's household members.
- (ii) **Data Use Agreement.** Before ETMC may use or disclose a limited data set of information for Research purposes, ETMC must enter into a data use agreement with the recipient of the limited data set. In accordance with ETMC's General Policy regarding HIPAA, the data use agreement must: (i) establish the permitted uses and disclosures of the information and may not authorize the limited data set recipient to use or further disclose the information in a manner that would violate the HIPAA Privacy Standards if done by ETMC; (ii) establish who is permitted to use or receive the limited data set; and (iii) provide that the limited data set recipient will: (a) not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law; (b) use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement; (c) report to ETMC any use or disclosure of the

information not provided for by its data use agreement of which it becomes aware; (d) ensure that any agents, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information; and (e) not identify the information or contact the individuals. The HIPAA Privacy Standards do not prescribe the form of a data use agreement, and explain that a data use agreement may be a formal contract, an informal memorandum of understanding or, if the use of the limited data set is by ETMC's workforce members, ETMC may choose to enter into a data use agreement that is similar to a confidentiality agreement ETMC would enter into with its workforce members.

4. Make Minimum Necessary Uses and Disclosures. For purposes of paragraph 3(b) of this Policy, ETMC is permitted to rely on the requesting researcher's representation that the purpose of the request is to review PHI as necessary to prepare a Research protocol or for similar purposes preparatory to Research and that the request meets the minimum necessary requirements; ETMC shall only disclose to the requesting researcher the PHI specifically requested by the researcher. For purposes of paragraph 3(c) of this Policy, ETMC is permitted to rely on the requesting researcher's representation that the purpose of the request is for Research on the PHI of decedents and that the request meets the minimum necessary requirements; ETMC shall disclose to the requesting researcher that PHI specifically requested by the researcher. For purposes of paragraph 3(d) of this Policy, ETMC is permitted to rely on the statement in the IRB or Privacy Board Waiver or Alteration Form establishing the specific PHI for which use or access has been determined to be necessary by the IRB or privacy board; ETMC shall only disclose the PHI specifically identified in the IRB or Privacy Board Waiver or Alteration Form.
5. Include Required Disclosures in the Accounting of Disclosures. ETMC has adopted specific procedures to be followed when an individual requests ETMC to account for the disclosures of the individual's PHI. To the extent ETMC discloses PHI for Research purposes pursuant to an authorization in accordance with paragraph 3(a) of this Policy, or discloses a limited data set pursuant to a data use agreement in accordance with paragraph 3(e) of this Policy, the disclosure(s) need not be included in the accounting. However, to the extent ETMC discloses PHI for Research purposes pursuant to an exception to authorization (i.e., in accordance with paragraphs 3(b), (c), or (d) of this Policy), the disclosure must be included in the accounting. An individual who is responsible for disclosing PHI pursuant to paragraphs 3(b), (c), or (d) of this

Policy shall ensure that the information necessary to complete an accounting of disclosures pursuant to ETMC's HIPAA Policies are provided to the individual who is responsible for preparing such accountings.

6. Notice of Privacy Practices. Before ETMC may disclose PHI for a Research purpose without authorization, ETMC should ensure that its Notice of Privacy Practices informs individuals of this possibility.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.508, 164.512(i) (2001) (both as amended by the final HIPAA Privacy Standards at 67 Fed. Reg. 53182 (Aug. 14, 2002))

65 Fed. Reg. 82462, 82520-21, 82536-38, 82543-45, 82575, 82625, 82656, 82689-90, 82694-99, 82701, 82702, 82710, 82740 (Dec. 28, 2000); 67 Fed. Reg. 14776, 14793-97 (Mar. 27, 2002); 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

Legal Analysis Issue No. 39 (May 23, 2002); Legal Analysis Issue No. 39 – Attachment 1 (May 23, 2002); Legal Analysis Issue No. 39 – Attachment 2 (May 23, 2002, revised November 8, 2002)

Appendix: ~~A.7.1, A.7.2, A.7.3~~

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 8: Marketing and Outreach

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

An authorization is required to use PHI for activities meeting the definition of Marketing in this Policy. However, certain PHI may be used or disclosed by ETMC without an authorization for the purpose of Outreach, as defined in this Policy. ETMC employees whose responsibilities include Marketing and Outreach shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Definitions.

a. *Marketing.* The term Marketing means:

(1) to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, unless the communication is made:

- i. to describe a health-related product or service provided by ETMC;
- ii. for treatment of the individual; or
- iii. for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual; or

(2) an arrangement between ETMC and any other entity whereby ETMC discloses PHI to the other entity, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service of the other entity.

b. *Outreach.* The term Outreach means a communication to describe a health-related product or service furnished by ETMC, or to provide general health or wellness information that does not *promote* a particular product or service. Outreach communications may encompass population-based activities to improve health or reduce health care costs, such as

reminders to women about periodic mammograms; and communications providing information about how to lower cholesterol, new developments in health care (e.g., new diagnostic tools), health or wellness classes, support groups and health fairs.

- c. *Treatment.* The term Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
2. ETMC's Use or Disclosure of PHI for Outreach. ETMC may use PHI or may disclose PHI to a business associate for purposes of Outreach, provided that and the PHI used is the minimum necessary to make the communication. If clinical information is used to make the Outreach communication, it must be limited to primary and secondary medical diagnoses.
3. Individual Authorization Required for ETMC's Use or Disclosure of PHI for Marketing. An authorization must be obtained in accordance with Section 3.2 of this Manual prior to ETMC's use or disclose PHI for the purpose of Marketing, unless the communication is:
- a. a face-to-face communication by an employee or contractor of ETMC with an individual; or
 - b. a promotional gift of nominal value provided by ETMC.

REFERENCES/CITATIONS

45 C.F.R. §§ 164, 164.508(a)(3); 164.520(b)(1)(iii)(A) (2001)

67 Fed. Reg. 53,182; 53,185 – 53,190; 53,222-53,223 (Aug. 14, 2002)

JCAHO Standards R1.4.1 (2002) (patient rights)

Date Approved: _____

Date Revised/Reviewed: 2/5/03

Approved By: _____

Title: _____

Signature: _____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 9: Fundraising	Page: 1 of 3
Effective Date: April 14, 2003	

POLICY

ETMC may use certain limited information internally (or disclosed to a business associate of ETMC or to an institutionally related foundation) for the purpose of raising funds for ETMC's own benefit without individual authorization. ETMC employees whose responsibilities include using or disclosing PHI for purposes of fundraising shall be familiar with this policy and shall follow these procedures.

PROCEDURE

1. Definitions.
 - a. *Limited Information.* The term Limited Information includes: (i) demographic information relating to an individual (e.g., name, address, and other contact information; age; gender; and insurance status); and (ii) the dates of health care provided to an individual. The term Limited Information does not include other information (e.g., (i) diagnosis; (ii) nature of services; or (iii) treatment provided).
 - b. *Institutionally Related Foundation.* The term Institutionally Related Foundation means a foundation that qualifies as a nonprofit charitable foundation under Section 501(c)(3) of the Internal Revenue Code and that has in its charter statement of charitable purposes an explicit linkage to ETMC. ETMC Institutionally-Related Foundations include ETMC Foundation and affiliate District Foundations. These Foundations may support ETMC as well as other covered entities, or health care providers in the community. The term Institutionally Related Foundation does not include an organization with a general charitable purpose, such as supporting research, education, or awareness about a certain disease, or providing treatment for certain diseases, even if the organization gives money to ETMC, because its charitable purpose is not specific to ETMC.
2. ETMC's Internal Use of PHI for Fundraising. ETMC may use Limited Information for the purpose of raising funds for its own benefit without obtaining prior individual authorization if the requirements set forth in paragraph 4 of this Policy have been satisfied.

3. ETMC's Disclosure of PHI for Fundraising. ETMC may disclose Limited Information for the purpose of raising funds for ETMC's own benefit to a business associate (i.e., a person or organization acting on ETMC's behalf with whom ETMC has entered into a business associate agreement) or to an Institutionally-Related Foundation without obtaining prior individual authorization if the requirements set forth in paragraph 4 of this Policy have been satisfied.
4. Requirements for Fundraising. The following requirements must be satisfied before using or disclosing Limited Information for the purpose of raising funds for ETMC's own benefit without obtaining prior individual authorization:
 - a. The Notice of Privacy Practices will include a statement that ETMC may contact the individual to raise funds for ETMC and a description of how the individual may opt out of receiving such fundraising communications;
 - b. Fundraising materials sent to an individual will include a description of how the individual may opt out of receiving any further fundraising communications; and
 - c. Reasonable efforts will be made to ensure that individuals who opt out of receiving future fundraising communications are not sent such communications.
5. Permissible Fundraising. Fundraising activities that are permissible under paragraphs 2 and 3 of this Policy include appeals for money, sponsorship of events, etc. Royalties or remittances for the sale of products of third parties (except auctions, rummage sales, etc.) are not permitted without prior written authorization.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.501 (definition of health care operations), 164.514(f) (uses and disclosures for fundraising) (2001)

65 Fed. Reg. 82462, 82514, 82516, 82546, 82718, 82820 (Dec. 28, 2000); 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

Letter from the National Committee on Vital and Health Statistics, to Secretary Thompson (Mar. 1, 2002), *available at <http://www.ncvhs.hhs.gov/020301lt.htm>*

JCAHO Standards R1.4.1 (2002) (patient rights)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.10: Disclosures Required by Law	Page: 1 of 2
Effective Date: April 14, 2003	

POLICY

ETMC shall permit uses and disclosures of PHI without prior written authorization to the extent that such uses and disclosures are required by law and comply with and are limited to the relevant requirements of such law. ETMC employees who use or disclose PHI as required by law shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures Required by Law. ETMC may use and disclose PHI without prior written authorization to the extent that such uses and disclosures are required by law and comply with and are limited to the relevant requirements of such law. The minimum necessary rule does not apply to disclosures that are required by law (as opposed to *permitted* by law) and are made according to this Policy.
 - a. *Definition of "Required by Law."* For purposes of this Manual, the term "required by law" means a mandate contained in law that compels ETMC to make a use or disclosure of PHI and is enforceable in a court of law. The term includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the Medicare program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.
 - b. *Mandatory versus Permissive Legal Requirements.* ETMC shall identify whether a requested use or disclosure is *required* by law (i.e., the law must make the use or disclosure *mandatory*, not merely *permissive*); and, when a use or disclosure is required by a law, ETMC shall then identify the relevant requirements of such law and comply with such requirements when using or disclosing PHI pursuant to that law.

c. *No Duty To Disclose.* This Policy does not create any duty or obligation to use or disclose PHI. Rather, this Policy *permits* ETMC to use or disclose PHI when ETMC is required by law to do so.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.501, 164.512(a) (2001)
65 Fed. Reg. 82462, 82485, 82524-25, 82666-68 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53195, 53198-99, 53208 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.11: Disclosures for Specialized Government Functions

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

ETMC shall permit uses and disclosures of PHI without prior written authorization to the extent that such uses and disclosures are for specialized government functions. ETMC workforce members authorized to make disclosures for specialized government functions shall be familiar with this Policy and shall follow these procedures

PROCEDURE

1. Disclosures for Specialized Government Functions. ETMC is permitted to use and disclose PHI without prior written authorization, for the following specialized government functions:
 - a. *Uses and Disclosures for Armed Forces Personnel.* ETMC may use and disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the Federal Register the appropriate military command authorities and the purposes for which the PHI may be used or disclosed.
 - b. *Foreign Military Personnel.* ETMC may use and disclose the PHI of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel under the notice published in the Federal Register pursuant to paragraph 1(a) of this Policy.
 - c. *Disclosures for National Security and Intelligence Activities.* ETMC may disclose PHI, without the prior written authorization of the individual who is the subject of the PHI, to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. § 401 *et seq.*) and implementing authority (e.g., Executive Order 12333).

- d. *Disclosures for Protective Services for the President and Others.* ETMC may disclose PHI, without the prior written authorization of the individual who is the subject of the PHI, to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. § 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. § 2709(a)(3), or to for the conduct of investigations authorized by 18 U.S.C. §§ 871 and 879.

- e. *Disclosures and Uses to Correctional Institutions and Other Law Enforcement Custodial Situations.*
 - i. The provision of health care to such individuals;
 - ii. The health and safety of such individual or other inmates;
 - iii. The health and safety of the officers or employees of or others at the correctional institution;
 - iv. The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
 - v. Law enforcement on the premises of the correctional institution; and
 - vi. The administration and maintenance of the safety, security, and good order of the correctional institution.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.512(k) (2001)

65 Fed. Reg. 82462, 82532, 82539-42, 82704-07 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.14: Disclosures to Law Enforcement Officers

Page: 1 of 3

Effective Date: April 14, 2003

POLICY

ETMC may disclose certain PHI to a law enforcement official for a law enforcement purpose without patient authorization if certain conditions are satisfied in accordance with the HIPAA Privacy Standards. ETMC employees whose responsibilities include disclosing PHI to law enforcement officials shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures to Law Enforcement Officers for Law Enforcement Purposes. PHI may be disclosed to a law enforcement official for a law enforcement purpose without prior written authorization if certain conditions described below are satisfied.
 - a. *Ensure That the Disclosure Satisfies One of the Permitted Disclosures.* Before ETMC may disclose PHI to a law enforcement official without patient permission, the disclosure should fall within one of situations and satisfy the required conditions of that situation, as described below. Disclosures that do not fall within an identified situation generally require prior written authorization in accordance with Section 3.2 of this Manual.
 - b. *Disclosures Permitted Pursuant to Process and as Otherwise Required by Law.* ETMC may disclose PHI to a law enforcement official:
 - i. As required by law (*see* paragraph 1(a) in Section 6.9 of this Manual relating to the definition of “Required by Law”) including laws that require the reporting of certain types of wounds or other physical injuries; or
 - ii. In compliance with and as limited by the relevant requirements of:
 - A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

- A grand jury subpoena; or
 - An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law.
- c. *Disclosures of Limited Information for Purposes of Identifying and Locating a Suspect, Fugitive, Material Witness, or Missing Person.* Except for disclosures required by law as permitted by paragraph b of this policy, ETMC may disclose PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- d. *Disclosures of Information About Victims or Suspected Victims of a Crime.* Except for disclosures required by law as permitted by paragraph 1(b) of this Policy, ETMC may disclose PHI in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime. if:
- i. The individual orally agrees to the disclosure; or
 - ii. ETMC is unable to obtain the individual's oral agreement because of incapacity or other emergency circumstance provided that:
 - The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;
 - The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
 - The disclosure is in the best interests of the individual as determined by ETMC, in the exercise of professional judgment.
- e. *Disclosures of Information About a Decedent Whose Death Is Suspected to Have Resulted From Criminal Conduct.* ETMC may disclose PHI to a law enforcement official about an individual who has died for the purpose of alerting law enforcement of the death of the individual if ETMC has a suspicion that such death may have resulted from criminal conduct.

- f. *Disclosures of Evidence of Crime on ETMC's Premises.* ETMC may disclose to a law enforcement official PHI that ETMC believes in good faith constitutes evidence of criminal conduct that occurred on the premises of ETMC.

- g. *Disclosures of Evidence of Other Crime Related to a Medical Emergency.* If ETMC is providing emergency health care in response to a medical emergency other than an emergency on the premises of ETMC, ETMC may disclose PHI to a law enforcement official if such disclosure appears necessary to alert law enforcement to:
 - i. The commission and nature of a crime;
 - ii. The location of such crime or of the victim(s) of such crime; and
 - iii. The identity, description, and location of the perpetrator of such crime.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.512(f), 164.514(h)(2)(i)(A) (2001)

65 Fed. Reg. 82462, 82531-34, 82672-73, 82678-87 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.15: Disclosures About Victims of Abuse, Neglect or Domestic Violence	Page: 1 of 4
Effective Date: April 14, 2003	

POLICY

ETMC shall permit disclosures of PHI about an individual whom ETMC reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, that is authorized by law to receive reports of abuse, neglect, or domestic violence. Individual authorization is not required for such disclosures. ETMC employees whose responsibilities include reporting incidents of abuse, neglect, or domestic violence shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures About Victims of Abuse, Neglect or Domestic Violence. ETMC is permitted to disclose PHI about an individual whom ETMC reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, that is authorized by law to receive reports of such abuse, neglect, or domestic violence. Prior written authorization is not required for such disclosures. ETMC shall disclose the information necessary for the government authority to act appropriately.
 - a. *Disclosures Permitted Without Individual Authorization.* Except for reports of *child* abuse or neglect permitted by paragraph I(c) of this Policy, ETMC may disclose PHI about an individual whom ETMC reasonably believes to be a victim of abuse, neglect or domestic violence, regardless of where or by whom the abuse occurred (e.g., spousal abuse; abuse of nursing home residents or residents of facilities for the mentally retarded), to a government authority (including, but not limited to, adult social service or protective services agencies, state survey and certification agencies, ombudsmen for the aging or those in long-term care facilities, and law enforcement or oversight agencies) that is authorized by law to receive reports of such abuse, neglect, or domestic violence, if:

- i. *The Disclosure Is Required by Law.* To the extent the disclosure is required by law (*see* paragraph 1(a) in Section 6.9 of this Manual relating to the definition of “Required by Law”) and the disclosure complies with and is limited to the relevant requirements of such law. ETMC shall make disclosures to the extent the disclosure complies with and is limited to the information required to be reported by a mandatory reporting law; or
- ii. *The Individual Agrees to the Disclosure.* When considering the possibility of disclosing PHI in an abuse situation, ETMC shall seek the individual's agreement whenever possible; or
- iii. *The Disclosure is Expressly Authorized by Statute.* To the extent the disclosure is *expressly authorized* by statute or regulation and either:
 - (A) ETMC, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - (B) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PHI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure. With respect to (B), ETMC may exercise discretion, consistent with professional judgment, as to the patient's best interest, in deciding whether to make the requested disclosure.

ETMC may disclose PHI pursuant to paragraph 1(a)(iii) of this Policy, *only if the disclosure is expressly authorized by statute or regulation.* For example, a state law may provide that: “any person may report to a county agency or state official that he or she believes that abuse or neglect has occurred.” However, ETMC may make a report under this law only if the specific type or subject matter of the report (e.g., abuse or neglect of the elderly) is included in the law authorizing the report, and such a disclosure may only be made to a public authority specifically identified in the law authorizing the report.

- b. *Inform the Individual of the Disclosure.* Unless an exception set forth in paragraph 1(a) of this Policy applies, if ETMC makes a disclosure to a government authority about an individual whom ETMC reasonably believes to be a victim of abuse, neglect, or domestic violence, ETMC will inform the individual that such report has been or will be made.
- c. *Oral Information Permitted and Encouraged.* ETMC shall make every effort to provide the information required by paragraph 1(b) of this Policy orally. Written notification to the individual is discouraged due to the sensitivity of abuse situations and the potential for the abuser to cause further harm to the individual if, for example, written notification was sent to the home of the individual and the abuser. Whenever possible, ETMC shall inform the individual at the same time that it determines abuse has occurred and decides that the abuse should be reported. In cases involving patient incapacity, ETMC shall inform the individual of such disclosure as soon as it is practicable to do so.
- d. *Exceptions to Requirement To Inform the Individual.* ETMC is not required to inform the individual under paragraph 1(b) of this Policy, if either of the following apply:
 - i. *Concern for Future Harm.* ETMC, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious physical or emotional harm; or
 - ii. *Representative Believed To Be Responsible for Past Abuse.* ETMC would be informing a personal representative of the individual (e.g., a parent of a minor), and ETMC reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by ETMC, in the exercise of professional judgment.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.502(g)(5), 164.512(c) (2001)

65 Fed. Reg. 82462, 82525, 82527-28, 82531, 82668, 82671, 82715 (Dec. 28, 2000): 67
Fed. Reg. 53182, 53213, 53246 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.16: Disclosures for Public Health Activities	Page: 1 of 3
Effective Date: April 14, 2003	

POLICY

ETMC shall permit disclosures of PHI without individual authorization to public health authorities for certain public health activities and purposes. ETMC employees who use or disclose PHI for public health activities shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures for Public Health Activities. ETMC is permitted to disclose PHI without prior written authorization to public health authorities for certain public health activities and purposes described in paragraphs 1(b), 1(c), 1(d), and 1(e) of this Policy. The PHI disclosed shall be the minimum amount necessary to achieve the purpose of the disclosure.
 - a. *Definition of "Public Health Authority."* For purposes of this Policy, a public health authority is an agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with the public agency, including the employees, contractors, or agents of the public agency, that is responsible for public health matters as part of its official mandate. The Food and Drug Administration ("FDA"), the Occupational Safety and Health Administration ("OSHA"), the Mine Safety and Health Administration ("MSHA"), the Centers for Disease Control and Prevention ("CDC"), and state and local public health departments are public health authorities when carrying out their activities related to the health and safety of workers and individuals. State agencies or authorities responsible for public health matters as part of their official mandate, such as OSHA-approved state programs, also constitute public health authorities for purposes of this Policy.
 - b. *Preventing or Controlling Disease, Injury, or Disability.* ETMC may disclose PHI, without prior written authorization, to a public health authority that is authorized by law to collect or receive such information

for the purpose of preventing or controlling disease, injury, or disability including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.

- c. *Reports of Child Abuse and Neglect.* ETMC may disclose PHI, without prior written authorization, to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

- d. *Reporting Adverse Events, Tracking FDA-Regulated Products, Enabling Product Recalls, and Post-marketing Surveillance Activities.* ETMC may disclose PHI, without prior written authorization, to a person subject to the jurisdiction of the FDA with respect to an FDA-regulated product or activity for which that person has responsibility (e.g., a medical device or pharmaceutical company), for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity. Such purposes include, but are not limited to, the following:
 - i. To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;

 - ii. To track FDA-regulated products;

 - iii. To enable product recalls, repairs, replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback; lookback activities frequently are necessary for tracking blood and plasma products, as well as quarantining tainted blood or plasma and notifying recipients of such tainted products); or

- e. *Preventing Exposure to Communicable Diseases.* ETMC may disclose PHI, without prior written authorization, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition if ETMC or a public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

- f. *Verify Authority of Persons or Organizations Under Grant of Authority from or Contract with a Public Health Authority.* In some circumstances, a person or entity acting on behalf of a government agency may make a request for disclosure of PHI under paragraphs 1(b), 1(c), 1(d), and 1(e) of this Policy. For example, a public health agency may contract with a nonprofit agency to collect and analyze certain data. In such cases, ETMC should verify the requestor's identity and authority through examination of reasonable documentation that the requestor is acting on behalf of the government agency.

- g. *ETMC Acting as a Public Health Authority.* When ETMC is acting as a public health authority (e.g., conducting infectious disease surveillance in ETMC's role as an arm of the public health department), PHI may be used in all cases in which ETMC is permitted to disclose PHI for public health activities described above.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.501, 164.512(b), 164.514(e)(3)(i) (2001)

65 Fed. Reg. 82462, 82497, 82525-27, 82547, 82588, 82622-23 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53226-29, 53231 (Aug. 14, 2002)

Food, Drug, and Cosmetic Act, 21 U.S.C.A. §§ 301 – 397 (West 2002)

Public Health Service Act, 42 U.S.C.A. §§ 201 – 300aaa-13 (West 2002).

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.17: Disclosures To Avert a Serious Threat to Health or Safety

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

ETMC shall permit certain uses and disclosures of PHI to avert a serious threat to health or safety. ETMC workforce members who use or disclose PHI to avert serious threats to health or safety shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. **Permitted Disclosure.** ETMC may, consistent with applicable law and standards of ethical conduct, use or disclose PHI if ETMC, in good faith, believes the use or disclosure:
 - a. *Will Prevent or Lessen a Serious and Imminent Threat.* ETMC believes the use or disclosure: (i) is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and (ii) is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or
 - b. *Is Necessary for Law Enforcement Authorities To Identify or Apprehend an Individual.* ETMC believes the use or disclosure is necessary: (i) except as described in paragraph 2 in this Policy, because of a statement by an individual admitting participation in a violent crime that ETMC reasonably believes may have caused serious physical harm to the victim; or (ii) where it appears to ETMC from all apparent circumstances that the individual has escaped from a correctional institution or from lawful custody.
2. **Prohibited Disclosures.** ETMC may not use or disclose PHI pursuant to paragraph 1(b)(i) of this if the information is learned by ETMC:
 - a. in the course of treatment, counseling or therapy to affect the propensity to commit the criminal conduct that is the basis for the disclosure under paragraph 1(b)(i) of this Policy, or

b. through a request by the individual to initiate or be referred for the treatment, counseling, or therapy described in paragraph 2(a) of this Policy.

3. Presumption of Good Faith Belief. If ETMC uses or discloses PHI pursuant to paragraph 1 of this Policy, ETMC is presumed have acted in good faith if the belief is based upon ETMC's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

4. Interpretation of This Section. This Policy is not intended to create a duty to warn or disclose. Rather, this Policy permits disclosure to avert a serious and imminent threat to health or safety consistent with other applicable legal or ethical standards. If disclosure in these circumstances is prohibited by state law, this Policy does not allow the disclosure.

REFERENCES/CITATIONS

45 C.F.R. § 164.512(j) (2001)

65 Fed. Reg. 82462, 82538-39, 82547, 82703-04 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53200 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.18: Disclosures for Health Oversight Activities

Page: 1 of 3

Effective Date: April 14, 2003

POLICY

ETMC shall permit disclosures of PHI to a health oversight agency for health oversight activities authorized by law without prior written authorization. ETMC employees whose responsibilities include disclosing PHI to a health oversight agency shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Health Oversight Activities. ETMC may disclose PHI to a *health oversight agency* or the following *health oversight activities* (see paragraph 6 of this Policy) that are authorized by law:
 - a. audits;
 - b. civil, administrative or criminal investigations (e.g., health care fraud investigations);
 - c. inspections;
 - d. licensure or disciplinary actions;
 - e. civil, administrative or criminal proceedings or actions; or
 - f. other activities necessary for appropriate oversight of the health care system (including oversight of health care plans; health benefit plans; health care providers; health care and health care delivery; resolution of consumer complaints; pharmaceuticals, medical products and devices, and dietary supplements; analysis of trends in health care costs, quality, health care delivery, access to care, and health insurance coverage); government benefit programs for which health information is relevant to beneficiary eligibility; entities subject to government regulatory programs for which health information is necessary for determining compliance with program

standards; or entities subject to civil rights laws for which health information is necessary for determining compliance.

2. Initiation of Disclosures Permitted. ETMC may *initiate* a disclosure of PHI for a health oversight activity; an investigation or proceeding does not have to be ongoing. For example, ETMC can disclose PHI in the course of reporting suspected health care fraud to a health oversight agency, even if the agency has not yet conducted an investigation of ETMC.
3. Disclose the Minimum Amount of PHI Necessary. ETMC shall disclose the minimum amount of PHI necessary to achieve the purpose of the disclosure. A minimum necessary disclosure for health oversight purposes could include large numbers of records to allow health oversight agencies to perform, for example, statistical analysis to identify deviations in payment or billing patterns, as well as other data analyses.
4. Uses Permitted Without Patient Authorization. When ETMC is acting as a health oversight agency, it may use PHI for a health oversight activity without individual authorization.
5. Definition of "Health Oversight Agency." The term "health oversight agency" means an agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant. Health oversight agencies include, but are not limited to:

State insurance commissions and departments	State health professional licensure agencies
Offices of Inspectors General	Department of Justice ("DOJ")
State Medicaid fraud control units	Defense Criminal Investigative Services
Pension and Welfare Benefits Admin. ("PWBA")	HHS Office for Civil Rights ("OCR")
Food and Drug Admin. ("FDA")	Social Security Admin. ("SSA")
Department of Education ("DOE")	Occupational Health and Safety Admin.
Environmental Protection Agency ("EPA")	Equal Employment Opportunity Comm'n
Drug Enforcement Admin. ("DEA")	Texas Department of Health

REFERENCES/CITATIONS

45 C.F.R. §§ 164.501, 164.512(d) (2001)

65 Fed. Reg. 82462, 82476, 82491-92, 82528-29, 82530, 82544, 82547, 82610-11, 82671-74, 82719 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.19 Disclosures for Workers' Compensation

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

ETMC may disclose PHI without individual authorization as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs. ETMC employees whose responsibilities include disclosing PHI to workers' compensation or other similar programs shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosure of PHI Permitted Without Individual Authorization. ETMC may disclose PHI without individual authorization as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
2. No Additional or Different Release Needed. Certain workers' compensation benefit programs (e.g., FECA) require claimants to sign a release form when they file a claim. This Policy places no additional restrictions or requirements on the release form. Thus, ETMC is permitted to make disclosures authorized under FECA without obtaining a different or additional release form.
3. Scope of Disclosure.
 - a. *Applicable Workers' Compensation Law Addresses Scope of Disclosure.* Many workers' compensation laws address the scope of information that is available to carriers and employers. If such a law exists, ETMC is permitted to disclose *that PHI which is authorized by the law* to the extent necessary to comply with such law.
 - b. *Applicable Law is Silent.* When the applicable workers' compensation law is silent, ETMC and the workers' compensation carrier shall discuss *the information that is necessary for the carrier to administer the claim*, and ETMC may disclose *that information*.

REFERENCES/CITATIONS

45 C.F.R. § 164.512(l) (2001)

65 Fed. Reg. 82462, 82542, 82576, 82596, 82630, 82707-08 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53195, 53198-99 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.21: Surgical Observation

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

ETMC may disclose the minimum amount of information necessary during surgical observations. The amount of information disclosed shall depend on the circumstances of the observation. ETMC workforce members who are part of the surgical staff or who are involved in surgical observation in any way shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Students and Trainees. ETMC shall grant full access to viewing surgical and other procedures to all students and trainees pursuing their clinical training at ETMC as part of ETMC's health care operations. Health care operations includes conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, and the training of non-health care professionals. Although disclosures for health care operations are subject to the minimum necessary standard, students and trainees shall have full access to a patient's medical record and PHI.
2. DME Sales Representatives. ETMC shall allow DME Sales Representatives to observe surgical procedures as long as there is [oral agreement by the surgeon and] a signed authorization by the patient, obtained in accordance with Section 3.2 of this Manual, authorizing the presence of the DME Sales Representative in the surgical suite.
3. Non-health Care Professionals. ETMC shall allow the non-health care professionals to view surgical and other procedures only with the authorization of the patient.

REFERENCES/CITATIONS

45 C.F.R. § 164.501, 164.514(a)-(b) (2001)

65 Fed. Reg. 82462, 82493, 82542-43, 82610 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.22: Transcription Providers	Page: 1 of 1
Effective Date: April 14, 2003	

POLICY

ETMC may disclose PHI to transcription vendors in compliance with the business associate agreement with that vendor. ETMC workforce members who disclose PHI to transcription vendors shall be familiar with this policy and shall follow these procedures.

PROCEDURE

Transcription Providers. ETMC may disclose PHI without prior written authorization because the definition of health care operations includes general administrative functions such as transcription services. A transcription vendor is a business associate and the business associate may receive PHI if ETMC has entered into a business associate agreement with ETMC.

REFERENCES/CITATIONS

45 C.F.R. § 164.514(d)(3)(i) (2001)

65 Fed. Reg. 82462, 82545, 82621 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.24: Ambulance Services	Page: 1 of 2
Effective Date: April 14, 2003	

POLICY

ETMC may disclose PHI for the treatment, payment, and certain health care operations activities of an ambulance services provider without patient authorization. Disclosures for any activity other than treatment shall be subject to the minimum necessary standard. ETMC workforce members who disclose PHI to ambulance services providers shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Ambulance Services. ETMC may disclose a patient's PHI for the treatment and payment activities of ambulance services providers without patient authorization. Disclosures for treatment purposes are *not* subject to the minimum necessary standard. However, disclosures for payment purpose must comply with the minimum necessary standard. ETMC may release a patient's PHI to an ambulance services provider that is also a covered entity for the ambulance services provider's health care operations activities if the provider has, or has had, a relationship with the patient and the PHI relates to that relationship, and the purpose of the disclosure includes:
 - a. conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
 - b. reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care

professionals, accreditation, certification, licensing, or credentialing activities; and

c. health care fraud and abuse detection or compliance.

REFERENCES/CITATIONS

45 C.F.R § 164.506(c) (2001)

67 Fed. Reg. 53182, 53214-19 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.25: Psychotherapy Notes

Page: 1 of 3

Effective Date: April 14, 2003

POLICY

Psychotherapy notes shall be maintained separately from the medical record and shall be treated as a special category of PHI. ETMC workforce members who work with psychotherapy notes in conducting their assigned duties shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Psychotherapy Notes. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy Notes excludes medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items:
 - a. diagnosis,
 - b. functional status,
 - c. the treatment plan,
 - d. symptoms,
 - e. prognosis, and
 - f. progress to date.

Such information can be referred to as "Process Notes." Psychotherapy Notes shall be maintained separately from the medical record. All Process Notes shall be placed in the medical record. A patient has no right of access to Psychotherapy Notes. See Section 4.4 (relating to access) of this Manual. ETMC may not use or

disclose an individual's Psychotherapy Notes without obtaining prior written authorization in accordance with Section 3.2 of this Manual unless the use or disclosure is to carry out the following treatment, payment, or health care operations:

- i. Use by the originator of the Psychotherapy Notes for treatment;
- ii. Use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- iii. Use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual;
- iv. A disclosure to HHS to investigate or determine ETMC's compliance with the HIPAA Privacy Standards;
- v. Use or disclosure required by law (*see* paragraph 1(a) of Section 6.10 of this Manual relating to the definition of "Required by Law") and the use or disclosure complies with and is limited to the relevant requirements of such law;
- vi. To a health oversight agency for oversight activities authorized by law with respect to the oversight of the originator of the Psychotherapy Notes (*see* Section 6.18 of this Manual).
- vii. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or
- viii. To a person or persons reasonably able to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

ETMC is not required by the HIPAA Privacy Standards to use or disclose Psychotherapy Notes pursuant to an authorization. If ETMC is concerned that a request for an individual's Psychotherapy Notes is not warranted or is excessive, ETMC shall consult with the individual to determine whether or not the authorization is consistent with the individual's wishes. Please note: A PATIENT'S PRIOR WRITTEN AUTHORIZATION OBTAINED IN ACCORDANCE WITH SECTION 3.2 OF THIS MANUAL ALWAYS IS

REQUIRED BEFORE ETMC MAY USE OR DISCLOSE A PATIENT'S PSYCHOTHERAPY NOTES FOR THE TREATMENT, PAYMENT, OR HEALTH OPERATIONS ACTIVITIES OF AN ENTITY OTHER THAN ETMC.

REFERENCES/CITATIONS

45 C.F.R §§ 164.501; 164.508(a)(2); 164.512(a), (d), (g)(1), (j)(1)(i); 164.524(a)(1)(i) (2001)

65 Fed. Reg. 82462, 82497, 82514-15, 82534, 82598, 82604, 82618, 82622-23, 82652-54, 82688 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53196, 53220-21, 53223, 53244 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.26: Telemedicine	Page: 1 of 2
Effective Date: April 14, 2003	

POLICY

ETMC may disclose PHI via ETMC's telemedicine system for treatment and educational purposes. Disclosures other than those for treatment shall be subject to the minimum necessary standard. ETMC workforce members who disclose PHI via the telemedicine system shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Telemedicine. Telemedicine involves the electronic transmission of healthcare data from one location to another. This Policy applies to all consultative sessions over the telemedicine system and all transmissions of PHI over the telephone, the Internet, private networks, virtual private networks ("VPNs"), etc. (the "Telemedicine System") available to ETMC employees. Telemedicine communications shall comply with ETMC's security policies and procedures to the extent they are applicable.
 - a. *Treatment*. ETMC employees may transmit PHI over the Telemedicine System to other health care providers for treatment purposes without first obtaining the individual's prior written authorization.
 - b. *Education*. ETMC also may disclose a patient's PHI using the Telemedicine System to one of its affiliated entities for the training programs in which ETMC's students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers or for the training of ETMC's non-health care professionals. ETMC may disclose PHI to another covered entity for the other entity to conduct training programs if that other entity has, or has had, a relationship with the patient. If no relationship exists or existed, de-identified information may be transmitted to another covered entity for that entity's health care operations, such as training. All disclosures of PHI by ETMC using the [Telemedicine System], other than for treatment purposes, are subject to the Privacy Rule's minimum necessary provisions. Therefore, the minimum necessary amount of PHI required to meet the

specific needs that prompted the disclosure of PHI may be disclosed for training.

REFERENCES/CITATIONS

45 C.F.R § 164.506(c) (2001)

67 Fed. Reg. 53182, 53214-19 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.27: Disclosures to Employers	Page: 1 of 3
Effective Date: April 14, 2003	

POLICY

ETMC may disclose PHI concerning work-related injuries or illnesses or workplace medical surveillance to the appropriate ETMC administrative departments or any other employer requesting health care for one of its employees pursuant to the patient's prior written authorization or as required by law or for public health activities. ETMC workforce members who use or disclose PHI for these purposes shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Disclosures to Employers. ETMC employees may disclose PHI to the appropriate ETMC administrative departments in its capacity as an employer, or any other employer who requests health care for one of its employees if the disclosure:
 - concerns for work-related injuries or illnesses or workplace medical surveillance pursuant to the patient's prior written authorization;
 - is required by law pursuant to Section 6.9 of this Manual; or
 - is for public health activities pursuant to Section 6.14 of this Manual, and in accordance with the policies and procedures stated therein.

For example, ETMC may have a duty under the Occupational Safety and Health Act ("OSHA") or the Federal Mine Safety and Health Act ("MSHA") or similar state or federal law to keep records on or to act on information concerning work-related injuries or illnesses or workplace medical surveillance. By further example, OSHA regulations require employers to record work-related injuries and illnesses if medical treatment is necessary, while MSHA regulations require mine operators to report injuries and illnesses experienced by miners. Similarly, OSHA rules require employers to monitor employees' exposure to certain substances and to remove employees from exposure when toxic thresholds have been met.

To obtain the relevant health information necessary to determine whether an injury or illness should be recorded, or whether an employee must be medically removed from exposure at work, employers must refer employees to health care providers for examination and testing. The PHI disclosed must consist of findings concerning a work-related illness or injury or a workplace-related medical surveillance.

2. No Reasonable Reliance for Minimum Necessary Purposes. Employers are not covered entities. Therefore, when an employer makes a request for PHI from ETMC, ETMC shall not rely on the employer's assertion that the PHI requested is the minimum amount of information that is necessarily required. ETMC shall make its own evaluation and disclose only the PHI necessary to achieve the purpose of the disclosure.

REFERENCES/CITATIONS

45 C.F.R § 164.501, 164.512(b)(1)(v) (2001)

65 Fed. Reg. 82462, 82487, 82490, 82507, 82513-14, 82516, 82526-27, 82567, 82591-95, 82668-70 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53191-93, 53198-99 (Aug. 14, 2002)

Date Approved: _____

Date Revised/Reviewed: 2/5/03

Approved By: _____

Title: _____

Signature: _____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.28: Incidental Disclosures	Page: 1 of 1
Effective Date: April 14, 2003	

POLICY

ETMC shall provide appropriate safeguards to ensure that incidental disclosures of PHI are minimized. ETMC workforce members shall be familiar with this Policy and shall follow these procedures for activities that have been identified as posing the highest risk of incidental disclosure of PHI.

PROCEDURE

1. Incidental Disclosures. Certain incidental uses and disclosures of PHI that occur as a by-product of a use or disclosure of PHI otherwise permitted by the HIPAA Privacy Standards (including uses and disclosures for treatment) are permitted if reasonable safeguards are taken and the minimum necessary standard is applied.

As with electronic or paper PHI, the minimum necessary standard does not apply to oral communications for treatment purposes.

REFERENCES/CITATIONS

45 C.F.R. § 164.501, 164.502(a)(1)(iii), 164.528(a)(1)(iii) (2001)

65 Fed. Reg. 82462, 82496, 82619-21 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53193-95 (Aug. 14, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 6.29: Non-routine Disclosures	Page: 1 of 1
Effective Date: April 14, 2003	

ETMC shall submit to the Privacy Office or his or her designee all requests for a disclosure of PHI which is not identified in this Manual and/or is determined to be non-routine. Each of these requests shall be reviewed individually to ensure that only the minimum amount of information necessary to accomplish the purpose of the request is released.

REFERENCES/CITATIONS

45 C.F.R. § 164.514(d)(3)(ii) (2001)

65 Fed. Reg. 82462, 82545, 82714, 82767, 82783 (Dec. 28, 2000)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 11:: Workforce Training

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

All members of ETMC's workforce (including employees, volunteers, trainees and other persons who, in the performance of work for ETMC, are under ETMC's direct control) shall receive training on ETMC's privacy policies and procedures with respect to PHI as necessary and appropriate to carry out their functions within ETMC. ETMC workforce members whose responsibilities include developing, conducting, or monitoring workforce training shall be familiar with this Policy and shall follow these procedures.

PROCEDURE

1. Training Required. Individual workforce members are required to attend scheduled training programs, and such attendance shall be considered during performance evaluations. Failure of a workforce member to attend required training shall result in a disciplinary action against the workforce member in accordance with Section 14 of this Manual.
2. Responsibility for Training. The Privacy Office will work with the ETMC Departments on the training of ETMC workforce members regarding ETMC's privacy policies and procedures including:
 - a. developing standardized methods and materials to provide privacy training, including a "train-the-trainer" approach whereby an instructor who is an expert in HIPAA privacy requirements conducts the initial training for the privacy officer, department managers or supervisors, privacy committee members and others who shall be involved in privacy training;
 - b. identifying appropriate personnel and assigning responsibility for privacy awareness and training;
 - c. conducting and coordinating privacy training sessions for workforce members;
 - d. ensuring that current policies and procedures are addressed at departmental staff meetings periodically;

- e. ensuring that the form of training be tailored to ETMC's policies and procedures and workforce members' job functions and activities in their working environment through role-playing, case studies, seminars and discussions, in addition to traditional lectures, video presentations or interactive software programs:
 - f. maintaining documentation of training; and
3. Initial Training. Initial training for all existing workforce members will take place prior to the compliance deadline of April 14, 2003. Training of new workforce members will occur within a reasonable period of time after the person joins ETMC's workforce. Privacy policies and procedures shall be included in any orientation information packet provided to new employees, trainees, volunteers, vendors and clinical staff.
5. Documentation. ETMC shall maintain in written or electronic form a workforce training log documenting workforce members' completion of privacy training. Training log records must be kept for at least 6 years from the date of their creation.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.530(b), (j) (2001)

65 Fed. Reg. 82462, 82561, 82745-46, 82755-56, 82770, 82783 (Dec. 28, 2000); 67 Fed. Reg. 53182, 53253 (Aug. 14, 2002)

Appendix: A.11.1.1

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 13: Receiving and Resolving Complaints

Page: 1 of 4

Effective Date: April 14, 2003

POLICY

ETMC shall have a process by which any person can make a complaint to ETMC or the Secretary of the Department of Health and Human Services ("Secretary") regarding ETMC's privacy policies, procedures, and/or practices, as well as ETMC's compliance with its privacy policies and procedures and the Privacy Standards. ETMC employees whose responsibilities include receiving and/or responding to complaints shall be familiar with this policy and shall follow these procedures.

PROCEDURE

1. Designation of Contact Person. The Contact Person for all complaints will be designated by the Privacy Office in accord with Section 2 of this Manual (the "Contact Person"). The Contact Person will be responsible for receiving complaints relating to: (a) privacy policies, procedures, and/or practices; (b) compliance with its policies and procedures; and (c) compliance with the Privacy Standards. The Contact Person's responsibilities also include investigating and resolving complaints, as well as providing information to persons who request additional information about matters addressed in the Notice of Privacy Practices ("Notice").
2. Inform Persons of Their Right To Complain. In accordance with Section 4.1 of this Manual, the Notice shall inform persons that they may complain to ETMC and/or to the Secretary if they believe their privacy rights have been violated. The Notice shall identify the Contact Person or office for receiving complaints and give a brief description of how the person may file a complaint with ETMC. The Notice shall also contain a statement that the person will not be retaliated against for filing a complaint.
3. Filing a Complaint. ETMC shall provide the following assistance when a person wishes to file a complaint:
 - a. Complaints to ETMC. If a person (including, but not limited to, a patient, employee, business associate, independent contractor, accrediting organization, advocacy agency, or other person, association, group, or organization) wishes to complain to ETMC, the person shall contact or

shall be directed to the Contact Person. The Contact Person, or his or her designee, shall ask the person whether he or she wishes to submit a written or oral complaint.

- i. **Written complaints.** If the person wishes to submit a written complaint, the person shall be requested to complete ETMC's complaint form and shall state in clear terms the nature of the complaint and shall provide any other information necessary to enable ETMC to investigate, review, and resolve the complaint. The Contact Person, or his or her designee, shall ensure that the person has filled out the complaint form completely and has provided sufficient information to enable ETMC to investigate, review, and resolve the complaint.
 - ii. **Oral complaints.** If the person wishes to submit an oral complaint, the Contact Person, or his or her designee, shall ask the person to explain the complaint in sufficient terms to enable the Contact Person to investigate, review, and resolve the complaint. The Contact Person, or his or her designee, shall document the oral complaint in writing.
 - b. ***Complaints to HHS.*** If a person wishes to complain to the Secretary, the person shall be provided with information sufficient to make a written complaint, either in paper or electronic form.
4. **Report to the Privacy Office.** The Contact Person shall forward all written and oral privacy complaints to the Privacy Office at 903-596-3388 or the Privacy Hotline at 1-800-688-3144.
 5. **Investigation and Privilege of Privacy Complaints.** The Contact Person shall address and resolve all complaints and shall address all such matters as part of its quality review activities. All such matters shall be privileged and confidential under state peer review privilege statutes. The Contact Person, or his or her designee, shall investigate and handle as a quality review matter all complaints submitted pursuant to paragraph 3 of this Policy including, as appropriate, interviewing or otherwise contacting other persons involved in the circumstances upon which the complaint is based, and shall take all other steps necessary to review and investigate the complaint. Following the completion of the investigation, the Contact Person, in conjunction with ETMC's Privacy Officer, if different than the Contact Person, shall make a determination regarding whether any of the following have occurred: (a) member(s) of ETMC's workforce failed to comply with privacy policies and procedures; (b) member(s) of the workforce

failed to comply with the Privacy Standards; or (c) ETMC's privacy policies, procedures, and/or practices fail to comply with the Privacy Standards.

6. Referral of Workforce Members for Sanctions. To the extent the Contact Person determines that one or more members of the workforce has failed to comply with the privacy policies and procedures and/or the Privacy Standards, the Contact Person shall refer the workforce member(s) to the Human Resources Department for sanctions. ETMC shall apply appropriate sanctions to the workforce member(s) in accordance with Section 14 of this Manual.
7. Resolution of Privacy Complaints. Within a reasonable period of time, the Contact Person shall provide the complaining person with written notice of the decision regarding the complaint that includes: (a) the name of the individual handling the complaint, if different from the Contact Person; (b) the fact that an investigation has/will take place; (c) the date of completion or expected completion; and (d) notification that due to the confidential and privileged nature of the peer review/quality review process, the results of such proceedings may not be communicated to the person.
8. Complaint Log. The Contact Person shall maintain a log documenting privacy complaints received and their disposition, if any. Documentation must be maintained in written or electronic form for 6 years from the date of the complaint.
9. No Intimidating or Retaliatory Acts. No member of the workforce will intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual for the exercise by that individual of any right under the Privacy Standards, or for participation by the individual in any process established by the Privacy Standards. This prohibition applies to any individual filing a complaint with the Secretary; testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing arising under the Privacy Standards; or opposing any act or practice of ETMC, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not disclose PHI in violation of the Privacy Standards.
10. No Waiver of Rights. No person will be asked to waive his or her rights, including the right to file a complaint with the Secretary, as a condition of treatment or payment.

REFERENCES/CITATIONS

45 C.F.R. §§ 160.306, 164.520(b)(vi), 164.530(a), (b), (d), (g), (h) (2001)

42 C.F.R. § 482.13(a)(2) (2001) (Medicare Conditions of Participation)

65 Fed. Reg. 82462, 82487, 82550, 82562, 82563, 82600-01, 82746-47, 82748, 82768, 82783, 82801-02, 82821, 82826-28 (Dec. 28, 2000); 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

JCAHO Standards RI.1.3.4 (2002) (resolution of complaints)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 14: Sanctions

Page: 1 of 3

Effective Date: April 14, 2003

POLICY

ETMC shall have and apply appropriate sanctions against members of its workforce who fail to comply with ETMC's Policies and Procedures or the Privacy Standards. ETMC will not apply sanctions to members of its workforce who disclose PHI in furtherance of compliance with the Privacy Standards.

PROCEDURE

1. Parties Responsible for Imposing Discipline. The Human Resources Department of each covered entity is responsible for determining sanctions for privacy violations in accordance with ETMC policy.
2. Persons Who May Be Subject to Discipline. Members of ETMC's workforce—including employees, volunteers, trainees, and other persons whose conduct, in the performance of their work, is under ETMC's direct control, whether or not they are paid by ETMC—may be subject to discipline under this Policy. Independent contractors are considered ETMC's business associates, not members of ETMC's workforce, and are not subject to discipline under this Policy.
3. Violations That Will Prompt Consideration of Disciplinary Action. Persons may be subject to discipline, up to and including discharge and/or restitution, for violations of either (a) the Privacy Standards or (b) these Policies and Procedures relating to the confidentiality of health care information. Managers or supervisors may also be subject to discipline, up to and including discharge or restitution, if their lack of diligence or lack of supervision contributes to a subordinate's privacy violation.
4. Exceptions. A person shall not be subject to discipline as a result of performing one or more of the following:
 - a. Filing a complaint with the Secretary for a suspected violation of the Privacy Standards;

- b. Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing in connection with the Administrative Simplification provisions of HIPAA;
 - c. Opposing any act or practice made unlawful by the Privacy Standards, provided that (i) the person has a good faith belief that the practice opposed is unlawful and (ii) the manner of the opposition is reasonable and does not involve a disclosure of PHI in violation of the Privacy Standards;
 - d. Disclosing PHI if (i) the person believes in good faith either that ETMC has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by ETMC potentially endanger one or more patients, workers, or the public; and (ii) the disclosure is either to a health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of ETMC, to an attorney retained by or on behalf of the person for the purpose of determining the person's legal options with regard to the relevant conduct, or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct; or
5. Documentation of Discipline. ETMC shall document the disciplinary action, including (a) the privacy violation, (b) the parties that determined the action, (c) the facts and circumstances considered in determining the action (without regard to whether such considerations were relied upon in determining the disciplinary action), (d) the discipline imposed (including lack of discipline), (e) the appeals process used, if any, and the results thereof, and (f) the actions taken in order to enforce the discipline.

ETMC shall maintain the documentation described in the above paragraph for a period of at least 6 years from the date it was created.

ETMC may use or disclose its documentation containing the identity of the individual whose privacy rights were violated only under the following circumstances:

- a. if required by law or by court order;
- b. in accordance with the individual's authorization;
- c. in determining disciplinary actions for subsequent violations; or

- d. to investigate or determine compliance with this Policy and/or the Privacy Standards (whether such investigation originates internally or by request of the individual or the Secretary);

Under other circumstances, such documentation must be de-identified (as to the individual whose privacy rights were violated) prior to any use or disclosure. For example, documentation of disciplinary actions, if de-identified, may be stored in the violator's personnel file. In addition, where feasible, the violator's identity should be removed prior to any use or disclosure, for example if the documentation is to be used by those responsible for privacy training.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.502(j), 164.512(f)(2)(i), 164.530(e), (g)(2) (2001)

65 Fed. Reg. 82462, 82501-02, 82562, 82636-37, 82747 (Dec. 28, 2000), 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

JCAHO Standards IM.2 (2002) (confidentiality, security, and integrity of data and information)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 15: Mitigation

Page: 1 of 2

Effective Date: April 14, 2003

POLICY

ETMC shall mitigate, to the extent practicable, any harmful effect that is known to ETMC of a use or disclosure of PHI in violation of ETMC's policies and procedures or the HIPAA Privacy Standards by ETMC or a business associate of ETMC. ETMC employees who are responsible for mitigating the harmful effect of any inappropriate uses or disclosures shall be familiar with this policy and shall follow the procedures described below.

PROCEDURE

1. Report Harmful Effects of Inappropriate Uses or Disclosures to the Privacy Officer. A workforce member of ETMC who knows of a harmful effect of a use or disclosure of PHI by ETMC or a business associate of ETMC that is believed to violate either ETMC's policies and procedures or the HIPAA Privacy Standards shall report the use or disclosure, and any relevant facts surrounding the use or disclosure, to ETMC's Privacy Officer.
2. Establish Duty to Mitigate. If the Privacy Officer determines that ETMC knows of a harmful effect of a use or disclosure of PHI that is in violation of ETMC's policies and procedures or the HIPAA Privacy Standards, ETMC shall mitigate, to the extent practicable, the harmful effect. The duty to mitigate only applies if: (a) ETMC has actual knowledge of the harm; and (b) mitigation is practicable. Please note that ETMC is not required to eliminate the harm unless eliminating the harm is practicable.
3. Take Reasonable Steps to Mitigate Harmful Effects. ETMC shall take reasonable steps to mitigate a known harmful effect of a use or disclosure of PHI by ETMC or ETMC's business associates. The reasonable steps shall be implemented based on ETMC's knowledge of: (a) to whom the information has been disclosed; (b) how the information might be used to cause harm to the patient or another individual; and (c) what steps can actually have a mitigating effect with respect to the particular situation. For example, the Privacy Standards explain that if ETMC inadvertently provides PHI to a third party without authorization in a domestic

abuse situation, ETMC should promptly contact the patient as well as appropriate authorities and apprise them of the potential danger.¹

REFERENCES/CITATIONS

45 C.F.R. §§ 164.504(e)(1)(ii)(A), (B), 164.530(f) (2001)

65 Fed. Reg. 82462, 82562-63 (Dec. 28, 2000), 67 Fed. Reg. 53182-273 (Aug. 14, 2002)

¹ The HIPAA Privacy Standards do not define the reasonable steps to be taken, but explain that covered entities shall have the flexibility and judgment, based on their familiarity with the circumstances of a particular situation, to dictate the mitigation approach that will work best for the situation.

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 16: Business Associate Agreements	Page: 1 of 3
Effective Date: April 14, 2003	

POLICY

With certain exceptions, it is the general policy of ETMC to enter into a written business associate agreement with any person or entity that either (1) performs for ETMC, or assists ETMC in performing, any activity involving the use or disclosure of PHI or (2) provides legal, accrediting, actuarial, accounting, consulting, data aggregation, management, administrative, or financial services to or for ETMC. The business associate agreement will document assurances from the outside party that it will not use or disclose PHI except as permitted by law. ETMC's Privacy Office will act as gatekeeper to (1) determine whether a business associate agreement is necessary with a particular vendor and (2) provide the appropriate business associate agreement.

PROCEDURE

1. Existing Contracts. ETMC personnel shall review ETMC contracts with outside vendors that involve use or disclosure of PHI in order to determine whether such business relationship/contract requires a business associate agreement. ETMC personnel shall forward each existing vendor's information to the Privacy Office for review if such business relationship/contract (a) involves the use or disclosure of PHI by the vendor and (b) has not already been reviewed and approved by the Privacy Office.
2. New Contracts. ETMC personnel shall contact the Privacy Office whenever ETMC personnel enter into a business relationship/contract with any person or entity where the person or entity will engage in an activity involving use or disclosure of PHI.
3. Exceptions. Certain parties performing activities involving ETMC PHI may not be required to sign a business associate agreement. However, no ETMC personnel should attempt to make this determination other than in consultation with the Privacy Office.
4. Disclosures to Business Associates. ETMC may disclose PHI to a business associate who has entered into a business associate agreement with ETMC. The business associate agreement shall require the business associate to safeguard the PHI in accordance with the requirements of the HIPAA Privacy Standards at 45 C.F.R. § 164.504(e)(1).

5. Uses and Disclosures by Business Associates. A business associate may use and disclose PHI only:
 - a. as permitted for the purposes set forth in the business associate agreement;
 - b. for the proper management and administration of the business associate;
 - c. if expressly permitted by the terms of the business associate agreement, the business associate may provide data aggregation services relating to ETMC's health care operations;
 - d. to carry out the legal responsibilities of the business associate; and
 - f. as otherwise specified in the business associate agreement.

6. Termination of Business Associate Relationship. ETMC is not required to monitor a business associate. If ETMC obtains knowledge that a business associate has engaged in activity that is a material violation of the business associate's obligations under the business associate agreement, ETMC shall take reasonable steps to cure the breach or end the violation. If continuing violations occur, ETMC shall terminate the contract, if feasible, or if it is not feasible to terminate the agreement, ETMC shall report the violation to the Secretary of Health and Human Services.

REFERENCES/CITATIONS

45 C.F.R. §§ 160.103 (definition of business associate), 164.502(e) (disclosures to business associates), 164.504(d) (affiliated covered entities), and 164.504(e) (business associate contracts) (2001)

Legal Analysis Issue No. 23 (Nov. 15, 2001); Legal Analysis Issue No. 23 – Attachment 2 (Nov. 15, 2001); Legal Analysis Issue No. 11 (Apr. 5, 2001); Legal Analysis Issue No. 11 – Attachment 1 (Apr. 5, 2001); Legal Analysis Issue No. 11 – Attachment 2 (Apr. 5, 2001); Legal Analysis Issue No. 11 – Attachment 3 (Apr. 5, 2001)

Appendix: A.16.1

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

East Texas Medical Center Regional Healthcare System
CONFIDENTIALITY OF HEALTH CARE INFORMATION

Section 17: Single Affiliated Covered Entities and Organized Health Care Arrangements	Page: 1 of 3
Effective Date: April 14, 2003	

POLICY

ETMC's governing body has recognized and approved ETMC's participation in a single affiliated covered entity ("SACE") or an organized health care arrangement ("OHCA"). ETMC workforce members who are responsible for sharing PHI with other covered entity members of a SACE or an OHCA in which ETMC participates shall be familiar with this policy and shall be permitted to share PHI pursuant to this Policy.

PROCEDURE

1. Identify ETMC's Potential Participation in a SACE or an OHCA. Using the "OHCA and SACE Decision Tree" (*see* Appendix: A.17.1), ETMC has identified other covered entities or providers with which ETMC desires to collectively organize as a SACE or an OHCA for the sole purpose of promoting quality health care by permitting PHI to be shared among the SACE or OHCA to carry out treatment, payment, and health care operations in accordance with the HIPAA Privacy Standards.
2. Designating ETMC as a SACE Participant. ETMC's governing body has determined that ETMC and its wholly owned or controlled covered entities collectively meet the definition of a SACE due to common ownership or control, and ETMC's governing body agrees to participate in a SACE with such covered entities.
3. Designating ETMC as an OHCA Participant. ETMC Hospital's have determined that each ETMC Hospital and its Medical Staff, as defined by the Medical Staff Bylaws, meet the definition of an OHCA, and ETMC's governing body agrees to participate in an OHCA with its Medical Staff.

4. Sharing of PHI.
 - a. *Treatment, Payment, and Health Care Operations Activities.* ETMC may share PHI about an individual with another covered entity that participates in an OHCA or SACE with ETMC for any treatment, payment, or health care operations of the OHCA or SACE without obtaining the prior written consent or authorization of the individual.
 - b. *Other Activities.* ETMC will continue to obtain prior written authorization, in accordance with Section 3.2 of this Manual, before ETMC uses or discloses PHI to another covered entity member of an OHCA or SACE in which ETMC participates for any activity that does not constitute treatment, payment, or health care operations and is not otherwise permitted without patient authorization.
5. Single Shared Notice or Joint Notice Option. A SACE may develop a *single shared notice of privacy practices* that describes the privacy practices of all of the affiliated covered entity members. Likewise, an OHCA may develop a *joint notice of privacy practices* that describes the privacy practices of all of its covered entity members. The provision of a *single shared notice* or *joint notice* to an individual by any one of the covered entities included in the notice satisfies the Privacy Standards' notice provision requirements with respect to all of the other covered entities to which the notice applies.
6. Documentation Retention. ETMC shall maintain all documentation regarding its designation as a SACE and/or participation in an OHCA obtained for purposes of this Section 17 in written or electronic form for 6 years from the date of their creation or the date when they last were in effect, whichever is later.

REFERENCES/CITATIONS

45 C.F.R. §§ 164.504(e)(1)(ii)(A), (B) 164.506(c)(5); 164.530(f) (2001)

65 Fed. Reg. 82462, 82562-63 (Dec. 28, 2000), 67 Fed. Reg. 53182, 53241 (Aug. 14, 2002)

Legal Analysis Issue No. 43 (Jul. 2, 2002); Legal Analysis Issue No. 38 (May 22, 2002);
Legal Analysis Issue No. 38 – Attachment 1 (May 22, 2002); Legal Analysis Issue No.
38 – Attachment 2 (May 22, 2002)

Date Approved: _____	Date Revised/Reviewed: 2/5/03
Approved By: _____	_____
Title: _____	_____
Signature: _____	_____

Appendix Z Uniform Dress Code

In order to promote the professional appearance and standards of the Authority's Ambulance Services, the following dress code is applicable to all uniformed Personnel.

Class "A" Dress Uniform

Uniformed Personnel shall wear (Class "A") dress uniforms only during funerals, memorial services, parades, public education, award banquets, dignitary standbys or similar formal settings, as follows:

- Use the Class "B" Standard Uniform specification with the following exceptions:
- White long-sleeved uniform shirt [on the left sleeve patch placement will be the American Flag, (always in the highest position), and Sunstar patch immediately below it; and on the right sleeve the State EMT or Paramedic patch].
- Navy blue tie
- Navy blue uniform dress pants
- Black dress shoes with dark socks
- Sunstar baseball cap must not be worn

Supervisors and Operations Commanders may wear either a Class "A" or Class "B" Uniform at their discretion relative to their work assignment.

Managers and Directors may wear a Class "A" Uniform, Class "B" Uniform or business attire at their discretion relative to their work assignment.

Class "B" Standard Uniform

Uniformed Personnel shall wear (Class "B") work uniforms at all times while in view of the public, operating or riding in a Vehicle as follows:

- Only Contractor issued uniforms shall be worn
- White short sleeved uniform shirt [on the left sleeve patch placement will be the American Flag, (always in the highest position), and Sunstar patch immediately below it; and on the right sleeve the State EMT or Paramedic patch].
- Navy blue uniform work pants
- Black belt with garrison type belt buckle
- Medical caduceus on each collar (silver for EMTs and Paramedics, gold for Supervisor, Operations Commander, Manager or Director) affixed to collar tips in standard fashion.
- Nameplate over right breast pocket (silver for EMTs and Paramedics, gold for Supervisor, Operations Commander, Manager or Director).
- A "Serving Since" tab may be attached to the Nameplate. It may show the starting year the individual was certified as an EMT or Paramedic.
- Pinellas County EMS Certification photo identification will be clipped to either pocket or epaulet.

Appendix Z, Page 2

- Epaulets may be worn according to rank as follows:
 - o Two silver bars – Alternate Supervisors
 - o Two gold bars – Training Officers and/or Lead Controllers
 - o Three gold bars – Supervisors
 - o Four gold bars – Operations Commanders and Managers
 - o Five gold bars – Directors
- Badge as approved by the Executive Director, worn over heart. Silver cloth/material patch style badge affixed to uniform shirt for EMTs and Paramedics, and gold metal badges for Supervisors, Operations Commanders, Managers and Directors.
- Up to two service or certification pins may be worn over the left breast pocket as follows:
 - o Advanced Cardiac Life Support
 - o Basic Trauma Life Support
 - o Emergency Medical Dispatch
 - o National Registry
 - o Years of Service Pin
 - o Pinellas County EMT or Paramedic of the Year
- Black military style boots or sturdy shoes with dark socks (sneakers are not allowed)
- Issued jackets, rain gear and other personal protective equipment shall be worn as the situation dictates.
- A Sunstar baseball cap may be worn
- At no time shall personnel display the Ambulance Contractor's company name or trademark. Only the Authority's logo and trade name may be displayed.

Class "C" Night Uniform

Uniformed personnel shall wear (Class "C") night uniforms at all times while in view of the public, operating or riding in a Vehicle as follows:

- Use the Class "B" Standard Uniform specification with the following exceptions:
- Only Contractor issued jumpsuits shall be worn
- Navy blue short sleeved jumpsuit
 - o American Flag (in the highest position) and Sunstar patch on left sleeve
 - o State EMT or Paramedic patch on the right sleeve.
 - o Badge Patch or Metal Badge over heart per Class "B" requirement
 - o Single white reflective stripe on shirt sleeves
 - o Single white reflective stripe on legs at mid calf
 - o White reflective lettering on back (Sunstar and rank – EMT, Paramedic, Supervisor, Commander, Manager, Director).
 - o Epaulets and Nameplates shall be worn on jumpsuits.
 - o Service Pins shall not be worn on jumpsuits.
- Pinellas County EMS Certification photo identification will be clipped to either pocket or epaulet.
- Black military style boots with dark socks (shoes and sneakers are not allowed)
- 24 Hour Station based units may change from Class "B" into Class "C" uniforms at 16:00 hours until their end of shift.

Appendix Z, Page 3

- Night shift units, start of shift of 16:00 hours or later, may wear Class "C" uniforms until their end of shift.
- Class "C" uniforms may only be worn if all crewmembers are in Class "C" uniform at the beginning or change of shift assignment, otherwise Class "B" uniforms must be worn. Uniformed Personnel may change into a Class "C" uniform if their Class "B" uniform becomes soiled or contaminated during shift. This is the only exception for an Ambulance crew to be wearing different uniforms.

Class "D" Specialized Work Uniform

Uniformed personnel shall wear (Class "D") specialized work uniforms upon assignment to a specialized unit or team as follows:

All Children's Transport Team

- Use the Class "B" Standard Uniform at all times

Communications Center

- Use the Class "B" Standard Uniform at all times

Critical Care Transport Team

- Light Blue Jumpsuits at all times
 - o No reflective lettering or stripes
 - o Registered Nurse Patch required for Critical Care Nurses
- Follow Class "C" Night Uniform Standards

Materials Management

- Navy blue short sleeved tee shirts (Sunstar logo over left breast, reflective white lettering on back – Sunstar Materials).
- Navy blue uniform work pants or shorts.

Mental Health Transport Unit

- Hunter green polo shirts (Sunstar logo over breast).
- Navy blue uniform work pants
- Follow Class "B" Uniform Standards for belt, shoes and accessories.

Standbys

- Class "B" or Class "C" Uniform as specified by time of day.
- Certified Personnel shall not wear shorts, polo shirts or tee shirts.

Tactical EMS

- Olive Drab BDU style pants
- Black short or long sleeved tee shirt with gold lettering Paramedic and Pinellas County Tactical EMS
 - o No reflective lettering or stripes
 - o Subdued service and certification patches
- Follow Class "C" Night Uniform Standards for belt, boots and accessories.

Appendix Z, Page 4

- Protective equipment as issued (goggles, helmet, ballistic vest, etc.)
- Other uniform standard requested by the Sheriff and approved by the Executive Director.

Uniform Cleanliness and other Requirements

Cleanliness

- Uniform shirts and pants are to be clean, pressed and fit correctly.
- Permanently stained, yellowed shirts or shirts with faded patches shall not be worn.
- Plain, white tee shirts must be worn under uniform shirts
- Uniform Shirts are to be tucked in at all times.
- All buttons other than the collar button are to be buttoned at all times while on duty.
- A spare Class "B" or Class "C" uniform shall be kept aboard Vehicles at all times, in the event the primary uniform is soiled.

Accessories

- Chained wallets and long dangling key devices from the belt are not allowed.
- Portable radios and pagers shall be attached to the belt while on duty.
- Black leather or nylon EMT Holsters for gloves and scissors may be worn.
- A plain, white, long sleeved, turtleneck shirt may be worn underneath a uniform shirt or jumpsuit during cold weather.
- Except as provided herein, no jewelry of any type may be worn while on duty. The items are as follows: a wedding ring, a wristwatch, a medical alert bracelet may be worn. Earrings shall be of the post type and of a conservative style. No more than one earring per earlobe is permitted. Other piercing jewelry, including tongue piercing is not permitted. Necklaces shall not be visible while in uniform.

Personal Appearance

- Personnel shall have a neat, clean and kempt appearance with particular attention to good oral hygiene, clean hands and fingernails.
- Personnel shall maintain their hair in a clean and groomed condition. Personnel with long hair must keep it pulled back to prevent it from falling into their eyes or interfering with personal protective equipment. Facial hair will be permitted so long as it is maintained in a clean, neat manner and does not interfere with safety equipment.
- Personnel shall not use excessive makeup or perfume while on duty.

Exceptions

Exceptions to the dress codes identified in this appendix may be approved upon application to the Executive Director.

Appendix AA Full Time Staffing Calculations

Perform the following steps to calculate the Full Time Staffing requirement:

1. Count System Transports for Reporting Month

- Include Emergency, Downgraded, Non-Emergency, Scheduled and Long Distance
- Exclude Dedicated Standbys, CCT, MHT, and any Outside Work Transports

2. Calculate the Staffing Requirement as follows:

- Paramedics - Monthly Transports divided by 1,000 and multiplied by 11 (11 FTEs needed per 1,000 Transports), equals the number of Full Time Equivalents (FTEs) needed. Example: (8,000 Transports / 1,000 x 11) = 88 FTEs.
- EMTs - Monthly Transports divided by 1,000 and multiplied by 10 (10 FTEs needed per 1,000 Transports), equals the number of Full Time Equivalents (FTEs) needed. Example: (8,000 Transports / 1,000 x 10) = 80 FTEs.
- FTEs multiplied by the 80% requirement, equals the total number of Full Time Paramedics or Full Time EMTs necessary to fulfill the minimum contract requirements. Example: 88 FTEs x 80% = 70 Full Time Paramedics, and 80 FTEs x 80% = 64 Full Time EMTs.
- Round to the nearest whole person.

3. List all Full Time Paramedics and EMTs assigned as Field Personnel

- Include only Full Time Paramedic and EMT personnel, who handle System Transports.
- Exclude CCT, MHT, Outside Work dedicated personnel, EMS Communications Center personnel and hours.
- Report Paramedic and EMTs separately.
- Format the Report, selecting only work hours assigned to field operations during the reporting month, in the following manner:

Counter	EMS Id	P or E	Full Name	# Hours Worked	# Hours Paid Time Off	Total Hours
1	34-1032	P	Doe, John	168	8	176

4. Calculation of Liquidated Damages

- Subtract the number of full time EMTs and Paramedics (calculated separately) from the number of full time EMTs and Paramedics required (80% FTE). Multiply the difference by One Thousand dollars. Example: (64 FTE goal - 62 Actual Full Time Paramedics) x \$1,000.00 = \$2,000.00.

Appendix AB
Professional Operations and Conduct Requirements

Requirement	Liquidated Damages
CAD system or interface modules (Contractor's components) not operational for more than eight (8) consecutive hours.	\$500.00 per occurrence
Failure to meet Production Standards – Section 401(a)	\$500.00 per occurrence
Meeting Attendance – 9-1-1 Users Meeting Senior Management or Communications Manager	\$250.00 per meeting
Meeting Attendance - CME Steering Committee Senior Management or Training Manager	\$250.00 per meeting
Meeting Attendance – High level meetings upon the request of the Executive Director Senior Management only	\$250.00 per meeting
Meeting Attendance – Medical Control Board Senior Management only	\$250.00 per meeting
Meeting Attendance – Medical Dispatch Review Committee Senior Management or Communications Manager	\$250.00 per meeting
Meeting Attendance – PCFCA Operations Chiefs Subcommittee Senior Management or Communications Manager	\$250.00 per meeting
Meeting Attendance - Pinellas ALS Providers Association (PALS) Senior Management or Training Manager	\$250.00 per meeting
Meeting Attendance - Pinellas County Fire Chiefs Association (PCFCA) Senior Management only	\$250.00 per meeting
Contractor's Personnel prompting a First Responder to downgrade the Response of an Ambulance to an Emergency Request.	\$250 per incident
Contractor's Personnel negotiating the pick up time of a patient	\$250 per incident
Meeting Room cleanup – After conducting a meeting or training session in any of the shared meeting rooms, the Cafeteria or the Auditorium, Contractor's staff shall remove all of their materials, equipment and trash and return the room to its original condition at the conclusion of their meeting. Contractor's personnel shall return any borrowed audio-visual equipment to the Authority's staff.	\$100.00 per meeting

Appendix AB, Page 2

EMS Headquarters cleanliness – Work areas (EMS Communications Center, Materials Warehouse and Bays, Fleet, Administrative offices, gym, and locker rooms) shall be kept neat and clean.	\$100 per occurrence
Radio Communications – EMS Communications Center personnel shall monitor the working fire tactical radio channel within one minute of receipt of an Emergency Request or Downgraded Request and answer any First Responder inquiry for location or estimated time of arrival (ETA) not answered by Field Personnel (i.e. Ambulance being exchanged for a closer unit or not yet assigned.)	\$100 per occurrence
Radio Communications – Field Personnel shall monitor the working Fire Tactical radio channel within one minute of being assigned to an Emergency Request or Downgraded Request and answer any First Responder inquiry for location or estimated time of arrival (ETA).	\$100 per occurrence
Uniforms and Professional Appearance – Field Personnel shall be clean, neat and dressed, in accordance with Appendix Z, whenever in public view. Field Personnel shall be in uniform whenever operating or riding in a Vehicle.	\$100 per occurrence
Vehicle Operations at EMS Headquarters – Vehicles shall not be operated or parked in the public parking lots at EMS. Vehicles are to enter and exit from the electric gate in front of the fleet garage and only operate within the secure parking and materials warehouse area.	\$100 per occurrence
Vehicle stocking and cleanliness – Vehicles shall be clean inside and out and stocked with medical equipment and supplies, as required in Appendices K and L, prior to being placed into service.	\$100 per occurrence
Late submission of Annual Report - Section 417 (b)	\$100 per day

Appendix AC

Vehicle Maintenance Schedule

SCHEDULE A – EVERY 3,000 MILES / 250 HOURS	
Change oil filter / check for leaks	Inspect steering components
Lube chassis / inspect v-joints	Check gear-box fluid, leaks
Lube cab and box doors and hood	Check master-cylinder fluid
Check air filter (replace if necessary)	Adjust brakes / parking brake
Inspect battery, cable	Check all lights
Inspect belts, pulleys	Check radiator fins for debris
Inspect radiator hoses	Check exhaust system
Inspect heater hoses	Add antifreeze / water
Inspect fuel hoses	Check motor mounts
Inspect vacuum hoses, pump	Check wipers / fill tank
Check transmission – oil level	Check instruments (gauges)
Clean transmission vent	Check fast idle
Inspect transmission for leaks	Check tires
Check axle oil level	Check tire pressure
Clean axle vent	Check suspension
Inspect axle for leaks	Check slack in steering / wheel bearings
Check alternator / voltage output	Check underside of unit for damage
Check tire alignment as needed indicated by wear	Check A/C system.
SCHEDULE B – EVERY 9,000 MILES	
Complete Schedule A Service	Check & Rotate Tires
SCHEDULE C – EVERY 16,000 MILES	
Complete Schedule A Service	Replace fuel filter
Check & rotate tires	Service transmission
SCHEDULE D – EVERY 20,000 MILES	
Complete Schedule A Service	Check brake system (pads / linings / cylinders)
Check brake lines	
SCHEDULE E – EVERY 60,000 MILES	
Complete Schedule A Service	Service vacuum pumps / idler pulleys
SCHEDULE F – EVERY 90,000 MILES	
Complete Schedule A Service	Service differential

PARAMEDICS PLUS PM INSPECTION FORM

Hours: _____

Vehicle No.: _____

Date: _____

Miles: _____

In space before each item, indicate condition as follows:

<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>
IN CAB					
	Review Unit History		Drive Test		Glass
	Check Engine & Transmission Oil		Backup Warning		Heater & Defroster
	Ignition Switch		Transmission, Smooth Shifting		A/C - Duct. Temp. Front
	Warning System		Horn & Siren		A/C - Duct. Temp. Back
	Starter Action		Steering Play		Ambient Temperature
	Gauge Function		Excess Smoke		Registration & Insurance Card
	Instruments & Lighting		Brake Performance		Headline & Sunvisor
	High Engine Idle & Monitor		Parking Brake		Lights & Dimmers
	Pedals and Pads		Washers/Wipers		Check Overhead Diagnostics

CAB AND BODY					
	Locks & Latches		Grill & Hood		Hinges & Weather Stripping
	Hinges & Weather Stripping		Fire Extinguisher		Grab Handles
	Stepwell		Air Horn		Bench Seats, Upholstery & Belts
	Window Regulators		Wheelchair Lift		Ceiling
	Floors & Mats		Front Bumper & License Plates		Straps
	Underside Wiring		SIDE DOORS		Compartments & Latches
	Underdash Wiring		Locks & Latches		Coax Connector
	Seats, Upholstery & Belts		Hinges & Weather Stripping		Spare Tire _____ PSI, Jack, Wrench
	Underside of Seat & Kickshield		Grab Handles		Vents
	Light Bar		Emergency & Safety Equipment		Suction
	Antennas		Lights & Lenses		Stretcher Floor Mount & Latch
	Lenses & Reflectors		Logos		Stretcher Lube & Clean
	Mirrors & Brackets		Rear Bumper		Exhaust Vent
	Body Panels		REAR DOORS		Fuel Tank, Door, Cap, Chain & Vent
	Wiper Arms & Blades		Locks & Latches		External Receptacle

BATTERY					
	Primary Battery		Voltage Reg. Settings		Secondary Battery
	Electrolyte Level		Alt. Output Amps		Electrolyte Level
	Load Test _____ Volts		Cables & Connections		Load Test _____ Volts
	Load Test _____ Amps		Starter Draw _____ Amps		Load Test _____ Amps
	Visual		Battery Box & Holdowns		Visual

FRONT WHEELS					
	Hub Cap - Wheel Covers		Tread Depth		Wheel Balance
	Lug Nuts & Studs - Torque		L _____ /32		King Pins
	Rims		R _____ /32		Brake Hoses & Connections
	Tire Condition		Valve Caps & Stems		Set Toe or Alignment

PM INSPECTION FORM (continued)

NO. Item NO. Item NO. Item

UNDERCARRIAGE & CHASSIS

	Remove Oil & Filter		Steering Box & Coupling		Coolant Hoses Condition & Chafing
	Sway Bar & Bushings		Power Steering Hoses		Lower System Inspection
	Springs		Engine Fluid Levels		Shocks Body Mounts
	Tie Rods, Ends & Adjustment Bends		"I" Beams, Mounts & Pivot Bushings		
	Brake Pads L _____ /32 R _____ /32		Steering Stops		
	Lube Chassis		DRIVE LINE AREA		"U" Bolt & _____
	Starter		Yokes & Splines		Shocks
	Exhaust Pipes & Main Hold		"U" Joint		CHECK REAR BRAKES
	TRANSMISSION AREA		Drive Shaft		Adjust Brakes
	Mounting & Cross Member		Fuel Tank		Brake Lining L _____ /32 R _____ /32
	Linkage		Exhaust System & Clamps		Brake Hoses & Connections
	Heat Shields & Connections		Parking Brake Cables		Differential Fluid Level
	Lines & Fittings		REAR AXLE AREA		Fuel Tank
	Fuel, Oil, Brakes & Electric		Leaf Springs		Rear Bumper Support
	Transmission Services (B) Only		Center Bolt		Lift Pump

REAR WHEELS

	Hub Caps & Wheel Covers		TREAD DEPTH		VALVE, CAPS & STEMS
	Lug Nuts & Studs		L _____ /32		
	Rim		LI _____ /32		
	Axle Flange Bolts - Torque		R _____ /32		
	Tire Condition		RI _____ /32		

ENGINE (A) INSPECTION

	Add Oil _____ Quarts		Fan Blades		Primary Ignition Circuit
	Coolant Corrosion _____ PH		Drive Belts		Secondary+I60 Ignition Circuit
	Coolant Protection _____ Deq.		Alternator Mounts / Brackets		Throttle Linkage
	Radiator Cap		Fuel Lines		Oil Leaks
	Coolant Leaks / Pressure Test		Fuel Leaks		Transmission Fluid Level
	Hoses & Clamps		Injection Pump		P/M - Service Due Date Decal
	Core, Fins & Tanks		P/S Fluids		Factory Charge Protect
	Upper Radiator Mounting		Washer Fluid		Water Pump
	Radiator Shroud		Brake Fluid		Belt Tensioners
	Vacuum Pump		P/S Fill		Overflow Tank
	Vibration Dampner		A/C Compressor		Fan Clutch
	Fuse Box				

ENGINE (B) INSPECTION

	Valve Cover Leaks		Glow Plug Harness		Carburetor
	Glow Plug Solenoid/Controller		Spark Plugs		Choke Operation
	Air Filter		Timing		Crank Case Vent PCV
	Fuel Filter				

VEHICLE COMPLETION

	Final Road Test		Complete Paperwork		Clean Vehicle
	Windshield Treatment				Touch-up Paint

SOUTHSIDE BANK

P.O. BOX 1079, SOUTH BECKHAM AT EAST LAKE, TYLER, TEXAS 75710-1079 903/531-7111 Fax: 903/592-3692

RECEIVED
EMERGENCY ADMIN.

2004 MAY 25 AM 11:16

JERYL STORY
SENIOR
EXECUTIVE VICE-PRESIDENT

May 21, 2004

Irrevocable Letter of Credit *No. 862*
Amount: *\$1,000,000.00*
Issue Date: *May 21, 2004*
Expiration Date: *September 30, 2009*

Attn: Executive Director
Pinellas County Emergency Medical Services Authority
12490 Ulmerton Road
Largo, Florida 33774-2700

Dear Sir:

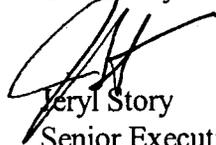
We hereby open our Irrevocable Letter of Credit in your favor for the account of **East Texas Medical Center Regional Healthcare System, on behalf of our wholly-owned subsidiary, Paramedics Plus, LLC**, 1000 South Beckham, Tyler, Texas 75701 for a sum or sums not exceeding in the aggregate the sum of One Million and No/100 (\$1,000,000.00) Dollars available by your draft drawn on Southside Bank at sight. The draft must be negotiated or presented on or before **September 30, 2009**. The Letter of Credit is transferable and/or assignable in whole or in part.

All drafts must be marked "**Drawn on Southside Bank, Letter of Credit No. 862**" and accompanied by your signed Affidavit of Default, notarized by a Notary Public, stating that Paramedics Plus, LLC has been found to be in default under Section 801 of the Ambulance Services Agreement. The amount of any draft drawn under this Letter of Credit must be endorsed on the reverse hereof, and the presentation of the drafts, if negotiated, shall constitute a representation and warranty by the negotiating bank to be relied on by us that such endorsement has been made; if no drafts are negotiated, this credit must accompany any drafts which exhausts it, and must be surrendered upon presentation of such draft.

Except so far as otherwise expressly stated, this credit is subject to Uniform Customs and Practice for Documentary Credits (1994 Revision) International Chamber of Commerce Publication No. 500.

We hereby agree with the drawer, endorser and bona fide holders of drafts drawn under and in compliance with this Letter of Credit that the same shall be duly honored on due presentation to the drawee.

Yours very truly,



Jeryl Story
Senior Executive Vice President

Member
FDIC

From: Craig Hare
To: Amelia McFarlane; Chuck Kearns; Joseph Lauro; Linda Reed; Michelle Wallace
Date: 06/03/2004 3:16:46 PM
Subject: Paramedics Plus Letter of Credit

The update from Amelia on 06/02.
CH

>>> Amelia McFarlane 6/2/2004 1:35:07 PM >>>

Purchasing is in receipt of original Letter of Credit from Paramedics Plus. A copy has been forwarded to Legal for review and approval, per our standard procedure. I am awaiting the approval for our files.
Thanks.

>>> Craig Hare 6/2/04 1:02:18 PM >>>

Hi Joe,
For my records, please verify you received the original Paramedics Plus Letter of Credit.
Thanks,
Craig

From: Linda Reed
To: McFarlane, Amelia
Date: 06/03/2004 4:09:39 PM
Subject: Fwd: Paramedics Plus Letter of Credit

Please forward a copy of the Letter of Credit to Board Records once it is approved. Thanks.

CC: Wallace, Michelle

From: Linda Reed
To: Swain, Bob
Date: 06/03/2004 9:56:23 AM
Subject: Re: Paramdics Plus Contracts

Thanks, Bob. Comm. Latvala will be in in the morning for a little while so we should be able to get the contracts out tomorrow.

>>> Bob Swain 06/03/2004 9:54:47 AM >>>

We agree with your opinion. There should be an original signature on this contract and not a stamp. It will have to wait until they are available.

Robert C. Swain
Sr. Assistant County Attorney
727.464.3354

Please note: All electronic mail sent to and from Pinellas County Government may be subject to the Public Records provision of the Florida Statutes.

Visit us on the web www.pinellascounty.org

>>> Linda Reed 6/2/2004 12:03:11 PM >>>

Because of the nature of the contract and the estimated annual expenditure I would prefer to have either Comm. Latvala or Comm. Morrone sign; however, neither is expected to be in before Friday or Monday of next week. Should I hold them for signature or have them stamped? Please advise.

CC: Bennett, Jim; Long, Dennis

SECTION I

INSTRUCTIONS FOR SUBMITTING PROPOSALS

AMBULANCE SERVICES

034-283-P (AM)

All proposals shall be signed in ink by authorized principals of the firm.

Proposals are to be submitted in a sealed envelope. The face of the envelope shall indicate the R.F.P. number, name and address of the firm and title of the proposal.

Proposals are to be submitted to Pinellas County Purchasing Department, 400 S. Ft. Harrison Avenue, 6th Floor, Clearwater, FL 33756 by the date and time indicated on the cover sheet.

Proposals shall be submitted in one (1) original and twelve (12) copies.

VENDOR NAME: Paramedics Plus LLC

VENDOR ADDRESS: 1111 Classen Drive

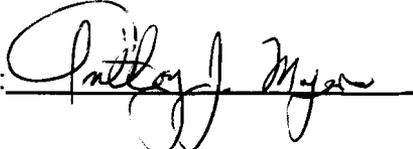
Oklahoma City, OK

73103

TELEPHONE: 405-297-7052

FAX: 405-297-7060

I hereby agree to abide by all conditions of this Request for Proposal and certify that I am authorized to sign this proposal for the proposer.

AUTHORIZED SIGNATURE: 

PRINTED NAME/TITLE: Anthony J. Myers, President

①

RECEIVED

04 APR 30 AM 10:44

PURCHASING DEPARTMENT

Proposal Submitted by Paramedics
Plus L.L.C

In Response to Pinellas County
Board of County Commissioners
Request for

Proposal Number 034-283-P (AM)
Ambulance Services

Proposal Deposit
Check Enclosed

H

RE

DETACH AND RETAIN FOR YOUR RECORDS

323

CHECK NO.

0012843

DATE	DESCRIPTION/INVOICE NO.	ACCOUNT NUMBER	VOUCHER NUMBER	GROSS AMOUNT	CASH DISCOUNT	NET AMOUNT
3/04/04	PINELLAS BID 5		33368	100000.00	.00	100000.00
						***100,000.00
						PARAMEDICS PLUS, LLC

SOUTHSIDE BANK
 1201 S. Beckham TYLER, TEXAS 75701

CASHIER'S CHECK

NO. 4670070583
 DATE: 03/10/04
 TELLER: BRANHAM B
 OFFSET: 1282557
 WAIVER: No Fee

TO: PINELLAS COUNTY EMS AUTHORITY

PURCHASER: EAST TEXAS MEDICAL CENTER

AMOUNT \$ **100,000.00**

REMARKS:

NOT NEGOTIABLE

CUSTOMER RECEIPT

Proposal

SECTION J

Addendum Acknowledgement Form

Ambulance Services

034-283-P (AM)

PLEASE ACKNOWLEDGE RECEIPT OF ADDENDA FOR THIS RFP BY SIGNING AND DATING BELOW:

ADDENDUM NO.	SIGNATURE/PRINTED NAME	DATE RECEIVED
1	<i>Thom R. Wagoner / Thomas R. Wagoner</i>	March 12, 2004
2	<i>Thom R. Wagoner / Thomas R. Wagoner</i>	March 15, 2004
3	<i>Thom R. Wagoner / Thomas R. Wagoner</i>	March 24, 2004
4	<i>Brent A. Kinsey / Brent A. Kinsey</i>	April 26, 2004

Note: Prior to submitting the response to this solicitation, it is the responsibility of the firm submitting a response to confirm if any addenda have been issued. If such document(s) has been issued, acknowledge receipt by signature and date in section above. Failure to do so may result in being considered non-responsive or result in lowering the rating of a firm's proposal.

Information regarding Addenda issued is available on the Purchasing Department section of the County's website at, www.pinellascounty.org/purchase, listed under 'Bid Schedule'.

Executive Summary

Our organization's overriding core value is *balance*. Paramedics Plus, L.L.C. attends to the health, needs, and satisfaction of customers, employees, and the organization, such that no one element is out of proportion or unduly emphasized at the expense of the rest. Our management team has many decades of experience in the provision of EMS. We have found that systems that place too much emphasis on financial gain do so at the expense of customers and employees. Organizations that place all of their focus on customers tend to have high employee turnover, which creates a shortage of critical talent. Employers that give employees everything they ask for are often unable to sustain the cost of their practices. Last year Paramedics Plus, L.L.C. and ETMC EMS transported over 170,000 patients based on these principles.

This proposal is designed to provide superb clinical care and customer service to those people who are ill, injured, or who need medical transportation. It is our commitment to provide the Authority and other system customers with unmatched levels of service, cooperation, and responsiveness. This proposal is designed to create an enjoyable, supportive, and satisfying place for EMS professionals to work. It is priced to ensure organizational viability and stability while providing superior value for the Authority.

We take no exception to any of the terms of the RFP or the Ambulance Service Agreement. You will find that there are a large number of system enhancements throughout our proposal. Here are a few of the highlights:

- We will limit the amount of money that we will take out of the system at 9 percent pre-tax profit annually over the term of the contract. This means if profits exceed 9 percent annually, excess profits will come back to the Authority. We will provide monthly financial statements, and we will not take a dime in corporate management fees.
- We commit to improved response time compliance, 92 percent County-wide at ten minutes and zero seconds for emergencies and downgraded emergencies, 95 percent for scheduled non-emergencies, and 93 percent for unscheduled non-emergencies, calculated on a monthly basis.
- We will provide all new, top of the line ambulances and equipment.
- We offer greatly improved support for Sunstar's FirstCare members.
- We will provide 10 free Automatic External Defibrillators per year, placed around the county to improve cardiac resuscitation rates.
- We suggest a comprehensive program to reduce injuries and deaths from falls in Pinellas County.
- We offer the most sophisticated system of management technology available in EMS, an award winning quality management system, geriatric education for all field personal, and much more.
- We will provide improved employee benefits, including better retirement and scholarships.

We have a track record of building exceptionally strong relationships with our customers. Our bottom line: What's important to the Authority is important to us. We look forward to serving you.

1.0 Management and Planning

1.1 “Bait and Switch” Prohibited. Paramedics Plus, L.L.C. understands and agrees to comply with the prohibition against “Bait and Switch.” We commit to furnishing the key personnel identified in this proposal throughout the term of the agreement, or replacement personnel with equal or superior qualifications, subject to the approval of the Authority’s Executive Director.

1.2 Key Personnel Commitment. Paramedics Plus, L.L.C. is committed to providing high-quality, professional EMS leadership personnel for use under this contract. We recognize the outstanding national image that the Sunstar system has garnered over the years, and propose to offer complimentary management strength to the existing team.

This augmentation begins with the selection of our key leadership position. Following a nation-wide search, Paramedics Plus, L.L.C. was able to secure an industry leader for the position of **Chief Operating Officer (COO)**. Due to his existing employment, and the public nature of this competitive process, Paramedics Plus, L.L.C. is unable to release his name at this time. Our key manager is recognized as one of our industry’s leadership experts. He holds a Masters of Science degree in Health Services Administration and brings considerable operational and administrative experience to our organization. His previous work as the Chairman of the Commission on Accreditation of Ambulance Services (CAAS) provides for an extensive knowledge of the quality standards reflected in the Sunstar system. Our COO has the unique work

experience of fulfilling both a Contractor and Authority role. This perspective makes him an ideal candidate to work in collaboration with the Sunstar Authority. As the COO, he will be directly responsible for the operational success of the organization. He will function as the primary liaison with the Authority and Office of the Medical Director for the direct oversight of the daily operations. A job description for the Chief Operating Officer can be found in Attachment 1. A resume for our key manager can be found in Attachment 2.

Paramedics Plus proposes to provide a **Director of Operations (DOO)** as the second key leadership position. Fulfilling this role will be Sonny Geary. Mr. Geary is currently employed in our ETMC EMS Division as the Operations Manager and has daily responsibility for the operational oversight of a staff of four Regional Directors and 328 field personnel, covering a service area of 19,000 square miles. He has considerable operational experience with the implementation and operational management of several EMS systems throughout Texas and has successfully operated 9-1-1-ALS ambulance systems in the past. If awarded the contract, Mr. Geary will be responsible for the daily operational direction of the Sunstar system. His duties will include crew and field operations supervisor oversight. He will also serve as an additional liaison with the Authority for all operational needs, including First Responder interface. A job description for the Director of Operations can be found in Attachment 1. A resume for Sonny Geary can be found in Attachment 2.

Our research indicates that several of the current mid-level managers provide outstanding service to the Sunstar organization. In keeping with our commitment to minimize operational changes, Paramedics Plus, L.L.C. proposes to gather input from the Authority as we interview and select incumbent personnel to fill the remaining key positions. Because they are incumbent managers, Paramedics Plus, L.L.C. does not wish to jeopardize their employment by extending job offers during this procurement process. Rather, we propose to select qualified individuals from within the system, when possible, if awarded the contract. A list of additional key positions follows. Job descriptions for these positions are included in Attachment 1.

1. **Director of Communications (DOC):** The DOC is responsible for the daily oversight of the ambulance communications center, including all dispatch personnel. This Director will also be responsible for developing the system status plan and ensuring response time compliance. As a key member of our leadership team, the DOC will also be responsible for working directly with the Authority to improve system performance.
2. **Director of Clinical Services (DCS):** The DCS will be the primary liaison with the Medical Director and Office of the Medical Director (OMD) staff. This person will be responsible for working with the OMD in the development and implementation of our quality management process, as outlined in Section 1.7. The DCS will oversee the development of the educational curriculum in conjunction with the needs of the OMD. The DCS will work directly with the

OMD to develop and implement clinical research projects that spotlight the clinically sophisticated care provided in the Sunstar system.

3. **Materials System Manager (MSM):** The Materials System Manager will be directly responsible for the oversight of the Material and Fleet Departments. This individual will be responsible for implementing the inventory control systems and Fleet Maintenance practices outlined in Section 4.0. In addition, this position will function in a key leadership role for the Materials and Fleet Technicians. We recognize that medical supplies and fleet services represent the second largest expenditures after personnel costs. This position is a key member of the management team responsible for the effective and efficient control of Authority and Contractor assets.
4. **Public Information Officer (PIO):** The PIO will work directly with the Authority for the purposes of promoting the Sunstar system. This work will include development of community outreach programs as described in Section 5.0, as well as assist with the ongoing development of the Sunstar membership program. We envision that the PIO will interface directly with the Authority and assist with media inquiries and the development of human interest stories.

To supplement the key positions identified above, Paramedics Plus, L.L.C. proposes to select and hire additional supervisory and support staff from the existing workforce and community. Based on previous work performance and experience, Paramedics Plus, L.L.C. proposes to select and hire for the following positions from within the organization.

1. Critical Care Manager (1)
2. Education Coordinators (2)
3. Information Technology Coordinators (2)
4. Payroll Coordinator (1)
5. Scheduler (1)
6. Run Ticket Auditors (2)
7. Clerical Support (1)

In addition to the leadership team identified above, Paramedics Plus, L.L.C. proposes to offer the following experienced personnel to assist our local team with the fulfillment of this contract. This team brings complimentary leadership experience in the areas of leadership, quality improvement, system status management, financial services, and marketing.

Anthony Myers: As the President of Paramedics Plus, L.L.C., Anthony Myers is responsible for the strategic direction of our organization and, if awarded, will be accountable for the fulfillment of the Sunstar contract. Mr. Myers has extensive experience in the oversight of large EMS systems. He has served as an Authority Director and as an EMS executive in multiple systems throughout the nation. Mr. Myer's experience in the public sector, as Fire Chief and later Executive Director, allows him to understand the complex needs of the different stakeholders within a high performance EMS system. Mr. Myers currently serves as President of the Texas Ambulance Association. He serves on a variety of local and national boards including the American Ambulance Association's Rural EMS Task Force,

the State of Texas Office of Rural Community Affairs Task Force, the Texas Hospital Association Disaster Readiness Task Force, and the East Texas Council of Governments 9-1-1 Advisory Committee. Mr. Myers will regularly work on-site throughout the duration of this contract. A resume for Mr. Myers can be found in Attachment 2.

Tom Wagner: Our chief operating officer in Oklahoma, Mr. Wagner has extensive knowledge in EMS leadership and system implementation. He has successfully implemented and provided operational and financial oversight as the contractor to the Emergency Medical Services Authority (EMSA) in Tulsa and Oklahoma City. Mr. Wagner is responsible for the leadership that guides the comprehensive quality management program utilized at EMSA, and was instrumental in producing the operational performance that resulted in EMSA being awarded the 2002 Governor's Award for Quality in Oklahoma, and the 2000 State of Oklahoma ALS Provider of the Year.

Mr. Wagner holds a Bachelor's Degree in Biology from the University of California, San Diego, and a Graduate Degree in Business Administration from the University of Phoenix. He currently serves as a member of the American College of Healthcare Executives, Oklahoma Ambulance Association, and the Oklahoma City Metropolitan Emergency Response Center Advisory Board. A resume for Mr. Wagner can be found in Attachment 2.

Mike Taigman: Part of the founding team at Paramedics Plus, L.L.C., he has been on retainer as a consultant with us for over six years. Mr. Taigman is a gifted facilitator who helps our organization develop industry-leading quality management systems, strategic planning processes, leadership development programs, clinical research projects, prevention programs in partnership with public health departments, and senior leadership coaching.

As an EMS industry leader he has published over 400 articles in professional journals, presented at conferences and workshops in Europe, Australia, Canada, and throughout the U.S. He teaches for the graduate program in Emergency Health Service Management at the University of Maryland Baltimore County. Mike holds a Bachelor's degree in Business Management, is completing his thesis for a Master's in Organizational Systems, and has been accepted to a Ph. D. program for Organizational Systems at Saybrook Graduate School and Research Center. Mr. Taigman will work on-site regularly throughout the duration of this contract. His resume is included in Attachment 2.

Frank Gresh: Serves as our corporate information technology expert and the Director of the Communications Centers in Tulsa and Oklahoma City. He is responsible for the overall operation of our two Accredited communications centers in Oklahoma and the strategic information technology for all our operations.

Mr. Gresh holds a Bachelor's in Business Management and is completing a Master's degree in Information Technology Management. He has presented at

numerous national conferences and regularly assists with the research and development processes for cutting edge EMS technology corporations such as Zoll Data Systems. His resume is included in Attachment 2.

C. Anthony Farmer: Mr. Farmer serves as the Chief Financial Officer for East Texas Medical Center Emergency Medical Services (ETMC EMS). He is responsible for the financial activities of ETMC EMS, including managing the ETMC EMS accounting functions and personnel, coordinating the annual operating and capital budgeting process. He works closely with all EMS departments to ensure proper internal controls are implemented and maintained and that all resources are efficiently and effectively utilized. He provides senior management to the ETMC EMS Business Office, which is responsible for ambulance billing and collection.

Mr. Farmer has 15 years experience prior to joining ETMC EMS. From 1997 to 2000, he was a project accountant for the University of Texas M.D. Anderson Cancer Center, responsible for the proper accounting of construction and renovation projects undertaken by the institution. Mr. Farmer is a 1984 graduate of Baylor University and holds a Bachelor of Business Administration degree. He is licensed as a certified public accountant in the state of Texas. His resume is included in Attachment 2.

Mignon Marsh: As the Director of Marketing for ETMC EMS, Ms. Marsh has considerable experience developing and implementing ambulance membership

programs. Since 1995, Ms. Marsh has been responsible for marketing the ETMC EMS Ambulance Membership Program throughout the 18,000 square mile service area. Her creativity and strategic direction has resulted in the expansive growth of the ETMC EMS Ambulance Membership Program.

Ms. Marsh currently serves on a variety of community charitable organizations focused on the citizens of Tyler, Texas. She holds a Bachelor's degree in Sociology from the University of Texas at Austin. A resume for Ms. Marsh can be found in Attachment 2.

Robert Gray: Since 1991 Mr. Gray has served as the Vice President and Director of Human Resources for East Texas Medical Center Regional Healthcare System. He is responsible for the administration of human resources activities for 12 hospitals and the EMS system. He also serves as the corporate compliance officer, the employee injury plan administrator, the employee recognition administrator, and the corporate policy and procedure administrator. His resume is included in Attachment 2.

Byron C. Hale: Mr. Hale serves as the Senior Vice President and Chief Financial Officer of East Texas Medical Center Regional Healthcare System. He is a certified public accountant and holds a Master's in Business Administration from Texas Tech University. His resume is included in Attachment 2.

1.3 Schedule of Implementation. An initial schedule of implementation is included as Attachment 3. The dates and timelines may have to be adjusted based on the actual award date for this contract.

1.4 Rapid Startup Capability. In the event that the Authority takes possession of the current Contractor's capital assets and requires a rapid startup we will provide the leadership necessary to manage the system and ensure the continuation of emergency medical services to the community. We commit to having the Paramedics Plus, L.L.C. leadership personnel on-site at the Sunstar headquarters within 24 hours of notification of the need for rapid startup. We will work with the Authority and the employees to quickly convert Contractor infrastructure systems so that a complete transition occurs in a timely fashion.

1.5 Initial Coverage Plan. Paramedics Plus's initial geographic coverage plan was developed using the MARVLIS Deployment Planner software tool (described in Section 2.2), using run data furnished by Pinellas County. The Deployment Planner incorporates estimated travel times based on known street impedance values and response time requirements to develop the initial geographic deployment plan.

Paramedics Plus's initial field schedule was developed using the Quick Response Deployment Planner from ISERA (described in Section 2.2). Run data was analyzed using an average peak calculation to determine staffing levels that will allow us to meet and exceed the response time requirements specified in the

Ambulance Service Agreement. Based upon our analysis of the data, we plan to produce **218,000 ambulance unit hours** during our first year. As part of our commitment to ensure seamless high performance during contract transition, we will put additional unit hours on the street for the first two to three weeks of the new contract. An abbreviated version of our initial SSP is included as Attachment 4.

1.6 Fine Tuning Practices. System Status Plan: Paramedics Plus, L.L.C. uses a six-step process for fine tuning the System Status Plan.

Step 1: Assure that the plan is being followed every day, all the time. It is impossible to accurately review and refine a plan that is not being followed consistently. The Zoll Data Systems' RescueNet™ Dispatch CAD (formerly known as PinPoint, described in Section 2.2) has a built-in system status plan compliance monitor that audibly advises the dispatcher that they are out of compliance with the system status plan. The CAD (Computer Aided Dispatch) produces a detailed and summarized system status plan compliance report. The communications center manager can use this report to assure that the plan is being followed, or take steps to ensure compliance.

Step 2: Correct all deviations from the plan. These include failure to make post-to-post moves in a timely manner, late shift starts, etc.

Step 3: Correct errors directly affecting response. Examples include: bad route selection by the crew, bad unit selection by the System Status Controller (SSC), and communications problems. By providing dynamic in-vehicle

computerized mapping and routing we will reduce routing errors. The MARVLIS playback function allows the communications center managers to review the route taken by crews on all responses allowing them to identify poor route selection and its contribution to late responses.

Step 4: Correct the causes of wasted unit hours. Examples include: long drop times at hospitals, poor re-supply practices, vehicle failures, etc. We monitor hospital drop time daily by crew, by system average, and by facility. Our CAD system automatically pages crews after they have been at the hospital for 20 minutes. We have key performance indicators (KPIs) that track lost unit hours with a specific focus on administration, critical vehicle failure, late shift start, decontamination, out of service due to equipment or maintenance, staffing, and vehicle contacts.

Step 5: Once the errors and deviations have been corrected, re-test the plan for three-weeks.

Step 6: Continually evaluate the cause of every late run that occurs. Evaluate all possible contributing factors (call volume errors or deviations, etc.) and perform a matrix analysis of those causes. Prioritize the causes by frequency and ability to control, and then implement solutions to correct the causes. Some of those solutions may be to: adjust post priorities, alter the mix of posts used, reallocate unit hours, find new post locations, or add additional unit hours.

For the Sunstar Contract we will use the most sophisticated technology currently available in the EMS industry to continually fine tune the system for optimal performance. This technology is fully described in Section 2.2.

MARVLIS: The MARVLIS system from Bradshaw Consulting Services (BCS) is designed to monitor and dynamically re-deploy resources based upon several system variables. The MARVLIS system has several components:

Dynamic Demand Monitor: The Dynamic Demand Monitor provides a historical geographic view of call demand. The system automatically queries the CAD system for a given time period to produce a map of both incident locations and demand densities for every hour of every day. With the inherent seasonality of the Pinellas Suncoast, dynamically monitoring demand allows for much quicker response to changing demands as the peak tourist season ebbs and flows. Deployment Monitor also allows the SSC to identify road construction or other blockages that could create response time problems. Once entered into the Deployment Monitor the ambulance Dynamic Service Areas (DSAs) are dynamically changed to reflect these road closure or blockages.

Deployment Planner: Deployment Planner is a tool for creating a system status plan that most efficiently covers the demand in Pinellas County. Using the results from the Dynamic Demand Monitor to help visualize the areas of demand at a given time of day and day of week, the Deployment Planner allows the System Status Manager to place vehicles on the map and to immediately see the area of coverage provided for the required response times. The System Status Manager can then move the vehicles around until the best coverage for a given level of units available is reached.

Deployment Monitor: Deployment Monitor integrates with the Zoll Data Systems' RightCAD to map and monitor vehicles as they perform their critical

duties. An Isochrone, or Dynamic Service Area (DSA), representing the distance the vehicle can travel in the required response time, surrounds each available vehicle. The map created by Dynamic Demand Monitor will be displayed in the background and automatically updated every few minutes to best reflect demand in Pinellas County. An example is provided as Attachment 5.

Impedance Monitor: By constantly learning from the ambulances as they move throughout Pinellas County, Impedance Monitor enhances the street network data for varying road and traffic conditions, such as rush hour, weather conditions, or road construction. Through analysis of the data from the AVL system that can better define the actual speed that a vehicle can travel over each road segment, it provides the information you need to accurately place and route your vehicles. Impedance Monitor automatically adjusts routing recommendations to daily and seasonal changes in traffic patterns to assist field personnel to reach their destination safely and efficiently.

1.7 Quality Management and Planning. Paramedics Plus, L.L.C. engages in monthly strategic planning meetings with the Executive Director of the EMSA Authority, members of his senior staff, and EMSA's Medical Director. We analyze information from our quality management process, the local political environment, current clinical research, and the healthcare needs in Oklahoma. Using that framework we perform a strengths, weaknesses, opportunities, and threats (SWOT) analysis on our system. We use this information to set our strategic direction and goals for the future. Each month we meet to discuss our progress,

changes in the environment, necessary modifications, and new objectives.

Consequently, rather than creating a static strategic plan that sits on a shelf until next year, our approach is to engage in ongoing strategic planning, combined with strategic action, and evaluation of our results with the Authority and the system's Medical Director.

Our **Oklahoma State Quality Award** winning quality management system is used as a benchmark for EMS quality management systems throughout the country. Our system, practices, data, and results are used as the basis for the National EMS Quality and Performance Management Workshop, which have been presented at several national and international EMS conferences. Shortly after Paramedics Plus, L.L.C. was awarded the opportunity to serve the EMSA system we worked together with the Authority and the Office of the Medical Director to define an initial set of organizational vital signs, also known as key performance indicators (KPI).

Much like the vital signs that an intensive care unit would monitor for an ill patient, KPIs track the health and performance of the EMS system. Working together with the Authority and the Medical Director we defined indicators under the broad categories of clinical performance, employee satisfaction, customer satisfaction, fleet reliability, safety, and equipment reliability to supplement the KPIs that are defined in the performance-based contract between Paramedics Plus, L.L.C. and EMSA. Shortly after defining our initial set of KPIs we brought in an outside expert and trained all of the senior managers from the Authority, the Office of the Medical Director, and Paramedics Plus, L.L.C. in statistical process

control (SPC). It is our bias that the best way to analyze the performance of any process that can be measured quantitatively is to plot the data in its naturally occurring time order on a control chart. This tool allows the system's leaders to rationally analyze variation in performance. This analysis guides them in designing improvement projects that make a measurable difference in performance. It also allows them to monitor the effect of improvement efforts to see whether or not they produced the desired results.

Our Quality Steering Committee, which is made up of senior leaders from Paramedics Plus, L.L.C., the Authority, and the Office of the Medical Director, meets every month to review the system's performance, improvement projects, and results. Our improvement practices draw from the work of Deming, Covey, Development Dimensions International, and Six Sigma. In addition, to the KPIs reported at the monthly Steering Committee meeting, some individual members of the Paramedics Plus, L.L.C. management team monitor performance in key processes, such as response time and fleet performance, daily and hourly. Fine tuning adjustments are made, as needed, in real-time. This ensures that there is always a watchful eye on those factors that are most important to the provision of clinical care and customer service to patients in the community.

1.8 Performance Monitoring. As we described in the previous section, our preference is to work with the Authority and the Medical Director to define the full set of key performance measures. There are certainly some performance measures that we know need to be tracked, including all of the response time

performance criteria specified in the Ambulance Service Agreement, cardiac arrest management using the Utstein Criteria, protocol compliance for the protocols specified by the system's Medical Director, critical vehicle failures, critical equipment failures, customer satisfaction survey results from written survey and customer callbacks, employee injury rates and severity, employee retention rates, and FirstCare membership retention. Paramedics Plus, L.L.C. commits to tracking and reporting on these key measures using statistical process control for the quantitative data and descriptive reporting for the qualitative information. Paramedics Plus, L.L.C. also commits to working with the Authority and the Medical Director to define additional KPIs that will be tracked, reviewed, and reported to the collaborative Steering Committee.

Our commitment is to design and implement a set of monitoring practices that will detect system or individual performance deficits early and correct them quickly. As with the rest of our leadership practices, these activities will be transparent to the Authority and the Medical Director, with frank, open, and frequent discussion about performance issues, improvements, and results from improvement efforts.

Paramedics Plus, L.L.C. proposes to work with Zoll Data Systems' Custom Solutions Group to develop a monthly Response Time Compliance Report that monitors all of the response time requirements. That report will be developed based upon the requirements set forth in the Ambulance Service Agreement and approved by the Authority. This report will then be used to monitor contractual response time performance in a consistent manner. Having a

third party develop the report to the Authority's specifications will improve confidence in the report and remove any possible bias.

As part of our ongoing quality management process, Paramedics Plus, L.L.C. goes to great lengths to maintain the integrity of the data collected from all sources, including CAD and field data. Data integrity is essential when system decisions are being made based on data collected from a variety of sources. An example of this commitment would be the maintenance of latitude and longitude data in the CAD system. Since so many decisions are made based on the location of calls, maintaining coordinate data is essential to the continued success of the System Status Plan. Each day Lead Controllers, Communications Supervisors, and the Director of Communications review reports generated by the CAD system, which show any call that does not have a correct latitude and longitude assigned to it. These calls are then located on a map, coordinates determined, and the call data is updated with the correct information.

Paramedics Plus, L.L.C. commits to ongoing meetings with the Authority to verify and assure data integrity across the entire spectrum of data collection.

2.0 Information Systems.

2.1 Patient Care Reporting System. Paramedics Plus, L.L.C. will assist the Authority in developing a fully integrated electronic patient data capture, reporting, management, and analysis system. We propose the complete

LIFENET® EMS electronic patient care reporting system (ePCR™, formerly known as Medusa) for implementation in the Sunstar system. The initial cost for this system is \$744,564. We commit to paying \$372,282, half the cost of the initial system. We also commit to paying for the annual support agreement (\$64,700 per year), cellular charges associated with data communications (\$57,600 per year) and a one-time server hardware costs of \$14,000. The price quote for LIFENET is available as Attachment 6.

As the initial beta site for the LIFENET ePCR system, Paramedics Plus, L.L.C. has more experience than any EMS organization in the world in the full implementation and successful management of this sophisticated patient data management system.

The LIFENET system currently integrates with the Zoll Data Systems' CAD that we are proposing for Sunstar, it fully integrates with the LIFEPAK® 12 heart monitors/defibrillators that we are proposing for Sunstar, and it is being integrated with the billing system currently used by the Authority. Paramedics enter patient data on a ruggedized touch screen tablet computer. Data is instantly transmitted via a wireless network using HIPPA compliant encryption standards to secure servers located in the Authority's data center. Our experience shows that this electronic patient care reporting system has very high front-end user acceptance. This system is Medicare compliant, secure, and offers some sophisticated quality management analysis tools, from Cognos, an industry leader in Business Intelligence. The patient data is maintained in a SQL Server environment using current best practice security processes for password

protection. Data integrity is maintained through the use of scheduled backups of the data and transaction logs that are maintained both on site and off site using current best practice strategies for maintenance and rotation of backup media. This electronic patient care reporting system provides easy-to-read documentation for hospitals, shorter accounts receivable cycle times, easy AR denial processing, electronic submission of state data, and high employee satisfaction. It provides the ability to do clinical research, sophisticated quality improvement processes, risk mapping for community prevention efforts, bio surveillance, and management of hospital destination policies.

Paramedics Plus, L.L.C. will employ run ticket auditors who will ensure that each chart is complete to the Authority's standards before submitting it to the accounts receivable process.

2.2 Commitment to Advanced Technology. Paramedics Plus, L.L.C. is committed to using appropriate advanced technologies in the Sunstar system. Our philosophy on the use of advanced and new technology is that it should improve the delivery of clinical care and customer service, it should improve the working conditions for employees, or it should improve efficiency. Here are some of the advanced technologies that we will use to sustain and enhance the good performance of the Sunstar system.

Road Safety: Paramedics Plus, L.L.C. will use the Road Safety SafeForce™ Driving System. The SafeForce system uses an on-board computer to measure and monitor a variety of safety and operational areas. The SafeForce system will monitor compliance with driving policies including speed, high g-force

maneuvers, and utilization of spotters while backing. Compliance with those policies also provides a better and safer ride for the patients in the Sunstar system.

MARVLIS Deployment and Impedance Monitor: Recently, this new technology was brought to the Public Safety industry by Bradshaw Consulting Services (or BCS). This technology is the first of its kind, able to apply ambulance deployment science with mathematical precision to build a System Status Plan. The MARVLIS (Mobile Area Routing & Vehicle Location Information System) product line, including Demand Monitor and Deployment Planner, uses road impedance, dynamic service areas, demand densities, and population and geography data, to determine optimal unit placement to meet a specific response time standard. This serves as a real-time CAD solution and as a pre-planning, stand-alone application. Paramedics Plus, L.L.C. will use the MARVLIS system as a fully integrated CAD Geographic Information System, or GIS. Using state of the art GIS technology, MARVLIS has the ability to calculate, in real-time, a unit called the Dynamic Service Area, or DSA. A DSA is the distance surrounding a unit that can be traveled within a given timeframe. Using street impedance data (the speed limit or actual speed that can be traveled on any road segment), a DSA can accurately depict the area a unit can actually cover in a given response time. We will merge this information with the population density, geography, and demand data that a DSA can cover, couple it with our System Status Management logic algorithms and the post location list. This will give us the most accurate and dynamic System Status Plan currently available in the EMS

industry. Since this system is based on real-time data, which it constantly uses to update its analysis, the system is more accurate and remains more current than anything else on the market.

MARVLIS Client: In addition to the dispatch-based MARVLIS solution outlined above, Paramedics Plus, L.L.C. is proposing to use the MARVLIS Client in-vehicle system. The MARVLIS Client is used in the vehicle to provide location mapping, display incident location, display and update status, and display route recommendations from the ambulance's current location to the incident, hospital, or post. Silent dispatch capability displays full incident information directly from the CAD system to the vehicle. "Follow-Me" mode scrolls the map as the vehicle travels to keep it centered in the map, while the "Rotate" feature will turn the map display so the direction of travel is always at the top of the screen. Client also provides a "Zoom To Route" mode that automatically zooms the map to keep the vehicle and the incident in the map at all times. The zoom level visibility feature will then bring layers with greater detail to view as the vehicle drives closer to the incident. The routing component of the MARVLIS Client allows for dynamic routing, which means that as road closures are entered into the MARVLIS system by the System Status Controllers in the Communications Center, the MARVLIS Client is "made aware" of them and routes dynamically around them so Sunstar crews can arrive at their call locations or destinations quickly with a minimum amount of disruption.

Zoll Data Systems (formerly Pinpoint Technologies) RescueNet™ Suite: Paramedics Plus, L.L.C. is proposing to use RescueNet Dispatch for the

Sunstar system. RescueNet Dispatch is the Computer Aided Dispatching component of the RescueNet suite of products. RescueNet Dispatch is one the most widely used Microsoft Windows based EMS dispatch solutions on the market today. RescueNet Dispatch is an intelligent CAD system that is modular in nature. Modules for System Status Management, GIS Mapping, Transport Scheduling, Call Taking, and Flight Following are just a small sample of the modules available. Reporting and data analysis are important components of an effective System Status Management process. RescueNet Reports provides several reports to help monitor and improve the System Status Plan, as well as the overall efficiency of the operation. The RescueNet Suite is developed using an "open architecture" philosophy. Open architecture refers to the fact that the system is designed and developed to interface to anything else, and so that anything else can interface to it. This open architecture allows for easy integration with existing Sunstar and Pinellas County systems, including 9-1-1 ANI/ALI, MPDS ProQA, Fire Department CAD system, Sunstar billing, crew paging, and vehicular data systems. Zoll Data Systems has a Custom Solutions Group that works with clients to develop custom software solutions that interface with every aspect of the RescueNet Suite, from dispatch to billing. Paramedics Plus, L.L.C. will assist Zoll Data Systems and Sunstar in creating a single database for both CAD and billing functions through the purchase of a new server or by upgrading the existing server.

Nextel Communications iDEN™ wireless data network: Paramedics Plus, L.L.C. is proposing to use the Nextel Communications iDEN network to

provide the backbone of communications, from the mobile computer terminals running the MARVLIS client, back to the RescueNet Dispatch system. The Nextel network provides complete coverage over the entire Pinellas Suncoast, including Pinellas County, and adjacent Pasco, Hillsborough, and Manatee counties, as well as the rest of the state. The Nextel Data Network has 99.5 percent uptime reliability. Paramedics Plus, L.L.C. uses the Nextel network for a variety of applications including voice and private two-way communications in its Oklahoma operations. In 1999 and again in 2003, several severe tornados struck the Oklahoma City metro area. The Nextel network remained up and operational during those disasters, and was our only means of communications at some points due to other infrastructure failures. We believe the Nextel network to be an ideal solution for moving data and voice reliably and securely.

ISERA™ Quick Response Deployment Planner: Paramedics Plus, L.L.C. will use the Quick Response Deployment Planner (QRDP) from the ISERA Group for its Pinellas County operations. The QRDP allows for the System Status Manager to efficiently meet the system's demand for ambulances with schedules that are optimized to cover the demand, while factoring in crew schedules that are humane and flexible. QDRP allows the SSM to try new scheduling options and combinations of shifts in a matter of seconds.

Medtronic/Physio Control LIFENET® ePCR: Paramedics Plus, L.L.C. is proposing the LIFENET ePCR (formerly known as Medusa) for use in the Sunstar system. The LIEFNET ePCR, or Electronic Patient Care Record, system was developed from the ground up with the paramedic in mind. The user

interface was designed to be finger based with easy to navigate menus and forms. By keeping the design of the user interface simple, the LIFENET ePCR system makes it very easy for the paramedic to capture essential patient care information quickly and easily. Once captured by the paramedic, it is electronically transmitted via a secure connection back to the main LIFENET database. Once the data reaches the database, it is immediately available for review by Sunstar and Office of the Medical Director personnel. LIFENET also utilizes an industry-leading business intelligence, or BI, tool. This BI tool, from Cognos, allows for in-depth analysis of every aspect of patient management.

2.3 Commitment to EMS Communications Center Operations.

Paramedics Plus, L.L.C. is proposing the Zoll Data Systems (formerly Pinpoint Technologies) RescueNet Dispatch software as our Computer Aided Dispatching (CAD) Platform. RescueNet Dispatch provides an excellent platform from which all components of the Sunstar system, from response and clinical to billing, can share information.

Paramedics Plus, L.L.C. suggests that the primary server for the RescueNet Dispatch will be an IBM server with dual Xeon processors running at 2.8 gigahertz. The server will have at least 2 gigabytes of Random Access Memory and over 140 gigabytes of hard disk drive space. The hard disk drives will be in a RAID 5 array, which includes a hot spare drive. The server will access the network via two 1,000 mbps network interface cards, and will have redundant power supplies to prevent failure due to power supply problems. There are

several interfaces (AVL, Paging, ANI/ALI, Custom Paging, and CAD to CAD communications) for RescueNet Dispatch that will require separate servers. These servers will also be from IBM and will run single 2 gigahertz processors with 1 gigabyte of Random Access Memory. Hard Drive space will vary on these machines based upon the interface requirements. They will also have redundant power supplies and hot swappable drives to prevent downtime due to hardware failures.

The RescueNet Dispatch product is a Windows based Computer Aided Dispatching software. The user interface is graphical and straightforward. This allows System Status Controllers to easily manage the system with a minimum of screen changes and mouse clicks. The main CAD window is broken down into four main areas: Call Taking, Open Work, Vehicle Listing, and Mapping. The call taking component is very flexible and can change based on the type of call that is being taken. When the System Status Controller is taking an emergency call, only those fields that are essential to taking an emergency call are required. If the System Status Controller is taking a non-emergency call, much more information can be entered, including essential elements of the billing process. The open work module lists all calls that are waiting to be dispatched. The columns in the screen can be sorted or arranged in any manner that the System Status Controller prefers. The vehicle listing module shows all of the active vehicles in the system, along with their current call information and a listing of their previous calls. This module also has the ability to be configured in many ways to suit a variety of System Status Controllers and their styles. System Status Controllers

can drag a call from the open work module to the vehicle listing module in order to assign that particular call to that vehicle. The final module in the main screen is the mapping module. The mapping module has a configurable display that shows a variety of detail, based on user preference. The user can select particular map layers and the zoom range, as well. Examples of available map layers include streets, parks, buildings, airports, highways, current radar weather conditions, etc. Any map layer in ESRI format can be displayed in the RescueNet Dispatch mapping module. The mapping module also displays the current location of all vehicles based upon their GPS coordinates. The user can interact with the vehicles in the mapping module in order to complete tasks like post changes or vehicle deactivation.

Paramedics Plus, L.L.C. is proposing several interfaces for use with the RescueNet Dispatch system:

ANI/ALI: The ANI/ALI interface allows for Automatic Number Information (ANI) and Automatic Location Information (ALI) from the telephone company to be passed to the RescueNet Dispatch system in order to create a new emergency call. Passing this information directly to the CAD cuts down on human errors associated with mistyped address and phone information.

Paging: The paging interface allows for automatic paging of Sunstar crews directly from the CAD system. The paging interface is designed to pass information to Pinellas County's Zero paging terminal. The interface is a two-way interface in that it notifies the dispatcher if the page was not accepted by the Zetron paging terminal.

Mobile Data: The mobile data interface allows for the passing of all call information from the RescueNet Dispatch CAD system to the MARVLIS Client Mobile Computer Terminal. As call information is updated in CAD or when the crew changes status, that information is moved back and forth quickly and efficiently in order to keep dispatch and the responding units updated.

Custom Paging: The custom paging solution is a product that Paramedics Plus, L.L.C. is developing with Zoll Data Systems. It is not a normal component of the RescueNet system. Paramedics Plus, L.L.C. currently utilizes the custom paging solution in its Oklahoma operations. As designed, the custom paging solution provides automated notifications to crews, supervisors, managers, and Authority administration for a variety of situations. Examples of some of those situations are: paging the fleet maintenance supervisor when a vehicle is taken out of service for mechanical reasons, paging an administrative group when system levels fall below a certain threshold, paging the Authority when calls have exceeded a certain response time threshold, etc. These pages are sent automatically and involve no human intervention whatsoever.

9-1-1 Center Interface (CAD to CAD Interface): Paramedics Plus, L.L.C. is committed to the Authority's requirement for establishing a CAD to CAD interface between the 9-1-1 center and the Sunstar communications center. This interface is bi-directional and provides immediate status updates and information exchange between the two centers. Zoll Data Systems has already worked with several of their clients to develop similar interfaces to the proposed CAD to CAD interface for Pinellas County. Paramedics Plus, L.L.C. is working closely with Zoll

Data Systems to specify and perfect their existing CAD to CAD interface to meet the high standard of interoperability that Pinellas County requires.

LIFENET system ePCR Interface: The LIFENET system ePCR interface allows for field units to poll the CAD system for time and location information to help them complete their electronic patient care form. When a crew enters their run number into the LIFENET ePCR tablet, the system automatically communicates with the CAD system to provide time stamps and location information that are required to complete the record.

Billing Interface: Pinellas County presently is using the RescueNet Billing component of the RescueNet Suite of products. The RescueNet Suite is driven from the same database used for the dispatch and the billing functions. Paramedics Plus, L.L.C. is proposing two possible alternatives for Pinellas County for the billing interface. Option one would combine the dispatch and billing function on the same server. The IBM server specified above has more than enough capacity to handle the load of both billing and CAD at the same time. This option completely eliminates the need to develop an interface because the data is physically stored in the same database. Option two would allow for Pinellas County to maintain its own database and server. The interface for this option involves a process called "log shipping" in which logs of every transaction (every action taken on a call in dispatch is considered a transaction) that takes place on the dispatch server is sent to the billing server and then added to the billing database in an almost real-time (five to ten minutes behind live) manner.

ProQA Interface: The interface between RescueNet Dispatch and ProQA allows for information to pass bi-directionally between both systems. During the call taking process the Emergency Medical Dispatcher (EMD) clicks on a button with RescueNet Dispatch, which brings up Priority Dispatch's ProQA software. When ProQA opens, it already has been pre-populated with the address of the incident and the callback number. The EMD then begins the question and answer process. Once the EMD completes the interrogation, and ProQA makes a recommendation as to the correct prioritization and configuration, it is passed back to RescueNet Dispatch, and all of the necessary fields are updated.

Timeline and Testing: Paramedics Plus, L.L.C. proposes the following timeline of events for deploying the RescueNet Dispatch system in Pinellas, once awarded the contract.

Within five business days of contract signing, Paramedics Plus, L.L.C. will issue purchase orders for all hardware and software components of the RescueNet Dispatch system. Paramedics Plus, L.L.C. will begin to take delivery on all components of the CAD system at its offsite location in, or near, Sunstar headquarters within six to eight weeks of order. During the time between ordering the hardware and delivery of the hardware, Paramedics Plus, L.L.C. staff will meet with Zoll Data Systems staff for a series of project management meetings to determine exact timelines for installation of the software, testing, and training of dispatch personnel.

There are two possible options for the installation and testing of the CAD system. The options depend on whether or not we have the ability to set up the

new CAD system in the Sunstar data center (making sure to not interfere with existing Contractor operations), or if we will need to set this up off-site.

If Paramedics Plus, L.L.C. is unable to use the Sunstar data center for set-up, then it will assemble the entire system at an offsite location in, or near, Sunstar headquarters. At this location, Paramedics Plus, L.L.C. staff will assemble all of the hardware and networking components required to simulate the final installation. The networking components include temporary data access to the internet, the Pinellas County 9-1-1 Center, and any other locations or entities necessary for complete and thorough testing. Dispatcher training will also be held at this site. On September 25th, all of the equipment will be moved from the staging location and reassembled at the Sunstar data center. Paramedics Plus, L.L.C. will request occasional review by the Authority during the initial installation in order to assure that the Authority is satisfied with the CAD system and that the final acceptance testing goes smoothly. Final acceptance testing by the Authority should occur during the week of September 27th, after the CAD system is completely installed and in operation at the Sunstar data center.

If Paramedics Plus, L.L.C. is able to use the Sunstar data center, then all of the installation can take place there, including cursory inspection and testing. Training will be conducted at the Sunstar facility in an area mutually agreed upon by the Authority, Paramedics Plus, and the incumbent Contractor. Final acceptance testing should be accomplished the week of September 27th. Paramedics Plus, L.L.C. will work with the Authority to develop an acceptance testing process that meets all of the requirements of the CAD system as set forth

in the Ambulance Services Agreement. It is expected that expert technical representatives from the 9-1-1 center, as well as the Authority, will be involved in the acceptance testing process to assure that every system meets the strenuous requirements set forth by the Authority.

3.0 Personnel.

Balanced Attention to Customers, Employees, Organization is the core value of Paramedics Plus, L.L.C. As this indicates, employees are a key asset and a fundamental part of the company's balanced commitment to those it serves. Paramedics Plus, L.L.C. is committed to providing the highest quality work environment possible for those who dedicate their careers to helping others. We are aware that a potential change of Contractors can create stress and concern in the current workforce. To ease potential concerns we conducted open meetings with current Sunstar employees on April 8, 2004 at a hotel in Clearwater. Our president, Anthony Myers, answered questions and concerns and assured employees that they would be offered employment with their current wages and seniority intact, should we succeed in this bid process.

3.1 Incumbent Workforce. Paramedics Plus, L.L.C. recognizes the extensive experience within the incumbent workforce and we are committed to the preservation of this experience within the Sunstar system. **As part of this commitment, the company is proposing to offer employment to 100% of all incumbent Emergency Medical Technicians, Paramedics, Transport**

Nurses, Mechanics, and Materials Technicians. All system employees who are drug free, have a valid Florida driver's license, are insurable, and properly credentialed in accordance with the current Sunstar Authority contract requirements, will be given the opportunity for employment opportunities at Paramedics Plus, L.L.C.

The incumbent provider's current mid-managers and front line supervisors will be offered the opportunity to fill like positions in our leadership structure, should we be awarded the contract. If they hold a position that is not available in our leadership structure their situation will be handled on a one-on-one basis. All members of the management team will be on probation for six months, during which time our senior leaders will assess their effectiveness. We will also ask the Authority and the Office of the Medical Director to provide feedback on the performance of each of our managers.

If awarded the contract, Paramedics Plus, L.L.C. is proposing to transfer the incumbent workforce in an orderly fashion, to minimize any system disruption or employee hardship. For the purposes of compensation, benefits, and shift-bidding rights, all current employment seniority will be transferred to Paramedics Plus, L.L.C. in accordance with the seniority list provided by the current Contractor. In the event an accurate seniority list is not available, Paramedics Plus, L.L.C. will construct a complete seniority list based on the employees' original dates of hire prior to the contract implementation date.

Paramedics Plus, L.L.C. has established a compensation program that the company believes meets, and in some cases exceeds, current compensation

and benefits. A wage matrix for each hourly job classification can be found as Attachment – 7. Paramedics Plus, L.L.C. recognizes that the current Contractor is in the process of negotiating a collective bargaining agreement involving several job classifications. We have endeavored to provide the Authority with the best possible price for this contract while working with limited information regarding the current compensation of employees. Paramedics Plus, L.L.C. commits to offering wages consistent with those guaranteed to current employees as of April 30, 2004. We will also honor any regularly scheduled raises due employees between April 30, 2004 and the start of the new contract. Current labor law requires the successful bidder to recognize the local union as the bargaining agent for the incumbent workers. In the event that Paramedics Plus, L.L.C. is the successful bidder, we commit to initiating good faith cooperative collective bargaining within the first 60 days of contract implementation.

Wages are just one part of an employee's overall compensation package. As a healthcare provider, the company has an added responsibility to ensure that its employees have the best possible access to healthcare coverage and a sense of financial security for their families. Paramedics Plus, L.L.C. aims to accomplish this by providing a comprehensive employee benefits program that, according to the information made available, meets or exceeds the current employee program. The Paramedics Plus, L.L.C. healthcare plan provides comprehensive medical, dental, and vision coverage for employees and their family members. The company will provide this coverage by contracting with traditional healthcare

providers, which will include a wide range of participating physicians and healthcare professionals in the Pinellas County area. Here is a list of our plan benefits:

- Medical Benefits Plan
- Dental and Vision Benefits Plan
- Employee Flex Plan
- Life Insurance
- Accidental Death & Dismemberment Insurance
- Short Term & Long Term Disability Insurance
- Paid Time Off
- Holiday Benefits
- 401K Retirement Plan
- Direct Deposit
- Paramedic Scholarship Program
- Uniform Purchase
- EAP

A detailed description of these benefits is included as Attachment 8.

3.2 Recruitment. Employee recruitment begins by maintaining the high quality reputation Sunstar has established within the EMS community.

Paramedics Plus, L.L.C. proposes to continue this effort by working closely with the local EMT and Paramedic training institutions and actively participating in their career development programs. If awarded the contract, Paramedics Plus,

L.L.C. will focus attention on each training program in order to expose future employment candidates to the qualities of the Sunstar system. This will be accomplished by participating in student clinical field orientation, campus career days, and graduation ceremonies.

In addition to working closely with local training institutions, Paramedics Plus, L.L.C. will initiate a national search program for paramedics. Our program will include participation at state and national EMS conferences, direct mail recruitment to National Registry paramedics, and national advertisement. In order to attract seasoned high-quality field clinicians, Paramedics Plus, L.L.C. will provide compensation commensurate with experience up to 127 percent of starting pay. This incentive will reward tenured paramedics wishing to relocate to the sun coast.

Once an employment candidate has completed the application process, they will begin our multi-step hiring and orientation program. As with most recruitment programs, we begin with a complete background screening to include licensure verification, criminal history, driving record, and employment history. Once successfully completed, the applicant is scheduled for an interview. Research shows that the best indicator of future performance is a candidate's past performance. Paramedics Plus, L.L.C. uses behavior-based interviewing techniques specifically designed to discover an applicant's past performance on core competencies as a standard part of our interview process. To ensure that each candidate is well-rounded, interviews are conducted by a team of operational and clinical personnel.

Upon successful completion of the interview process, each candidate is required to complete a comprehensive pre-placement physical and agility test. Based on occupational requirements, our medical examination and agility testing helps to ensure that each employment candidate is physically capable of performing his or her duties.

Once hired, Paramedics Plus, L.L.C. proposes a comprehensive orientation program to include the OMD training and testing requirements. The orientation program will include topics, such as system design, corporate philosophy and culture, operational policies, SSM, HIPAA training, equipment review, EVOC driver training, geography familiarization, blood borne pathogen training, HazMat awareness, and MCI response.

3.3 Retention. Retention of experienced and motivated employees is key to the success of every organization. Paramedics Plus, L.L.C. has developed a comprehensive approach to ensuring employee retention. Our approach begins with the mind-set of our leadership team. Each member of the management team understands the key concept of “servant leadership.” As leaders, Paramedics Plus, L.L.C. managers understand that it is their mission to serve our employee customer, as we serve our external customer. This service takes the form of a supportive and instructional environment. Employees are shown the expectations required of them, supported as they learn and reflect those expectations, and rewarded for outstanding performance.

A key component of the Paramedics Plus, L.L.C. retention strategy focuses on employee performance. Unlike many organizations, Paramedics Plus, L.L.C. does not utilize the traditional annual performance evaluation tool that lends itself to supervisor subjectivity and ultimately employee resentment. We separate regular performance feedback from our compensation system. In the compensation system, employees earn points, which accumulate and are applied to annual merit increases. There are many ways that employees can earn points. Becoming an ACLS instructor or having no tardies/absences for a year are just two examples. The key to this system is that the way to earn points is always objective and in the control of the individual employee.

For the vital, yet often subjective, feedback on job performance, Paramedics Plus, L.L.C. proposes the development of a comprehensive employee performance process based on the specific needs of the Sunstar system. This employee performance improvement process will clearly outline the performance specifics that result in strong system performance. Paramedics Plus, L.L.C. proposes to work in cooperation with the Authority and OMD to establish the operational, clinical, and administrative key processes by which employees will be evaluated. Rather than the traditional annual process, we propose that individual employee performance feedback be provided once per quarter. This will ensure a more effective employee development process. A sample copy of the current EMSA Employee Performance Tool for paramedics can be found as Attachment 9.

In addition to our Employee Performance Tool, Paramedics Plus, L.L.C. proposes establishing additional recognition programs, such as monthly employee compliance luncheons, to recognize system performance, crew recognition for positive customer survey results, supervisor rewards for witnessing outstanding performance, and annual recognition at the Paramedics Plus, L.L.C. sponsored holiday party.

Employee communication will be handled through several channels in order to provide a wide array of options for employees to receive information. Paramedics Plus, L.L.C. proposes using a multi-faceted approach to employee communication. The first line of communication will come from the supervisory staff. Each supervisor will be assigned the responsibility for specific crew communication. This will offer real-time face-to-face communication relating to system topics and employee performance feedback. In addition, Paramedics Plus, L.L.C. proposes to develop a monthly newsletter to be distributed with payroll. The newsletter will include various operational and clinical topics, as well as crew commendations. We invite the Authority and the Medical Director to contribute to each newsletter with any topic they desire.

Paramedics Plus, L.L.C. proposes using a combination of crew schedules to ensure system performance while offering shift flexibility for the employees. Based on system demand, Paramedics Plus, L.L.C. proposes to schedule a combination of 40-hour, 44-hour, and 48-hour per week shifts. A current analysis of the system suggests that the vast majority of the shift types proposed will be 44-hour per week schedules.

Paramedics Plus, L.L.C. believes it is the company's responsibility to ensure that staffing levels are adequate to meet the system performance requirements. As such, **Paramedics Plus, L.L.C. does not utilize mandatory overtime** to fill open shifts. If awarded the contract, Paramedics Plus, L.L.C. will not engage in the practice of calling employees in during their off time for mandatory overtime.

While none of the Paramedics Plus, L.L.C. or ETMC EMS operations have formed labor organizations, we do have experience taking over systems with organized workforces. Our commitment to employee support and performance can be seen in the working relationships we have in each of our operations. For example, during the six years we have worked in the Contractor position for EMSA in Oklahoma City, where the workforce was organized by the IAEP, we have not experienced a single request for arbitration or claim of an unfair labor practice brought forth to the National Labor Relations Board. As Oklahoma transitioned to a "right to work" state, we experienced a drop in labor membership by over 50 percent.

3.4 Continuing Medical Education. Paramedics Plus, L.L.C. commits to working synergistically with the St. Petersburg College to ensure that the education offered meets credentialing requirements for providers, is informed by the systems quality management KPI tracking system, and is of high quality. Additionally, if the college and the Medical Director are interested, we commit to working with them to establish a four-level post-education impact assessment

process. The classes most suited for the four full levels of this assessment tool would be those generated in response to observations made by monitoring the clinical KPIs. A level-one assessment is a post-class student satisfaction feedback form. A level-two assessment is focused on student retention, which means a quiz or test would be given after the class. A level-three assessment focuses on change in behavior. For example, if paramedics were taught to treat pulmonary edema patients with continuous positive airway pressure (CPAP), we would assess our patient care records to determine if a pulmonary edema patient were in fact treated with CPAP. A level-four assessment would consider patient impact. In this example, we could assess the level of hypoxia, need for intubation, length of hospital stay, and discharge status to see if education really made a difference for patients. As part of our commitment to maintaining the communication center's accreditation status with the National Academy of Emergency Medical Dispatch we will provide a continuing dispatch education program. Some of the topics we will include in this program are telephone-based customer service, advanced computer aided dispatch training, and call auditing to NAEMD standards. Paramedics Plus, L.L.C. will also offer the **Critical Care Paramedics certification program** to interested system paramedics.

Our **leadership development program** will be offered to all interested Sunstar employees. Our customized program draws from the Covey Leadership System, Seven Habits of Highly Effective People™, Development Dimensions International's Interactive Management program, Personnel Decisions International's Selecting for Success® program, and the American Ambulance

Association's Ambulance Service Manager Program. We will incorporate The Hay Group's Inventory of Leadership Styles and the Organizational Climate Survey tools to provide feedback to our organization's leaders about their style and effectiveness. We will use a combination of reading, educational audio programs, books, articles, classes, and web-based threaded dialogue to facilitate the development of leadership competencies. Our program is always evolving as the art and science of leadership and education evolves. We will make our leadership development program available at no charge to all of the Authority's employees and all of the employees of the Office of the Medical Director.

Member of the Paramedics Plus, L.L.C. key leadership team have produced several successful national workshops and conferences, including the Sand Key Conferences on expanded scope of services. We will work with the Authority and the Medical Director to produce high-impact, innovative, and substantial national conferences as part of our service to the county. If the Authority is interested, one or more of the conferences could be modeled after the Institute for Healthcare Improvement's Breakthrough Series. For these conferences we would focus on substantially improving the clinical care provided nationwide for specific clinical conditions. For example, we could pull together a working conference focused on improving the pre-hospital management of pain or respiratory distress. Additionally, the quality management principles and practices that we will develop as part of our fulfillment of this contract will be world class. Another one of the conference possibilities is an Advanced EMS

Quality Management conference, part of which would showcase the results produced by our practices and processes.

Paramedics Plus, L.L.C. commits several system enhancements in the continuing education area.

Geriatric Education for Emergency Medical Services (GEMS) Recognizing that there is a large retired population in Pinellas County, we will train all of the full- and part-time paramedics we employ in GEMS by the end of the second year of the contract. GEMS is a new course that was developed by the American Geriatrics Society and the National Council of State EMS Training Coordinators. It emphasizes environmental, medical, and social assessment of geriatric patients. It covers most aspects of geriatric medicine, including psychiatric, cardiovascular, neurovascular, and special trauma topics.

Pediatric Advanced Life Support: Paramedics Plus, L.L.C. also commits to train all of the full- and part-time paramedics we employ in either Pediatric Advanced Life Support or Pediatric Education for Pre-hospital Professionals by the end of year four of the contract.

Home Fall Prevention: As part of our community education and prevention program, we will offer education in home fall prevention assessment/intervention with the creator of Happy at Home® Cindy Tait, EMT, RN, MSN, MPH.

4.0 Equipment and Supplies.

Paramedics Plus, L.L.C. proposes all new vehicles and equipment as outlined in the RFP and Ambulance Service Agreement. This system

enhancement will help ensure crew satisfaction and reduce the possibility of vehicle and equipment failures. As our proposal reflects, it is our intent to provide new vehicles and new equipment consistent with the manufacturer and type currently in use within the Sunstar system.

4.1 Vehicles. Based on the needs of the Pinellas County EMS system, Paramedics Plus, L.L.C. proposes to furnish an entirely new ambulance and support vehicle fleet beginning at the implementation of the contract. The following new vehicles will be used under this contract:

1. **ALS Ambulance** – Fifty-four (54) 2004 Ford Type III AEV Ambulances. These ambulances will have the specifications outlined by the Authority, including the installation of the Road Safety device, ensuring consistency and reliability of the fleet.
2. **CCT Ambulance** – One (1) 2005 Ford Navistar 4300LP Medium Duty Extended Cab AEV Critical Care Ambulance. This ambulance will have the specifications outlined by the Authority, including the installation of the Road Safety device. Back-up critical care services will be provided by a regular duty ALS ambulance stocked with the necessary critical care equipment as outlined in the contract.
3. **Field Operations Supervisor Vehicle** – Three (3) 2004 Ford Expeditions 4x2 XLT. Each vehicle will be equipped with the heavy-duty alternator package, Road Safety device, and meet the specifications outlined by the Authority.

4. **Mental Health Vehicle** – Two (2) 2004 Ford E150 XLT Wagon passenger vans. Each van will be properly equipped to transport mental health clients as outlined by the Authority.
5. **Tactical EMS Vehicle** – One (1) 2004 Ford Expedition XLT 4x2. This vehicle will be provided as a tactical unit and meet with specifications outlined by the Authority.
6. **Materials Management Truck** – One (1) 2004 Ford Econoline Cutaway Van. This vehicle will provide supply transport as outlined in the contract.
7. **Fleet Service Truck** – One (1) 2004 Ford F-150 pick-up truck. This vehicle will provide response-ready fleet services in the event that ambulance maintenance is required in the field.

In addition, Paramedics Plus, L.L.C. commits to continue providing maintenance for the All Children's Hospital units as outlined in the contract.

Additional Vehicle Commitment: As an additional system enhancement, Paramedics Plus, L.L.C. proposes to install the Constemp[®] product in each Sunstar ambulance at no cost to the Authority. This new 12-volt low amp draw heating / cooling system will keep medical supplies at a constant temperature according to manufacturer's specifications at all times. This addition will ensure medication is stored at the appropriate temperature and reduce financial loss due to improperly stored medical supplies.

4.2 Fleet Size. Paramedics Plus, L.L.C. accepts the minimum requirements to provide an ALS ambulance fleet of 130% over peak load staffing. Paramedics Plus, L.L.C. proposes an ALS ambulance fleet of fifty-four (54) all new vehicles. In addition, Paramedics Plus, L.L.C. proposes one (1) new Critical Care Ambulance, two (2) new Mental Health Transport vehicles, three new (3) Field Operations Vehicles, one (1) new Tactical vehicle, one (1) new supply van, and one (1) new fleet services vehicle. As these vehicles are new and provided by the current Sunstar ambulance vendor, Paramedics Plus, L.L.C. further commits to ensure that all ambulances conform to the specifications outlined by the Authority for vehicle standardization.

4.3 Fleet Maintenance Program. Paramedics Plus, L.L.C. uses a proactive preventive maintenance (PM) program designed to eliminate vehicle failures by identifying and correcting problems prior to failure. We propose implementing our fleet maintenance program using the existing Emergency Fleet Technicians (EVT) currently employed in the Sunstar system. Our program is comprised of the following three basic principles: daily pre-shift inspection, routine maintenance schedules, and key quality indicators.

Pre-Shift Inspection: Each vehicle is inspected by a member of the fleet maintenance team prior to the beginning of each shift. The inspection covers the vehicle's routine systems, and each system is marked on the Vehicle Checklist Form. In the event that a vehicle problem is noted, the EVT either makes the necessary repairs immediately or assigns personnel to a different vehicle until

the repairs can be completed. This process ensures that the ambulance fleet is ready for service and eliminates unnecessary downtime.

Comprehensive Vehicle Maintenance Schedule. The second component of our PM program is the comprehensive vehicle maintenance schedule. Under our schedule, every vehicle receives a comprehensive “bumper to bumper” inspection every 3,000 miles or 250 engine hours, whichever occurs first. Each service provides complete electrical diagnostics and repair, environmental control service and repair, computerized engine analysis, complete engine replacement or repair, tire inspection and replacement, and electrical wiring installation and repair. For a comprehensive look at the Scheduled Maintenance Checklist, see Attachment 10.

All completed vehicle maintenance is recorded on individual fleet repair orders and logged into the fleet repair database using the Extra Fleet software program. The Extra Fleet program allows the fleet maintenance team to effectively track all necessary service, repairs, and parts cost by individual vehicle.

Quality Improvement. We have identified certain key processes in the fleet maintenance department that, if handled correctly, will lead to organizational success. Using Key Performance Indicators within these key areas, we have been able to provide quantitative performance measurements that are benchmarked sequentially against the EMSA system over time, and laterally against our sister operation in Oklahoma City and our parent company, East

Texas–EMS System, thus helping us gauge our efficiency and performance in real-time, relevant fashion.

Key Performance Indicator #1: The first key indicator of quality fleet service is the number of critical failures per month. This information is plotted on control charts each month, and the results are addressed monthly at our QI Steering Committee meetings. An example of these KPI reports can be found as Attachment 11.

Key Performance Indicator #2: The second KPI deals with the amount of productive unit-hour loss attributed to fleet services. Every day our communications center tracks unit downtime by reason, and records the information in our Downtime Log. Downtime associated with fleet issues is tracked and reported at the company's weekly staff meeting. Through statistical process control, the fleet manager analyzes fleet downtime and addresses any special cause variation or downtime trends, making service adjustments as needed to minimize the loss of productive unit hours and minimize the possibility of critical failures.

Key Performance Indicator #3: The final key indicator used in our fleet maintenance program is defined as the fleet cost per mile. This is simply the total cost of fleet services (minus insurance and depreciation) divided by the number of fleet miles traveled per month.

Additional Maintenance Commitment: Paramedics Plus, L.L.C. proposes two fleet maintenance enhancements. Our first enhancement uses a **new state-of-the-art oil filter system** called EcoClean. By employing this new technology, our

fleet department will be able to reduce the environmental impact of used oil filters by 500% while reducing engine wear. This approach is in line with our cultural value to remain a safe and conscientious corporate citizen.

Our second enhancement involves the use of specially packaged brake rotors from a company named 300 Below. The company's product, Duralife, produces **cryogenically frozen brake rotors** for emergency vehicles. By freezing the rotors, the molecules change, causing all the retained austenite to change to martensite, a denser, refined mix that is smaller and more uniform than austenite. It is expected that the use of the Duralife brake rotors will minimize the heat cracks normally found in non-treated rotors, giving better performance and a longer life span. A longer product life span results in less maintenance cost and ultimately lower Contractor fees.

4.4 Medical Equipment. If selected, Paramedics Plus, L.L.C. will provide new equipment sufficient to fully stock 54 ALS ambulances and 1 CCT unit, including back-up equipment as outlined in Ambulance Service Agreement Appendices L and T. Additional equipment, as necessary, will be provided for the Tactical Vehicle and Supervisory Vehicles. Paramedics Plus, L.L.C. is committed to providing the highest quality equipment following all manufacturers' guidelines regarding service and replacement schedules. Equipment will be inspected prior to each shift to ensure fitness for duty. Additionally, equipment requiring repair or replacement before the scheduled date will be serviced or replaced with identical or comparable items.

Paramedics Plus, L.L.C. will develop and implement a cleaning schedule for all equipment to maintain a clean, safe workplace and professional image.

Specific brands listed were chosen based on quality. Paramedics Plus, L.L.C. is open to evaluating other brands based on input from the Authority and Medical Director. For a detailed list of equipment and brands see Attachment 12.

All other required items listed in Appendices L and T will be provided through FirstChoice Cooperative and will meet or exceed applicable criteria.

4.5 Medical Supplies. Paramedics Plus, L.L.C. is a member of the **FirstChoice cooperative**, a member-owned cooperative formed to reduce overall cost by negotiating sole source manufacturer agreements. FirstChoice has over 16,000 healthcare facility / city and county government members and purchases over \$500 million worth of medical supplies a year. As part of our services to the Sunstar system we will make the supplies available through FirstChoice to the Authority, all the first responder agencies, and the college. For inventory control we will use the Matcon system provided by McKesson. Using a virtual private network (VPN) web-based interface, our Sunstar materials department will be linked real-time with FirstChoice and offer real-time ordering, tracking, and managing of pharmaceutical and medical-surgical products. We will provide the Authority, each of the first responder departments, and the college with the ability to purchase equipment and supplies using this system.

5.0 Commitment to Customer and Community. We have a strong

reputation for building strong relationships with our customers, vendors, and the communities that we serve. A few letters of endorsement are included in Attachment 13.

5.1 Customer Satisfaction. Paramedics Plus, L.L.C. considers everyone that is served by our organization, everyone who interacts with our organization, everyone who is employed by our organization, and everyone who is in a position to make a judgment about our performance as our customers. This includes people who are ill, injured, or in need of medical transportation, and their families and friends. It includes the Authority, the Medical Director, the Medical control Board, fire departments, hospitals, skilled nursing facilities, adult living communities, law enforcement personnel, the county dispatch center, medical flight programs, both rotor and fixed wing. It also includes the people who live in the community, who pay for part of the Sunstar system, and who have not used the system. Paramedics Plus, L.L.C. commits to regular and ongoing assessment of customer satisfaction by using a written Customer Satisfaction/Feedback form, which will be mailed to a percentage of the patients, served by the system. We will work together with the Authority to design a Sunstar specific customer feedback form similar to the one we have included as Attachment 14. The results from the forms returned by customers will be analyzed using a combination of statistical process control and qualitative methodology. A report will be provided to the Quality Steering Committee and the Authority each month. A sample is included as Attachment 15. Additionally, we

will use the telephone to call a random selection of patients who have been served by the system and interview them using a protocol that is approved by the Authority.

Our experience with patient customer interviews indicates that there are a few customer requests, requirements, or expectations that are at the top of most people's lists. We are aware that the key performance requirement in this contract is response time performance. Response time performance has direct clinical implications and it has customer satisfaction implications as well. To improve clinical impact as well as customer satisfaction with Sunstar's performance, Paramedics Plus, L.L.C. is committed to response time enhancements to the current system:

We commit to enhanced response time standards for Emergency Requests and Downgraded Emergency Request. **In addition to the 90 percent County-wide ten minutes and zero seconds response time called for in the Ambulance Service agreement, we will perform to a response time standard of 92 percent County-wide at ten minutes and zero seconds calculated on a monthly basis by the sixth month of the contract.**

We commit to enhanced response time standards for scheduled Non-Emergency Requests. **In addition to the 90 percent called for in the Ambulance Service Agreement, we will perform to a response time standard of 95 percent calculated on a monthly basis.**

We also commit to an enhanced response time standard for unscheduled Non-Emergencies Requests. **In addition to the 90 percent called for in the**

Ambulance Service Agreement, we will perform to a response time standard of 93 percent calculated on a monthly basis.

While customers with emergency and urgent needs require response time performance, scheduled transfer customers require on-time performance. We are aware that the Ambulance Service Agreement prohibits the communications center from negotiating pick-up times with scheduled transfer customers and we will abide by that prohibition. Our experience indicates that it is possible to provide overall better service to these customers with a carefully crafted system of pre-scheduled time slots. If the Authority is interested we would like to work with them to create a system such as this to improve the service to scheduled transfer customers.

Surveys of patient satisfaction in several services indicate that pain relief is a key issue for many EMS patients. Historically, EMS systems have been less than effective at relieving the pain of their patients. To improve our ability to effectively relieve pain we commit to working with the Medical Director to develop pain assessment and management methods and protocols that are effective.

Our non-patient customer satisfaction with our service will be regularly assessed through custom designed customer satisfaction surveys, and one-on-one interviews. For example, at least once a year we will provide the Authority and the Office of the Medical Director with surveys that specifically assess the effectiveness of our leadership team. Information from these surveys will be used as part of the performance feedback system for each member of our leadership team.

Our internal customer satisfaction will be assessed using the Hay Group's Culture and Climate Survey, as well as labor/management committee meetings, one-on-one conversations, and customized surveys. Our Quality Steering Committee will track employee retention rates, qualitative results from exit interviews, and results from employee satisfaction assessments.

All complaints from our customers will be investigated promptly, resolved appropriately, and recorded in an incident-tracking database approved by the Authority. We will provide the Authority and the Medical Director with full access to this database and the Quality Steering Committee will receive quantitative and qualitative reports on complaints each month.

It is one thing to track customer satisfaction, it is another thing to improve it. Paramedics Plus, L.L.C. will include customer satisfaction skills in its new employee orientation program, employee feedback practices, continuing education program, and leadership development program. We will work to discover opportunities for improved customer satisfaction with all our key customers, make the improvements, and then track the results of our efforts.

Paramedics Plus, L.L.C. will take several steps to ensure the safe transportation of patients. We will equip all of our ambulances with top of the line Stryker® stretchers, and the Road Safety system. We will ensure that each of our drivers is properly trained in the safe operation of an emergency vehicle. All of our crew members will be well trained in the safe and effective use of our equipment and in patient movement skills. We will equip all ambulances with child seats for our pediatric patients. Additionally, we will have our staff of

National Highway Traffic Safety Administration certified Child Passenger Safety Technicians train all of our field crews in the proper use of child passenger seats in ambulances. For the bariatric patient we will equip all of our ambulances with canvas devices called mega stretchers, which are designed to move large patients in an emergency situation. These stretchers measure 60" by 80" and will support over 1,500 pounds. **We will also equip two of the special-needs ambulances with the new Stryker MxPro™ stretchers. These fully equipped stretchers can handle patients up to 850 pounds in the up position and 1,600 pounds in the down position.** They fit into the normal cot mounting brackets on regular ambulances. These back-up ambulances will also be equipped with loading ramps and electric winches (that will attach under the captain's chair) so that heavy patients can be loaded safely into the ambulance. This system will protect both the patient and our crew. These bariatric ambulances will be used anytime that we have prior notification that the patient weighs over 500 pounds.

Paramedics Plus, L.L.C. recognizes the unique relationship between a Contractor and the Authority in a Public Utility Model EMS system. A Contractor in this relationship is essentially given shared stewardship of the Authority's name, the Authority's commitment to provide superior service, and the Authority's relationship with customers in the community. We take our role in this shared stewardship very seriously and commit to taking several steps to ensure that the County and the Authority feel that their name and reputation are cared for with as much attention to detail as a good paramedic would provide to a patient with

cardiac chest pain. As part of that commitment we will not use the Paramedics Plus, L.L.C. name or logo on any aspect of the building, on business cards, uniforms, e-mail addresses. We have already registered the web domain www.sunstarems.com for the web site required by the contract. While we intend to serve the county for a very long time if we are fortunate enough to be awarded the contract we will be happy to turn the ownership of this domain over to the Authority so that there is no chance that it would be affected by a change in Contractors. The only place the Paramedics Plus, L.L.C. name will be used is in legal contracts, employment applications, and on paychecks. We also commit to consulting the Authority about all significant decisions or actions, especially those that could have an impact on the Sunstar name. **The bottom line is, what's important to the Authority is important to us.**

Paramedics Plus, L.L.C. believes that citizens who pay to become members of **Sunstar's FirstCare Membership program** should be well cared for even if they don't use an ambulance. In our Texas operation we have a track record of managing a very successful membership program that has over 65,000 members. We commit to making all of our expertise and experience available to the Authority at no charge, to increase the number of people in the FirstCare program and to retain current members by increasing their customer satisfaction. Our experience with membership programs indicates that one of the biggest customer satisfaction issues is helping members feel that they belong to something special. We have found that high quality plastic membership cards, bi-annual newsletters, bumper stickers, small items like letter openers with the

system logo, flu shots, and health alerts by mail really give members the sense of being special. **We commit, at no charge to the Authority, to provide high quality plastic membership cards, bumper stickers, two full-color newsletters a year, pre filled-out membership renewal forms, and a promotional item of some type with the Sunstar logo to FirstCare members each year.** Of course, the Authority would have total control over the look and wording of everything included in this membership enhancement program. Also, if a member has a special need, we can log that into our CAD database so that responding crews can be notified of their need before we arrive on the scene.

Paramedics Plus, L.L.C. is aware that many people in Pinellas County speak Spanish as their primary language. We commit to having our educational materials, system brochures, and web site available in Spanish as well as English.

Usually when people think of the customers of an EMS system they think of the people who live and work in their community. By producing good quality peer review, clinical, systems, and educational research it is possible for Sunstar to impact the care of ill and injured people worldwide. **Paramedics Plus, L.L.C. commits to working with the Authority and the Medical Director to produce research projects that can be published in peer reviewed medical journals.** Some possible topics for study would be: Can bystander CPR rates be improved with short, 5-10 minute compression-only, CPR classes taught to large numbers of people in geographic areas with a high incidence of cardiac arrest? Is it possible to forecast the time, day of week, and geographic location of emergency

medical calls by using historic demand pattern analysis? Can public education reduce the number of incidents of injury caused by falls?

5.2 Public Education. Our belief is that the objective of public education is to improve the health status of the community. Our commitment is to work together with the Authority and the many agencies in the community who are already engaged in public education to support and enhance their programs. In addition to providing everything that is required in the Agreement for Ambulance Services we commit to providing several enhancements.

In support of our objective to increase the percentage of cardiac arrest victims who walk out of the hospital alive and functional we commit to increase the availability of bystander automatic external defibrillators (AED) in the County. We will use our sophisticated mapping software to analyze the locations of cardiac arrest within the county to determine the highest impact location for AEDs. **We will provide 10 free AEDs each year of the contract.** We will work with the Authority and the Medical Director to place them strategically around the community. We will provide training and maintenance on these units for the duration of the contract. Additionally, we will provide AED awareness training with all our CPR classes. We also propose working with the Authority and the Medical Director to conduct a research study on high volume, short time frame, compression-only CPR classes and their impact on bystander CPR rates.

The people at highest risk for sudden cardiac arrest are those who have had a previous cardiac event. We commit to working with the Authority and the

Medical Director to create a CPR education program specifically designed for the friends and families of patients who have suffered a cardiac illness. We would then work together to make sure that the cardiologists and hospital cardiac care units in Pinellas County could easily refer their patients and their families so that we could provide CPR training to the appropriate people in the community.

According to the Florida Community Health Assessment Resource Tool Set (CHARTS) during the 2000-2002 time period (the most recent available information) Pinellas had the third highest number of deaths from falls of all counties in Florida, behind Dade and Broward. According to the Florida Department of Health's 2001 Injury Mortality and Morbidity Report for Pinellas County there has been an average of 2665 falls requiring hospitalization each year, 821 of these people suffered hip fractures and 63 of them suffered traumatic brain injuries, and there are 101 deaths from falls each year. The vision of the Pinellas County Health Department is "Healthier People in a Healthier Environment." Normally we would contact the Director of the Health Department about working together prior to submitting a bid. However, with the prohibition against lobbying Pinellas County Government Employees as part of this bid process, we have not asked them about the potential of working with us to help them achieve their vision. Our experience with Public Health Departments in other areas is that they are eager to have a large organization work with them to improve the health of people in the community. **Our commitment is to work (with the Health Department if possible) to measurably decrease the injuries and death from falls in Pinellas County.** We have engaged the

services of Cindy Tait, EMT-P, RN, MSN, MPH, the creator of Happy at Home® a program designed to promote “aging in place.” The core of her system is the concept of living well at home as long as possible by maximizing safety. Cindy will work with our team in Pinellas to design a customized public education and intervention program specifically targeted to decrease the chance that a person will fall at home. We will also draw from the Texas program, “Think Senior Safety,” to reduce injuries and deaths from falls.

5.3 Existing Outside Work Agreements. If selected as the Contractor for Sunstar, Paramedics Plus, L.L.C. will accept responsibility for all existing outside work agreements outlined in the RFP under the current terms and conditions.

5.4 Commitment to Existing Customers and Communities.

Emergency Medical Services Authority

1417 N. Lansing Ave.

Tulsa, Oklahoma 74106

Contact: H. Stephen Williamson, President & Chief Executive Officer

918.596-3150

Contract Compliance: Over the course of the past 6 years, Paramedics Plus, L.L.C. has experienced occasional drops in response time compliance. These rare instances occurred during periods of extraordinary system demand over several weeks. To compensate for the increase, Paramedics Plus, L.L.C. increased scheduled unit hours in the attempt to compensate for the increase in

volume. Since the employment and orientation process takes approximately 10 weeks, we compensated for increases in demand by offering overtime shift bonuses, assigning management personnel to field shifts, and ultimately increasing system unit hours. Over the course of the past 6 years, Paramedics Plus, L.L.C. has increased Tulsa system unit hours by approximately 18 percent to accommodate system demand.

Emergency Medical Services Authority

1111 Classen Drive

Oklahoma City, Oklahoma 73103

Contact: H. Stephen Williamson, President & Chief Executive Officer

405.297-7150

Contract Compliance: Similar to our Tulsa operation, Paramedics Plus, L.L.C. has experienced occasional drops in response time compliance. Again, to compensate for the increase in volume, Paramedics Plus, L.L.C. increased scheduled unit hours. Since the employment and orientation process takes approximately 10 weeks, we compensated for increases in demand by offering overtime shift bonuses, assigning management personnel to field shifts, and ultimately increasing system unit hours. Despite the significant compliance fines and overtime costs incurred during these periods, Paramedics Plus, L.L.C. held to our employee commitment of no mandatory overtime, and Authority commitment to spend the necessary funds to address the temporary deficiency. Over the course of the past 6 years, Paramedics Plus, L.L.C. has increased

Oklahoma system unit hours by approximately 23 percent to accommodate system demand.

City of Tyler, Smith County

P.O. Box 2039

Tyler, Texas 75710

Contact: Joey Seeber, Mayor

903.531-1250

Contract Compliance: ETMC EMS has experienced no instances of compliance deficiencies since the inception of the high performance contract for ambulance services in May 1992.

5.5 Accreditation. Our communications centers in Tulsa and Oklahoma City are both accredited through the National Academies of Emergency Medical Dispatch. We commit to meeting the requirement to maintain Sunstar's accreditation through CAAS and NAEMD. **Additionally, Paramedics Plus, L.L.C. commits to obtaining Commission on Accreditation of Medical Transportation Services (CAMTS) accreditation for Sunstar's CCT division and the ALS ground division.** If they are interested, we will work with Bayflight to help them obtain the air ambulance accreditation through CAMTS as well.

5.6 Quality Management Awards. Our operation in Oklahoma was awarded the 2002 Oklahoma Quality Award for Commitment. We commit to applying for

the Florida Sterling Award and the Malcolm Baldrige National Quality Award. Our approach to quality management aligns perfectly with the Baldrige criteria. Several of the key personnel on our leadership team are certified Oklahoma State Quality Examiners. We commit to building a set of quality management principles and practices that produce tangible results for the community, thereby aligning our performance with the criteria necessary to be recognized by Sterling and Baldrige.

6.0 Financial Capability and Business Ethics.

Paramedics Plus, L.L.C. and the East Texas Medical Center Regional Healthcare System (ETMCRHS) have one mission: *Bring to the people we serve the care they deserve.* At ETMCRHS our philosophy of service transformed what was once one hospital, drawing referrals from its surrounding area, into a seamless system of primary, secondary, and tertiary healthcare facilities and services, including a nationally recognized EMS Division throughout East Texas and Oklahoma.

At Paramedics Plus, L.L.C. and East Texas Medical Center Regional Healthcare System, we continuously strive to bring an unmatched spirit of excellence to the art and science of health care. We measure our success according to the way our efforts improve the quality of life for the people and communities we serve.

Balance is one of our guiding values. It is our belief that EMS organizations need to balance the requirements of customers and the desires of

employees with fiscal stability. Like a three-legged stool, if only one or two legs are strong the stool will collapse. It is our experience that it is impossible to take significant profits out of an EMS system without hurting patients or generating dissatisfaction among the workforce. We believe that our pricing proposal to Sunstar achieves this goal. **To ensure our goal of balance, Paramedics Plus, L.L.C. is proposing to limit our profit to 9 percent pre-tax profit annually over the term of the contract.**

6.1 Owners and Officers. Paramedics Plus, L.L.C. is a Texas limited liability company. Paramedics Plus, L.L.C. was formed in 1998 for the purpose of providing medical transportation and is a wholly owned subsidiary of East Texas Medical Center Regional Healthcare System. As part of this procurement process, Paramedics Plus, Paramedics Plus, L.L.C. has secured a Florida business license. The business affairs of Paramedics Plus, L.L.C. are under the direction of the board of directors who are employed by East Texas Medical Center Regional Healthcare Services.

In 1998, Paramedics Plus, L.L.C. participated in a competitive procurement process to provide emergency medical services for the Emergency Medical Services Authority of Oklahoma (EMSA), which covers primarily the Tulsa and Oklahoma City standard metropolitan service areas. After being awarded the initial five-year contract, we recently received two consecutive five-year service extensions.

Our parent organization, East Texas Medical Center (ETMC), owns and operates 12 hospitals in East Texas, including a level-one trauma center, as well as health maintenance organization and preferred provider organization plans, home health services, rural health clinics, and nurse call centers. The ETMC EMS division operates the nation's second-largest rural EMS system, with 85 ambulances and two helicopters. ETMC has over 6,000 employees and over 1.6 billion dollars in annual revenues.

A Texas non-member, non-stock, non-profit corporation, ETMC Regional Healthcare System is organized under the Texas Non-profit Corporation Act. The System is exempt from federal income taxation pursuant to Section 501(a) of the Internal Revenue Code of 1986, as amended, by virtue of being an organization described as 501(c)(3) of the Internal Revenue Code. A list of the organizational officers and key personnel can be found as Attachment 16.

6.2 Financial Statements. Enclosed as Attachment 17, the Authority will find FY 2003 audited financial statements for the Paramedics Plus, L.L.C. parent organization, East Texas Medical Center Regional Health Care System. These financial statements reflect the organization's current estimated net worth and the forms of net worth. Net assets, according to our audited financial statements total \$166,302,000. Liquid assets are calculated to be \$117,945,000. Unrestricted non-liquid assets are calculated to be \$44,553,000.

As stated in the introduction to this section, Paramedics Plus, L.L.C. is proposing to limit our profit to 9 percent pre-tax profit annually over the term of

the contract. We will provide a monthly financial statement to the Authority for verification of current financial performance. In addition, Paramedics Plus, L.L.C. will fund an annual independent financial review with the results provided to the Authority.

6.3 Working Capital. Paramedics Plus, L.L.C. and our parent organization, East Texas Medical Center Regional Healthcare System, have arranged \$10,000,000 of term financing for the acquisition of vehicles and equipment for use under this contract. In addition to the \$10,000,000 approved for vehicle and equipment purchase, Paramedics Plus, L.L.C. will have access to all necessary working capital to support daily operations from within our parent company. As of March 31, 2004, East Texas Medical Center Regional Healthcare System has available working capital of \$101,922,000 and unrestricted working capital of \$93,477,000. Financials through March 2004 are included as Attachment 18. Unrestricted cash balances at this date were \$85,911,000. In addition to the equipment financing described earlier in this section, East Texas Medical Center Regional Healthcare System has an existing \$25,000,000 line of credit. We have approximately \$10,000,000 available through this line of credit in the unlikely case that additional funding is necessary to start this operation.

6.4 In-Kind Support. Paramedics Plus, L.L.C. believes that EMS is community based and therefore needs as much local operational oversight as possible. To that end, ETMC corporate offices provide support to the local

operation in areas where our size and expertise can be beneficial. While our corporate support is substantial, Paramedics Plus, L.L.C. provides this benefit at no cost to the Authority. **The pricing strategy for our proposal does not include any corporate fees. It is our belief that our profit cap of 9 percent should include corporate expenses, and those should not be passed on to the Authority.** Examples of this type of corporate support include:

1. Corporate Risk Management – Our corporate Risk Manager will provide the local management team support in the provision of insurance and legal consultation.
2. Purchasing – Paramedics Plus, L.L.C. is fortunate to be part of the FirstChoice Cooperative. While the local managers will be responsible for purchasing and inventory control, purchasing experts at FirstChoice will be available to assist in gaining access to specific supplies or addressing manufacturer shortages.
3. Human Resources – The local Human Resources Manager will have access to the team of Human Resources Specialists at our corporate office for consultation on an as-needed basis.
4. Accounts Payable – Paramedics Plus, L.L.C. utilizes a combination of local and centralized accounts payable processes. All expenses are locally approved and coded. Actual payment to vendors is handled through our corporate Accounts Payable Department. It has been our experience that this

process ensures prompt and proper payment to all vendors. Our current business relationship with vendors reflects a net 30 days payment term.

5. Information Technology – As one of the “top 100 Wired Hospital Systems,” ETMC has an extensive IT support system. Our local IT staff will have access to support on an as-needed basis.
6. Marketing / Membership Services – Local Paramedics Plus, L.L.C. management will have access to EMTC EMS marketing staff for the continued support of the Sunstar membership program. Our corporate staff is currently responsible for the oversight of one of the largest membership programs in the nation, covering 65,000 household members.
7. Administrative – As we have described in our Key Personnel Commitment, Paramedics Plus, L.L.C. and ETMC have a rich and diverse management team with extensive EMS experience. All members of our team will be available to, and work collaboratively with, the local management staff to ensure operational success.

6.5 Regulatory Issues. Paramedics Plus, L.L.C. operates as the ambulance Contractor for the EMSA system. As with Sunstar, Paramedics Plus, L.L.C. provides service under the Authority’s ambulance license and is not responsible for billing federal and state reimbursement programs. As part of our partnership

with EMSA, we maintain a strict compliance program under the direction of the Authority. As such, Paramedics Plus, L.L.C. has never been involved in any federal reimbursement investigations.

An investigation of EMSA and Paramedics Plus, L.L.C. by the State EMS Department in 2003 concluded that there was no basis for charges made by a local nursing facility against EMSA. The investigation found no evidence to support allegations of poor treatment of patients by our personnel. We cooperated fully with their investigation and our own investigation also found that the charges were groundless.

During the last five years there have been 10 complaints validated against ETMC EMS on file with the Texas Department of Health. During that time the ETMC EMS system handled over 450,000 EMS calls.

During the last five years East Texas Medical Center Regional Healthcare System had one investigation by the United States under the False Claims Act for activities that occurred at a hospital prior to our acquisition of that hospital.

The Tables of Contents for our Medicare/Medicaid and HIPAA Compliance programs are included in Attachment 19.

6.6 Litigation. Since its inception in November 1998, there have been 11 claims filed against Paramedics Plus, L.L.C. There have been \$40,000 dollars paid in settlements.

East Texas Medical Center Regional Healthcare System litigation is proprietary and releasing the information would open it to discovery under Texas

case law. In addition, many of the settled cases include confidentiality statements that forbid either party from releasing any information about the claim, ever. Regarding the financial position of the organization, Paramedics Plus, L.L.C. does not self-insure. We are insured with A+ carriers to cover us in all litigation matters.

7.0 Additional Proposed Services.

We are aware that occasionally there is a need to transport patients who would normally go in a wheelchair van, outside of the normal operating hours of local wheelchair providers. If the Authority desires we will work with a local provider of wheelchair services, to ensure that Sunstar's customers have coverage 24 hours a day, 7 days a week.

Proposed Compensation Sheet
October 1, 2004 through September 30, 2005

Proposer: Paramedics Plus L.L.C.

Based Monthly Transport Volume	8,000
Base Monthly Payment Amount	\$1,578,657
Stop Loss Payment (Per transport)	\$145.99
Dedicated Standby Rate – Ambulance (Per hour with a three-hour minimum)	\$71.68
Long Distance Transport Base Rate (Per transport)	\$203.00
Long Distance Transport Mileage Charge (Per mile over 25 miles)	\$1.95
CCT Base Monthly Payment Amount	\$55,659.95
CCT Call Out Charges (Per hour with a three-hour minimum)	\$116.42
Tactical EMS Base Monthly Payment	\$4,431.32
Mental Health Transport Base Monthly Payment	\$16,667.67


Authorized Signature

4-20-04
Date

Listed below are some of the System Enhancements that we are offering as part of this bid.

- LIFENET EMS electronic patient care reporting system page 21
- MARVLIS System Status Planning Software pages 23-25
- Innovative approach to employee performance management page 40
- Geriatric Education for Emergency Medical Services page 45
- Pediatric Advanced Live Support Education page 45
- All new vehicles and equipment page 46 and 51
- Constemp system for keeping medications at a constant temperature page 47
- EcoClean oil filter system 300 Below brake rotors page 50-51
- FirstChoice Purchasing Cooperative page 52
- Improved response time reliability commitment for emergencies and non-emergencies pages 54-55
- Stryker MxPro stretchers for bariatric patients page 57
- Commitment to improve Sunstar's FirstCare Membership program pages 58-59
- 10 Free AEDs per year page 60
- Fall prevention program pages 60-62
- Commitment to CAMTS accreditation page 64
- 9% annual pre-tax profit limit page 66
- No corporate management fees page 69
- 24-hour wheelchair van service page 72

Paramedics Plus Attachments Table of Contents

Attachment 1: Job Descriptions

- Chief Operating Officer
- Director of Operations
- Director of Communications
- Director of Clinical Services
- Public Information Officer
- Fleet and Materials Manager

Attachment 2: Key Resumes

- Chief Operating Officer
- Sonny Geary
- Anthony Myers
- Tom Wagner
- Mike Taigman
- Frank Gresh
- C. Anthony Farmer
- Mignon Marsh
- Robert Gray
- Byron Hale

Attachment 3: Schedule of Implementation

Attachment 4: Abbreviated Initial System Status Plan

Attachment 5: Sample Printout from MARVLIS Deployment Monitor

Attachment 6: LIFENET Quote for Electronic Patient Care Reporting System

Attachment 7: Hourly Job Classification Wage Matrix

Attachment 8: Detailed Description of Employee Benefits

Attachment 9: Sample Employee Performance Tool (Paramedic)

Attachment 10: Scheduled Maintenance Checklist

Attachment 11: KPI Critical Vehicle Failure Rate (Sample Control Chart)

Attachment 12: Proposed Equipment List

Attachment 13: Letters of Endorsement

- H. Stephen Williamson, MPH, President and CEO, EMSA
- John C. Sacra, M.D., Medical Director, EMSA
- Joey Seeber, Mayor, City of Tyler, Texas
- Shelli Stephens-Stidham, Interim Chief, Injury Prevention Service
Oklahoma State Department of Health
- Cecilia M. Alsobrook, Program Manager, Oklahoma Highway Safety Office
- Yost Zakhary, City Manager/Public Safety Director, City of Woodway,
Texas
- Rick Underhill, President and CEO, Medusa Medical Technologies Inc.
- Vane Clayton, President, Zoll Data Systems
- David Cohen, Vice President of Research and Development, Zoll Data
Systems

Attachment 14: Customer Satisfaction Survey

Attachment 15: Customer Satisfaction Survey Steering Committee Report

Attachment 16: List of Organizational Officers

Attachment 17: Audited Financial Statements for East Texas Medical Center
Regional Healthcare System and Affiliates for the Years Ended
October 31, 2003 and 2002

Attachment 18: Financial Statements for March 2004 Year to Date

Attachment 19: Medicare/Medicaid and HIPAA Compliance Program Table of
Contents

Attachment 1: Job Descriptions

**Chief Operating Officer
Director of Operations
Director of Communications
Director of Clinical Services
Public Information Officer
Fleet and Materials Manager**

PARAMEDICS PLUS, LLC

Job Description

Job Title: Chief Operating Officer

Exempt (Y/N): Yes

Reports To: President

Date Revised: 11/1/2003

Summary:

Manage the operational activities of the company in accordance with the Pinellas County Contract for Ambulance Services. Liaison directly with the Authority Executive Director to ensure the delivery of superior clinical and customer service to the citizens of Pinellas County. Work collaboratively with all system stakeholders to ensure a positive SunStar community image.

Major Duties and Responsibilities:

- Maintain interactive working relationship with the Authority Executive Director to ensure fulfillment of all contractual requirements.
- Establish and maintain relationships with appropriate public safety and other governmental officials.
- Provide direction and leadership to position SunStar as the premier local provider with both internal and external customers.
- Proactively coordinate long-term business retention strategies with appropriate Authority personnel.
- Define and recommend objectives in each area of the operation. Develop short- and long-term plans and programs, together with supporting budget requests and financial estimates, set priorities for obtaining goals and objectives.
- Ensure that duties, responsibilities, and authority and accountability of all direct subordinates are defined, understood, and in line with SunStar's organizational goals.
- Participate in local civic leadership organizations which benefit SunStar and the community.
- Responsible for the financial, operational and management performance of the company

Qualification Requirements:

- Bachelor's degree or equivalent combination of education and public or private sector experience in the EMS field. Graduate education in business, healthcare administration, or public health preferable.
- Knowledge of Emergency Medical Services industry, business organization and management.
- Strong customer service and servant leadership skills.
- Strong analytical, numerical and reasoning abilities.

Comments:

While performing this job, the Chief Operating Officer may be assigned other duties as required to fulfill the needs of the Pinellas County Ambulance Authority not specifically presented in this description.

PARAMEDICS PLUS, LLC

Job Description

Job Title:	Director of Operations
Exempt (Y/N):	Yes
Reports To:	Chief Operating Officer
Date Revised:	11/1/2003

Summary:

Manage the operational daily activities of field operations in accordance with the Pinellas County Contract for Ambulance Services. Liaison with appropriate members of the Authority and OMD staff to ensure the delivery of superior clinical and customer service to the citizens of Pinellas County. Work collaboratively with all system stakeholders to ensure a positive SunStar community image.

Major Duties and Responsibilities:

- Provide day-to-day leadership and direction of all operations personnel to ensure the provision of quality patient care and customer service.
- Work collaboratively with other system stakeholders to develop clearly defined goals and objectives for the operational performance of the organization.
- Utilize CQI and statistical process control to evaluate on-going operational performance criteria to ensure operations are on-track with established goals and objectives.
- Establish and maintain relationships with appropriate public safety and other governmental officials.
- Provide direction and leadership to position SunStar as the premier local provider with both internal and external customers.

Qualification Requirements:

- Bachelor's degree in Business Administration or a similar discipline or the equivalent combination of education and directly-related experience.
- Demonstrated experience in management within the industry or a related field in healthcare.
- Knowledge of methods and techniques of providing on-site emergency medical services and the use of medical and related emergency medical equipment.
- Strong customer service and servant leadership skills.
- Strong analytical, numerical and reasoning abilities.

Comments:

While performing this job, the Director of Operations may be assigned other duties as needed not specifically presented in this description.

PARAMEDICS PLUS, LLC

Job Description

Job Title: Director of Communications

Exempt (Y/N): Yes

Reports To: Chief Operating Officer

Date Revised: 11/1/2003

Summary:

Manage the operational activities of the 911 Ambulance Service Communication Center in accordance with the Pinellas County Contract for Ambulance Services. Determine system unit hour coverage requirements and manage the use of those unit hours to ensure maximum quality of service for the citizens of Pinellas County.

Major Duties and Responsibilities:

- Develop, implement and manage departmental operations goals to ensure performance of the Communication Center.
- Develop, implement and maintain the overall system status plan to provide optimal ambulance responses for the citizens of Pinellas County.
- Responsible for optimizing unit hour utilization through system modification or change, as a result of an on-going review and evaluation of system status management data.
- Maintain response time reliability that meets or exceeds the contract requirements in all areas.
- Work directly with the Authority to provide the necessary electronic data to ensure system success.
- Establish and maintain an on-going interface with Authority, OMD, Fire Department officials, and other system stakeholders to maintain SunStar's positive standing in the community and industry.
- Provide inter- and intra-departmental training in order to further the understanding of the system status management program.

Qualification Requirements:

- Bachelor's degree in Business or a similar discipline or the equivalent combination of education and directly-related experience in EMS and/or healthcare industry.
- Prior supervisory experience coupled with excellent communication, organization, leadership, and interpersonal skills.
- Strong customer service and servant leadership skills.
- Strong analytical, numerical and reasoning abilities.

Comments:

While performing this job, the Director of Communications may be assigned other duties as needed not specifically presented in this description.

PARAMEDICS PLUS, LLC

Job Description

Job Title: Director of Clinical Services

Exempt (Y/N): Yes

Reports To: Chief Operating Officer

Date Revised: 11/1/2003

Summary:

To provide overall leadership and direction of a major EMS System's Educational and Quality Improvement needs.

Major Duties and Responsibilities:

- Provide day-to-day leadership and direction of all assigned Education and Quality Improvement activities.
- Develop clearly-defined goals and objectives for the Clinical Department.
- Evaluate and make recommendations for change and improvement based on analyzing clinical data.
- Evaluate on-going Clinical Department performance criteria to ensure the Department is on-track with established goals and objectives.
- Ensure operational and medical compliance with response for all local patient-care protocols.
- Establish and maintain an on-going interaction with the Office of the Medical Director and First Response Agencies to ensure uniformity and efficient patient care.
- Act as the Liaison for all outside Agencies in regards to patient care issues.
- Perform all the above functions in accordance with established financial and operational plans and goals pertaining to cost effectiveness and efficient management.
- Act as a representative on Educational Committees of Local Higher Education Institutions.

Qualification Requirements:

- Bachelor's degree in Business Administration or a similar discipline or the equivalent combination of education and directly-related experience.
- A minimum of ten years of demonstrated experience in management within the industry or a related field in healthcare with an emphasis on Educational processes and Quality Improvement.
- Knowledge of methods and techniques of providing on-site emergency medical services and the use of medical and related emergency medical equipment.
- Strong analytical, numerical and reasoning abilities.

Comments:

While performing this job, the Director of Clinical Services may be assigned other duties as needed not specifically presented in this description.

PARAMEDICS PLUS, LLC

Job Description

Job Title: Public Information Officer (PIO)

Exempt (Y/N): Yes

Reports To: Chief Operating Officer

Date Revised: 11/1/2003

Summary:

Energetic and experienced professional to maintain and protect Sunstar's solid reputation and credibility with patients, the media and other key audiences.

Major Duties and Responsibilities:

- Liaison with the Authority to develop positive media stories highlighting the Sunstar organization
- At the direction of the Executive Director, manage daily public relations initiatives
- Maintain company-wide public relations/marketing initiatives and special projects
- Cultivate relationships with all employees, the media, civic organizations, certain business partners and other key stakeholders in order to promote Sunstars' messages
- Research, write and distribute news releases
- Develop publicity opportunities and respond to media inquiries
- Plan, promote and staff special events
- Represent Sunstar at meetings and events

Qualification Requirements:

- Bachelor's degree in public relations, journalism or a related field
- At least two years' experience in public information, public relations or community relations, and at least one year experience working in print or electronic media in Paramedics Plus' client's geographic area
- Advanced knowledge of grammar and composition, public relations principles and methods
- Advanced knowledge Paramedics Plus clients' medial operations and capabilities, and local, state and federal issues as they apply to Paramedics Plus' clients and the healthcare industry
- Experience working in Microsoft Word, Excel, Outlook and PowerPoint

Comments:

While performing this job, the PIO may be assigned other duties as needed not specifically presented in this description.

PARAMEDICS PLUS, LLC

Job Description

Job Title:	Fleet and Materials Manager
Exempt (Y/N):	Yes
Reports To:	Director of Operations
Date Revised:	11/1/2001

Summary:

Responsible for coordinating the day-to-day maintenance of ambulance and corporate vehicles and to ensure these vehicles are maintained in a safe, economical fashion and to ensure the reliability of these vehicles to meet daily demands required. Responsible for the overall direction and administration of the Materials department to include inventory management practices to ensure cost efficiency for the SunStar system.

Major Duties and Responsibilities:

- Establish and maintain a preventive maintenance program for all Paramedics Plus and its clients; ambulances and vehicles. This program must meet or exceed all State and National standards.
- Responsible for coordinating vehicle repairs. To assure that all vehicles are returned to service in a timely, cost-effective manner.
- Responsible for evaluating all vehicle breakdowns and repairs made prior to returning vehicle to service.
- Maintain current and complete documentation on all repairs completed.
- Enforce and maintain all regulations set forth by OSHA and Hazardous Materials regulations including documentation and training of personnel.
- Write and/or review specifications for the procurement of capital equipment, supplies and services.
- Develop and implement purchasing and inventory control procedures and sequence of operations to optimize workflow.
- Working knowledge of standard purchasing and inventory control procedures and practices.
- Maintain budget.

Qualification Requirements:

- High School diploma or GED certificate required. Undergraduate degree preferred.
- Knowledge of Emergency Medical Services industry, business organization and management.
- Strong customer service and servant leadership skills.
- Strong analytical, numerical and reasoning abilities.

Comments:

While performing this job, the Fleet and Materials Manager may be assigned other duties as needed not specifically presented in this description.

Attachment 2: Key Resumes

Chief Operating Officer

Sonny Geary

Anthony Myers

Tom Wagner

Mike Taigman

Frank Gresh

C. Anthony Farmer

Mignon Marsh

Robert Gray

Byron Hale

CHIEF OPERATING OFFICER

PROFESSIONAL EXPERIENCE

1982 to Present **Executive Director: Currently administrate all aspects of ambulance service including communications center and transportation/shuttle service. 140 employees, 21,000 ambulance responses, and full 911 EMD center (5/95 to present)**

Served in the capacity of assistant director for 8 years, training coordinator, paramedic supervisor, and paramedic.

1998 to 2002 & 2004 to Present **COMMISSION OF ACCREDITATION OF AMBULANCE SERVICES, 1926 Waukegan Rd., Suite 1., Glenview, Illinois**
Chairman of the Board: Served as the Chairman of the Board and overseen the management organization (TCAG) who operate CAAS. CAAS represents the "Gold Standard" in ambulance accreditation for the entire United States. Under my tenure, CAAS became financially solvent again and had three states endorse CAAS as their State Standard.

PROFESSIONAL ACHIEVEMENTS

- **CAAS Accreditation, first in State**
- **1996 Paramedic Service of the Year**
- **State Trauma Task Force**
- **Top 25 Business Person in the Community**

PROFESSIONAL ORGANIZATIONS

- **Chairman of the Board -Commission on Accreditation of Ambulance Services (CAAS) (past treasurer) 1998 to 2002**
Currently serving another 2-year term as Vice Chair.
- **Past Director at Large-Iowa Emergency Medical Services Assoc.**
Currently serving as the Legislative Liaison on a National basis for Iowa EMS Association on the Legislative Committee
- **Past President Southeast Iowa EMS Regional Board**
Currently the Past President of SE IOWA EMS, a regional EMS organization that coordinates EMS at a regional level.
- **Trinity School of EMS Board Member**
Currently a Board Member for the School of EMS
- **National Registry, Ia., Ill., Paramedic & NAEMD-Dispatcher**
- **Board Member North Scott Rotary**

EDUCATION

Masters of Science in Health Services Administration Degree 08/96
Cum Laude, College of St. Francis; Joilet, Illinois

Bachelor of Arts Degree 12/91
Western Illinois University; Macomb, Illinois

Associates of Science Degree in Emergency Care & Rescue 5/82
Mankato State University; Mankato, Minnesota

High School Diploma 5/80
Harrisburg High School; Harrisburg, South Dakota

Sonny J. Geary

11825 Bird Point Trail

Tyler, Texas 75703

Phone: 903-535-5800 Fax: 903-592-3185

Employment

Operations Manager

East Texas Medical Center EMS; Tyler, Texas August 2002 – Present

- Originally hired to start up new service area in Pasadena, Texas. After initial start-up and training a local Director of Operations, transferred to Tyler.
- Coordinate the activities of the day to day operations of the 4 Regional Directors.
- Responsible for training of supervisors, complaint resolution, budget management, personnel and customer service. Oversee the purchasing, distribution of uniforms and the contract vendor.
- Directly assists Director of Operations with long and short term system planning.
- Served as Interim Clinical Services Director overseeing the Education and Quality Assurance Department until a replacement was located.

Operations Manager

AMR dba Hunt County EMS; Greenville, Texas July 1990 – August 2002

- Responsible for all operational aspects of a performance based ambulance contract with Hunt Memorial Hospital District (HMHD), which covered 900 square miles. Including personnel management, scheduling, payroll, fleet maintenance, and budget and report preparation.
- Worked closely with HMHD EMS Coordinator and local Fire Departments to ensure contract compliance and build good working relationships for better customer service.
- As Operations Manger was successfully able to maintain the contract through two bidding processes.
- Moved up through ranks from Paramedic, Operations Supervisor and ultimately Operations Manager.

Education

Nationally Registered Paramedic

National Association of Critical Care Paramedics

Texas Department of Health Paramedic

ACLS, BTLs, PEPP, Hazardous Materials Technician

Attended Texas A&M University and currently completing Business Administration degree through Letourneau University.

DDI Management Training & HMHD Leadership Excellence

Volunteer Experience

Women In Need - Board of Directors, President and Secretary.

Drug Free Greenville – Board of Directors, served as Chair of DWI Committee

Greenville Chamber of Commerce – Advisory Board Member

United Way of Hunt County – Board of Directors

Recognition Received

Mother's Against Drunk Driving (MADD) Outstanding Service Award

Greenville Chamber of Commerce Volunteer Service Award

Hunt Memorial Hospital District EMS Hall of Fame

Eagle Scout – Boy Scouts of America

Anthony J. Myers
President / Chief Executive Officer

Job Summary:

Mr. Myers will be serving as the President and Chief Executive Officer for Paramedics Plus L.L.C., the organization responsible for bidding on the Sunstar Ambulance Service Contract. As the President & CEO, Mr. Myers will be responsible for the overall management of the management of Paramedics Plus. He will be responsible for ensuring the financial stability of the organization while developing ongoing business strategies to promote the Sunstar systems and ensure clinical and operational performance.

Professional Experience:

Vice President / Chief Operating Officer

East Texas Medical Center

Tyler, Texas

Oversee and direct the daily operation of East Texas Medical Center- EMS Department.

Responsible for managing ETMC-EMS 80 ambulance operation covering 18,000 square miles of Eastern Texas.

Vice President / General Manager:

Shepard Life Fleet

Seattle, Washington

Responsible for the management of the largest ambulance service in the state of Washington.

Directed the operations of several emergency and non-emergency contracts throughout the Seattle area.

Executive Director:

MedStar

Fort Worth, Texas

Responsible for managing the Public Utility Model Authority for the MedStar Ambulance Service Contract in Fort Worth Texas. Monitored the performance specification of the contract provider of emergency and non-emergency transportation. Managed the accounts receivable and collection processes for the Ambulance Authority.

Executive Director:

Three Rivers Ambulance Authority

Fort Wayne, Indiana

Responsible for developing and managing the Public Utility Model Authority for the Fort Wayne Ambulance Service Contract. Monitored the performance specification of the contract provider of emergency and non-emergency transportation, competitively selected private ambulance contractors, negotiated contract extensions, and managed capital assets.

Fire Chief / Director of Public Safety

City of Fort Wayne

Fort Wayne, Indiana

Responsible for managing the daily operations of the city fire and police departments. Provided direct oversight for 700 employees and a \$25 million dollar budget.

Affiliations:

Current President - Texas Ambulance Association

THOMAS WAGNER

1804 Deep Creek Road, Oklahoma City, OK 73131 • (405) 478-5852 • wagner@emsa.net

SUMMARY

Strategy-savvy executive manager with 14 years of experience who exhibits creative and innovative thinking and program development skills. Possesses in-depth knowledge of the healthcare, and services industries. Maintains sharp focus on employee satisfaction and continuous improvement to induce productivity and increase clinical performance. Expertise includes:

Start-Up Operations	Strategic Planning	Federal Reimbursement	Labor Relations
Contract Negotiations	Total Quality Management	Budget Preparation	Marketing/Advertising

CAREER HIGHLIGHTS

- Successfully negotiated two (2) five-year EMS contract extensions with the municipal EMS Authority based on superior clinical performance and efficient financial operations.
- Developed and implemented ongoing CQI programs designed to improve system clinical and operational performance resulting in the 2002 Oklahoma Governor's Award for Commitment to Quality.
- Cut annual employee turnover by 75% after implementing a program, STAR CARE, which focused on a values-based corporate culture and rewarded outstanding employee performance with promotions.
- Enhanced television, radio, and newspaper media coverage of a healthcare system by 300% through collaboration with these media outlets, which resulted in receiving the award for 2000 Oklahoma State Emergency Medical Service Provider of the Year.

PROFESSIONAL HISTORY

Chief Operating Officer, Paramedics Plus / EMSA (Oklahoma City, OK) 1998-Present
Recruited to develop and implement a new emergency medical transportation division in a High Performance EMS System. Hired a 20-member management team and instituted all policies and procedures. Holds responsibility for clinical and operational performance for the multisite EMS division running over 110,000 annual requests for service. Oversees a clinical staff of 400 personnel. Acts as a liaison with city officials and multiple Fire Department First Responder Agencies and reports monthly quality standards.

Vice President of Operations, American Medical Response/EMSA (Oklahoma City, OK) 1997-1998
Assumed oversight of this operation, which was experiencing employee difficulties and reduced profits. Developed programs that led to a 40% decrease in employee turnover and a 20% increase in profits.

Managing Director, MedTrans/Laidlaw, Inc. (Dallas, TX) 1995-1997
In six months, turned this operation from a \$150K loss to a \$500K profitable business. Developed the first fully vertically integrated air and ground allied healthcare transportation network for 22 area hospitals. Successfully negotiated over 30 contracts with local facilities and was awarded municipal contract renewals with eight Dallas-area cities. Created a value-based corporate culture to enhance employee satisfaction and performance.

Director of Operations, MedTrans/Baystar Medical Services (Burlingame, CA) 1991-1995
Held responsibility for developing a new comprehensive marketing campaign and implementing operational strategies to ensure high quality standards. In the first year, successfully marketed services to over 100 facilities. Developed new personnel guidelines, purchased equipment, and hired necessary employees. Managed 200 clinical, dispatch, maintenance, and administrative personnel. Gained an ROI of 17% in three years.

Supervisor of Operations, Hartson Ambulance (San Diego, CA) 1990-1991
Oversaw daily employee operations and directed operational strategies to provide quality customer service.

EDUCATION

M.B.A., University of Phoenix • **B.S.**, Biology, University of California, San Diego
Licensed Emergency Medical Technician, Miramar College

AFFILIATIONS

American College of Healthcare Executives - Member

Mike Taigman

5711 Hermann St.
Oakland, CA 94609
510-658-0357
mtaigman@aol.com
www.miketaigman.com

EDUCATION

1996-1999 Bachelors of Business Management, University of Phoenix
2000-Current Master of Science in Organizational Systems (in thesis) Accepted to Ph.D. program fall of 2002 Saybrook Graduate School and Research Institute
Certified Instructor with DDI, Covey, Hay Group, PID

EMPLOYMENT

1974-1980 Care Ambulance Service, CastleRock, CO. EMT/Branch Manager
1980-1989 Denver, Paramedic Division. Denver, CO Senior Paramedic, FTO
1983-1985 Swedish Medical Center, Englewood, CO, Paramedic Instructor.
1986-1988 Porter Response One, Englewood, CO, Flight Medic.
1988-1988 Pinellas County EMS Largo, FL, Assistant to the Medical Director
1988-1990 Emergency Providers Incorporated, Kansas City, MO QI Manager
1990-1992 BayStar Medical Services, San Mateo, CA Clinical & QI Manager
1992-1997 MedTrans/American Medical Response, Corporate Director of Quality and Research, National Manager of Staff Development
1999- Present University of Maryland Baltimore County, Curriculum Developer and Instructor
1983-Presant Paramedicine Education Consultation and Research, Owner/Operator
As an educator presented EMS workshops and lectured at conferences throughout the US, Canada, Australia, and Europe. Topics include Advanced Electrocardiography, EMS Street Survival® and EMS Quality Improvement. empathy in healthcare, and EMS leadership strategies.

Author of over 300 published articles in professional journals including, Journal of Emergency Medical Services, The Ambulance Industry Journal, Emergency Medical Services Magazine, Emergency Care Quarterly, EMS Review, EMS Best Practices, and Ambulance World: Australia's Journal of Pre-hospital Emergency Care. "

Consulting with EMS systems focusing on strategic planning, quality management systems, labor relations, organizational development, and new business start up. Partial list of clients include, MEDIC, Charlotte, State of Delaware EMS, Paramedics Plus/EMSA in Oklahoma, East Texas Medical Center EMS in Tyler, Texas, Pridemark Paramedics in Boulder Colorado, Ambulance Service Victoria in Melbourne Australia, King County EMS in Seattle, and Allina Health Systems in Minneapolis MN

Frank L. Gresh
17625 Lead Lane
Edmond, OK 73003
(405) 844-9120
frank@frankgresh.com

Summary of Skills & Experience

Experienced in all facets of Emergency Medical Services Management. I have worked my way from the field into Management by being an effective leader who is able to promote teamwork and efficiency. With primary experience in Communications and Operations, I have worked through acquisitions, and consolidations, building experience, and innovating. My ability to motivate people has been successfully applied to operational effectiveness, morale building and team dynamics.

Experience & Achievements

Sept. '98 - Present Paramedics Plus/EMSA, Oklahoma City, OK Director of Communications
Responsible for the EMS communications centers in Oklahoma City and Tulsa, Oklahoma as well as all system status management functions.

- Gained the Accredited Center of Excellence award, from the National Academy of Emergency Medical Dispatch, for both communications centers in less than 1 year

Jan. '98 - Jul. '98 American Medical Response, Dallas, TX Director of Operations
Directly responsible for all operations in a market running 40,000+ transports annually.

Jul. '95 - Jan. '98 American Medical Response, San Antonio, TX Operations Manager
Directly responsible for the day to day operations of a private service running over 30,000 transports annually.

1994 - May 1995 Ambulance Systems of America, Foxboro, MA Director MIS/CAD Systems
The largest private EMS provider in the New England area, with operating units in 5 states. Combined call volume exceeding 300,000 transports per year. Assisted in the development and integration of a Wide Area Network, which linked 4 dispatch centers, acting as project manager in the area of software compatibility and geofile development.

1984 to 1994 LifeFleet/Sunstar, Largo, FL Communications Manager
Responsible for the day to day operations of both the Pinellas County EMS Communications Center and the LifeFleet Hillsborough Communications Center. I directly supervised 40 employees, handled scheduling problems, biweekly payroll, annual performance evaluations, in addition to preparing and monitoring a budget exceeding \$1 million.

Lectures/Presentations

Oklahoma State APCO Conference, Ponca City, Oklahoma, May 1999

- EMD and how to spell it

EMS Today 2000, Orlando Florida, March 2000

- Surviving the F5, The Oklahoma City Response
- EMS Technology 2000

Navigator 2000 (NAEMD), Las Vegas, Nevada, August 2000

- Top 10 skills for effective telecommunicators
- The path to accreditation

Education

University of Phoenix, Oklahoma City Campus, pursuing BS/BM degree

Dale Carnegie Course Graduate and Graduate Assistant, Hitchcock and Associates, 1993

Paramedic, Hillsborough Community College, 1988

Emergency Medical Technician, St. Petersburg Junior College, 1983

C. Anthony Farmer, CPA

Chief Financial Officer

East Texas Medical Center Emergency Medical Services

Mr. Farmer serves as the chief financial officer. He is responsible for the financial activities of ETMC EMS, including managing the ETMC EMS accounting functions and personnel, coordinating the annual operating and capital budgeting process. He works closely with all EMS departments to ensure proper internal controls are implemented and maintained and that all resources are efficiently and effectively utilized. He provides senior management to the ETMC EMS Business Office which is responsible for ambulance billing and collection.

Mr. Farmer has 15 years of experience prior to joining ETMC EMS. From 1997 to 2000, he was a project accountant for the University of Texas M.D. Anderson Cancer Center responsible for the proper accounting of construction and renovation projects undertaken by the institution. From 1989 to 1997, he was in the banking industry. His primary expertise involved credit administration, commercial lending, and internal audit. From 1984 to 1989, he was in public accounting.

Mr. Farmer is a 1984 graduate of Baylor University and holds a bachelor of business administration degree. He is licensed as a certified public accountant in the state of Texas.

Mignon LeBaron Marsh

724 Fairmont Drive
Tyler, Texas 75701
903-592-2623 (Home)
903-535-5822 (Work)

Education

1965 - 1969 **University of Texas at Austin**
Bachelor of Science in Sociology, minor in Psychology

Employment History

1995 to present **ETMC Regional Healthcare System**
Tyler, TX EMS-Marketing/Membership Manager

1992 - 1995 **Texas Rose Festival Association and Tyler Rose**
Tyler, TX **Museum, Executive Director**

1990 - 1991 **Clayton Whitney, MD FACS**
Tyler, TX Ophthalmic Assistant

1984 - 1991 **Personally Owned T-Shirt Business**
Tyler, TX

1969 - 1971 **American National Bank**
Austin, TX Customer Relations Associate

Community Organizations

East Texas Crisis Center, Board of Directors
Heart of Tyler/Main Street, Board of Directors
Tyler Chamber of Commerce, Senior Resource
Junior League of Tyler
Women's Symphony League
Texas Rose Festival Association Board
Gertrude Windsor Garden Club
Kathryn Speas, Jr. Garden Club
Bible Study Fellowship
Grace Community Church

East Texas Medical Center
Regional Healthcare System

ROBERT M. GRAY
112 Forest South Drive
Whitehouse, Texas 75791
Work: 531-8018

EMPLOYMENT:

1991-Present: V.P and Director of Human Resources, East Texas Medical Center Regional Healthcare System . Responsible for Administration of all Human Resources activities for 11 hospitals and 6,000 employees:

- Corporate Compliance Administrator
- Employee Injury Plan Administrator
- Employee Recognition Administrator
- Corporate Policy and Procedure Administrator

1981-1991: Director of Human Resources, East Texas Medical Center, Tyler, Texas
Responsible for administration of Human Resources activities including:

- Wage and Salary Administration
- Employee Benefits
- Employee Relations
- Unemployment claims
- Employee Injury Plan
- Administration of H.R. policies, as well as government policies

1980-1981: Personnel Director, Union Nation Bank of Laredo, Texas

1977-1980: Personnel Director, Mercy Hospital of Laredo, Texas

EDUCATION: BBA, University of Texas at Arlington, 1972

PERSONAL ACHIEVEMENTS:

- Presently serving two term as Mayor for City of Whitehouse, TX
- Served 10 years as councilmember for City of Whitehouse, TX
- Presently serving 6th year on grievance committee of State Bar of Texas

Byron C. Hale
1000 South Beckham, Tyler, TX 75701
Business Phone (903) 531-8010

Professional Experience:

- 1998- Present Senior Vice President and Chief Financial Officer
East Texas Medical Center Regional Healthcare System, Tyler, Texas.
A 1,000-bed healthcare system consisting of thirteen hospitals and related organizations.
- 1990-1998 Senior Vice President and Chief Financial Officer
Lubbock Methodist Hospital System, Lubbock, Texas.
An integrated healthcare system consisting of an 800-bed flagship hospital and related organizations.
- 1986-1990 Senior Vice President and Chief Financial Officer
Wadley Regional Medical Center, Texarkana, Texas.
A 448-bed regional referral hospital.
- 1984-1986 Director of Financial Systems
Harris Methodist Health Services, Fort Worth, Texas.
Financial manager at corporate office of 1,500 bed hospital system.
- 1983-1984 Assistant Administrator and Chief Financial Officer
Memorial Hospital, Cleburne, Texas.
A 186-bed community hospital; member of the Harris Methodist Health System.
- 1983 Finance Staff
Methodist Affiliated Hospitals, Grand Prairie, Texas.
A nine-hospital division of the Harris Methodist Health System.
- 1978-1983 Senior Accountant
Arthur Andersen & Co., Kansas City, Missouri.
International public accounting and consulting firm.

Education:

Master of Business Administration, Texas Tech University.
Bachelor of Science, Accounting Major, Northwest Missouri State University.

Personal:

Certified Public Accountant, Texas License Number 38101
Member of American Institute of CPA's, American College of Healthcare Executives, Healthcare Financial Management Association, Texas Association for Healthcare Financial Administration and Texas Society of CPA's.

Attachment 3: Schedule of Implementation

Pinellas County Startup.mpp

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1	Pinellas County Startup	94 days?	Sat 5/22/04	Thu 9/30/04		
2	Contract Awarded	0 days	Sat 5/22/04	Sat 5/22/04		
3	Florida Business License	1 day?	Mon 5/24/04	Mon 5/24/04	2	
4	Housing for Transition Team	1 day?	Tue 5/25/04	Tue 5/25/04	3	
5	Notify Vendors and Start Ordering Processes	1 day?	Wed 5/26/04	Wed 5/26/04	4	
6	AEV (Vehicles)	1 day?	Wed 5/26/04	Wed 5/26/04		
7	First Choice	1 day?	Wed 5/26/04	Wed 5/26/04		
8	Zoll Data Systems (CAD System)	1 day?	Wed 5/26/04	Wed 5/26/04		
9	Oxygen Vendor	1 day?	Wed 5/26/04	Wed 5/26/04		
10	Americana Uniforms	1 day?	Wed 5/26/04	Wed 5/26/04		
11	Bradshaw Consulting Services (MARVLIS)	1 day?	Wed 5/26/04	Wed 5/26/04		
12	Medtronic (Medusa, Transvenous Pacemaker)	1 day?	Wed 5/26/04	Wed 5/26/04		
13	Stryker (Cots)	1 day?	Wed 5/26/04	Wed 5/26/04		
14	Ferno (Scoop, Stair Chairs)	1 day?	Wed 5/26/04	Wed 5/26/04		
15	ISERA Group	1 day?	Wed 5/26/04	Wed 5/26/04		
16	IT Hardware (all of it) from ETMC IT Staff	1 day?	Wed 5/26/04	Wed 5/26/04		
17	Xplore Technologies (MARVLIS In Vehicle)	1 day?	Wed 5/26/04	Wed 5/26/04		
18	Furniture Vendor	1 day?	Wed 5/26/04	Wed 5/26/04		
19	Fleet Maintenance Equipment	1 day?	Wed 5/26/04	Wed 5/26/04		
20	Business Machines	1 day?	Wed 5/26/04	Wed 5/26/04		
21	Biomed Devices (Ventilators)	1 day?	Wed 5/26/04	Wed 5/26/04		
22	Nextel (MARVLIS Client)	1 day?	Wed 5/26/04	Wed 5/26/04		
23	Cingular Wireless (Medusa Tablets)	1 day?	Wed 5/26/04	Wed 5/26/04		
24	Isolette Vendor	1 day?	Wed 5/26/04	Wed 5/26/04		
25	Secure Temporary Office/Warehouse Space	1 day?	Mon 5/24/04	Mon 5/24/04	2	
26	Setup Temporary Network	1 day?	Mon 5/24/04	Mon 5/24/04		
27	Setup Temporary Internet Access	1 day?	Mon 5/24/04	Mon 5/24/04		
28	Setup Temporary Workstations/Laptops	1 day?	Mon 5/24/04	Mon 5/24/04		
29	Get Temporary Office Furniture	1 day?	Mon 5/24/04	Mon 5/24/04		
30	Get Temporary Phones	1 day?	Mon 5/24/04	Mon 5/24/04		
31	Cell Phones for Transition Team	1 day?	Mon 5/24/04	Mon 5/24/04		
32	Meet with State EMS office for plan on inspecting new ambulances	1 day?	Mon 5/24/04	Mon 5/24/04		
33	Site Review for IT Needs	2 days?	Fri 5/28/04	Mon 5/31/04		
34	Receive IT Hardware	1 day?	Thu 5/27/04	Thu 5/27/04	16	
35	CAD setup, Training, and Installation	90 days?	Fri 5/28/04	Thu 9/30/04	34	
36	Get Code Listings for Data Entry to new CAD	1 day?	Fri 5/28/04	Fri 5/28/04		
37	Set Meeting with Existing or planned Comm Supervisor	1 day?	Fri 5/28/04	Fri 5/28/04		
38	CAD training	14 days?	Mon 9/13/04	Thu 9/30/04		
39	CAD Software Install	7 days	Fri 5/28/04	Mon 6/7/04		
40	Create Production and Test CAD Environments	2 days	Tue 6/8/04	Wed 6/9/04	39	
41	CAD Software Testing	7 days?	Thu 6/10/04	Fri 6/18/04	40	
42	Interface to Pinellas County Central Dispatch CAD	30 days?	Thu 6/10/04	Wed 7/21/04	40	
43	MARVLIS Setup	5 days?	Fri 5/28/04	Thu 6/3/04	34	
44	IT Infrastructure Setup	30 days?	Mon 5/24/04	Fri 7/2/04		
45	User naming strategy	1 day?	Mon 5/24/04	Mon 5/24/04		
46	Create Users in Domain	1 day?	Mon 5/24/04	Mon 5/24/04		
47	Install and Test Exchange Server (Email)	40 hrs?	Mon 5/24/04	Fri 5/28/04		
48	Setup and Test Administrative Workstations	40 hrs?	Mon 5/24/04	Fri 5/28/04		
49	Web Site Development	30 days	Mon 5/24/04	Fri 7/2/04		
50	Setup Inventory Management System	1 day?	Mon 5/24/04	Mon 5/24/04		
51	Create Initial Work Schedules	1 day?	Mon 5/24/04	Mon 5/24/04		
52	Create Initial Deployment Plan	1 day?	Mon 5/24/04	Mon 5/24/04		
53	Inventory	1 day?	Tue 5/25/04	Tue 5/25/04	50	
54	New Medical Supplies Inventory	1 day?	Tue 5/25/04	Tue 5/25/04		
55	New Equipment Inventory	1 day?	Tue 5/25/04	Tue 5/25/04		
56	Authority Owned Equipment	1 day?	Tue 5/25/04	Tue 5/25/04		
57	Inventory from all Fire Agencies on Authority Equipment	1 day?	Tue 5/25/04	Tue 5/25/04		
58	New Vehicle Prep	1 day?	Mon 5/24/04	Mon 5/24/04		
59	Preliminary Stocking of new vehicles	1 day?	Mon 5/24/04	Mon 5/24/04		

Pinellas County Startup.mpp

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
60	Final Stocking of new vehicles	1 day?	Mon 5/24/04	Mon 5/24/04		
61	State Inspection of new vehicles	1 day?	Mon 5/24/04	Mon 5/24/04		
62	Lettering of new vehicles	1 day?	Mon 5/24/04	Mon 5/24/04		
63	Cot Installation	1 day?	Mon 5/24/04	Mon 5/24/04		
64	Radio Installation (plan)	1 day?	Mon 5/24/04	Mon 5/24/04		
65	MARVLIS Client in vehicle installation	1 day?	Mon 5/24/04	Mon 5/24/04		
66	MEDUSA in vehicle installation	1 day?	Mon 5/24/04	Mon 5/24/04		
67	Vehicle Maintenance Files	1 day?	Mon 5/24/04	Mon 5/24/04		
68	HR Stuff	1 day?	Mon 5/24/04	Mon 5/24/04		
69	Employee Information	1 day?	Mon 5/24/04	Mon 5/24/04		
70	Schedule Employee Meeting to fill out info sheet	1 day?	Mon 5/24/04	Mon 5/24/04		
71	Benefits Setup	1 day?	Mon 5/24/04	Mon 5/24/04		
72	Identify Insurance	1 day?	Mon 5/24/04	Mon 5/24/04		
73	Enrollment	1 day?	Mon 5/24/04	Mon 5/24/04		
74	Payroll	1 day?	Mon 5/24/04	Mon 5/24/04		
75	Time and Attendance Software/Hardware	1 day?	Mon 5/24/04	Mon 5/24/04		
76	Payroll Files	1 day?	Mon 5/24/04	Mon 5/24/04		
77	Team Member Handbooks	1 day?	Mon 5/24/04	Mon 5/24/04		
78	Pre-Employment Drug Testing	1 day?	Mon 5/24/04	Mon 5/24/04		
79	Operations	90 days?	Mon 5/24/04	Fri 9/24/04		
80	Transition Meetings with New Employees	1 day?	Mon 5/24/04	Mon 5/24/04		
81	Meet with Union	1 day?	Mon 5/24/04	Mon 5/24/04		
82	Supervisor or FOS selection if necessary	1 day?	Mon 5/24/04	Mon 5/24/04		
83	Company Philosophy Training with new management team	1 day?	Mon 5/24/04	Mon 5/24/04		
84	MEDUSA Training	1 day?	Mon 5/24/04	Mon 5/24/04		
85	Secure stations for CCT/MHT	1 day?	Mon 5/24/04	Mon 5/24/04		
86	Purchase Orders for Uniforms	90 days?	Mon 5/24/04	Fri 9/24/04		
87	Education	1 day?	Mon 5/24/04	Mon 5/24/04		
88	CEU Records	1 day?	Mon 5/24/04	Mon 5/24/04		
89	Sunstar Building Prep	1 day?	Mon 5/24/04	Mon 5/24/04		
90	Lifts Delivered and Installed	1 day?	Mon 5/24/04	Mon 5/24/04		
91	New Furniture Installed	1 day?	Mon 5/24/04	Mon 5/24/04		
92	Fleet Equipment Installation	1 day?	Mon 5/24/04	Mon 5/24/04		
93	Fleet Stuff	1 day?	Mon 5/24/04	Mon 5/24/04		
94	Accounts Setup	1 day?	Mon 5/24/04	Mon 5/24/04		

**Attachment 4: Abbreviated Initial System
Status Plan**

Paramedics Plus - Initial Coverage Plan Post Locations

<u>Post</u>	<u>Location</u>
P1	54 Ave S/34 St S
P2	22 Av S/34 St S
P3	Pasadena Av S/Shore Dr S
P4	Bay Pines Blvd/100 Way N
P5	150TH AVE/GULF BLVD
P6	Park Blvd N/66 St N
P7	Park Blvd N/Starkey Rd
P8	22 Av N/4 St N
P9	54 Av N/66 St N
P10	Park Blvd N/49 St N
P11	Park Blvd/Seminole Blvd
P12	Park Blvd/Gulf Blvd
P13	Ulmerton Rd/Seminole Blvd
P14	Ulmerton Rd/49 St N
P15	Ulmerton Rd/Belcher Rd
P16	East Bay Dr/Clearwater Largo Rd
P17	EAST BAY DR/US HWY 19 N
P18	HARN BLVD/US 19 N
P19	GULF TO BAY BLVD/MISSOURI AVE
P20	MEMORIAL CAUSEWAY/MANDALAY AVE
P21	12499 Ulmerton Rd
P22	Walsingham Rd/Indian Rocks Rd
P23	DREW ST/US 19 N
P24	SUNSET POINT RD/US 19 N
P25	Enterprise Rd/McMullen Booth Rd
P26	GULF TO BAY BLVD/MCMULLEN BOOTH RD
P27	Sunset Point Rd/Highland
P28	Main Street/Skinner Blvd
P29	McMullen Booth Rd/Curlew Rd
P30	CURLEW RD/US 19 N
P31	ALDERMAN RD/US 19 N
P32	KLOSTERMAN RD/US 19 N
P33	TARPON AVE/US 19 N
P34	Keystone Rd/East Lake Rd
H01	801 6TH ST S
H02	1527 RIVERSIDE DR
H03	701 6TH ST S
H05	2323 9TH AVE N
H08	11300 34TH ST N
H09	6000 49TH ST N
H10	6500 38TH AVE N
H13	3231 N MCMULLEN BOOTH RD
H14	601 MAIN ST
H15	12891 SEMINOLE BLVD
H16	201 14TH ST SW
H18	323 JEFFORDS ST
H20	1501 PASADENA AVE S
H24	3030 6TH ST S
H25	2025 INDIAN ROCKS RD S
H27	1395 PINELLAS AVE S
H29	10000 BAY PINES BLVD
H30	1200 7TH AVE N

P = Street Corner Posting
H = Hospital Posting

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **1** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level											% Demand Covered	% Geography Covered			
1	H05										45.5% (138 of 303)	24.1% (77 of 321 Sq. Miles)			
2	H05	P16									70.3% (213 of 303)	44.4% (143 of 321 Sq. Miles)			
3	H05	P16	P30								86.1% (261 of 303)	63.4% (204 of 321 Sq. Miles)			
4	H05	P16	P30	P10							92.1% (279 of 303)	69.7% (224 of 321 Sq. Miles)			
5	H05	P16	P30	P10	H20						95.4% (289 of 303)	73.9% (237 of 321 Sq. Miles)			
6	H05	P16	P30	P10	H20	H29					96.7% (293 of 303)	76.5% (246 of 321 Sq. Miles)			
7	H05	P16	P30	P10	H20	H29	H27				97.4% (295 of 303)	81.3% (261 of 321 Sq. Miles)			
8	H05	P16	P30	P10	H20	H29	H27	H08			98.0% (297 of 303)	83.1% (267 of 321 Sq. Miles)			
9	H05	P16	P30	P10	H20	H29	H27	H08	P1		98.7% (299 of 303)	85.4% (274 of 321 Sq. Miles)			
10	H05	P16	P30	P10	H20	H29	H27	H08	P1	H25	99.0% (300 of 303)	86.3% (277 of 321 Sq. Miles)			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Day of Week: **Monday** Hour of Day: **2** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level											% Demand Covered	% Geography Covered			
1	P2										37.7% (130 of 345)	22.5% (72 of 321 Sq. Miles)			
2	P2	P23									64.6% (223 of 345)	44.0% (141 of 321 Sq. Miles)			
3	P2	P23	P11								79.1% (273 of 345)	59.3% (190 of 321 Sq. Miles)			
4	P2	P23	P11	P30							87.5% (302 of 345)	69.1% (222 of 321 Sq. Miles)			
5	P2	P23	P11	P30	P14						90.4% (312 of 345)	74.1% (238 of 321 Sq. Miles)			
6	P2	P23	P11	P30	P14	H20					93.0% (321 of 345)	76.9% (247 of 321 Sq. Miles)			
7	P2	P23	P11	P30	P14	H20	P33				94.8% (327 of 345)	82.2% (264 of 321 Sq. Miles)			
8	P2	P23	P11	P30	P14	H20	P33	P20			96.2% (332 of 345)	84.6% (272 of 321 Sq. Miles)			
9	P2	P23	P11	P30	P14	H20	P33	P20	H25		97.4% (336 of 345)	86.8% (279 of 321 Sq. Miles)			
10	P2	P23	P11	P30	P14	H20	P33	P20	H25	H01	98.0% (338 of 345)	88.5% (284 of 321 Sq. Miles)			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Day of Week: **Monday** Hour of Day: **3** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level											% Demand Covered	% Geography Covered			
1	H05										41.4% (110 of 266)	24.1% (77 of 321 Sq. Miles)			
2	H05	P23									65.0% (173 of 266)	45.4% (146 of 321 Sq. Miles)			
3	H05	P23	P11								78.6% (209 of 266)	60.8% (195 of 321 Sq. Miles)			
4	H05	P23	P11	P30							87.6% (233 of 266)	70.6% (227 of 321 Sq. Miles)			
5	H05	P23	P11	P30	P10						90.6% (241 of 266)	73.0% (234 of 321 Sq. Miles)			
6	H05	P23	P11	P30	P10	H27					92.9% (247 of 266)	77.7% (250 of 321 Sq. Miles)			
7	H05	P23	P11	P30	P10	H27	H25				94.4% (251 of 266)	80.1% (257 of 321 Sq. Miles)			
8	H05	P23	P11	P30	P10	H27	H25	H20			95.9% (255 of 266)	83.5% (268 of 321 Sq. Miles)			
9	H05	P23	P11	P30	P10	H27	H25	H20	H24		96.6% (257 of 266)	84.3% (271 of 321 Sq. Miles)			
10	H05	P23	P11	P30	P10	H27	H25	H20	H24	P20	97.4% (259 of 266)	86.4% (278 of 321 Sq. Miles)			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **4** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															39.2% (98 of 250)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														67.6% (169 of 250)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P24													86.0% (215 of 250)	63.5% (204 of 321 Sq. Miles)
4	H05	P13	P24	P30												89.6% (224 of 250)	70.4% (226 of 321 Sq. Miles)
5	H05	P13	P24	P30	H10											92.4% (231 of 250)	74.3% (239 of 321 Sq. Miles)
6	H05	P13	P24	P30	H10	H29										94.0% (235 of 250)	76.3% (245 of 321 Sq. Miles)
7	H05	P13	P24	P30	H10	H29	P15									95.6% (239 of 250)	77.9% (250 of 321 Sq. Miles)
8	H05	P13	P24	P30	H10	H29	P15	P2								97.2% (243 of 250)	79.7% (256 of 321 Sq. Miles)
9	H05	P13	P24	P30	H10	H29	P15	P2	H27							97.6% (244 of 250)	84.4% (271 of 321 Sq. Miles)
10	H05	P13	P24	P30	H10	H29	P15	P2	H27	P20						98.0% (245 of 250)	85.6% (275 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Monday** Hour of Day: **5** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															34.8% (72 of 207)	18.4% (59 of 321 Sq. Miles)
2	H05	P13														55.6% (115 of 207)	35.8% (115 of 321 Sq. Miles)
3	H05	P13	P24													70.0% (145 of 207)	52.7% (169 of 321 Sq. Miles)
4	H05	P13	P24	P9												82.1% (170 of 207)	58.1% (187 of 321 Sq. Miles)
5	H05	P13	P24	P9	P33											87.0% (180 of 207)	66.7% (214 of 321 Sq. Miles)
6	H05	P13	P24	P9	P33	P1										90.3% (187 of 207)	70.1% (225 of 321 Sq. Miles)
7	H05	P13	P24	P9	P33	P1	H20									91.8% (190 of 207)	72.1% (232 of 321 Sq. Miles)
8	H05	P13	P24	P9	P33	P1	H20	H18								93.2% (193 of 207)	72.9% (234 of 321 Sq. Miles)
9	H05	P13	P24	P9	P33	P1	H20	H18	P29							94.7% (196 of 207)	76.3% (245 of 321 Sq. Miles)
10	H05	P13	P24	P9	P33	P1	H20	H18	P29	H30						95.7% (198 of 207)	77.1% (248 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Monday** Hour of Day: **6** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															35.0% (92 of 263)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														62.7% (165 of 263)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													84.4% (222 of 263)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	H08												89.0% (234 of 263)	70.7% (227 of 321 Sq. Miles)
5	H05	P13	P30	H08	H20											92.4% (243 of 263)	74.9% (241 of 321 Sq. Miles)
6	H05	P13	P30	H08	H20	H03										94.3% (248 of 263)	76.5% (246 of 321 Sq. Miles)
7	H05	P13	P30	H08	H20	H03	H27									95.8% (252 of 263)	81.2% (261 of 321 Sq. Miles)
8	H05	P13	P30	H08	H20	H03	H27	H16								97.0% (255 of 263)	82.7% (266 of 321 Sq. Miles)
9	H05	P13	P30	H08	H20	H03	H27	H16	H29							97.7% (257 of 263)	84.2% (271 of 321 Sq. Miles)
10	H05	P13	P30	H08	H20	H03	H27	H16	H29	H25						98.1% (258 of 263)	84.5% (271 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **7** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level											% Demand Covered	% Geography Covered			
1	H05											41.4% (104 of 251)	24.1% (77 of 321 Sq. Miles)		
2	H05	P13										68.5% (172 of 251)	45.8% (147 of 321 Sq. Miles)		
3	H05	P13	P30									88.0% (221 of 251)	65.6% (211 of 321 Sq. Miles)		
4	H05	P13	P30	H10								92.4% (232 of 251)	69.6% (223 of 321 Sq. Miles)		
5	H05	P13	P30	H10	P1							94.4% (237 of 251)	72.9% (234 of 321 Sq. Miles)		
6	H05	P13	P30	H10	P1	P24						96.0% (241 of 251)	77.7% (250 of 321 Sq. Miles)		
7	H05	P13	P30	H10	P1	P24	P12					97.2% (244 of 251)	79.9% (257 of 321 Sq. Miles)		
8	H05	P13	P30	H10	P1	P24	P12	H20				98.0% (246 of 251)	80.7% (259 of 321 Sq. Miles)		
9	H05	P13	P30	H10	P1	P24	P12	H20	H18			98.4% (247 of 251)	81.3% (261 of 321 Sq. Miles)		
10	H05	P13	P30	H10	P1	P24	P12	H20	H18	P34		98.8% (248 of 251)	87.0% (279 of 321 Sq. Miles)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

P o s t i n g P r i o r i t y

Day of Week: **Monday** Hour of Day: **8** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level											% Demand Covered	% Geography Covered					
1	H05											40.1% (129 of 322)	24.1% (77 of 321 Sq. Miles)				
2	H05	P13										69.3% (223 of 322)	45.8% (147 of 321 Sq. Miles)				
3	H05	P13	P30									85.4% (275 of 322)	65.6% (211 of 321 Sq. Miles)				
4	H05	P13	P30	H10								89.4% (288 of 322)	69.6% (223 of 321 Sq. Miles)				
5	H05	P13	P30	H10	P19							92.9% (299 of 322)	72.3% (232 of 321 Sq. Miles)				
6	H05	P13	P30	H10	P19	P3						94.4% (304 of 322)	74.7% (240 of 321 Sq. Miles)				
7	H05	P13	P30	H10	P19	P3	P11					95.7% (308 of 322)	76.1% (244 of 321 Sq. Miles)				
8	H05	P13	P30	H10	P19	P3	P11	P34				96.6% (311 of 322)	81.8% (263 of 321 Sq. Miles)				
9	H05	P13	P30	H10	P19	P3	P11	P34	P1			97.5% (314 of 322)	84.0% (270 of 321 Sq. Miles)				
10	H05	P13	P30	H10	P19	P3	P11	P34	P1	H13		98.1% (316 of 322)	84.9% (273 of 321 Sq. Miles)				
11	H05	P13	P30	H10	P19	P3	P11	P34	P1	H13	H25	98.4% (317 of 322)	85.4% (274 of 321 Sq. Miles)				
12	H05	P13	P30	H10	P19	P3	P11	P34	P1	H13	H25	H08	98.8% (318 of 322)	88.1% (283 of 321 Sq. Miles)			
13	H05	P13	P30	H10	P19	P3	P11	P34	P1	H13	H25	H08	H30	98.8% (318 of 322)	88.4% (284 of 321 Sq. Miles)		
14	H05	P13	P30	H10	P19	P3	P11	P34	P1	H13	H25	H08	H30	H29	98.8% (318 of 322)	88.5% (284 of 321 Sq. Miles)	
15	H05	P13	P30	H10	P19	P3	P11	P34	P1	H13	H25	H08	H30	H29	H27	98.8% (318 of 322)	90.9% (292 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **9** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level														% Demand Covered	% Geography Covered		
1	H05															36.0% (159 of 442)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														64.3% (284 of 442)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.0% (367 of 442)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												89.1% (394 of 442)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P13											91.9% (406 of 442)	73.7% (237 of 321 Sq. Miles)
6	H05	P23	P11	P30	P13	H20										93.9% (415 of 442)	77.1% (248 of 321 Sq. Miles)
7	H05	P23	P11	P30	P13	H20	P34									95.5% (422 of 442)	82.7% (266 of 321 Sq. Miles)
8	H05	P23	P11	P30	P13	H20	P34	P16								96.6% (427 of 442)	83.8% (269 of 321 Sq. Miles)
9	H05	P23	P11	P30	P13	H20	P34	P16	H24							97.1% (429 of 442)	84.6% (272 of 321 Sq. Miles)
10	H05	P23	P11	P30	P13	H20	P34	P16	H24	H10						97.5% (431 of 442)	85.5% (275 of 321 Sq. Miles)
11	H05	P23	P11	P30	P13	H20	P34	P16	H24	H10	P29					98.0% (433 of 442)	86.6% (278 of 321 Sq. Miles)
12	H05	P23	P11	P30	P13	H20	P34	P16	H24	H10	P29	H27				98.2% (434 of 442)	89.0% (286 of 321 Sq. Miles)
13	H05	P23	P11	P30	P13	H20	P34	P16	H24	H10	P29	H27	P18			98.4% (435 of 442)	89.9% (289 of 321 Sq. Miles)
14	H05	P23	P11	P30	P13	H20	P34	P16	H24	H10	P29	H27	P18	H30		98.4% (435 of 442)	90.2% (290 of 321 Sq. Miles)
15	H05	P23	P11	P30	P13	H20	P34	P16	H24	H10	P29	H27	P18	H30	H29	98.4% (435 of 442)	90.2% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Monday** Hour of Day: **10** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level														% Demand Covered	% Geography Covered		
1	H05															40.0% (226 of 565)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.5% (376 of 565)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P13													82.7% (467 of 565)	60.5% (194 of 321 Sq. Miles)
4	H05	P23	P13	P30												89.6% (506 of 565)	70.2% (226 of 321 Sq. Miles)
5	H05	P23	P13	P30	H10											93.6% (529 of 565)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P13	P30	H10	P33										95.2% (538 of 565)	79.4% (255 of 321 Sq. Miles)
7	H05	P23	P13	P30	H10	P33	P1									96.8% (547 of 565)	82.8% (266 of 321 Sq. Miles)
8	H05	P23	P13	P30	H10	P33	P1	P12								98.2% (555 of 565)	85.0% (273 of 321 Sq. Miles)
9	H05	P23	P13	P30	H10	P33	P1	P12	P20							98.6% (557 of 565)	86.3% (277 of 321 Sq. Miles)
10	H05	P23	P13	P30	H10	P33	P1	P12	P20	P3						98.9% (559 of 565)	87.1% (280 of 321 Sq. Miles)
11	H05	P23	P13	P30	H10	P33	P1	P12	P20	P3	H27					99.1% (560 of 565)	88.2% (283 of 321 Sq. Miles)
12	H05	P23	P13	P30	H10	P33	P1	P12	P20	P3	H27	H25				99.3% (561 of 565)	88.8% (285 of 321 Sq. Miles)
13	H05	P23	P13	P30	H10	P33	P1	P12	P20	P3	H27	H25	H30			99.3% (561 of 565)	89.1% (286 of 321 Sq. Miles)
14	H05	P23	P13	P30	H10	P33	P1	P12	P20	P3	H27	H25	H30	H29		99.3% (561 of 565)	89.1% (286 of 321 Sq. Miles)
15	H05	P23	P13	P30	H10	P33	P1	P12	P20	P3	H27	H25	H30	H29	H24	99.3% (561 of 565)	89.2% (286 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **11** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05														40.2% (209 of 520)	24.1% (77 of 321 Sq. Miles)	
2	H05	P16													67.1% (349 of 520)	44.4% (143 of 321 Sq. Miles)	
3	H05	P16	P30												85.6% (445 of 520)	63.4% (204 of 321 Sq. Miles)	
4	H05	P16	P30	P9											91.9% (478 of 520)	69.0% (222 of 321 Sq. Miles)	
5	H05	P16	P30	P9	H20										93.7% (487 of 520)	72.2% (232 of 321 Sq. Miles)	
6	H05	P16	P30	P9	H20	H08									95.2% (495 of 520)	75.7% (243 of 321 Sq. Miles)	
7	H05	P16	P30	P9	H20	H08	P34								96.2% (500 of 520)	81.4% (261 of 321 Sq. Miles)	
8	H05	P16	P30	P9	H20	H08	P34	P1							97.1% (505 of 520)	83.6% (269 of 321 Sq. Miles)	
9	H05	P16	P30	P9	H20	H08	P34	P1	P22						97.7% (508 of 520)	85.4% (274 of 321 Sq. Miles)	
10	H05	P16	P30	P9	H20	H08	P34	P1	P22	P19					98.1% (510 of 520)	85.9% (276 of 321 Sq. Miles)	
11	H05	P16	P30	P9	H20	H08	P34	P1	P22	P19	P29				98.3% (511 of 520)	87.1% (280 of 321 Sq. Miles)	
12	H05	P16	P30	P9	H20	H08	P34	P1	P22	P19	P29	P12			98.5% (512 of 520)	88.8% (285 of 321 Sq. Miles)	
13	H05	P16	P30	P9	H20	H08	P34	P1	P22	P19	P29	P12	H30		98.5% (512 of 520)	89.1% (286 of 321 Sq. Miles)	
14	H05	P16	P30	P9	H20	H08	P34	P1	P22	P19	P29	P12	H30	H29	98.5% (512 of 520)	89.2% (287 of 321 Sq. Miles)	
15	H05	P16	P30	P9	H20	H08	P34	P1	P22	P19	P29	P12	H30	H29	H27	98.5% (512 of 520)	91.6% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Monday** Hour of Day: **12** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05														41.0% (220 of 537)	24.1% (77 of 321 Sq. Miles)	
2	H05	P23													67.6% (363 of 537)	45.4% (146 of 321 Sq. Miles)	
3	H05	P23	P13												85.5% (459 of 537)	60.5% (194 of 321 Sq. Miles)	
4	H05	P23	P13	P30											90.7% (487 of 537)	70.2% (226 of 321 Sq. Miles)	
5	H05	P23	P13	P30	H10										94.2% (506 of 537)	74.1% (238 of 321 Sq. Miles)	
6	H05	P23	P13	P30	H10	P1									95.9% (515 of 537)	77.5% (249 of 321 Sq. Miles)	
7	H05	P23	P13	P30	H10	P1	P34								96.8% (520 of 537)	83.2% (267 of 321 Sq. Miles)	
8	H05	P23	P13	P30	H10	P1	P34	P12							97.6% (524 of 537)	85.3% (274 of 321 Sq. Miles)	
9	H05	P23	P13	P30	H10	P1	P34	P12	H08						98.1% (527 of 537)	86.5% (278 of 321 Sq. Miles)	
10	H05	P23	P13	P30	H10	P1	P34	P12	H08	P20					98.7% (530 of 537)	87.8% (282 of 321 Sq. Miles)	
11	H05	P23	P13	P30	H10	P1	P34	P12	H08	P20	H03				98.9% (531 of 537)	88.8% (285 of 321 Sq. Miles)	
12	H05	P23	P13	P30	H10	P1	P34	P12	H08	P20	H03	P3			99.1% (532 of 537)	89.6% (288 of 321 Sq. Miles)	
13	H05	P23	P13	P30	H10	P1	P34	P12	H08	P20	H03	P3	H30		99.1% (532 of 537)	89.6% (288 of 321 Sq. Miles)	
14	H05	P23	P13	P30	H10	P1	P34	P12	H08	P20	H03	P3	H30	H29	99.1% (532 of 537)	89.6% (288 of 321 Sq. Miles)	
15	H05	P23	P13	P30	H10	P1	P34	P12	H08	P20	H03	P3	H30	H29	H27	99.1% (532 of 537)	92.0% (296 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **13** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level														% Demand Covered	% Geography Covered		
1	H05															40.3% (211 of 523)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														69.4% (363 of 523)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													84.3% (441 of 523)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	H08												89.9% (470 of 523)	69.3% (222 of 321 Sq. Miles)
5	H05	P16	P30	H08	H20											92.2% (482 of 523)	73.9% (237 of 321 Sq. Miles)
6	H05	P16	P30	H08	H20	P11										94.1% (492 of 523)	78.5% (252 of 321 Sq. Miles)
7	H05	P16	P30	H08	H20	P11	P34									95.8% (501 of 523)	84.1% (270 of 321 Sq. Miles)
8	H05	P16	P30	H08	H20	P11	P34	P26								96.9% (507 of 523)	84.9% (273 of 321 Sq. Miles)
9	H05	P16	P30	H08	H20	P11	P34	P26	H24							97.3% (509 of 523)	85.7% (275 of 321 Sq. Miles)
10	H05	P16	P30	H08	H20	P11	P34	P26	H24	P10						97.7% (511 of 523)	86.3% (277 of 321 Sq. Miles)
11	H05	P16	P30	H08	H20	P11	P34	P26	H24	P10	P29					97.9% (512 of 523)	87.4% (281 of 321 Sq. Miles)
12	H05	P16	P30	H08	H20	P11	P34	P26	H24	P10	P29	P14				98.1% (513 of 523)	88.3% (284 of 321 Sq. Miles)
13	H05	P16	P30	H08	H20	P11	P34	P26	H24	P10	P29	P14	H30			98.1% (513 of 523)	88.6% (285 of 321 Sq. Miles)
14	H05	P16	P30	H08	H20	P11	P34	P26	H24	P10	P29	P14	H30	H29		98.1% (513 of 523)	88.7% (285 of 321 Sq. Miles)
15	H05	P16	P30	H08	H20	P11	P34	P26	H24	P10	P29	P14	H30	H29	H27	98.1% (513 of 523)	91.1% (293 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Monday** Hour of Day: **14** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level														% Demand Covered	% Geography Covered		
1	H05															42.9% (195 of 455)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														67.9% (309 of 455)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													83.7% (381 of 455)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	H08												89.5% (407 of 455)	70.7% (227 of 321 Sq. Miles)
5	H05	P13	P30	H08	P2											91.4% (416 of 455)	72.9% (234 of 321 Sq. Miles)
6	H05	P13	P30	H08	P2	H18										93.0% (423 of 455)	74.7% (240 of 321 Sq. Miles)
7	H05	P13	P30	H08	P2	H18	H29									94.3% (429 of 455)	78.0% (250 of 321 Sq. Miles)
8	H05	P13	P30	H08	P2	H18	H29	P34								95.4% (434 of 455)	83.6% (269 of 321 Sq. Miles)
9	H05	P13	P30	H08	P2	H18	H29	P34	P10							96.0% (437 of 455)	84.3% (271 of 321 Sq. Miles)
10	H05	P13	P30	H08	P2	H18	H29	P34	P10	P3						96.7% (440 of 455)	86.0% (276 of 321 Sq. Miles)
11	H05	P13	P30	H08	P2	H18	H29	P34	P10	P3	P22					97.1% (442 of 455)	86.7% (279 of 321 Sq. Miles)
12	H05	P13	P30	H08	P2	H18	H29	P34	P10	P3	P22	P12				97.6% (444 of 455)	87.1% (280 of 321 Sq. Miles)
13	H05	P13	P30	H08	P2	H18	H29	P34	P10	P3	P22	P12	P11			98.0% (446 of 455)	87.1% (280 of 321 Sq. Miles)
14	H05	P13	P30	H08	P2	H18	H29	P34	P10	P3	P22	P12	P11	H30		98.0% (446 of 455)	87.4% (281 of 321 Sq. Miles)
15	H05	P13	P30	H08	P2	H18	H29	P34	P10	P3	P22	P12	P11	H30	H27	98.0% (446 of 455)	89.8% (289 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **15** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.9% (187 of 493)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.1% (321 of 493)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.3% (401 of 493)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.6% (437 of 493)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											91.9% (453 of 493)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H16										94.3% (465 of 493)	77.6% (249 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H16	P1									95.7% (472 of 493)	79.9% (257 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H16	P1	P34								96.8% (477 of 493)	85.6% (275 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H16	P1	P34	P20							97.4% (480 of 493)	86.5% (278 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H16	P1	P34	P20	H25						97.8% (482 of 493)	86.9% (281 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	H16	P1	P34	P20	H25	P29					98.2% (484 of 493)	88.0% (283 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	H16	P1	P34	P20	H25	P29	H30				98.4% (485 of 493)	88.3% (284 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	H16	P1	P34	P20	H25	P29	H30	P25			98.6% (486 of 493)	88.8% (285 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	H16	P1	P34	P20	H25	P29	H30	P25	H30		98.6% (486 of 493)	88.8% (285 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	H16	P1	P34	P20	H25	P29	H30	P25	H30	H29	98.6% (486 of 493)	88.9% (286 of 321 Sq. Miles)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
P o s t i n g P r i o r i t y

Day of Week: **Monday** Hour of Day: **16** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															43.1% (203 of 471)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														69.2% (326 of 471)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													86.6% (408 of 471)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P9												93.0% (438 of 471)	69.0% (222 of 321 Sq. Miles)
5	H05	P16	P30	P9	P18											94.7% (446 of 471)	72.7% (233 of 321 Sq. Miles)
6	H05	P16	P30	P9	P18	P12										95.8% (451 of 471)	76.4% (246 of 321 Sq. Miles)
7	H05	P16	P30	P9	P18	P12	H18									96.6% (455 of 471)	76.7% (246 of 321 Sq. Miles)
8	H05	P16	P30	P9	P18	P12	H18	P34								97.5% (459 of 471)	82.4% (265 of 321 Sq. Miles)
9	H05	P16	P30	P9	P18	P12	H18	P34	P3							98.3% (463 of 471)	84.9% (273 of 321 Sq. Miles)
10	H05	P16	P30	P9	P18	P12	H18	P34	P3	P10						98.7% (465 of 471)	85.6% (275 of 321 Sq. Miles)
11	H05	P16	P30	P9	P18	P12	H18	P34	P3	P10	P2					99.2% (467 of 471)	87.1% (280 of 321 Sq. Miles)
12	H05	P16	P30	P9	P18	P12	H18	P34	P3	P10	P2	H13				99.4% (468 of 471)	87.7% (282 of 321 Sq. Miles)
13	H05	P16	P30	P9	P18	P12	H18	P34	P3	P10	P2	H13	H02			99.6% (469 of 471)	88.7% (285 of 321 Sq. Miles)
14	H05	P16	P30	P9	P18	P12	H18	P34	P3	P10	P2	H13	H02	H30		99.6% (469 of 471)	89.0% (286 of 321 Sq. Miles)
15	H05	P16	P30	P9	P18	P12	H18	P34	P3	P10	P2	H13	H02	H30	H29	99.6% (469 of 471)	89.1% (286 of 321 Sq. Miles)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **17** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level														% Demand Covered	% Geography Covered		
1	H05															38.7% (185 of 478)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														68.6% (328 of 478)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P30													78.9% (377 of 478)	60.0% (193 of 321 Sq. Miles)
4	H05	P17	P30	H15												88.9% (425 of 478)	71.4% (229 of 321 Sq. Miles)
5	H05	P17	P30	H15	P8											93.5% (447 of 478)	74.9% (241 of 321 Sq. Miles)
6	H05	P17	P30	H15	P8	P34										95.2% (455 of 478)	80.6% (259 of 321 Sq. Miles)
7	H05	P17	P30	H15	P8	P34	P11									96.4% (461 of 478)	82.0% (263 of 321 Sq. Miles)
8	H05	P17	P30	H15	P8	P34	P11	P1								97.7% (467 of 478)	85.3% (274 of 321 Sq. Miles)
9	H05	P17	P30	H15	P8	P34	P11	P1	H18							98.7% (472 of 478)	87.1% (280 of 321 Sq. Miles)
10	H05	P17	P30	H15	P8	P34	P11	P1	H18	P25						99.2% (474 of 478)	88.4% (284 of 321 Sq. Miles)
11	H05	P17	P30	H15	P8	P34	P11	P1	H18	P25	H27					99.4% (475 of 478)	90.8% (292 of 321 Sq. Miles)
12	H05	P17	P30	H15	P8	P34	P11	P1	H18	P25	H27	H25				99.6% (476 of 478)	91.6% (294 of 321 Sq. Miles)
13	H05	P17	P30	H15	P8	P34	P11	P1	H18	P25	H27	H25	P3			99.8% (477 of 478)	92.0% (295 of 321 Sq. Miles)
14	H05	P17	P30	H15	P8	P34	P11	P1	H18	P25	H27	H25	P3	H30		99.8% (477 of 478)	92.3% (297 of 321 Sq. Miles)
15	H05	P17	P30	H15	P8	P34	P11	P1	H18	P25	H27	H25	P3	H30	H30	99.8% (477 of 478)	92.3% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Monday** Hour of Day: **18** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level														% Demand Covered	% Geography Covered		
1	H05															38.7% (191 of 494)	24.1% (77 of 321 Sq. Miles)
2	H05	P24														64.8% (320 of 494)	46.3% (149 of 321 Sq. Miles)
3	H05	P24	P13													83.6% (413 of 494)	63.5% (204 of 321 Sq. Miles)
4	H05	P24	P13	P32												88.3% (436 of 494)	71.7% (230 of 321 Sq. Miles)
5	H05	P24	P13	P32	H10											92.5% (457 of 494)	75.6% (243 of 321 Sq. Miles)
6	H05	P24	P13	P32	H10	H13										93.9% (464 of 494)	77.8% (250 of 321 Sq. Miles)
7	H05	P24	P13	P32	H10	H13	P1									94.9% (469 of 494)	81.1% (261 of 321 Sq. Miles)
8	H05	P24	P13	P32	H10	H13	P1	P14								95.7% (473 of 494)	84.0% (270 of 321 Sq. Miles)
9	H05	P24	P13	P32	H10	H13	P1	P14	H18							96.4% (476 of 494)	84.7% (272 of 321 Sq. Miles)
10	H05	P24	P13	P32	H10	H13	P1	P14	H18	P12						97.0% (479 of 494)	86.8% (279 of 321 Sq. Miles)
11	H05	P24	P13	P32	H10	H13	P1	P14	H18	P12	H25					97.4% (481 of 494)	87.3% (280 of 321 Sq. Miles)
12	H05	P24	P13	P32	H10	H13	P1	P14	H18	P12	H25	H27				97.6% (482 of 494)	89.3% (287 of 321 Sq. Miles)
13	H05	P24	P13	P32	H10	H13	P1	P14	H18	P12	H25	H27	P34			97.8% (483 of 494)	92.1% (296 of 321 Sq. Miles)
14	H05	P24	P13	P32	H10	H13	P1	P14	H18	P12	H25	H27	P34	P3		98.0% (484 of 494)	92.9% (298 of 321 Sq. Miles)
15	H05	P24	P13	P32	H10	H13	P1	P14	H18	P12	H25	H27	P34	P3	H30	98.0% (484 of 494)	93.2% (299 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **19** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															41.9% (244 of 583)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.7% (389 of 583)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.9% (489 of 583)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												91.6% (534 of 583)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											93.8% (547 of 583)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	H25										95.0% (554 of 583)	75.5% (242 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	H25	P12									96.1% (560 of 583)	76.0% (244 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	H25	P12	P1								97.1% (566 of 583)	79.4% (255 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	H25	P12	P1	P34							97.6% (569 of 583)	85.0% (273 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	H25	P12	P1	P34	H16						97.9% (571 of 583)	86.6% (278 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	H25	P12	P1	P34	H16	P20					98.3% (573 of 583)	87.5% (281 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	H25	P12	P1	P34	H16	P20	H20				98.5% (574 of 583)	88.2% (283 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	H25	P12	P1	P34	H16	P20	H20	P17			98.6% (575 of 583)	90.8% (292 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	H25	P12	P1	P34	H16	P20	H20	P17	H30		98.6% (575 of 583)	91.2% (293 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	H25	P12	P1	P34	H16	P20	H20	P17	H30	H29	98.6% (575 of 583)	91.2% (293 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Monday** Hour of Day: **20** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															42.5% (198 of 466)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														68.0% (317 of 466)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													85.2% (397 of 466)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												90.6% (422 of 466)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											93.1% (434 of 466)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H25										95.1% (443 of 466)	76.5% (246 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H25	H08									96.4% (449 of 466)	78.7% (253 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H25	H08	P1								97.4% (454 of 466)	81.0% (260 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H25	H08	P1	H27							98.1% (457 of 466)	85.7% (275 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H25	H08	P1	H27	H18						98.5% (459 of 466)	87.0% (279 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	H25	H08	P1	H27	H18	P22					98.7% (460 of 466)	87.0% (279 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	H25	H08	P1	H27	H18	P22	P12				98.9% (461 of 466)	87.3% (280 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	H25	H08	P1	H27	H18	P22	P12	H30			98.9% (461 of 466)	87.6% (281 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	H25	H08	P1	H27	H18	P22	P12	H30	H29		98.9% (461 of 466)	87.7% (282 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	H25	H08	P1	H27	H18	P22	P12	H30	H29	H25	98.9% (461 of 466)	87.7% (282 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **21** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level															% Demand Covered	% Geography Covered	
1	P2														41.4% (199 of 481)	22.5% (72 of 321 Sq. Miles)	
2	P2	P23													66.5% (320 of 481)	44.0% (141 of 321 Sq. Miles)	
3	P2	P23	P11												82.3% (396 of 481)	59.3% (190 of 321 Sq. Miles)	
4	P2	P23	P11	P30											87.3% (420 of 481)	69.1% (222 of 321 Sq. Miles)	
5	P2	P23	P11	P30	P10										87.3% (420 of 481)	69.1% (222 of 321 Sq. Miles)	
6	P2	P23	P11	P30	P10	H25									93.6% (450 of 481)	76.3% (245 of 321 Sq. Miles)	
7	P2	P23	P11	P30	P10	H25	P3								95.4% (459 of 481)	79.1% (254 of 321 Sq. Miles)	
8	P2	P23	P11	P30	P10	H25	P3	H18							96.5% (464 of 481)	80.3% (258 of 321 Sq. Miles)	
9	P2	P23	P11	P30	P10	H25	P3	H18	P34						97.1% (467 of 481)	86.0% (276 of 321 Sq. Miles)	
10	P2	P23	P11	P30	P10	H25	P3	H18	P34	H24					97.5% (469 of 481)	86.1% (277 of 321 Sq. Miles)	
11	P2	P23	P11	P30	P10	H25	P3	H18	P34	H24	P29				97.9% (471 of 481)	87.2% (280 of 321 Sq. Miles)	
12	P2	P23	P11	P30	P10	H25	P3	H18	P34	H24	P29	H27			98.1% (472 of 481)	89.7% (288 of 321 Sq. Miles)	
13	P2	P23	P11	P30	P10	H25	P3	H18	P34	H24	P29	H27	H16		98.3% (473 of 481)	90.4% (290 of 321 Sq. Miles)	
14	P2	P23	P11	P30	P10	H25	P3	H18	P34	H24	P29	H27	H16	H30	98.3% (473 of 481)	91.6% (294 of 321 Sq. Miles)	
15	P2	P23	P11	P30	P10	H25	P3	H18	P34	H24	P29	H27	H16	H30	H29	98.3% (473 of 481)	91.6% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Monday** Hour of Day: **22** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05														39.5% (165 of 418)	24.1% (77 of 321 Sq. Miles)	
2	H05	P16													65.8% (275 of 418)	44.4% (143 of 321 Sq. Miles)	
3	H05	P16	P30												82.3% (344 of 418)	63.4% (204 of 321 Sq. Miles)	
4	H05	P16	P30	P10											89.5% (374 of 418)	69.7% (224 of 321 Sq. Miles)	
5	H05	P16	P30	P10	H20										93.1% (389 of 418)	73.9% (237 of 321 Sq. Miles)	
6	H05	P16	P30	P10	H20	P12									94.7% (396 of 418)	77.2% (248 of 321 Sq. Miles)	
7	H05	P16	P30	P10	H20	P12	P33								95.9% (401 of 418)	82.5% (265 of 321 Sq. Miles)	
8	H05	P16	P30	P10	H20	P12	P33	H24							96.9% (405 of 418)	83.3% (267 of 321 Sq. Miles)	
9	H05	P16	P30	P10	H20	P12	P33	H24	P26						97.4% (407 of 418)	85.4% (274 of 321 Sq. Miles)	
10	H05	P16	P30	P10	H20	P12	P33	H24	P26	H25					97.6% (408 of 418)	85.8% (276 of 321 Sq. Miles)	
11	H05	P16	P30	P10	H20	P12	P33	H24	P26	H25	H13				97.8% (409 of 418)	86.3% (277 of 321 Sq. Miles)	
12	H05	P16	P30	P10	H20	P12	P33	H24	P26	H25	H13	H03			98.1% (410 of 418)	87.2% (280 of 321 Sq. Miles)	
13	H05	P16	P30	P10	H20	P12	P33	H24	P26	H25	H13	H03	H30		98.1% (410 of 418)	87.2% (280 of 321 Sq. Miles)	
14	H05	P16	P30	P10	H20	P12	P33	H24	P26	H25	H13	H03	H30	H29	98.1% (410 of 418)	87.4% (281 of 321 Sq. Miles)	
15	H05	P16	P30	P10	H20	P12	P33	H24	P26	H25	H13	H03	H30	H29	H27	98.1% (410 of 418)	88.6% (285 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Monday** Hour of Day: **23** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															42.5% (170 of 400)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														69.0% (276 of 400)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P16													81.0% (324 of 400)	58.0% (186 of 321 Sq. Miles)
4	H05	P23	P16	P30												88.8% (355 of 400)	67.4% (217 of 321 Sq. Miles)
5	H05	P23	P16	P30	H10											91.3% (365 of 400)	72.9% (234 of 321 Sq. Miles)
6	H05	P23	P16	P30	H10	P1										93.5% (374 of 400)	76.3% (245 of 321 Sq. Miles)
7	H05	P23	P16	P30	H10	P1	H27									95.0% (380 of 400)	81.0% (260 of 321 Sq. Miles)
8	H05	P23	P16	P30	H10	P1	H27	H29								96.3% (385 of 400)	84.2% (270 of 321 Sq. Miles)
9	H05	P23	P16	P30	H10	P1	H27	H29	H25							96.8% (387 of 400)	85.1% (273 of 321 Sq. Miles)
10	H05	P23	P16	P30	H10	P1	H27	H29	H25	H03						97.0% (388 of 400)	86.1% (276 of 321 Sq. Miles)
11	H05	P23	P16	P30	H10	P1	H27	H29	H25	H03	P29					97.3% (389 of 400)	87.2% (280 of 321 Sq. Miles)
12	H05	P23	P16	P30	H10	P1	H27	H29	H25	H03	P29	P10				97.5% (390 of 400)	88.6% (285 of 321 Sq. Miles)
13	H05	P23	P16	P30	H10	P1	H27	H29	H25	H03	P29	P10	H30			97.5% (390 of 400)	88.6% (285 of 321 Sq. Miles)
14	H05	P23	P16	P30	H10	P1	H27	H29	H25	H03	P29	P10	H30	H29		97.5% (390 of 400)	88.6% (285 of 321 Sq. Miles)
15	H05	P23	P16	P30	H10	P1	H27	H29	H25	H03	P29	P10	H30	H29	H24	97.5% (390 of 400)	88.7% (285 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Monday** Hour of Day: **24** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															43.9% (140 of 319)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														71.2% (227 of 319)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													87.5% (279 of 319)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	P8												90.9% (290 of 319)	69.8% (224 of 321 Sq. Miles)
5	H05	P13	P30	P8	P17											93.7% (299 of 319)	76.0% (244 of 321 Sq. Miles)
6	H05	P13	P30	P8	P17	H27										95.6% (305 of 319)	80.7% (259 of 321 Sq. Miles)
7	H05	P13	P30	P8	P17	H27	P1									97.2% (310 of 319)	84.1% (270 of 321 Sq. Miles)
8	H05	P13	P30	P8	P17	H27	P1	H18								97.8% (312 of 319)	85.3% (274 of 321 Sq. Miles)
9	H05	P13	P30	P8	P17	H27	P1	H18	P34							98.1% (313 of 319)	88.7% (285 of 321 Sq. Miles)
10	H05	P13	P30	P8	P17	H27	P1	H18	P34	P26						98.4% (314 of 319)	89.3% (287 of 321 Sq. Miles)
11	H05	P13	P30	P8	P17	H27	P1	H18	P34	P26	P20					98.7% (315 of 319)	90.0% (289 of 321 Sq. Miles)
12	H05	P13	P30	P8	P17	H27	P1	H18	P34	P26	P20	H30				98.7% (315 of 319)	90.4% (290 of 321 Sq. Miles)
13	H05	P13	P30	P8	P17	H27	P1	H18	P34	P26	P20	H30	H29			98.7% (315 of 319)	90.4% (290 of 321 Sq. Miles)
14	H05	P13	P30	P8	P17	H27	P1	H18	P34	P26	P20	H30	H29	H27		98.7% (315 of 319)	91.5% (294 of 321 Sq. Miles)
15	H05	P13	P30	P8	P17	H27	P1	H18	P34	P26	P20	H30	H29	H27	H25	98.7% (315 of 319)	91.5% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **1** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05															37.9% (111 of 293)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														68.3% (200 of 293)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													86.3% (253 of 293)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P9												92.2% (270 of 293)	69.0% (222 of 321 Sq. Miles)
5	H05	P16	P30	P9	P1											93.9% (275 of 293)	72.4% (232 of 321 Sq. Miles)
6	H05	P16	P30	P9	P1	H25										95.2% (279 of 293)	73.7% (237 of 321 Sq. Miles)
7	H05	P16	P30	P9	P1	H25	P23									96.6% (283 of 293)	77.2% (248 of 321 Sq. Miles)
8	H05	P16	P30	P9	P1	H25	P23	H20								97.6% (286 of 293)	79.3% (255 of 321 Sq. Miles)
9	H05	P16	P30	P9	P1	H25	P23	H20	H27							98.3% (288 of 293)	84.0% (270 of 321 Sq. Miles)
10	H05	P16	P30	P9	P1	H25	P23	H20	H27	P29						98.6% (289 of 293)	85.1% (273 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Tuesday** Hour of Day: **2** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															38.5% (107 of 278)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														68.0% (189 of 278)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P13													77.7% (216 of 278)	56.9% (183 of 321 Sq. Miles)
4	H05	P17	P13	P30												86.7% (241 of 278)	72.3% (232 of 321 Sq. Miles)
5	H05	P17	P13	P30	H20											93.2% (259 of 278)	76.4% (246 of 321 Sq. Miles)
6	H05	P17	P13	P30	H20	H27										94.6% (263 of 278)	81.2% (261 of 321 Sq. Miles)
7	H05	P17	P13	P30	H20	H27	P24									96.0% (267 of 278)	83.3% (268 of 321 Sq. Miles)
8	H05	P17	P13	P30	H20	H27	P24	P2								97.5% (271 of 278)	84.9% (273 of 321 Sq. Miles)
9	H05	P17	P13	P30	H20	H27	P24	P2	H25							97.8% (272 of 278)	85.7% (275 of 321 Sq. Miles)
10	H05	P17	P13	P30	H20	H27	P24	P2	H25	H18						98.2% (273 of 278)	86.3% (277 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Tuesday** Hour of Day: **3** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05															39.4% (115 of 292)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														69.9% (204 of 292)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													86.3% (252 of 292)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	H20												90.1% (263 of 292)	69.8% (224 of 321 Sq. Miles)
5	H05	P13	P30	H20	P26											93.2% (272 of 292)	73.3% (235 of 321 Sq. Miles)
6	H05	P13	P30	H20	P26	H03										94.5% (276 of 292)	74.8% (240 of 321 Sq. Miles)
7	H05	P13	P30	H20	P26	H03	H27									95.5% (279 of 292)	79.6% (256 of 321 Sq. Miles)
8	H05	P13	P30	H20	P26	H03	H27	H18								96.6% (282 of 292)	80.7% (259 of 321 Sq. Miles)
9	H05	P13	P30	H20	P26	H03	H27	H18	H08							97.6% (285 of 292)	83.8% (269 of 321 Sq. Miles)
10	H05	P13	P30	H20	P26	H03	H27	H18	H08	P12						98.3% (287 of 292)	85.5% (275 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **4** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P10															38.3% (82 of 214)	21.8% (70 of 321 Sq. Miles)
2	P10	P19														61.2% (131 of 214)	36.9% (119 of 321 Sq. Miles)
3	P10	P19	P2													74.8% (160 of 214)	48.1% (155 of 321 Sq. Miles)
4	P10	P19	P2	P31												85.0% (182 of 214)	60.7% (195 of 321 Sq. Miles)
5	P10	P19	P2	P31	H15											90.7% (194 of 214)	71.0% (228 of 321 Sq. Miles)
6	P10	P19	P2	P31	H15	H27										92.1% (197 of 214)	74.2% (238 of 321 Sq. Miles)
7	P10	P19	P2	P31	H15	H27	H20									93.5% (200 of 214)	77.4% (249 of 321 Sq. Miles)
8	P10	P19	P2	P31	H15	H27	H20	P12								94.9% (203 of 214)	79.1% (254 of 321 Sq. Miles)
9	P10	P19	P2	P31	H15	H27	H20	P12	H13							95.8% (205 of 214)	83.4% (268 of 321 Sq. Miles)
10	P10	P19	P2	P31	H15	H27	H20	P12	H13	P1						96.7% (207 of 214)	84.6% (272 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Tuesday** Hour of Day: **5** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P10															38.3% (82 of 214)	21.8% (70 of 321 Sq. Miles)
2	P10	P19														61.2% (131 of 214)	36.9% (119 of 321 Sq. Miles)
3	P10	P19	P2													74.8% (160 of 214)	48.1% (155 of 321 Sq. Miles)
4	P10	P19	P2	P31												85.0% (182 of 214)	60.7% (195 of 321 Sq. Miles)
5	P10	P19	P2	P31	H15											90.7% (194 of 214)	71.0% (228 of 321 Sq. Miles)
6	P10	P19	P2	P31	H15	H27										92.1% (197 of 214)	74.2% (238 of 321 Sq. Miles)
7	P10	P19	P2	P31	H15	H27	H20									93.5% (200 of 214)	77.4% (249 of 321 Sq. Miles)
8	P10	P19	P2	P31	H15	H27	H20	P12								94.9% (203 of 214)	79.1% (254 of 321 Sq. Miles)
9	P10	P19	P2	P31	H15	H27	H20	P12	H13							95.8% (205 of 214)	83.4% (268 of 321 Sq. Miles)
10	P10	P19	P2	P31	H15	H27	H20	P12	H13	P1						96.7% (207 of 214)	84.6% (272 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Tuesday** Hour of Day: **6** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P10															38.3% (82 of 214)	21.8% (70 of 321 Sq. Miles)
2	P10	P19														61.2% (131 of 214)	36.9% (119 of 321 Sq. Miles)
3	P10	P19	P2													74.8% (160 of 214)	48.1% (155 of 321 Sq. Miles)
4	P10	P19	P2	P31												85.0% (182 of 214)	60.7% (195 of 321 Sq. Miles)
5	P10	P19	P2	P31	H15											90.7% (194 of 214)	71.0% (228 of 321 Sq. Miles)
6	P10	P19	P2	P31	H15	H27										92.1% (197 of 214)	74.2% (238 of 321 Sq. Miles)
7	P10	P19	P2	P31	H15	H27	H20									93.5% (200 of 214)	77.4% (249 of 321 Sq. Miles)
8	P10	P19	P2	P31	H15	H27	H20	P12								94.9% (203 of 214)	79.1% (254 of 321 Sq. Miles)
9	P10	P19	P2	P31	H15	H27	H20	P12	H13							95.8% (205 of 214)	83.4% (268 of 321 Sq. Miles)
10	P10	P19	P2	P31	H15	H27	H20	P12	H13	P1						96.7% (207 of 214)	84.6% (272 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **7** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	P10															38.3% (82 of 214)	21.8% (70 of 321 Sq. Miles)
1	H05															39.1% (135 of 345)	24.1% (77 of 321 Sq. Miles)
2	P10	P19														61.2% (131 of 214)	36.9% (119 of 321 Sq. Miles)
2	H05	P23														70.1% (242 of 345)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													85.8% (296 of 345)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												90.1% (311 of 345)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											92.8% (320 of 345)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H16										94.5% (326 of 345)	77.6% (249 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H16	H08									95.7% (330 of 345)	79.8% (256 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H16	H08	H24								96.5% (333 of 345)	80.6% (259 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H16	H08	H24	H13							97.1% (335 of 345)	81.1% (260 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H16	H08	H24	H13	H27						97.4% (336 of 345)	85.8% (276 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Tuesday** Hour of Day: **8** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															34.4% (167 of 485)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														62.9% (305 of 485)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P13													81.9% (397 of 485)	60.5% (194 of 321 Sq. Miles)
4	H05	P23	P13	P31												87.2% (423 of 485)	69.4% (223 of 321 Sq. Miles)
5	H05	P23	P13	P31	H10											90.7% (440 of 485)	73.3% (235 of 321 Sq. Miles)
6	H05	P23	P13	P31	H10	P29										92.4% (448 of 485)	76.6% (246 of 321 Sq. Miles)
7	H05	P23	P13	P31	H10	P29	P20									94.0% (456 of 485)	78.1% (251 of 321 Sq. Miles)
8	H05	P23	P13	P31	H10	P29	P20	P1								95.7% (464 of 485)	81.5% (262 of 321 Sq. Miles)
9	H05	P23	P13	P31	H10	P29	P20	P1	P12							96.9% (470 of 485)	83.7% (269 of 321 Sq. Miles)
10	H05	P23	P13	P31	H10	P29	P20	P1	P12	P10						97.7% (474 of 485)	84.9% (273 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **9** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															33.9% (212 of 626)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														63.7% (399 of 626)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.3% (509 of 626)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.3% (553 of 626)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											90.9% (569 of 626)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	P29										92.7% (580 of 626)	74.1% (238 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	P29	H16									93.9% (588 of 626)	77.7% (250 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	P29	H16	P34								95.2% (596 of 626)	83.4% (268 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	P29	H16	P34	H24							96.0% (601 of 626)	84.1% (270 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3						96.8% (606 of 626)	86.2% (277 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08					97.4% (610 of 626)	87.5% (281 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27				97.8% (612 of 626)	89.9% (289 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25			97.9% (613 of 626)	90.4% (290 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25	H18		98.1% (614 of 626)	90.7% (291 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25	H18	H03	98.2% (615 of 626)	91.7% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Tuesday** Hour of Day: **10** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															33.9% (212 of 626)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														63.7% (399 of 626)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.3% (509 of 626)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.3% (553 of 626)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											90.9% (569 of 626)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	P29										92.7% (580 of 626)	74.1% (238 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	P29	H16									93.9% (588 of 626)	77.7% (250 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	P29	H16	P34								95.2% (596 of 626)	83.4% (268 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	P29	H16	P34	H24							96.0% (601 of 626)	84.1% (270 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3						96.8% (606 of 626)	86.2% (277 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08					97.4% (610 of 626)	87.5% (281 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27				97.8% (612 of 626)	89.9% (289 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25			97.9% (613 of 626)	90.4% (290 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25	H18		98.1% (614 of 626)	90.7% (291 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25	H18	H03	98.2% (615 of 626)	91.7% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **11** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															33.9% (212 of 626)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														63.7% (399 of 626)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.3% (509 of 626)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.3% (553 of 626)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											90.9% (569 of 626)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	P29										92.7% (580 of 626)	74.1% (238 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	P29	H16									93.9% (588 of 626)	77.7% (250 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	P29	H16	P34								95.2% (596 of 626)	83.4% (268 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	P29	H16	P34	H24							96.0% (601 of 626)	84.1% (270 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3						96.8% (606 of 626)	86.2% (277 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08					97.4% (610 of 626)	87.5% (281 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27				97.8% (612 of 626)	89.9% (289 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25			97.9% (613 of 626)	90.4% (290 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25	H18		98.1% (614 of 626)	90.7% (291 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	P29	H16	P34	H24	P3	H08	H27	H25	H18	H03	98.2% (615 of 626)	91.7% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Tuesday** Hour of Day: **12** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															35.7% (243 of 680)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														63.5% (432 of 680)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.8% (556 of 680)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												87.2% (593 of 680)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	H20											91.5% (622 of 680)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P11	P32	H20	P16										93.7% (637 of 680)	78.0% (250 of 321 Sq. Miles)
7	H05	P23	P11	P32	H20	P16	P10									94.9% (645 of 680)	80.2% (258 of 321 Sq. Miles)
8	H05	P23	P11	P32	H20	P16	P10	P29	P1							95.9% (652 of 680)	84.1% (270 of 321 Sq. Miles)
9	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34						96.8% (658 of 680)	86.4% (278 of 321 Sq. Miles)
10	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34						97.2% (661 of 680)	89.2% (287 of 321 Sq. Miles)
11	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20					97.5% (663 of 680)	90.1% (289 of 321 Sq. Miles)
12	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17				97.8% (665 of 680)	91.9% (295 of 321 Sq. Miles)
13	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17	P12			98.1% (667 of 680)	92.4% (297 of 321 Sq. Miles)
14	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17	P12	P22		98.2% (668 of 680)	92.7% (298 of 321 Sq. Miles)
15	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17	P12	P22	H30	98.2% (668 of 680)	93.0% (299 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **13** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															35.7% (243 of 680)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														63.5% (432 of 680)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.8% (556 of 680)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												87.2% (593 of 680)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	H20											91.5% (622 of 680)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P11	P32	H20	P16										93.7% (637 of 680)	78.0% (250 of 321 Sq. Miles)
7	H05	P23	P11	P32	H20	P16	P10									94.9% (645 of 680)	80.2% (258 of 321 Sq. Miles)
8	H05	P23	P11	P32	H20	P16	P10	P29								95.9% (652 of 680)	84.1% (270 of 321 Sq. Miles)
9	H05	P23	P11	P32	H20	P16	P10	P29	P1							96.8% (658 of 680)	86.4% (278 of 321 Sq. Miles)
10	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34						97.2% (661 of 680)	89.2% (287 of 321 Sq. Miles)
11	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20					97.5% (663 of 680)	90.1% (289 of 321 Sq. Miles)
12	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17				97.8% (665 of 680)	91.9% (295 of 321 Sq. Miles)
13	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17	P12			98.1% (667 of 680)	92.4% (297 of 321 Sq. Miles)
14	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17	P12	P22		98.2% (668 of 680)	92.7% (298 of 321 Sq. Miles)
15	H05	P23	P11	P32	H20	P16	P10	P29	P1	P34	P20	P17	P12	P22	H30	98.2% (668 of 680)	93.0% (299 of 321 Sq. Miles)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
P o s t i n g P r i o r i t y

Day of Week: **Tuesday** Hour of Day: **14** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															38.1% (258 of 678)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.6% (445 of 678)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P13													81.9% (555 of 678)	60.5% (194 of 321 Sq. Miles)
4	H05	P23	P13	P30												89.2% (605 of 678)	70.2% (226 of 321 Sq. Miles)
5	H05	P23	P13	P30	H10											92.6% (628 of 678)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P13	P30	H10	P34										94.1% (638 of 678)	79.8% (256 of 321 Sq. Miles)
7	H05	P23	P13	P30	H10	P34	H20									95.4% (647 of 678)	82.1% (264 of 321 Sq. Miles)
8	H05	P23	P13	P30	H10	P34	H20	H24								96.0% (651 of 678)	82.9% (266 of 321 Sq. Miles)
9	H05	P23	P13	P30	H10	P34	H20	H24	P16							96.6% (655 of 678)	84.0% (270 of 321 Sq. Miles)
10	H05	P23	P13	P30	H10	P34	H20	H24	P16	P29						97.1% (658 of 678)	85.1% (273 of 321 Sq. Miles)
11	H05	P23	P13	P30	H10	P34	H20	H24	P16	P29	H29					97.3% (660 of 678)	86.3% (277 of 321 Sq. Miles)
12	H05	P23	P13	P30	H10	P34	H20	H24	P16	P29	H29	P17				97.6% (662 of 678)	88.8% (285 of 321 Sq. Miles)
13	H05	P23	P13	P30	H10	P34	H20	H24	P16	P29	H29	P17	P3			97.9% (664 of 678)	88.9% (286 of 321 Sq. Miles)
14	H05	P23	P13	P30	H10	P34	H20	H24	P16	P29	H29	P17	P3	H30		98.1% (665 of 678)	89.3% (287 of 321 Sq. Miles)
15	H05	P23	P13	P30	H10	P34	H20	H24	P16	P29	H29	P17	P3	H30	H25	98.2% (666 of 678)	89.6% (288 of 321 Sq. Miles)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **15** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.9% (283 of 747)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														64.1% (479 of 747)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.3% (607 of 747)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												89.4% (668 of 747)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											92.1% (688 of 747)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	P34										94.0% (702 of 747)	79.7% (256 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	P34	P16									95.7% (715 of 747)	83.1% (267 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	P34	P16	P17								97.1% (725 of 747)	86.4% (278 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	P34	P16	P17	P1							98.1% (733 of 747)	88.7% (285 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	P34	P16	P17	P1	H13						98.5% (736 of 747)	89.2% (286 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	P34	P16	P17	P1	H13	H27					98.8% (738 of 747)	91.6% (294 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	P34	P16	P17	P1	H13	H27	H25				99.1% (740 of 747)	92.3% (296 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	P34	P16	P17	P1	H13	H27	H25	H18			99.2% (741 of 747)	92.3% (297 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	P34	P16	P17	P1	H13	H27	H25	H18	H30		99.2% (741 of 747)	92.6% (298 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	P34	P16	P17	P1	H13	H27	H25	H18	H30	H30	99.2% (741 of 747)	92.6% (298 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Tuesday** Hour of Day: **16** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															34.2% (250 of 731)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														64.0% (468 of 731)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.4% (602 of 731)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												88.5% (647 of 731)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	H20											91.9% (672 of 731)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P11	P32	H20	H08										94.1% (688 of 731)	76.3% (245 of 321 Sq. Miles)
7	H05	P23	P11	P32	H20	H08	P16									96.0% (702 of 731)	80.2% (257 of 321 Sq. Miles)
8	H05	P23	P11	P32	H20	H08	P16	P30								97.1% (710 of 731)	83.6% (268 of 321 Sq. Miles)
9	H05	P23	P11	P32	H20	H08	P16	P30	P34							97.4% (712 of 731)	86.3% (277 of 321 Sq. Miles)
10	H05	P23	P11	P32	H20	H08	P16	P30	P34	P18						97.7% (714 of 731)	86.6% (278 of 321 Sq. Miles)
11	H05	P23	P11	P32	H20	H08	P16	P30	P34	P18	P1					97.9% (716 of 731)	88.9% (286 of 321 Sq. Miles)
12	H05	P23	P11	P32	H20	H08	P16	P30	P34	P18	P1	H29				98.1% (717 of 731)	89.0% (286 of 321 Sq. Miles)
13	H05	P23	P11	P32	H20	H08	P16	P30	P34	P18	P1	H29	H25			98.2% (718 of 731)	89.4% (287 of 321 Sq. Miles)
14	H05	P23	P11	P32	H20	H08	P16	P30	P34	P18	P1	H29	H25	H13		98.4% (719 of 731)	89.9% (289 of 321 Sq. Miles)
15	H05	P23	P11	P32	H20	H08	P16	P30	P34	P18	P1	H29	H25	H13	P20	98.5% (720 of 731)	90.8% (292 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **17** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															36.4% (256 of 703)	22.5% (72 of 321 Sq. Miles)
2	P2	P13														65.3% (459 of 703)	44.2% (142 of 321 Sq. Miles)
3	P2	P13	P30													84.5% (594 of 703)	64.0% (206 of 321 Sq. Miles)
4	P2	P13	P30	P10												89.8% (631 of 703)	70.7% (227 of 321 Sq. Miles)
5	P2	P13	P30	P10	P24											91.7% (645 of 703)	75.4% (242 of 321 Sq. Miles)
6	P2	P13	P30	P10	P24	H20										93.3% (656 of 703)	78.7% (253 of 321 Sq. Miles)
7	P2	P13	P30	P10	P24	H20	P20									94.7% (666 of 703)	79.9% (257 of 321 Sq. Miles)
8	P2	P13	P30	P10	P24	H20	P20	P12								96.0% (675 of 703)	81.6% (262 of 321 Sq. Miles)
9	P2	P13	P30	P10	P24	H20	P20	P12	P34							97.0% (682 of 703)	87.3% (280 of 321 Sq. Miles)
10	P2	P13	P30	P10	P24	H20	P20	P12	P34	H25						97.6% (686 of 703)	87.8% (282 of 321 Sq. Miles)
11	P2	P13	P30	P10	P24	H20	P20	P12	P34	H25	H13					97.9% (688 of 703)	88.2% (283 of 321 Sq. Miles)
12	P2	P13	P30	P10	P24	H20	P20	P12	P34	H25	H13	H08				98.2% (690 of 703)	88.9% (285 of 321 Sq. Miles)
13	P2	P13	P30	P10	P24	H20	P20	P12	P34	H25	H13	H08	H03			98.3% (691 of 703)	90.6% (291 of 321 Sq. Miles)
14	P2	P13	P30	P10	P24	H20	P20	P12	P34	H25	H13	H08	H03	H30		98.3% (691 of 703)	90.6% (291 of 321 Sq. Miles)
15	P2	P13	P30	P10	P24	H20	P20	P12	P34	H25	H13	H08	H03	H30	H29	98.3% (691 of 703)	90.7% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Tuesday** Hour of Day: **18** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.9% (271 of 715)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														66.3% (474 of 715)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P30													78.6% (562 of 715)	60.0% (193 of 321 Sq. Miles)
4	H05	P17	P30	P13												89.5% (640 of 715)	72.3% (232 of 321 Sq. Miles)
5	H05	P17	P30	P13	P8											92.7% (663 of 715)	76.0% (244 of 321 Sq. Miles)
6	H05	P17	P30	P13	P8	P1										94.4% (675 of 715)	79.4% (255 of 321 Sq. Miles)
7	H05	P17	P30	P13	P8	P1	P19									95.8% (685 of 715)	80.5% (259 of 321 Sq. Miles)
8	H05	P17	P30	P13	P8	P1	P19	P34								96.9% (693 of 715)	86.2% (277 of 321 Sq. Miles)
9	H05	P17	P30	P13	P8	P1	P19	P34	P11							97.5% (697 of 715)	87.7% (282 of 321 Sq. Miles)
10	H05	P17	P30	P13	P8	P1	P19	P34	P11	H03						97.8% (699 of 715)	88.6% (285 of 321 Sq. Miles)
11	H05	P17	P30	P13	P8	P1	P19	P34	P11	H03	P29					98.0% (701 of 715)	89.8% (289 of 321 Sq. Miles)
12	H05	P17	P30	P13	P8	P1	P19	P34	P11	H03	P29	P12				98.3% (703 of 715)	90.3% (290 of 321 Sq. Miles)
13	H05	P17	P30	P13	P8	P1	P19	P34	P11	H03	P29	P12	H27			98.5% (704 of 715)	92.7% (298 of 321 Sq. Miles)
14	H05	P17	P30	P13	P8	P1	P19	P34	P11	H03	P29	P12	H27	H25		98.6% (705 of 715)	93.2% (299 of 321 Sq. Miles)
15	H05	P17	P30	P13	P8	P1	P19	P34	P11	H03	P29	P12	H27	H25	H13	98.7% (706 of 715)	93.6% (301 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **19** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															35.1% (202 of 576)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														64.6% (372 of 576)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													81.3% (468 of 576)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P8												87.8% (506 of 576)	69.3% (223 of 321 Sq. Miles)
5	H05	P16	P30	P8	P17											92.0% (530 of 576)	75.8% (243 of 321 Sq. Miles)
6	H05	P16	P30	P8	P17	P33										93.8% (540 of 576)	81.1% (261 of 321 Sq. Miles)
7	H05	P16	P30	P8	P17	P33	H24									95.1% (548 of 576)	81.9% (263 of 321 Sq. Miles)
8	H05	P16	P30	P8	P17	P33	H24	H29								96.2% (554 of 576)	83.9% (270 of 321 Sq. Miles)
9	H05	P16	P30	P8	P17	P33	H24	H29	P22							96.9% (558 of 576)	84.8% (272 of 321 Sq. Miles)
10	H05	P16	P30	P8	P17	P33	H24	H29	P22	P34						97.2% (560 of 576)	86.6% (278 of 321 Sq. Miles)
11	H05	P16	P30	P8	P17	P33	H24	H29	P22	P34	P20					97.6% (562 of 576)	87.5% (281 of 321 Sq. Miles)
12	H05	P16	P30	P8	P17	P33	H24	H29	P22	P34	P20	H13				97.7% (563 of 576)	88.4% (284 of 321 Sq. Miles)
13	H05	P16	P30	P8	P17	P33	H24	H29	P22	P34	P20	H13	P25			97.9% (564 of 576)	88.9% (286 of 321 Sq. Miles)
14	H05	P16	P30	P8	P17	P33	H24	H29	P22	P34	P20	H13	P25	P12		98.1% (565 of 576)	89.3% (287 of 321 Sq. Miles)
15	H05	P16	P30	P8	P17	P33	H24	H29	P22	P34	P20	H13	P25	P12	H30	98.1% (565 of 576)	89.6% (288 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Tuesday** Hour of Day: **20** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															44.1% (225 of 510)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														68.2% (348 of 510)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													84.3% (430 of 510)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												89.4% (456 of 510)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											91.8% (468 of 510)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H25										93.1% (475 of 510)	76.5% (246 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H25	P10									94.5% (482 of 510)	78.8% (253 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H25	P10	H27								95.5% (487 of 510)	83.5% (268 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H25	P10	H27	P1							96.3% (491 of 510)	85.8% (276 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H25	P10	H27	P1	H16						96.7% (493 of 510)	87.4% (281 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	H25	P10	H27	P1	H16	H03					96.9% (494 of 510)	88.3% (284 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	H25	P10	H27	P1	H16	H03	P34				97.1% (495 of 510)	91.7% (294 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	H25	P10	H27	P1	H16	H03	P34	P18			97.3% (496 of 510)	92.1% (296 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	H25	P10	H27	P1	H16	H03	P34	P18	H30		97.3% (496 of 510)	92.1% (296 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	H25	P10	H27	P1	H16	H03	P34	P18	H30	H29	97.3% (496 of 510)	92.1% (296 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **21** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															41.0% (225 of 549)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														66.7% (366 of 549)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P30													77.8% (427 of 549)	60.0% (193 of 321 Sq. Miles)
4	H05	P17	P30	P16												87.6% (481 of 549)	70.3% (226 of 321 Sq. Miles)
5	H05	P17	P30	P16	P8											92.2% (506 of 549)	75.8% (243 of 321 Sq. Miles)
6	H05	P17	P30	P16	P8	P1										94.5% (519 of 549)	79.1% (254 of 321 Sq. Miles)
7	H05	P17	P30	P16	P8	P1	H27									95.4% (524 of 549)	83.9% (269 of 321 Sq. Miles)
8	H05	P17	P30	P16	P8	P1	H27	H29								96.2% (528 of 549)	85.9% (276 of 321 Sq. Miles)
9	H05	P17	P30	P16	P8	P1	H27	H29	H03							96.7% (531 of 549)	86.8% (279 of 321 Sq. Miles)
10	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27						97.1% (533 of 549)	86.9% (279 of 321 Sq. Miles)
11	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11					97.4% (535 of 549)	87.9% (282 of 321 Sq. Miles)
12	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24				97.6% (536 of 549)	87.9% (282 of 321 Sq. Miles)
13	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24	H20			97.8% (537 of 549)	88.2% (283 of 321 Sq. Miles)
14	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24	H20	H13		98.0% (538 of 549)	89.0% (286 of 321 Sq. Miles)
15	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24	H20	H13	P34	98.2% (539 of 549)	92.4% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Tuesday** Hour of Day: **22** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															41.0% (225 of 549)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														66.7% (366 of 549)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P30													77.8% (427 of 549)	60.0% (193 of 321 Sq. Miles)
4	H05	P17	P30	P16												87.6% (481 of 549)	70.3% (226 of 321 Sq. Miles)
5	H05	P17	P30	P16	P8											92.2% (506 of 549)	75.8% (243 of 321 Sq. Miles)
6	H05	P17	P30	P16	P8	P1										94.5% (519 of 549)	79.1% (254 of 321 Sq. Miles)
7	H05	P17	P30	P16	P8	P1	H27									95.4% (524 of 549)	83.9% (269 of 321 Sq. Miles)
8	H05	P17	P30	P16	P8	P1	H27	H29								96.2% (528 of 549)	85.9% (276 of 321 Sq. Miles)
9	H05	P17	P30	P16	P8	P1	H27	H29	H03							96.7% (531 of 549)	86.8% (279 of 321 Sq. Miles)
10	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27						97.1% (533 of 549)	86.9% (279 of 321 Sq. Miles)
11	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11					97.4% (535 of 549)	87.9% (282 of 321 Sq. Miles)
12	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24				97.6% (536 of 549)	87.9% (282 of 321 Sq. Miles)
13	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24	H20			97.8% (537 of 549)	88.2% (283 of 321 Sq. Miles)
14	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24	H20	H13		98.0% (538 of 549)	89.0% (286 of 321 Sq. Miles)
15	H05	P17	P30	P16	P8	P1	H27	H29	H03	P27	P11	H24	H20	H13	P34	98.2% (539 of 549)	92.4% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Tuesday** Hour of Day: **23** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															35.9% (153 of 426)	24.1% (77 of 321 Sq. Miles)
2	H05	P24														63.6% (271 of 426)	46.3% (149 of 321 Sq. Miles)
3	H05	P24	P13													82.9% (353 of 426)	63.5% (204 of 321 Sq. Miles)
4	H05	P24	P13	P10												86.9% (370 of 426)	67.6% (217 of 321 Sq. Miles)
5	H05	P24	P13	P10	P30											89.2% (380 of 426)	74.5% (239 of 321 Sq. Miles)
6	H05	P24	P13	P10	P30	P22										90.8% (387 of 426)	75.5% (243 of 321 Sq. Miles)
7	H05	P24	P13	P10	P30	P22	H01									92.3% (393 of 426)	76.8% (247 of 321 Sq. Miles)
8	H05	P24	P13	P10	P30	P22	H01	P20								93.7% (399 of 426)	78.0% (251 of 321 Sq. Miles)
9	H05	P24	P13	P10	P30	P22	H01	P20	H20							94.8% (404 of 426)	81.9% (263 of 321 Sq. Miles)
10	H05	P24	P13	P10	P30	P22	H01	P20	H20	H27						95.8% (408 of 426)	86.6% (278 of 321 Sq. Miles)
11	H05	P24	P13	P10	P30	P22	H01	P20	H20	H27	H29					96.2% (410 of 426)	87.5% (281 of 321 Sq. Miles)
12	H05	P24	P13	P10	P30	P22	H01	P20	H20	H27	H29	P18				96.5% (411 of 426)	88.0% (283 of 321 Sq. Miles)
13	H05	P24	P13	P10	P30	P22	H01	P20	H20	H27	H29	P18	H30			96.5% (411 of 426)	88.1% (283 of 321 Sq. Miles)
14	H05	P24	P13	P10	P30	P22	H01	P20	H20	H27	H29	P18	H30	H30		96.5% (411 of 426)	88.1% (283 of 321 Sq. Miles)
15	H05	P24	P13	P10	P30	P22	H01	P20	H20	H27	H29	P18	H30	H30	H27	96.5% (411 of 426)	88.1% (283 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Tuesday** Hour of Day: **24** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															36.5% (137 of 375)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														65.3% (245 of 375)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													85.9% (322 of 375)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												90.9% (341 of 375)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	P12											92.8% (348 of 375)	74.1% (238 of 321 Sq. Miles)
6	H05	P16	P30	P10	P12	H20										94.1% (353 of 375)	77.2% (248 of 321 Sq. Miles)
7	H05	P16	P30	P10	P12	H20	H08									95.2% (357 of 375)	79.0% (254 of 321 Sq. Miles)
8	H05	P16	P30	P10	P12	H20	H08	P34								96.0% (360 of 375)	84.7% (272 of 321 Sq. Miles)
9	H05	P16	P30	P10	P12	H20	H08	P34	H25							96.5% (362 of 375)	85.1% (273 of 321 Sq. Miles)
10	H05	P16	P30	P10	P12	H20	H08	P34	H25	H18						97.1% (364 of 375)	85.4% (274 of 321 Sq. Miles)
11	H05	P16	P30	P10	P12	H20	H08	P34	H25	H18	P1					97.6% (366 of 375)	87.7% (282 of 321 Sq. Miles)
12	H05	P16	P30	P10	P12	H20	H08	P34	H25	H18	P1	H15				97.9% (367 of 375)	88.0% (283 of 321 Sq. Miles)
13	H05	P16	P30	P10	P12	H20	H08	P34	H25	H18	P1	H15	H13			98.1% (368 of 375)	88.8% (285 of 321 Sq. Miles)
14	H05	P16	P30	P10	P12	H20	H08	P34	H25	H18	P1	H15	H13	H30		98.1% (368 of 375)	89.2% (286 of 321 Sq. Miles)
15	H05	P16	P30	P10	P12	H20	H08	P34	H25	H18	P1	H15	H13	H30	H29	98.1% (368 of 375)	89.2% (286 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: 1 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level																% Demand Covered	% Geography Covered
1	H05															40.1% (142 of 354)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														66.7% (236 of 354)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													84.5% (299 of 354)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	H29												87.9% (311 of 354)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	H29	H08											90.7% (321 of 354)	75.4% (242 of 321 Sq. Miles)
6	H05	P16	P30	H29	H08	H20										92.4% (327 of 354)	77.6% (249 of 321 Sq. Miles)
7	H05	P16	P30	H29	H08	H20	P33									94.1% (333 of 354)	82.9% (266 of 321 Sq. Miles)
8	H05	P16	P30	H29	H08	H20	P33	H25								95.2% (337 of 354)	83.8% (269 of 321 Sq. Miles)
9	H05	P16	P30	H29	H08	H20	P33	H25	H24							95.8% (339 of 354)	84.6% (272 of 321 Sq. Miles)
10	H05	P16	P30	H29	H08	H20	P33	H25	H24	P29						96.3% (341 of 354)	85.8% (276 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Wednesday** Hour of Day: 2 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level																% Demand Covered	% Geography Covered
1	H05															40.1% (142 of 354)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														66.7% (236 of 354)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													84.5% (299 of 354)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	H29												87.9% (311 of 354)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	H29	H08											90.7% (321 of 354)	75.4% (242 of 321 Sq. Miles)
6	H05	P16	P30	H29	H08	H20										92.4% (327 of 354)	77.6% (249 of 321 Sq. Miles)
7	H05	P16	P30	H29	H08	H20	P33									94.1% (333 of 354)	82.9% (266 of 321 Sq. Miles)
8	H05	P16	P30	H29	H08	H20	P33	H25								95.2% (337 of 354)	83.8% (269 of 321 Sq. Miles)
9	H05	P16	P30	H29	H08	H20	P33	H25	H24							95.8% (339 of 354)	84.6% (272 of 321 Sq. Miles)
10	H05	P16	P30	H29	H08	H20	P33	H25	H24	P29						96.3% (341 of 354)	85.8% (276 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Wednesday** Hour of Day: 3 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level																% Demand Covered	% Geography Covered
1	H05															38.9% (126 of 324)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														68.2% (221 of 324)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	H15													81.8% (265 of 324)	59.8% (192 of 321 Sq. Miles)
4	H05	P23	H15	P31												81.8% (265 of 324)	59.8% (192 of 321 Sq. Miles)
5	H05	P23	H15	P31	H20											90.1% (292 of 324)	72.9% (234 of 321 Sq. Miles)
6	H05	P23	H15	P31	H20	P20										92.3% (299 of 324)	74.8% (240 of 321 Sq. Miles)
7	H05	P23	H15	P31	H20	P20	P17									94.1% (305 of 324)	78.3% (252 of 321 Sq. Miles)
8	H05	P23	H15	P31	H20	P20	P17	H25								95.1% (308 of 324)	79.5% (255 of 321 Sq. Miles)
9	H05	P23	H15	P31	H20	P20	P17	H25	H13							95.7% (310 of 324)	81.7% (262 of 321 Sq. Miles)
10	H05	P23	H15	P31	H20	P20	P17	H25	H13	P11						96.3% (312 of 324)	83.6% (268 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **4** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05																40.5% (107 of 264)	24.1% (77 of 321 Sq. Miles)
2	H05	P13															67.0% (177 of 264)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P24														85.2% (225 of 264)	63.5% (204 of 321 Sq. Miles)
4	H05	P13	P24	P11													89.0% (235 of 264)	66.9% (215 of 321 Sq. Miles)
5	H05	P13	P24	P11	H27												91.7% (242 of 264)	76.1% (244 of 321 Sq. Miles)
6	H05	P13	P24	P11	H27	H20											93.9% (248 of 264)	79.5% (255 of 321 Sq. Miles)
7	H05	P13	P24	P11	H27	H20	H08										95.8% (253 of 264)	82.0% (263 of 321 Sq. Miles)
8	H05	P13	P24	P11	H27	H20	H08	H01									96.6% (255 of 264)	83.3% (268 of 321 Sq. Miles)
9	H05	P13	P24	P11	H27	H20	H08	H01	P34								97.3% (257 of 264)	86.8% (279 of 321 Sq. Miles)
10	H05	P13	P24	P11	H27	H20	H08	H01	P34	P29							98.1% (259 of 264)	90.1% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			

P o s t i n g P r i o r i t y

Day of Week: **Wednesday** Hour of Day: **5** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05																40.3% (95 of 236)	24.1% (77 of 321 Sq. Miles)
2	H05	P23															40.3% (95 of 236)	24.1% (77 of 321 Sq. Miles)
3	H05	P23	H15														79.2% (187 of 236)	59.8% (192 of 321 Sq. Miles)
4	H05	P23	H15	P30													87.7% (207 of 236)	69.6% (224 of 321 Sq. Miles)
5	H05	P23	H15	P30	H20												90.3% (213 of 236)	73.7% (237 of 321 Sq. Miles)
6	H05	P23	H15	P30	H20	H27											92.4% (218 of 236)	78.4% (252 of 321 Sq. Miles)
7	H05	P23	H15	P30	H20	H27	H08										94.1% (222 of 236)	81.2% (261 of 321 Sq. Miles)
8	H05	P23	H15	P30	H20	H27	H08	P1									95.3% (225 of 236)	83.4% (268 of 321 Sq. Miles)
9	H05	P23	H15	P30	H20	H27	H08	P1	H18								96.2% (227 of 236)	84.4% (271 of 321 Sq. Miles)
10	H05	P23	H15	P30	H20	H27	H08	P1	H18	P12							97.0% (229 of 236)	86.1% (277 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			

P o s t i n g P r i o r i t y

Day of Week: **Wednesday** Hour of Day: **6** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05																37.3% (97 of 260)	24.1% (77 of 321 Sq. Miles)
2	H05	P24															61.9% (161 of 260)	46.3% (149 of 321 Sq. Miles)
3	H05	P24	P11														81.2% (211 of 260)	62.4% (201 of 321 Sq. Miles)
4	H05	P24	P11	P32													85.8% (223 of 260)	70.6% (227 of 321 Sq. Miles)
5	H05	P24	P11	P32	H16												90.0% (234 of 260)	75.0% (241 of 321 Sq. Miles)
6	H05	P24	P11	P32	H16	H10											93.5% (243 of 260)	77.4% (249 of 321 Sq. Miles)
7	H05	P24	P11	P32	H16	H10	P3										95.4% (248 of 260)	79.4% (255 of 321 Sq. Miles)
8	H05	P24	P11	P32	H16	H10	P3	H24									96.5% (251 of 260)	80.2% (258 of 321 Sq. Miles)
9	H05	P24	P11	P32	H16	H10	P3	H24	H08								97.7% (254 of 260)	82.8% (266 of 321 Sq. Miles)
10	H05	P24	P11	P32	H16	H10	P3	H24	H08	H13							98.1% (255 of 260)	84.9% (273 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **7** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered	
1	H08															32.5% (104 of 320)	20.9% (67 of 321 Sq. Miles)	
2	H08	P30														55.0% (176 of 320)	39.6% (127 of 321 Sq. Miles)	
3	H08	P30	H05													74.7% (239 of 320)	55.4% (178 of 321 Sq. Miles)	
4	H08	P30	H05	P13												90.6% (290 of 320)	70.7% (227 of 321 Sq. Miles)	
5	H08	P30	H05	P13	P33											92.5% (296 of 320)	76.0% (244 of 321 Sq. Miles)	
6	H08	P30	H05	P13	P33	P11										94.4% (302 of 320)	78.7% (253 of 321 Sq. Miles)	
7	H08	P30	H05	P13	P33	P11	P1									96.3% (308 of 320)	82.1% (264 of 321 Sq. Miles)	
8	H08	P30	H05	P13	P33	P11	P1	H18								97.2% (311 of 320)	83.8% (269 of 321 Sq. Miles)	
9	H08	P30	H05	P13	P33	P11	P1	H18	P20							98.1% (314 of 320)	84.6% (272 of 321 Sq. Miles)	
10	H08	P30	H05	P13	P33	P11	P1	H18	P20	H30						98.4% (315 of 320)	84.9% (273 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		Posting Priority																

Day of Week: **Wednesday** Hour of Day: **8** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05															36.4% (149 of 409)	24.1% (77 of 321 Sq. Miles)	
2	H05	P13														65.3% (267 of 409)	45.8% (147 of 321 Sq. Miles)	
3	H05	P13	P24													83.4% (341 of 409)	63.5% (204 of 321 Sq. Miles)	
4	H05	P13	P24	P10												89.0% (364 of 409)	67.6% (217 of 321 Sq. Miles)	
5	H05	P13	P24	P10	P32											93.2% (381 of 409)	75.7% (243 of 321 Sq. Miles)	
6	H05	P13	P24	P10	P32	P2										95.4% (390 of 409)	77.8% (250 of 321 Sq. Miles)	
7	H05	P13	P24	P10	P32	P2	P12									96.3% (394 of 409)	80.3% (258 of 321 Sq. Miles)	
8	H05	P13	P24	P10	P32	P2	P12	P29								97.1% (397 of 409)	83.5% (268 of 321 Sq. Miles)	
9	H05	P13	P24	P10	P32	P2	P12	P29	P3							97.8% (400 of 409)	86.0% (276 of 321 Sq. Miles)	
10	H05	P13	P24	P10	P32	P2	P12	P29	P3	P1						98.3% (402 of 409)	87.1% (280 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		Posting Priority																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **9** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															34.3% (172 of 501)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														64.3% (322 of 501)	44.0% (141 of 321 Sq. Miles)
3	P2	P23	P13													82.8% (415 of 501)	58.9% (189 of 321 Sq. Miles)
4	P2	P23	P13	P30												88.2% (442 of 501)	68.7% (221 of 321 Sq. Miles)
5	P2	P23	P13	P30	P10											92.6% (464 of 501)	74.7% (240 of 321 Sq. Miles)
6	P2	P23	P13	P30	P10	H20										93.8% (470 of 501)	78.0% (250 of 321 Sq. Miles)
7	P2	P23	P13	P30	P10	H20	P34									95.0% (476 of 501)	83.6% (269 of 321 Sq. Miles)
8	P2	P23	P13	P30	P10	H20	P34	P22								96.0% (481 of 501)	84.7% (272 of 321 Sq. Miles)
9	P2	P23	P13	P30	P10	H20	P34	P22	P12							96.6% (484 of 501)	85.9% (276 of 321 Sq. Miles)
10	P2	P23	P13	P30	P10	H20	P34	P22	P12	H30						97.0% (486 of 501)	87.1% (280 of 321 Sq. Miles)
11	P2	P23	P13	P30	P10	H20	P34	P22	P12	H30	H27					97.4% (488 of 501)	89.5% (288 of 321 Sq. Miles)
12	P2	P23	P13	P30	P10	H20	P34	P22	P12	H30	H27	H18				97.6% (489 of 501)	90.2% (290 of 321 Sq. Miles)
13	P2	P23	P13	P30	P10	H20	P34	P22	P12	H30	H27	H18	P17			97.8% (490 of 501)	92.0% (296 of 321 Sq. Miles)
14	P2	P23	P13	P30	P10	H20	P34	P22	P12	H30	H27	H18	P17	H29		97.8% (490 of 501)	92.1% (296 of 321 Sq. Miles)
15	P2	P23	P13	P30	P10	H20	P34	P22	P12	H30	H27	H18	P17	H29	H25	97.8% (490 of 501)	92.1% (296 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Wednesday** Hour of Day: **10** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															34.2% (200 of 585)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														64.3% (376 of 585)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													81.9% (479 of 585)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	H10												89.2% (522 of 585)	69.6% (223 of 321 Sq. Miles)
5	H05	P13	P30	H10	P23											92.6% (542 of 585)	74.1% (238 of 321 Sq. Miles)
6	H05	P13	P30	H10	P23	P33										94.4% (552 of 585)	79.4% (255 of 321 Sq. Miles)
7	H05	P13	P30	H10	P23	P33	P1									95.6% (559 of 585)	82.8% (266 of 321 Sq. Miles)
8	H05	P13	P30	H10	P23	P33	P1	H18								96.6% (565 of 585)	83.5% (268 of 321 Sq. Miles)
9	H05	P13	P30	H10	P23	P33	P1	H18	P12							97.4% (570 of 585)	85.7% (275 of 321 Sq. Miles)
10	H05	P13	P30	H10	P23	P33	P1	H18	P12	P10						98.1% (574 of 585)	87.0% (279 of 321 Sq. Miles)
11	H05	P13	P30	H10	P23	P33	P1	H18	P12	P10	P34					98.5% (576 of 585)	88.8% (285 of 321 Sq. Miles)
12	H05	P13	P30	H10	P23	P33	P1	H18	P12	P10	P34	H20				98.6% (577 of 585)	89.6% (288 of 321 Sq. Miles)
13	H05	P13	P30	H10	P23	P33	P1	H18	P12	P10	P34	H20	H03			98.8% (578 of 585)	90.5% (291 of 321 Sq. Miles)
14	H05	P13	P30	H10	P23	P33	P1	H18	P12	P10	P34	H20	H03	H30		98.8% (578 of 585)	90.5% (291 of 321 Sq. Miles)
15	H05	P13	P30	H10	P23	P33	P1	H18	P12	P10	P34	H20	H03	H30	H29	98.8% (578 of 585)	90.6% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **11** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	P2															35.8% (243 of 678)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														64.7% (439 of 678)	44.0% (141 of 321 Sq. Miles)
3	P2	P23	P11													82.0% (556 of 678)	59.3% (190 of 321 Sq. Miles)
4	P2	P23	P11	P31												89.2% (605 of 678)	68.2% (219 of 321 Sq. Miles)
5	P2	P23	P11	P31	P14											92.2% (625 of 678)	73.2% (235 of 321 Sq. Miles)
6	P2	P23	P11	P31	P14	H25										94.2% (639 of 678)	75.7% (243 of 321 Sq. Miles)
7	P2	P23	P11	P31	P14	H25	P29									95.9% (650 of 678)	79.0% (254 of 321 Sq. Miles)
8	P2	P23	P11	P31	P14	H25	P29	H20								96.6% (655 of 678)	81.8% (263 of 321 Sq. Miles)
9	P2	P23	P11	P31	P14	H25	P29	H20	H18							97.1% (658 of 678)	83.4% (268 of 321 Sq. Miles)
10	P2	P23	P11	P31	P14	H25	P29	H20	H18	H03						97.5% (661 of 678)	85.5% (275 of 321 Sq. Miles)
11	P2	P23	P11	P31	P14	H25	P29	H20	H18	H03	P34					97.8% (663 of 678)	89.2% (286 of 321 Sq. Miles)
12	P2	P23	P11	P31	P14	H25	P29	H20	H18	H03	P34	P18				97.9% (664 of 678)	89.5% (288 of 321 Sq. Miles)
13	P2	P23	P11	P31	P14	H25	P29	H20	H18	H03	P34	P18	H30			97.9% (664 of 678)	89.6% (288 of 321 Sq. Miles)
14	P2	P23	P11	P31	P14	H25	P29	H20	H18	H03	P34	P18	H30	H29		97.9% (664 of 678)	89.6% (288 of 321 Sq. Miles)
15	P2	P23	P11	P31	P14	H25	P29	H20	H18	H03	P34	P18	H30	H29	H27	97.9% (664 of 678)	92.1% (296 of 321 Sq. Miles)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Posting Priority

Day of Week: **Wednesday** Hour of Day: **12** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05															37.4% (275 of 735)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														64.9% (477 of 735)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.7% (608 of 735)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												90.3% (664 of 735)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											92.8% (682 of 735)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	H27										94.4% (694 of 735)	77.7% (250 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	H27	P1									95.8% (704 of 735)	81.1% (260 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	H27	P1	H15								97.0% (713 of 735)	83.2% (267 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	H27	P1	H15	P17	P3						98.1% (721 of 735)	85.6% (275 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	H27	P1	H15	P17	P3	P34					98.5% (724 of 735)	86.5% (278 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	H27	P1	H15	P17	P3	P34					98.8% (726 of 735)	89.9% (289 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	H27	P1	H15	P17	P3	P34	P20				99.0% (728 of 735)	91.6% (294 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	H27	P1	H15	P17	P3	P34	P20	H30			99.2% (729 of 735)	91.9% (295 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	H27	P1	H15	P17	P3	P34	P20	H30	H13		99.3% (730 of 735)	92.4% (297 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	H27	P1	H15	P17	P3	P34	P20	H30	H13	P29	99.5% (731 of 735)	93.1% (299 of 321 Sq. Miles)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Posting Priority

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **13** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															38.8% (247 of 636)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														65.6% (417 of 636)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													85.7% (545 of 636)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	P9												91.0% (579 of 636)	68.9% (221 of 321 Sq. Miles)
5	H05	P13	P30	P9	P19											93.6% (595 of 636)	71.7% (230 of 321 Sq. Miles)
6	H05	P13	P30	P9	P19	P34										95.3% (606 of 636)	77.3% (248 of 321 Sq. Miles)
7	H05	P13	P30	P9	P19	P34	P1									96.7% (615 of 636)	80.7% (259 of 321 Sq. Miles)
8	H05	P13	P30	P9	P19	P34	P1	P12								97.3% (619 of 636)	83.1% (267 of 321 Sq. Miles)
9	H05	P13	P30	P9	P19	P34	P1	P12	H08							97.8% (622 of 636)	85.7% (275 of 321 Sq. Miles)
10	H05	P13	P30	P9	P19	P34	P1	P12	H08	H20						98.1% (624 of 636)	87.1% (280 of 321 Sq. Miles)
11	H05	P13	P30	P9	P19	P34	P1	P12	H08	H20	H27					98.3% (625 of 636)	89.5% (287 of 321 Sq. Miles)
12	H05	P13	P30	P9	P19	P34	P1	P12	H08	H20	H27	H24				98.4% (626 of 636)	89.5% (288 of 321 Sq. Miles)
13	H05	P13	P30	P9	P19	P34	P1	P12	H08	H20	H27	H24	H13			98.6% (627 of 636)	90.4% (290 of 321 Sq. Miles)
14	H05	P13	P30	P9	P19	P34	P1	P12	H08	H20	H27	H24	H13	P20		98.7% (628 of 636)	91.1% (293 of 321 Sq. Miles)
15	H05	P13	P30	P9	P19	P34	P1	P12	H08	H20	H27	H24	H13	P20	H30	98.7% (628 of 636)	91.4% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Wednesday** Hour of Day: **14** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															37.6% (230 of 611)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														66.8% (408 of 611)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P24													81.7% (499 of 611)	63.5% (204 of 321 Sq. Miles)
4	H05	P13	P24	P10												86.3% (527 of 611)	67.6% (217 of 321 Sq. Miles)
5	H05	P13	P24	P10	P32											89.2% (545 of 611)	75.7% (243 of 321 Sq. Miles)
6	H05	P13	P24	P10	P32	H20										91.8% (561 of 611)	79.6% (256 of 321 Sq. Miles)
7	H05	P13	P24	P10	P32	H20	P11									93.3% (570 of 611)	81.0% (260 of 321 Sq. Miles)
8	H05	P13	P24	P10	P32	H20	P11	P29								94.4% (577 of 611)	84.2% (270 of 321 Sq. Miles)
9	H05	P13	P24	P10	P32	H20	P11	P29	P18							95.6% (584 of 611)	84.8% (272 of 321 Sq. Miles)
10	H05	P13	P24	P10	P32	H20	P11	P29	P18	H24						96.2% (588 of 611)	85.6% (275 of 321 Sq. Miles)
11	H05	P13	P24	P10	P32	H20	P11	P29	P18	H24	P20					96.7% (591 of 611)	86.8% (279 of 321 Sq. Miles)
12	H05	P13	P24	P10	P32	H20	P11	P29	P18	H24	P20	H25				97.1% (593 of 611)	87.4% (281 of 321 Sq. Miles)
13	H05	P13	P24	P10	P32	H20	P11	P29	P18	H24	P20	H25	H27			97.2% (594 of 611)	89.2% (287 of 321 Sq. Miles)
14	H05	P13	P24	P10	P32	H20	P11	P29	P18	H24	P20	H25	H27	H03		97.4% (595 of 611)	90.1% (290 of 321 Sq. Miles)
15	H05	P13	P24	P10	P32	H20	P11	P29	P18	H24	P20	H25	H27	H03	P34	97.5% (596 of 611)	92.9% (298 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **15** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															37.6% (236 of 628)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.9% (414 of 628)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.6% (519 of 628)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												87.6% (550 of 628)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	H10											91.4% (574 of 628)	73.1% (235 of 321 Sq. Miles)
6	H05	P23	P11	P32	H10	P30										93.2% (585 of 628)	76.9% (247 of 321 Sq. Miles)
7	H05	P23	P11	P32	H10	P30	H08									94.6% (594 of 628)	78.3% (251 of 321 Sq. Miles)
8	H05	P23	P11	P32	H10	P30	H08	P20								95.9% (602 of 628)	80.7% (259 of 321 Sq. Miles)
9	H05	P23	P11	P32	H10	P30	H08	P20	P1							97.0% (609 of 628)	84.1% (270 of 321 Sq. Miles)
10	H05	P23	P11	P32	H10	P30	H08	P20	P1	P34						97.5% (612 of 628)	86.8% (279 of 321 Sq. Miles)
11	H05	P23	P11	P32	H10	P30	H08	P20	P1	P34	H25					97.8% (614 of 628)	88.9% (286 of 321 Sq. Miles)
12	H05	P23	P11	P32	H10	P30	H08	P20	P1	P34	H25	H20				98.1% (616 of 628)	89.9% (289 of 321 Sq. Miles)
13	H05	P23	P11	P32	H10	P30	H08	P20	P1	P34	H25	H20	H13			98.4% (618 of 628)	90.4% (290 of 321 Sq. Miles)
14	H05	P23	P11	P32	H10	P30	H08	P20	P1	P34	H25	H20	H13	H27		98.6% (619 of 628)	91.8% (295 of 321 Sq. Miles)
15	H05	P23	P11	P32	H10	P30	H08	P20	P1	P34	H25	H20	H13	H27	P10	98.7% (620 of 628)	92.3% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Wednesday** Hour of Day: **16** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															37.0% (237 of 641)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														64.7% (415 of 641)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													83.5% (535 of 641)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	P9												89.9% (576 of 641)	68.9% (221 of 321 Sq. Miles)
5	H05	P13	P30	P9	P23											91.9% (589 of 641)	73.4% (236 of 321 Sq. Miles)
6	H05	P13	P30	P9	P23	H20										93.4% (599 of 641)	76.5% (246 of 321 Sq. Miles)
7	H05	P13	P30	P9	P23	H20	P20									94.7% (607 of 641)	77.8% (250 of 321 Sq. Miles)
8	H05	P13	P30	P9	P23	H20	P20	H27								95.6% (613 of 641)	82.6% (265 of 321 Sq. Miles)
9	H05	P13	P30	P9	P23	H20	P20	H27	P11							96.6% (619 of 641)	84.0% (270 of 321 Sq. Miles)
10	H05	P13	P30	P9	P23	H20	P20	H27	P11	P10						97.5% (625 of 641)	85.1% (273 of 321 Sq. Miles)
11	H05	P13	P30	P9	P23	H20	P20	H27	P11	P10	H01					97.8% (627 of 641)	86.4% (277 of 321 Sq. Miles)
12	H05	P13	P30	P9	P23	H20	P20	H27	P11	P10	H01	H25				98.0% (628 of 641)	86.9% (279 of 321 Sq. Miles)
13	H05	P13	P30	P9	P23	H20	P20	H27	P11	P10	H01	H25	H08			98.1% (629 of 641)	87.4% (281 of 321 Sq. Miles)
14	H05	P13	P30	P9	P23	H20	P20	H27	P11	P10	H01	H25	H08	P34		98.3% (630 of 641)	90.8% (292 of 321 Sq. Miles)
15	H05	P13	P30	P9	P23	H20	P20	H27	P11	P10	H01	H25	H08	P34	H30	98.3% (630 of 641)	90.9% (292 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **17** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															38.8% (238 of 614)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														38.8% (238 of 614)	22.5% (72 of 321 Sq. Miles)
3	P2	P23	P11													82.4% (506 of 614)	59.3% (190 of 321 Sq. Miles)
4	P2	P23	P11	P30												88.8% (545 of 614)	69.1% (222 of 321 Sq. Miles)
5	P2	P23	P11	P30	P10											92.5% (568 of 614)	73.9% (237 of 321 Sq. Miles)
6	P2	P23	P11	P30	P10	P33										94.6% (581 of 614)	79.2% (254 of 321 Sq. Miles)
7	P2	P23	P11	P30	P10	P33	H25									95.4% (586 of 614)	81.7% (262 of 321 Sq. Miles)
8	P2	P23	P11	P30	P10	P33	H25	P3								96.1% (590 of 614)	84.4% (271 of 321 Sq. Miles)
9	P2	P23	P11	P30	P10	P33	H25	P3	P12							96.6% (593 of 614)	84.8% (272 of 321 Sq. Miles)
10	P2	P23	P11	P30	P10	P33	H25	P3	P12	H18						96.9% (595 of 614)	86.0% (276 of 321 Sq. Miles)
11	P2	P23	P11	P30	P10	P33	H25	P3	P12	H18	P34					97.2% (597 of 614)	87.8% (282 of 321 Sq. Miles)
12	P2	P23	P11	P30	P10	P33	H25	P3	P12	H18	P34	P1				97.6% (599 of 614)	89.0% (286 of 321 Sq. Miles)
13	P2	P23	P11	P30	P10	P33	H25	P3	P12	H18	P34	P1	P18			97.7% (600 of 614)	89.5% (287 of 321 Sq. Miles)
14	P2	P23	P11	P30	P10	P33	H25	P3	P12	H18	P34	P1	P18	H30		97.7% (600 of 614)	90.7% (291 of 321 Sq. Miles)
15	P2	P23	P11	P30	P10	P33	H25	P3	P12	H18	P34	P1	P18	H30	H29	97.7% (600 of 614)	90.7% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Wednesday** Hour of Day: **18** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															40.2% (229 of 570)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														69.5% (396 of 570)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.3% (475 of 570)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												89.5% (510 of 570)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H16											91.6% (522 of 570)	74.2% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H16	P10										91.6% (522 of 570)	74.2% (238 of 321 Sq. Miles)
7	H05	P23	P11	P30	H16	P10	P1									94.9% (541 of 570)	79.9% (257 of 321 Sq. Miles)
8	H05	P23	P11	P30	H16	P10	P1	P33								96.1% (548 of 570)	85.2% (274 of 321 Sq. Miles)
9	H05	P23	P11	P30	H16	P10	P1	P33	H20							96.7% (551 of 570)	87.5% (281 of 321 Sq. Miles)
10	H05	P23	P11	P30	H16	P10	P1	P33	H20	H18						97.2% (554 of 570)	87.9% (282 of 321 Sq. Miles)
11	H05	P23	P11	P30	H16	P10	P1	P33	H20	H18	P18					97.5% (556 of 570)	88.4% (284 of 321 Sq. Miles)
12	H05	P23	P11	P30	H16	P10	P1	P33	H20	H18	P18	P12				97.9% (558 of 570)	88.9% (286 of 321 Sq. Miles)
13	H05	P23	P11	P30	H16	P10	P1	P33	H20	H18	P18	P12	H30			98.1% (559 of 570)	89.2% (287 of 321 Sq. Miles)
14	H05	P23	P11	P30	H16	P10	P1	P33	H20	H18	P18	P12	H30	P34		98.2% (560 of 570)	91.0% (292 of 321 Sq. Miles)
15	H05	P23	P11	P30	H16	P10	P1	P33	H20	H18	P18	P12	H30	P34	H29	98.2% (560 of 570)	91.0% (292 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **19** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															42.0% (241 of 574)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														67.4% (387 of 574)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													83.4% (479 of 574)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												89.4% (513 of 574)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	P3											92.3% (530 of 574)	73.9% (237 of 321 Sq. Miles)
6	H05	P16	P30	P10	P3	P34										94.3% (541 of 574)	79.6% (256 of 321 Sq. Miles)
7	H05	P16	P30	P10	P3	P34	H15									96.0% (551 of 574)	81.9% (263 of 321 Sq. Miles)
8	H05	P16	P30	P10	P3	P34	H15	P1								97.0% (557 of 574)	84.1% (270 of 321 Sq. Miles)
9	H05	P16	P30	P10	P3	P34	H15	P1	P18							97.7% (561 of 574)	86.4% (278 of 321 Sq. Miles)
10	H05	P16	P30	P10	P3	P34	H15	P1	P18	H30						98.1% (563 of 574)	86.7% (279 of 321 Sq. Miles)
11	H05	P16	P30	P10	P3	P34	H15	P1	P18	H30	P17					98.3% (564 of 574)	88.3% (284 of 321 Sq. Miles)
12	H05	P16	P30	P10	P3	P34	H15	P1	P18	H30	P17	P12				98.4% (565 of 574)	89.9% (289 of 321 Sq. Miles)
13	H05	P16	P30	P10	P3	P34	H15	P1	P18	H30	P17	P12	H29			98.4% (565 of 574)	90.0% (289 of 321 Sq. Miles)
14	H05	P16	P30	P10	P3	P34	H15	P1	P18	H30	P17	P12	H29	H27		98.4% (565 of 574)	92.4% (297 of 321 Sq. Miles)
15	H05	P16	P30	P10	P3	P34	H15	P1	P18	H30	P17	P12	H29	H27	H25	98.4% (565 of 574)	92.5% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Wednesday** Hour of Day: **20** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															40.3% (213 of 529)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														68.6% (363 of 529)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.9% (433 of 529)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	H27												87.7% (464 of 529)	71.6% (230 of 321 Sq. Miles)
5	H05	P23	P11	H27	P30											90.7% (480 of 529)	75.3% (242 of 321 Sq. Miles)
6	H05	P23	P11	H27	P30	P16										92.8% (491 of 529)	78.8% (253 of 321 Sq. Miles)
7	H05	P23	P11	H27	P30	P16	H20									94.3% (499 of 529)	82.2% (264 of 321 Sq. Miles)
8	H05	P23	P11	H27	P30	P16	H20	P15								95.3% (504 of 529)	83.9% (269 of 321 Sq. Miles)
9	H05	P23	P11	H27	P30	P16	H20	P15	P1							96.2% (509 of 529)	86.2% (277 of 321 Sq. Miles)
10	H05	P23	P11	H27	P30	P16	H20	P15	P1	P34						96.8% (512 of 529)	89.5% (288 of 321 Sq. Miles)
11	H05	P23	P11	H27	P30	P16	H20	P15	P1	P34	H18					97.2% (514 of 529)	89.8% (288 of 321 Sq. Miles)
12	H05	P23	P11	H27	P30	P16	H20	P15	P1	P34	H18	H25				97.4% (515 of 529)	90.2% (290 of 321 Sq. Miles)
13	H05	P23	P11	H27	P30	P16	H20	P15	P1	P34	H18	H25	P3			97.5% (516 of 529)	90.3% (290 of 321 Sq. Miles)
14	H05	P23	P11	H27	P30	P16	H20	P15	P1	P34	H18	H25	P3	H30		97.5% (516 of 529)	90.6% (291 of 321 Sq. Miles)
15	H05	P23	P11	H27	P30	P16	H20	P15	P1	P34	H18	H25	P3	H30	H29	97.5% (516 of 529)	90.7% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **21** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															40.9% (201 of 492)	22.5% (72 of 321 Sq. Miles)
2	P2	P13														69.3% (341 of 492)	44.2% (142 of 321 Sq. Miles)
3	P2	P13	P30													83.9% (413 of 492)	64.0% (206 of 321 Sq. Miles)
4	P2	P13	P30	P10												89.6% (441 of 492)	70.7% (227 of 321 Sq. Miles)
5	P2	P13	P30	P10	P24											92.3% (454 of 492)	75.4% (242 of 321 Sq. Miles)
6	P2	P13	P30	P10	P24	P3										94.7% (466 of 492)	78.7% (253 of 321 Sq. Miles)
7	P2	P13	P30	P10	P24	P3	H18									95.7% (471 of 492)	79.4% (255 of 321 Sq. Miles)
8	P2	P13	P30	P10	P24	P3	H18	H27								96.5% (475 of 492)	84.1% (270 of 321 Sq. Miles)
9	P2	P13	P30	P10	P24	P3	H18	H27	H05							97.2% (478 of 492)	85.2% (274 of 321 Sq. Miles)
10	P2	P13	P30	P10	P24	P3	H18	H27	H05	H25						97.6% (480 of 492)	86.0% (276 of 321 Sq. Miles)
11	P2	P13	P30	P10	P24	P3	H18	H27	H05	H25	P12					98.0% (482 of 492)	87.4% (281 of 321 Sq. Miles)
12	P2	P13	P30	P10	P24	P3	H18	H27	H05	H25	P12	P29				98.2% (483 of 492)	88.5% (284 of 321 Sq. Miles)
13	P2	P13	P30	P10	P24	P3	H18	H27	H05	H25	P12	P29	P18			98.4% (484 of 492)	91.1% (286 of 321 Sq. Miles)
14	P2	P13	P30	P10	P24	P3	H18	H27	H05	H25	P12	P29	P18	P1		98.6% (485 of 492)	90.2% (290 of 321 Sq. Miles)
15	P2	P13	P30	P10	P24	P3	H18	H27	H05	H25	P12	P29	P18	P1	H30	98.6% (485 of 492)	90.5% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Wednesday** Hour of Day: **22** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	P2															40.0% (183 of 457)	22.5% (72 of 321 Sq. Miles)
2	P2	P16														65.0% (297 of 457)	42.8% (138 of 321 Sq. Miles)
3	P2	P16	P30													82.1% (375 of 457)	61.9% (199 of 321 Sq. Miles)
4	P2	P16	P30	P10												90.6% (414 of 457)	70.6% (227 of 321 Sq. Miles)
5	P2	P16	P30	P10	P12											93.9% (429 of 457)	75.0% (241 of 321 Sq. Miles)
6	P2	P16	P30	P10	P12	P34										95.4% (436 of 457)	80.6% (259 of 321 Sq. Miles)
7	P2	P16	P30	P10	P12	P34	P1									96.9% (443 of 457)	82.5% (265 of 321 Sq. Miles)
8	P2	P16	P30	P10	P12	P34	P1	H18								97.6% (446 of 457)	83.0% (266 of 321 Sq. Miles)
9	P2	P16	P30	P10	P12	P34	P1	H18	H15							98.0% (448 of 457)	83.6% (269 of 321 Sq. Miles)
10	P2	P16	P30	P10	P12	P34	P1	H18	H15	H13						98.5% (450 of 457)	84.5% (271 of 321 Sq. Miles)
11	P2	P16	P30	P10	P12	P34	P1	H18	H15	H13	H30					98.7% (451 of 457)	85.7% (275 of 321 Sq. Miles)
12	P2	P16	P30	P10	P12	P34	P1	H18	H15	H13	H30	H20				98.9% (452 of 457)	87.5% (281 of 321 Sq. Miles)
13	P2	P16	P30	P10	P12	P34	P1	H18	H15	H13	H30	H20	H29			98.9% (452 of 457)	87.5% (281 of 321 Sq. Miles)
14	P2	P16	P30	P10	P12	P34	P1	H18	H15	H13	H30	H20	H29	H27		98.9% (452 of 457)	89.9% (289 of 321 Sq. Miles)
15	P2	P16	P30	P10	P12	P34	P1	H18	H15	H13	H30	H20	H29	H27	H25	98.9% (452 of 457)	90.1% (289 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Wednesday** Hour of Day: **23** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.7% (164 of 435)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														67.4% (293 of 435)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													80.5% (350 of 435)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												88.5% (385 of 435)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	P3											92.2% (401 of 435)	73.9% (237 of 321 Sq. Miles)
6	H05	P16	P30	P10	P3	P18										93.8% (408 of 435)	76.2% (245 of 321 Sq. Miles)
7	H05	P16	P30	P10	P3	P18	H27									94.9% (413 of 435)	80.9% (260 of 321 Sq. Miles)
8	H05	P16	P30	P10	P3	P18	H27	P11								96.1% (418 of 435)	84.2% (270 of 321 Sq. Miles)
9	H05	P16	P30	P10	P3	P18	H27	P11	P20							97.0% (422 of 435)	85.1% (273 of 321 Sq. Miles)
10	H05	P16	P30	P10	P3	P18	H27	P11	P20	H25						97.5% (424 of 435)	85.5% (275 of 321 Sq. Miles)
11	H05	P16	P30	P10	P3	P18	H27	P11	P20	H25	H24					97.9% (426 of 435)	86.3% (277 of 321 Sq. Miles)
12	H05	P16	P30	P10	P3	P18	H27	P11	P20	H25	H24	P34				98.4% (428 of 435)	89.7% (288 of 321 Sq. Miles)
13	H05	P16	P30	P10	P3	P18	H27	P11	P20	H25	H24	P34	H30			98.6% (429 of 435)	90.0% (289 of 321 Sq. Miles)
14	H05	P16	P30	P10	P3	P18	H27	P11	P20	H25	H24	P34	H30	H29		98.6% (429 of 435)	90.1% (289 of 321 Sq. Miles)
15	H05	P16	P30	P10	P3	P18	H27	P11	P20	H25	H24	P34	H30	H29	H27	98.6% (429 of 435)	90.1% (289 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Wednesday** Hour of Day: **24** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															42.4% (153 of 361)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														71.5% (258 of 361)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P16													81.4% (294 of 361)	58.0% (186 of 321 Sq. Miles)
4	H05	P23	P16	P32												86.1% (311 of 361)	67.9% (218 of 321 Sq. Miles)
5	H05	P23	P16	P32	P10											90.9% (328 of 361)	72.7% (234 of 321 Sq. Miles)
6	H05	P23	P16	P32	P10	H20										93.1% (336 of 361)	76.9% (247 of 321 Sq. Miles)
7	H05	P23	P16	P32	P10	H20	P17									94.5% (341 of 361)	78.7% (253 of 321 Sq. Miles)
8	H05	P23	P16	P32	P10	H20	P17	P30								95.6% (345 of 361)	82.2% (264 of 321 Sq. Miles)
9	H05	P23	P16	P32	P10	H20	P17	P30	P1							96.7% (349 of 361)	84.5% (271 of 321 Sq. Miles)
10	H05	P23	P16	P32	P10	H20	P17	P30	P1	H29						97.5% (352 of 361)	87.1% (280 of 321 Sq. Miles)
11	H05	P23	P16	P32	P10	H20	P17	P30	P1	H29	H25					98.3% (355 of 361)	88.0% (283 of 321 Sq. Miles)
12	H05	P23	P16	P32	P10	H20	P17	P30	P1	H29	H25	P34				98.6% (356 of 361)	90.7% (291 of 321 Sq. Miles)
13	H05	P23	P16	P32	P10	H20	P17	P30	P1	H29	H25	P34	P3			98.9% (357 of 361)	90.8% (292 of 321 Sq. Miles)
14	H05	P23	P16	P32	P10	H20	P17	P30	P1	H29	H25	P34	P3	H30		98.9% (357 of 361)	91.1% (293 of 321 Sq. Miles)
15	H05	P23	P16	P32	P10	H20	P17	P30	P1	H29	H25	P34	P3	H30	H29	98.9% (357 of 361)	91.1% (293 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: 1 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 4

Level																% Demand Covered	% Geography Covered
1	H05															35.8% (114 of 318)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														65.7% (209 of 318)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													84.6% (269 of 318)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												90.6% (288 of 318)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	P12											93.7% (298 of 318)	74.1% (238 of 321 Sq. Miles)
6	H05	P16	P30	P10	P12	H20										95.3% (303 of 318)	77.2% (248 of 321 Sq. Miles)
7	H05	P16	P30	P10	P12	H20	H13									96.5% (307 of 318)	78.0% (251 of 321 Sq. Miles)
8	H05	P16	P30	P10	P12	H20	H13	H18								97.5% (310 of 318)	78.4% (252 of 321 Sq. Miles)
9	H05	P16	P30	P10	P12	H20	H13	H18	H15							98.1% (312 of 318)	79.1% (254 of 321 Sq. Miles)
10	H05	P16	P30	P10	P12	H20	H13	H18	H15	P18						98.7% (314 of 318)	81.0% (260 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: 2 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level																% Demand Covered	% Geography Covered
1	H05															39.8% (131 of 329)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.9% (220 of 329)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.0% (273 of 329)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.4% (291 of 329)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											91.5% (301 of 329)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H08										93.6% (308 of 329)	76.2% (245 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H08	P20									95.4% (314 of 329)	78.6% (253 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H08	P20	H27								96.4% (317 of 329)	83.4% (268 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H08	P20	H27	H24							97.0% (319 of 329)	84.2% (270 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H08	P20	H27	H24	H16						97.6% (321 of 329)	86.2% (277 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: 3 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level																% Demand Covered	% Geography Covered
1	H05															44.1% (104 of 236)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														72.5% (171 of 236)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.2% (194 of 236)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												88.1% (208 of 236)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	P3											92.8% (219 of 236)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P11	P32	P3	H25										95.3% (225 of 236)	76.6% (246 of 321 Sq. Miles)
7	H05	P23	P11	P32	P3	H25	H14									96.6% (228 of 236)	78.9% (254 of 321 Sq. Miles)
8	H05	P23	P11	P32	P3	H25	H14	H10								97.9% (231 of 236)	79.9% (257 of 321 Sq. Miles)
9	H05	P23	P11	P32	P3	H25	H14	H10	P29							98.7% (233 of 236)	83.3% (268 of 321 Sq. Miles)
10	H05	P23	P11	P32	P3	H25	H14	H10	P29	P12						99.6% (235 of 236)	83.7% (269 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **4** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															40.5% (113 of 279)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.7% (186 of 279)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.5% (233 of 279)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	H27												88.2% (246 of 279)	71.6% (230 of 321 Sq. Miles)
5	H05	P23	P11	H27	H25											92.1% (257 of 279)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P11	H27	H25	H13										93.5% (261 of 279)	77.3% (248 of 321 Sq. Miles)
7	H05	P23	P11	H27	H25	H13	P8									95.0% (265 of 279)	79.5% (255 of 321 Sq. Miles)
8	H05	P23	P11	H27	H25	H13	P8	H18								96.1% (268 of 279)	81.2% (261 of 321 Sq. Miles)
9	H05	P23	P11	H27	H25	H13	P8	H18	P2							97.1% (271 of 279)	83.0% (267 of 321 Sq. Miles)
10	H05	P23	P11	H27	H25	H13	P8	H18	P2	P34						97.8% (273 of 279)	86.5% (278 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: **5** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	P2															36.5% (88 of 241)	22.5% (72 of 321 Sq. Miles)
2	P2	P24														69.3% (167 of 241)	44.7% (143 of 321 Sq. Miles)
3	P2	P24	P11													87.1% (210 of 241)	60.8% (195 of 321 Sq. Miles)
4	P2	P24	P11	P32												90.9% (219 of 241)	69.0% (222 of 321 Sq. Miles)
5	P2	P24	P11	P32	P13											93.4% (225 of 241)	73.5% (236 of 321 Sq. Miles)
6	P2	P24	P11	P32	P13	P10										95.9% (231 of 241)	78.6% (252 of 321 Sq. Miles)
7	P2	P24	P11	P32	P13	P10	H13									97.1% (234 of 241)	80.7% (259 of 321 Sq. Miles)
8	P2	P24	P11	P32	P13	P10	H13	H20								97.9% (236 of 241)	83.5% (268 of 321 Sq. Miles)
9	P2	P24	P11	P32	P13	P10	H13	H20	P20							98.8% (238 of 241)	84.7% (272 of 321 Sq. Miles)
10	P2	P24	P11	P32	P13	P10	H13	H20	P20	H30						98.8% (238 of 241)	85.9% (276 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: **6** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															40.3% (94 of 233)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														69.5% (162 of 233)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													86.7% (202 of 233)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												91.8% (214 of 233)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											95.3% (222 of 233)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H15										96.6% (225 of 233)	76.2% (245 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H15	P2									97.9% (228 of 233)	77.8% (250 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H15	P2	H27								98.7% (230 of 233)	82.5% (265 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H15	P2	H27	H10							99.1% (231 of 233)	83.2% (267 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H15	P2	H27	H10	H30						99.1% (231 of 233)	83.5% (268 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **7** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															41.3% (112 of 271)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														67.2% (182 of 271)	44.0% (141 of 321 Sq. Miles)
3	P2	P23	P13													82.3% (223 of 271)	58.9% (189 of 321 Sq. Miles)
4	P2	P23	P13	P30												88.2% (239 of 271)	68.7% (221 of 321 Sq. Miles)
5	P2	P23	P13	P30	H20											93.0% (252 of 271)	72.2% (232 of 321 Sq. Miles)
6	P2	P23	P13	P30	H20	P10										95.9% (260 of 271)	78.0% (250 of 321 Sq. Miles)
7	P2	P23	P13	P30	H20	P10	H27									97.8% (265 of 271)	82.7% (266 of 321 Sq. Miles)
8	P2	P23	P13	P30	H20	P10	H27	H30								98.5% (267 of 271)	83.9% (270 of 321 Sq. Miles)
9	P2	P23	P13	P30	H20	P10	H27	H30	H08							98.5% (267 of 271)	83.9% (270 of 321 Sq. Miles)
10	P2	P23	P13	P30	H20	P10	H27	H30	H08	P34						98.9% (268 of 271)	84.4% (271 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: **8** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	P10															37.5% (127 of 339)	21.8% (70 of 321 Sq. Miles)
2	P10	P13														61.7% (209 of 339)	39.9% (128 of 321 Sq. Miles)
3	P10	P13	P30													81.4% (276 of 339)	59.7% (192 of 321 Sq. Miles)
4	P10	P13	P30	P2												92.9% (315 of 339)	70.7% (227 of 321 Sq. Miles)
5	P10	P13	P30	P2	P24											95.3% (323 of 339)	75.4% (242 of 321 Sq. Miles)
6	P10	P13	P30	P2	P24	P34										96.2% (326 of 339)	81.1% (260 of 321 Sq. Miles)
7	P10	P13	P30	P2	P24	P34	P5									97.1% (329 of 339)	84.5% (271 of 321 Sq. Miles)
8	P10	P13	P30	P2	P24	P34	P5	P3								97.6% (331 of 339)	85.8% (275 of 321 Sq. Miles)
9	P10	P13	P30	P2	P24	P34	P5	P3	H18							97.9% (332 of 339)	86.5% (278 of 321 Sq. Miles)
10	P10	P13	P30	P2	P24	P34	P5	P3	H18	H08						98.2% (333 of 339)	87.1% (280 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **9** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															38.8% (164 of 423)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														64.8% (274 of 423)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													80.6% (341 of 423)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												87.2% (369 of 423)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P3											90.5% (383 of 423)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	P3	P13										93.1% (394 of 423)	77.1% (248 of 321 Sq. Miles)
7	H05	P23	P11	P30	P3	P13	P17									94.6% (400 of 423)	80.1% (257 of 321 Sq. Miles)
8	H05	P23	P11	P30	P3	P13	P17	P34								95.7% (405 of 423)	85.8% (275 of 321 Sq. Miles)
9	H05	P23	P11	P30	P3	P13	P17	P34	P1							96.9% (410 of 423)	88.0% (283 of 321 Sq. Miles)
10	H05	P23	P11	P30	P3	P13	P17	P34	P1	P20						97.9% (414 of 423)	89.3% (287 of 321 Sq. Miles)
11	H05	P23	P11	P30	P3	P13	P17	P34	P1	P20	H29					98.1% (415 of 423)	89.4% (287 of 321 Sq. Miles)
12	H05	P23	P11	P30	P3	P13	P17	P34	P1	P20	H29	H25				98.3% (416 of 423)	90.0% (289 of 321 Sq. Miles)
13	H05	P23	P11	P30	P3	P13	P17	P34	P1	P20	H29	H25	H30			98.3% (416 of 423)	90.3% (290 of 321 Sq. Miles)
14	H05	P23	P11	P30	P3	P13	P17	P34	P1	P20	H29	H25	H30	H30		98.3% (416 of 423)	90.3% (290 of 321 Sq. Miles)
15	H05	P23	P11	P30	P3	P13	P17	P34	P1	P20	H29	H25	H30	H30	H27	98.3% (416 of 423)	92.7% (298 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Thursday** Hour of Day: **10** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															36.4% (172 of 473)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														67.7% (320 of 473)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													85.0% (402 of 473)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	H08												89.9% (425 of 473)	70.7% (227 of 321 Sq. Miles)
5	H05	P13	P30	H08	H20											93.0% (440 of 473)	74.9% (241 of 321 Sq. Miles)
6	H05	P13	P30	H08	H20	P19										95.1% (450 of 473)	76.8% (247 of 321 Sq. Miles)
7	H05	P13	P30	H08	H20	P19	P34									96.2% (455 of 473)	82.5% (265 of 321 Sq. Miles)
8	H05	P13	P30	H08	H20	P19	P34	P11								97.0% (459 of 473)	84.4% (271 of 321 Sq. Miles)
9	H05	P13	P30	H08	H20	P19	P34	P11	H27							97.5% (461 of 473)	86.8% (279 of 321 Sq. Miles)
10	H05	P13	P30	H08	H20	P19	P34	P11	H27	H24						97.9% (463 of 473)	87.6% (281 of 321 Sq. Miles)
11	H05	P13	P30	H08	H20	P19	P34	P11	H27	H24	H13					98.3% (465 of 473)	88.4% (284 of 321 Sq. Miles)
12	H05	P13	P30	H08	H20	P19	P34	P11	H27	H24	H13	H16				98.5% (466 of 473)	89.4% (287 of 321 Sq. Miles)
13	H05	P13	P30	H08	H20	P19	P34	P11	H27	H24	H13	H16	P17			98.7% (467 of 473)	90.8% (292 of 321 Sq. Miles)
14	H05	P13	P30	H08	H20	P19	P34	P11	H27	H24	H13	H16	P17	P12		98.9% (468 of 473)	91.2% (293 of 321 Sq. Miles)
15	H05	P13	P30	H08	H20	P19	P34	P11	H27	H24	H13	H16	P17	P12	H30	98.9% (468 of 473)	91.5% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **11** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05															39.3% (223 of 567)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														67.4% (382 of 567)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													88.2% (500 of 567)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	H10												92.1% (522 of 567)	69.6% (223 of 321 Sq. Miles)
5	H05	P13	P30	H10	P18											94.2% (534 of 567)	74.1% (238 of 321 Sq. Miles)
6	H05	P13	P30	H10	P18	P1										95.4% (541 of 567)	77.5% (249 of 321 Sq. Miles)
7	H05	P13	P30	H10	P18	P1	P34									96.5% (547 of 567)	83.1% (267 of 321 Sq. Miles)
8	H05	P13	P30	H10	P18	P1	P34	H18								97.0% (550 of 567)	84.1% (270 of 321 Sq. Miles)
9	H05	P13	P30	H10	P18	P1	P34	H18	P12							97.5% (553 of 567)	86.2% (277 of 321 Sq. Miles)
10	H05	P13	P30	H10	P18	P1	P34	H18	P12	H03						97.9% (555 of 567)	87.2% (280 of 321 Sq. Miles)
11	H05	P13	P30	H10	P18	P1	P34	H18	P12	H03	P29					98.2% (557 of 567)	88.4% (284 of 321 Sq. Miles)
12	H05	P13	P30	H10	P18	P1	P34	H18	P12	H03	P29	P3				98.6% (559 of 567)	89.2% (287 of 321 Sq. Miles)
13	H05	P13	P30	H10	P18	P1	P34	H18	P12	H03	P29	P3	H30			98.6% (559 of 567)	89.2% (287 of 321 Sq. Miles)
14	H05	P13	P30	H10	P18	P1	P34	H18	P12	H03	P29	P3	H30	H29		98.6% (559 of 567)	89.3% (287 of 321 Sq. Miles)
15	H05	P13	P30	H10	P18	P1	P34	H18	P12	H03	P29	P3	H30	H29	H27	98.6% (559 of 567)	91.7% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: **12** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	P2															36.0% (226 of 628)	22.5% (72 of 321 Sq. Miles)
2	P2	P13														64.2% (403 of 628)	44.2% (142 of 321 Sq. Miles)
3	P2	P13	P30													84.6% (531 of 628)	64.0% (206 of 321 Sq. Miles)
4	P2	P13	P30	P10												89.3% (561 of 628)	70.7% (227 of 321 Sq. Miles)
5	P2	P13	P30	P10	P19											91.9% (577 of 628)	73.4% (236 of 321 Sq. Miles)
6	P2	P13	P30	P10	P19	P34										93.8% (589 of 628)	79.1% (254 of 321 Sq. Miles)
7	P2	P13	P30	P10	P19	P34	P5									95.7% (601 of 628)	82.5% (265 of 321 Sq. Miles)
8	P2	P13	P30	P10	P19	P34	P5	H20								96.3% (605 of 628)	83.8% (269 of 321 Sq. Miles)
9	P2	P13	P30	P10	P19	P34	P5	H20	H30							96.7% (607 of 628)	85.0% (273 of 321 Sq. Miles)
10	P2	P13	P30	P10	P19	P34	P5	H20	H30	H27						97.0% (609 of 628)	87.4% (281 of 321 Sq. Miles)
11	P2	P13	P30	P10	P19	P34	P5	H20	H30	H27	H18					97.3% (611 of 628)	87.7% (282 of 321 Sq. Miles)
12	P2	P13	P30	P10	P19	P34	P5	H20	H30	H27	H18	H08				97.6% (613 of 628)	89.2% (286 of 321 Sq. Miles)
13	P2	P13	P30	P10	P19	P34	P5	H20	H30	H27	H18	H08	H25			97.8% (614 of 628)	89.7% (288 of 321 Sq. Miles)
14	P2	P13	P30	P10	P19	P34	P5	H20	H30	H27	H18	H08	H25	H13		97.9% (615 of 628)	90.6% (291 of 321 Sq. Miles)
15	P2	P13	P30	P10	P19	P34	P5	H20	H30	H27	H18	H08	H25	H13	P11	98.1% (616 of 628)	90.6% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **13** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															37.1% (229 of 617)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														66.0% (407 of 617)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													84.9% (524 of 617)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	H10												90.9% (561 of 617)	69.1% (222 of 321 Sq. Miles)
5	H05	P16	P30	H10	P18											93.8% (579 of 617)	73.2% (235 of 321 Sq. Miles)
6	H05	P16	P30	H10	P18	P1										95.1% (587 of 617)	76.5% (246 of 321 Sq. Miles)
7	H05	P16	P30	H10	P18	P1	P22									96.1% (593 of 617)	78.3% (252 of 321 Sq. Miles)
8	H05	P16	P30	H10	P18	P1	P22	P34								96.8% (597 of 617)	84.0% (270 of 321 Sq. Miles)
9	H05	P16	P30	H10	P18	P1	P22	P34	H20							97.2% (600 of 617)	85.2% (274 of 321 Sq. Miles)
10	H05	P16	P30	H10	P18	P1	P22	P34	H20	H13						97.6% (602 of 617)	85.9% (276 of 321 Sq. Miles)
11	H05	P16	P30	H10	P18	P1	P22	P34	H20	H13	H18					97.7% (603 of 617)	86.1% (277 of 321 Sq. Miles)
12	H05	P16	P30	H10	P18	P1	P22	P34	H20	H13	H18	H08				97.9% (604 of 617)	87.1% (280 of 321 Sq. Miles)
13	H05	P16	P30	H10	P18	P1	P22	P34	H20	H13	H18	H08	P3			98.1% (605 of 617)	87.3% (280 of 321 Sq. Miles)
14	H05	P16	P30	H10	P18	P1	P22	P34	H20	H13	H18	H08	P3	H30		98.1% (605 of 617)	87.6% (281 of 321 Sq. Miles)
15	H05	P16	P30	H10	P18	P1	P22	P34	H20	H13	H18	H08	P3	H30	H29	98.1% (605 of 617)	89.0% (286 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Thursday** Hour of Day: **14** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															37.8% (190 of 503)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														67.2% (338 of 503)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													83.1% (418 of 503)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												90.7% (456 of 503)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	H20											93.2% (469 of 503)	73.9% (237 of 321 Sq. Miles)
6	H05	P16	P30	P10	H20	P34										94.8% (477 of 503)	79.5% (255 of 321 Sq. Miles)
7	H05	P16	P30	P10	H20	P34	P12									95.6% (481 of 503)	82.8% (266 of 321 Sq. Miles)
8	H05	P16	P30	P10	H20	P34	P12	H08								96.2% (484 of 503)	84.7% (272 of 321 Sq. Miles)
9	H05	P16	P30	P10	H20	P34	P12	H08	P1							96.8% (487 of 503)	87.0% (279 of 321 Sq. Miles)
10	H05	P16	P30	P10	H20	P34	P12	H08	P1	H25						97.0% (488 of 503)	87.4% (281 of 321 Sq. Miles)
11	H05	P16	P30	P10	H20	P34	P12	H08	P1	H25	H18					97.2% (489 of 503)	87.7% (282 of 321 Sq. Miles)
12	H05	P16	P30	P10	H20	P34	P12	H08	P1	H25	H18	P29				97.4% (490 of 503)	88.9% (286 of 321 Sq. Miles)
13	H05	P16	P30	P10	H20	P34	P12	H08	P1	H25	H18	P29	H30			97.4% (490 of 503)	89.2% (287 of 321 Sq. Miles)
14	H05	P16	P30	P10	H20	P34	P12	H08	P1	H25	H18	P29	H30	H29		97.4% (490 of 503)	89.4% (287 of 321 Sq. Miles)
15	H05	P16	P30	P10	H20	P34	P12	H08	P1	H25	H18	P29	H30	H29	H27	97.4% (490 of 503)	91.8% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **15** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															39.1% (232 of 593)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.1% (392 of 593)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													84.1% (499 of 593)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												88.9% (527 of 593)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	H08											91.4% (542 of 593)	72.9% (234 of 321 Sq. Miles)
6	H05	P23	P11	P32	H08	H20										93.4% (554 of 593)	76.3% (245 of 321 Sq. Miles)
7	H05	P23	P11	P32	H08	H20	H25									94.8% (562 of 593)	78.8% (253 of 321 Sq. Miles)
8	H05	P23	P11	P32	H08	H20	H25	P1								96.1% (570 of 593)	81.1% (260 of 321 Sq. Miles)
9	H05	P23	P11	P32	H08	H20	H25	P1	P34							96.8% (574 of 593)	83.9% (269 of 321 Sq. Miles)
10	H05	P23	P11	P32	H08	H20	H25	P1	P34	P29						97.5% (578 of 593)	87.8% (282 of 321 Sq. Miles)
11	H05	P23	P11	P32	H08	H20	H25	P1	P34	P29	H18					97.6% (579 of 593)	89.4% (287 of 321 Sq. Miles)
12	H05	P23	P11	P32	H08	H20	H25	P1	P34	P29	H18	P18				97.8% (580 of 593)	89.7% (288 of 321 Sq. Miles)
13	H05	P23	P11	P32	H08	H20	H25	P1	P34	P29	H18	P18	P12			98.0% (581 of 593)	90.1% (289 of 321 Sq. Miles)
14	H05	P23	P11	P32	H08	H20	H25	P1	P34	P29	H18	P18	P12	H30		98.0% (581 of 593)	90.4% (290 of 321 Sq. Miles)
15	H05	P23	P11	P32	H08	H20	H25	P1	P34	P29	H18	P18	P12	H30	H29	98.0% (581 of 593)	90.4% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: **16** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															40.5% (113 of 279)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.7% (186 of 279)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.5% (233 of 279)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	H27												88.2% (246 of 279)	71.6% (230 of 321 Sq. Miles)
5	H05	P23	P11	H27	H25											92.1% (257 of 279)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P11	H27	H25	H13										93.5% (261 of 279)	77.3% (248 of 321 Sq. Miles)
7	H05	P23	P11	H27	H25	H13	P8									95.0% (265 of 279)	79.5% (255 of 321 Sq. Miles)
8	H05	P23	P11	H27	H25	H13	P8	H18								96.1% (268 of 279)	81.2% (261 of 321 Sq. Miles)
9	H05	P23	P11	H27	H25	H13	P8	H18	P2							97.1% (271 of 279)	83.0% (267 of 321 Sq. Miles)
10	H05	P23	P11	H27	H25	H13	P8	H18	P2	P34						97.8% (273 of 279)	86.5% (278 of 321 Sq. Miles)
11	H05	P23	P11	H27	H25	H13	P8	H18	P2	P34	P12					98.2% (274 of 279)	86.9% (279 of 321 Sq. Miles)
12	H05	P23	P11	H27	H25	H13	P8	H18	P2	P34	P12	H30				98.2% (274 of 279)	87.2% (280 of 321 Sq. Miles)
13	H05	P23	P11	H27	H25	H13	P8	H18	P2	P34	P12	H30	H29			98.2% (274 of 279)	87.3% (280 of 321 Sq. Miles)
14	H05	P23	P11	H27	H25	H13	P8	H18	P2	P34	P12	H30	H29	H27		98.2% (274 of 279)	87.3% (280 of 321 Sq. Miles)
15	H05	P23	P11	H27	H25	H13	P8	H18	P2	P34	P12	H30	H29	H27	H25	98.2% (274 of 279)	87.3% (280 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **17** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	P2															36.5% (88 of 241)	22.5% (72 of 321 Sq. Miles)
2	P2	P24														69.3% (167 of 241)	44.7% (143 of 321 Sq. Miles)
3	P2	P24	P11													87.1% (210 of 241)	60.8% (195 of 321 Sq. Miles)
4	P2	P24	P11	P32												90.9% (219 of 241)	69.0% (222 of 321 Sq. Miles)
5	P2	P24	P11	P32	P13											93.4% (225 of 241)	73.5% (236 of 321 Sq. Miles)
6	P2	P24	P11	P32	P13	P10										95.9% (231 of 241)	78.6% (252 of 321 Sq. Miles)
7	P2	P24	P11	P32	P13	P10	H13									97.1% (234 of 241)	80.7% (259 of 321 Sq. Miles)
8	P2	P24	P11	P32	P13	P10	H13	H20								97.9% (236 of 241)	83.5% (268 of 321 Sq. Miles)
9	P2	P24	P11	P32	P13	P10	H13	H20	P20							98.8% (238 of 241)	84.7% (272 of 321 Sq. Miles)
10	P2	P24	P11	P32	P13	P10	H13	H20	P20	H30						98.8% (238 of 241)	85.9% (276 of 321 Sq. Miles)
11	P2	P24	P11	P32	P13	P10	H13	H20	P20	H30	H29					98.8% (238 of 241)	85.9% (276 of 321 Sq. Miles)
12	P2	P24	P11	P32	P13	P10	H13	H20	P20	H30	H29	H27				98.8% (238 of 241)	88.0% (283 of 321 Sq. Miles)
13	P2	P24	P11	P32	P13	P10	H13	H20	P20	H30	H29	H27	H30			98.8% (238 of 241)	88.0% (283 of 321 Sq. Miles)
14	P2	P24	P11	P32	P13	P10	H13	H20	P20	H30	H29	H27	H30	H29		98.8% (238 of 241)	88.0% (283 of 321 Sq. Miles)
15	P2	P24	P11	P32	P13	P10	H13	H20	P20	H30	H29	H27	H30	H29	H25	98.8% (238 of 241)	88.5% (284 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: **18** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05															40.3% (94 of 233)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														69.5% (162 of 233)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													86.7% (202 of 233)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												91.8% (214 of 233)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											95.3% (222 of 233)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H15										96.6% (225 of 233)	76.2% (245 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H15	P2									97.9% (228 of 233)	77.8% (250 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H15	P2	H27								98.7% (230 of 233)	82.5% (265 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H15	P2	H27	H10							99.1% (231 of 233)	83.2% (267 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H15	P2	H27	H10	H30						99.1% (231 of 233)	83.5% (268 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	H15	P2	H27	H10	H30	H29					99.1% (231 of 233)	83.5% (268 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	H15	P2	H27	H10	H30	H29	H25				99.1% (231 of 233)	84.5% (271 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	H15	P2	H27	H10	H30	H29	H25	H30			99.1% (231 of 233)	84.5% (271 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	H15	P2	H27	H10	H30	H29	H25	H30	H27		99.1% (231 of 233)	84.5% (271 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	H15	P2	H27	H10	H30	H29	H25	H30	H27	H24	99.1% (231 of 233)	84.6% (272 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **19** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															41.3% (112 of 271)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														67.2% (182 of 271)	44.0% (141 of 321 Sq. Miles)
3	P2	P23	P13													82.3% (223 of 271)	58.9% (189 of 321 Sq. Miles)
4	P2	P23	P13	P30												88.2% (239 of 271)	68.7% (221 of 321 Sq. Miles)
5	P2	P23	P13	P30	H20											93.0% (252 of 271)	72.2% (232 of 321 Sq. Miles)
6	P2	P23	P13	P30	H20	P10										95.9% (260 of 271)	78.0% (250 of 321 Sq. Miles)
7	P2	P23	P13	P30	H20	P10	H27									97.8% (265 of 271)	82.7% (266 of 321 Sq. Miles)
8	P2	P23	P13	P30	H20	P10	H27	H30								98.5% (267 of 271)	83.9% (270 of 321 Sq. Miles)
9	P2	P23	P13	P30	H20	P10	H27	H30	H08							98.9% (268 of 271)	84.4% (271 of 321 Sq. Miles)
10	P2	P23	P13	P30	H20	P10	H27	H30	H08	P34						99.3% (269 of 271)	87.8% (282 of 321 Sq. Miles)
11	P2	P23	P13	P30	H20	P10	H27	H30	H08	P34	H30					99.3% (269 of 271)	87.8% (282 of 321 Sq. Miles)
12	P2	P23	P13	P30	H20	P10	H27	H30	H08	P34	H30	H29				99.3% (269 of 271)	88.9% (286 of 321 Sq. Miles)
13	P2	P23	P13	P30	H20	P10	H27	H30	H08	P34	H30	H29	H27			99.3% (269 of 271)	88.9% (286 of 321 Sq. Miles)
14	P2	P23	P13	P30	H20	P10	H27	H30	H08	P34	H30	H29	H27	H25		99.3% (269 of 271)	89.7% (288 of 321 Sq. Miles)
15	P2	P23	P13	P30	H20	P10	H27	H30	H08	P34	H30	H29	H27	H25	H24	99.3% (269 of 271)	89.8% (289 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Thursday** Hour of Day: **20** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	P10															37.5% (127 of 339)	21.8% (70 of 321 Sq. Miles)
2	P10	P13														61.7% (209 of 339)	39.9% (128 of 321 Sq. Miles)
3	P10	P13	P30													81.4% (276 of 339)	59.7% (192 of 321 Sq. Miles)
4	P10	P13	P30	P2												92.9% (315 of 339)	70.7% (227 of 321 Sq. Miles)
5	P10	P13	P30	P2	P24											95.3% (323 of 339)	75.4% (242 of 321 Sq. Miles)
6	P10	P13	P30	P2	P24	P34										96.2% (326 of 339)	81.1% (260 of 321 Sq. Miles)
7	P10	P13	P30	P2	P24	P34	P5									97.1% (329 of 339)	84.5% (271 of 321 Sq. Miles)
8	P10	P13	P30	P2	P24	P34	P5	P3								97.6% (331 of 339)	85.8% (275 of 321 Sq. Miles)
9	P10	P13	P30	P2	P24	P34	P5	P3	H18							97.9% (332 of 339)	86.5% (278 of 321 Sq. Miles)
10	P10	P13	P30	P2	P24	P34	P5	P3	H18	H08						98.2% (333 of 339)	87.1% (280 of 321 Sq. Miles)
11	P10	P13	P30	P2	P24	P34	P5	P3	H18	H08	H30					98.2% (333 of 339)	88.3% (284 of 321 Sq. Miles)
12	P10	P13	P30	P2	P24	P34	P5	P3	H18	H08	H30	H29				98.2% (333 of 339)	88.4% (284 of 321 Sq. Miles)
13	P10	P13	P30	P2	P24	P34	P5	P3	H18	H08	H30	H29	H27			98.2% (333 of 339)	90.8% (292 of 321 Sq. Miles)
14	P10	P13	P30	P2	P24	P34	P5	P3	H18	H08	H30	H29	H27	H25		98.2% (333 of 339)	91.3% (293 of 321 Sq. Miles)
15	P10	P13	P30	P2	P24	P34	P5	P3	H18	H08	H30	H29	H27	H25	H24	98.2% (333 of 339)	91.5% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **21** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															36.4% (191 of 498)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.7% (327 of 498)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													80.3% (400 of 498)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												87.6% (436 of 498)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P3											90.6% (451 of 498)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	P3	P10										92.8% (462 of 498)	76.3% (245 of 321 Sq. Miles)
7	H05	P23	P11	P30	P3	P10	P16									94.4% (470 of 498)	79.7% (256 of 321 Sq. Miles)
8	H05	P23	P11	P30	P3	P10	P16	P34								95.6% (476 of 498)	85.4% (274 of 321 Sq. Miles)
9	H05	P23	P11	P30	P3	P10	P16	P34	H24							96.6% (481 of 498)	86.2% (277 of 321 Sq. Miles)
10	H05	P23	P11	P30	P3	P10	P16	P34	H24	P18						97.2% (484 of 498)	86.6% (278 of 321 Sq. Miles)
11	H05	P23	P11	P30	P3	P10	P16	P34	H24	P18	P12					97.8% (487 of 498)	87.2% (280 of 321 Sq. Miles)
12	H05	P23	P11	P30	P3	P10	P16	P34	H24	P18	P12	H13				98.0% (488 of 498)	87.7% (282 of 321 Sq. Miles)
13	H05	P23	P11	P30	P3	P10	P16	P34	H24	P18	P12	H13	P29			98.2% (489 of 498)	88.4% (284 of 321 Sq. Miles)
14	H05	P23	P11	P30	P3	P10	P16	P34	H24	P18	P12	H13	P29	H30		98.2% (489 of 498)	88.7% (285 of 321 Sq. Miles)
15	H05	P23	P11	P30	P3	P10	P16	P34	H24	P18	P12	H13	P29	H30	H29	98.2% (489 of 498)	88.7% (285 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	P o s t i n g P r i o r i t y	

Day of Week: **Thursday** Hour of Day: **22** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	P2															34.7% (182 of 525)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														61.0% (320 of 525)	44.0% (141 of 321 Sq. Miles)
3	P2	P23	P11													77.7% (408 of 525)	59.3% (190 of 321 Sq. Miles)
4	P2	P23	P11	P30												84.8% (445 of 525)	69.1% (222 of 321 Sq. Miles)
5	P2	P23	P11	P30	P14											87.8% (461 of 525)	74.1% (238 of 321 Sq. Miles)
6	P2	P23	P11	P30	P14	H20										90.7% (476 of 525)	76.9% (247 of 321 Sq. Miles)
7	P2	P23	P11	P30	P14	H20	P20									93.0% (488 of 525)	79.3% (255 of 321 Sq. Miles)
8	P2	P23	P11	P30	P14	H20	P20	H25								94.7% (497 of 525)	81.5% (262 of 321 Sq. Miles)
9	P2	P23	P11	P30	P14	H20	P20	H25	P34							95.8% (503 of 525)	87.1% (280 of 321 Sq. Miles)
10	P2	P23	P11	P30	P14	H20	P20	H25	P34	H03						96.8% (508 of 525)	89.2% (287 of 321 Sq. Miles)
11	P2	P23	P11	P30	P14	H20	P20	H25	P34	H03	P1					97.3% (511 of 525)	90.3% (290 of 321 Sq. Miles)
12	P2	P23	P11	P30	P14	H20	P20	H25	P34	H03	P1	H27				97.5% (512 of 525)	92.8% (298 of 321 Sq. Miles)
13	P2	P23	P11	P30	P14	H20	P20	H25	P34	H03	P1	H27	H13			97.7% (513 of 525)	93.2% (299 of 321 Sq. Miles)
14	P2	P23	P11	P30	P14	H20	P20	H25	P34	H03	P1	H27	H13	P12		97.9% (514 of 525)	93.6% (301 of 321 Sq. Miles)
15	P2	P23	P11	P30	P14	H20	P20	H25	P34	H03	P1	H27	H13	P12	H30	97.9% (514 of 525)	93.7% (301 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	P o s t i n g P r i o r i t y	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Thursday** Hour of Day: **23** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															42.6% (179 of 420)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														67.9% (285 of 420)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.4% (346 of 420)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.3% (371 of 420)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P20											90.5% (380 of 420)	73.0% (235 of 321 Sq. Miles)
6	H05	P23	P11	P30	P20	H20										92.4% (388 of 420)	76.4% (246 of 321 Sq. Miles)
7	H05	P23	P11	P30	P20	H20	P10									93.8% (394 of 420)	78.7% (253 of 321 Sq. Miles)
8	H05	P23	P11	P30	P20	H20	P10	P2								95.0% (399 of 420)	80.2% (258 of 321 Sq. Miles)
9	H05	P23	P11	P30	P20	H20	P10	P2	P34							96.0% (403 of 420)	85.9% (276 of 321 Sq. Miles)
10	H05	P23	P11	P30	P20	H20	P10	P2	P34	H15						96.4% (405 of 420)	87.1% (280 of 321 Sq. Miles)
11	H05	P23	P11	P30	P20	H20	P10	P2	P34	H15	H24					96.7% (406 of 420)	87.2% (280 of 321 Sq. Miles)
12	H05	P23	P11	P30	P20	H20	P10	P2	P34	H15	H24	H13				96.9% (407 of 420)	87.6% (282 of 321 Sq. Miles)
13	H05	P23	P11	P30	P20	H20	P10	P2	P34	H15	H24	H13	P18			97.1% (408 of 420)	88.1% (283 of 321 Sq. Miles)
14	H05	P23	P11	P30	P20	H20	P10	P2	P34	H15	H24	H13	P18	H30		97.1% (408 of 420)	88.4% (284 of 321 Sq. Miles)
15	H05	P23	P11	P30	P20	H20	P10	P2	P34	H15	H24	H13	P18	H30	H29	97.1% (408 of 420)	88.4% (284 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Thursday** Hour of Day: **24** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05																
1	H05															44.2% (174 of 394)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														68.8% (271 of 394)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													68.8% (271 of 394)	44.4% (143 of 321 Sq. Miles)
4	H05	P16	P30	P9												83.0% (327 of 394)	63.4% (204 of 321 Sq. Miles)
5	H05	P16	P30	P9	H20											89.1% (351 of 394)	69.0% (222 of 321 Sq. Miles)
6	H05	P16	P30	P9	H20	H27										91.1% (359 of 394)	72.2% (232 of 321 Sq. Miles)
7	H05	P16	P30	P9	H20	H27	H18									92.6% (365 of 394)	76.9% (247 of 321 Sq. Miles)
8	H05	P16	P30	P9	H20	H27	H18	P22								93.9% (370 of 394)	77.4% (248 of 321 Sq. Miles)
9	H05	P16	P30	P9	H20	H27	H18	P22	P14							95.2% (375 of 394)	79.1% (254 of 321 Sq. Miles)
10	H05	P16	P30	P9	H20	H27	H18	P22	P14	P1						96.4% (380 of 394)	83.6% (268 of 321 Sq. Miles)
11	H05	P16	P30	P9	H20	H27	H18	P22	P14	P1	P12					97.7% (385 of 394)	85.9% (276 of 321 Sq. Miles)
12	H05	P16	P30	P9	H20	H27	H18	P22	P14	P1	P12	H30				98.2% (387 of 394)	87.6% (281 of 321 Sq. Miles)
13	H05	P16	P30	P9	H20	H27	H18	P22	P14	P1	P12	H30	H29			98.5% (388 of 394)	87.9% (282 of 321 Sq. Miles)
14	H05	P16	P30	P9	H20	H27	H18	P22	P14	P1	P12	H30	H29	H27		98.5% (388 of 394)	88.0% (283 of 321 Sq. Miles)
15	H05	P16	P30	P9	H20	H27	H18	P22	P14	P1	P12	H30	H29	H27	H25	98.5% (388 of 394)	88.0% (283 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **1** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															33.7% (110 of 326)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.3% (213 of 326)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	H15													81.9% (267 of 326)	59.8% (192 of 321 Sq. Miles)
4	H05	P23	H15	P30												89.3% (291 of 326)	69.6% (224 of 321 Sq. Miles)
5	H05	P23	H15	P30	P8											92.9% (303 of 326)	73.6% (236 of 321 Sq. Miles)
6	H05	P23	H15	P30	P8	P17										94.8% (309 of 326)	76.7% (246 of 321 Sq. Miles)
7	H05	P23	H15	P30	P8	P17	P1									96.6% (315 of 326)	80.1% (257 of 321 Sq. Miles)
8	H05	P23	H15	P30	P8	P17	P1	H27								97.5% (318 of 326)	84.8% (272 of 321 Sq. Miles)
9	H05	P23	H15	P30	P8	P17	P1	H27	P12							98.2% (320 of 326)	86.4% (277 of 321 Sq. Miles)
10	H05	P23	H15	P30	P8	P17	P1	H27	P12	H13						98.5% (321 of 326)	86.8% (279 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Friday** Hour of Day: **2** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															40.2% (137 of 341)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														66.0% (225 of 341)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													82.1% (280 of 341)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P8												89.7% (306 of 341)	69.3% (223 of 321 Sq. Miles)
5	H05	P16	P30	P8	P15											92.4% (315 of 341)	74.0% (238 of 321 Sq. Miles)
6	H05	P16	P30	P8	P15	P1										94.4% (322 of 341)	77.4% (248 of 321 Sq. Miles)
7	H05	P16	P30	P8	P15	P1	P20									95.9% (327 of 341)	78.3% (251 of 321 Sq. Miles)
8	H05	P16	P30	P8	P15	P1	P20	H27								96.8% (330 of 341)	83.0% (267 of 321 Sq. Miles)
9	H05	P16	P30	P8	P15	P1	P20	H27	H25							97.7% (333 of 341)	84.3% (271 of 321 Sq. Miles)
10	H05	P16	P30	P8	P15	P1	P20	H27	H25	P34						97.9% (334 of 341)	87.6% (281 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Friday** Hour of Day: **3** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															37.5% (103 of 275)	22.5% (72 of 321 Sq. Miles)
2	P2	P16														65.8% (181 of 275)	42.8% (138 of 321 Sq. Miles)
3	P2	P16	P30													82.9% (228 of 275)	61.9% (199 of 321 Sq. Miles)
4	P2	P16	P30	P10												89.8% (247 of 275)	70.6% (227 of 321 Sq. Miles)
5	P2	P16	P30	P10	H20											92.0% (253 of 275)	74.2% (238 of 321 Sq. Miles)
6	P2	P16	P30	P10	H20	H15										93.8% (258 of 275)	76.5% (246 of 321 Sq. Miles)
7	P2	P16	P30	P10	H20	H15	P26									95.3% (262 of 275)	78.6% (252 of 321 Sq. Miles)
8	P2	P16	P30	P10	H20	H15	P26	P33								96.4% (265 of 275)	83.9% (269 of 321 Sq. Miles)
9	P2	P16	P30	P10	H20	H15	P26	P33	H30							96.7% (266 of 275)	85.1% (273 of 321 Sq. Miles)
10	P2	P16	P30	P10	H20	H15	P26	P33	H30	P20						97.1% (267 of 275)	86.0% (276 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: Friday Hour of Day: 4 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level																% Demand Covered	% Geography Covered
1	P2															38.0% (89 of 234)	22.5% (72 of 321 Sq. Miles)
2	P2	P13														61.5% (144 of 234)	44.2% (142 of 321 Sq. Miles)
3	P2	P13	P30													82.5% (193 of 234)	64.0% (206 of 321 Sq. Miles)
4	P2	P13	P30	P10												87.6% (205 of 234)	70.7% (227 of 321 Sq. Miles)
5	P2	P13	P30	P10	H20											90.2% (211 of 234)	73.9% (237 of 321 Sq. Miles)
6	P2	P13	P30	P10	H20	P20										92.3% (216 of 234)	75.5% (243 of 321 Sq. Miles)
7	P2	P13	P30	P10	H20	P20	H27									94.0% (220 of 234)	80.3% (258 of 321 Sq. Miles)
8	P2	P13	P30	P10	H20	P20	H27	P25								95.3% (223 of 234)	82.2% (264 of 321 Sq. Miles)
9	P2	P13	P30	P10	H20	P20	H27	P25	H30							96.2% (225 of 234)	83.4% (268 of 321 Sq. Miles)
10	P2	P13	P30	P10	H20	P20	H27	P25	H30	H25						97.0% (227 of 234)	84.2% (271 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Day of Week: Friday Hour of Day: 5 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level																% Demand Covered	% Geography Covered
1	P2															37.3% (91 of 244)	22.5% (72 of 321 Sq. Miles)
2	P2	P24														63.5% (155 of 244)	44.7% (143 of 321 Sq. Miles)
3	P2	P24	P11													80.7% (197 of 244)	60.8% (195 of 321 Sq. Miles)
4	P2	P24	P11	P18												86.5% (211 of 244)	64.1% (206 of 321 Sq. Miles)
5	P2	P24	P11	P18	P30											91.0% (222 of 244)	71.0% (228 of 321 Sq. Miles)
6	P2	P24	P11	P18	P30	H25										93.4% (228 of 244)	73.5% (236 of 321 Sq. Miles)
7	P2	P24	P11	P18	P30	H25	H30									94.7% (231 of 244)	76.1% (244 of 321 Sq. Miles)
8	P2	P24	P11	P18	P30	H25	H30	H27								95.9% (234 of 244)	80.8% (260 of 321 Sq. Miles)
9	P2	P24	P11	P18	P30	H25	H30	H27	P3							97.1% (237 of 244)	83.6% (268 of 321 Sq. Miles)
10	P2	P24	P11	P18	P30	H25	H30	H27	P3	H30						97.1% (237 of 244)	83.6% (268 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Day of Week: Friday Hour of Day: 6 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 6

Level																% Demand Covered	% Geography Covered
1	H05															33.6% (89 of 265)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														64.5% (171 of 265)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													83.0% (220 of 265)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	P34												86.4% (229 of 265)	71.3% (229 of 321 Sq. Miles)
5	H05	P13	P30	P34	P8											89.8% (238 of 265)	75.4% (242 of 321 Sq. Miles)
6	H05	P13	P30	P34	P8	P18										92.8% (246 of 265)	80.2% (258 of 321 Sq. Miles)
7	H05	P13	P30	P34	P8	P18	H20									93.6% (248 of 265)	81.8% (263 of 321 Sq. Miles)
8	H05	P13	P30	P34	P8	P18	H20	H01								94.3% (250 of 265)	83.0% (267 of 321 Sq. Miles)
9	H05	P13	P30	P34	P8	P18	H20	H01	P11							95.1% (252 of 265)	84.5% (271 of 321 Sq. Miles)
10	H05	P13	P30	P34	P8	P18	H20	H01	P11	H24						95.5% (253 of 265)	84.7% (272 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **7** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level												% Demand Covered	% Geography Covered		
1	P10											34.2% (106 of 310)	21.8% (70 of 321 Sq. Miles)		
2	P10	P23										58.7% (182 of 310)	40.2% (129 of 321 Sq. Miles)		
3	P10	P23	H15									73.5% (228 of 310)	53.3% (171 of 321 Sq. Miles)		
4	P10	P23	H15	P2								86.1% (267 of 310)	64.2% (206 of 321 Sq. Miles)		
5	P10	P23	H15	P2	H27							93.2% (289 of 310)	75.0% (241 of 321 Sq. Miles)		
6	P10	P23	H15	P2	H27	P3						95.5% (296 of 310)	78.3% (251 of 321 Sq. Miles)		
7	P10	P23	H15	P2	H27	P3	H13					96.8% (300 of 310)	81.5% (262 of 321 Sq. Miles)		
8	P10	P23	H15	P2	H27	P3	H13	H16				97.7% (303 of 310)	83.5% (268 of 321 Sq. Miles)		
9	P10	P23	H15	P2	H27	P3	H13	H16	H30			98.1% (304 of 310)	84.8% (272 of 321 Sq. Miles)		
10	P10	P23	H15	P2	H27	P3	H13	H16	H30	H18		98.4% (305 of 310)	85.5% (275 of 321 Sq. Miles)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Day of Week: **Friday** Hour of Day: **8** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level												% Demand Covered	% Geography Covered		
1	H05											38.2% (169 of 442)	24.1% (77 of 321 Sq. Miles)		
2	H05	P23										64.7% (286 of 442)	45.4% (146 of 321 Sq. Miles)		
3	H05	P23	P11									79.4% (351 of 442)	60.8% (195 of 321 Sq. Miles)		
4	H05	P23	P11	P30								87.3% (386 of 442)	70.6% (227 of 321 Sq. Miles)		
5	H05	P23	P11	P30	H10							91.2% (403 of 442)	73.0% (234 of 321 Sq. Miles)		
6	H05	P23	P11	P30	H10	H25						93.2% (412 of 442)	75.5% (242 of 321 Sq. Miles)		
7	H05	P23	P11	P30	H10	H25	P1					95.2% (421 of 442)	78.8% (253 of 321 Sq. Miles)		
8	H05	P23	P11	P30	H10	H25	P1	H27				96.2% (425 of 442)	83.5% (268 of 321 Sq. Miles)		
9	H05	P23	P11	P30	H10	H25	P1	H27	P17			97.1% (429 of 442)	86.2% (277 of 321 Sq. Miles)		
10	H05	P23	P11	P30	H10	H25	P1	H27	P17	H14		97.5% (431 of 442)	87.3% (281 of 321 Sq. Miles)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **9** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															37.5% (217 of 579)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														63.4% (367 of 579)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													83.4% (483 of 579)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												89.5% (518 of 579)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	P8											91.9% (532 of 579)	73.3% (236 of 321 Sq. Miles)
6	H05	P16	P30	P10	P8	P1										93.8% (543 of 579)	76.7% (246 of 321 Sq. Miles)
7	H05	P16	P30	P10	P8	P1	H27									95.5% (553 of 579)	81.4% (262 of 321 Sq. Miles)
8	H05	P16	P30	P10	P8	P1	H27	P17								96.4% (558 of 579)	84.8% (272 of 321 Sq. Miles)
9	H05	P16	P30	P10	P8	P1	H27	P17	P12							97.2% (563 of 579)	87.4% (281 of 321 Sq. Miles)
10	H05	P16	P30	P10	P8	P1	H27	P17	P12	H13						97.8% (566 of 579)	88.2% (283 of 321 Sq. Miles)
11	H05	P16	P30	P10	P8	P1	H27	P17	P12	H13	P20					98.3% (569 of 579)	89.1% (286 of 321 Sq. Miles)
12	H05	P16	P30	P10	P8	P1	H27	P17	P12	H13	P20	H29				98.4% (570 of 579)	89.3% (287 of 321 Sq. Miles)
13	H05	P16	P30	P10	P8	P1	H27	P17	P12	H13	P20	H29	P34			98.6% (571 of 579)	92.7% (298 of 321 Sq. Miles)
14	H05	P16	P30	P10	P8	P1	H27	P17	P12	H13	P20	H29	P34	P29		98.8% (572 of 579)	93.4% (300 of 321 Sq. Miles)
15	H05	P16	P30	P10	P8	P1	H27	P17	P12	H13	P20	H29	P34	P29	P14	99.0% (573 of 579)	94.4% (303 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Friday** Hour of Day: **10** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level															% Demand Covered	% Geography Covered	
1	H05															35.4% (246 of 695)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														65.3% (454 of 695)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													86.3% (600 of 695)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	P17												90.5% (629 of 695)	72.3% (232 of 321 Sq. Miles)
5	H05	P13	P30	P17	P3											93.1% (647 of 695)	76.5% (246 of 321 Sq. Miles)
6	H05	P13	P30	P17	P3	H18										94.1% (654 of 695)	77.7% (250 of 321 Sq. Miles)
7	H05	P13	P30	P17	P3	H18	P1									95.1% (661 of 695)	80.0% (257 of 321 Sq. Miles)
8	H05	P13	P30	P17	P3	H18	P1	H27								96.0% (667 of 695)	84.7% (272 of 321 Sq. Miles)
9	H05	P13	P30	P17	P3	H18	P1	H27	P11							96.8% (673 of 695)	86.9% (279 of 321 Sq. Miles)
10	H05	P13	P30	P17	P3	H18	P1	H27	P11	P25						97.3% (676 of 695)	88.1% (283 of 321 Sq. Miles)
11	H05	P13	P30	P17	P3	H18	P1	H27	P11	P25	H10					97.4% (677 of 695)	88.4% (284 of 321 Sq. Miles)
12	H05	P13	P30	P17	P3	H18	P1	H27	P11	P25	H10	P29				97.6% (678 of 695)	89.2% (286 of 321 Sq. Miles)
13	H05	P13	P30	P17	P3	H18	P1	H27	P11	P25	H10	P29	H30			97.6% (678 of 695)	89.5% (287 of 321 Sq. Miles)
14	H05	P13	P30	P17	P3	H18	P1	H27	P11	P25	H10	P29	H30	H29		97.6% (678 of 695)	89.5% (288 of 321 Sq. Miles)
15	H05	P13	P30	P17	P3	H18	P1	H27	P11	P25	H10	P29	H30	H29	H29	97.6% (678 of 695)	89.5% (288 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **11** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															36.8% (291 of 791)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														65.4% (517 of 791)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													85.1% (673 of 791)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P9												90.4% (715 of 791)	69.0% (222 of 321 Sq. Miles)
5	H05	P16	P30	P9	P1											92.3% (730 of 791)	72.4% (232 of 321 Sq. Miles)
6	H05	P16	P30	P9	P1	P23										93.9% (743 of 791)	75.9% (244 of 321 Sq. Miles)
7	H05	P16	P30	P9	P1	P23	P11									95.3% (754 of 791)	79.2% (254 of 321 Sq. Miles)
8	H05	P16	P30	P9	P1	P23	P11	P34								96.6% (764 of 791)	84.9% (273 of 321 Sq. Miles)
9	H05	P16	P30	P9	P1	P23	P11	P34	H20							97.3% (770 of 791)	86.6% (278 of 321 Sq. Miles)
10	H05	P16	P30	P9	P1	P23	P11	P34	H20	H25						97.7% (773 of 791)	87.0% (280 of 321 Sq. Miles)
11	H05	P16	P30	P9	P1	P23	P11	P34	H20	H25	H18					98.1% (776 of 791)	87.3% (280 of 321 Sq. Miles)
12	H05	P16	P30	P9	P1	P23	P11	P34	H20	H25	H18	H27				98.2% (777 of 791)	89.7% (288 of 321 Sq. Miles)
13	H05	P16	P30	P9	P1	P23	P11	P34	H20	H25	H18	H27	H16			98.4% (778 of 791)	90.1% (289 of 321 Sq. Miles)
14	H05	P16	P30	P9	P1	P23	P11	P34	H20	H25	H18	H27	H16	H08		98.5% (779 of 791)	91.2% (293 of 321 Sq. Miles)
15	H05	P16	P30	P9	P1	P23	P11	P34	H20	H25	H18	H27	H16	H08	P29	98.6% (780 of 791)	92.3% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Friday** Hour of Day: **12** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.9% (286 of 754)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.5% (494 of 754)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P13													81.2% (612 of 754)	60.5% (194 of 321 Sq. Miles)
4	H05	P23	P13	P32												87.4% (659 of 754)	70.4% (226 of 321 Sq. Miles)
5	H05	P23	P13	P32	H10											92.4% (697 of 754)	74.3% (239 of 321 Sq. Miles)
6	H05	P23	P13	P32	H10	P1										93.9% (708 of 754)	77.6% (249 of 321 Sq. Miles)
7	H05	P23	P13	P32	H10	P1	P29									95.0% (716 of 754)	81.5% (262 of 321 Sq. Miles)
8	H05	P23	P13	P32	H10	P1	P29	P16								95.8% (722 of 754)	83.0% (267 of 321 Sq. Miles)
9	H05	P23	P13	P32	H10	P1	P29	P16	P34							96.4% (727 of 754)	85.8% (276 of 321 Sq. Miles)
10	H05	P23	P13	P32	H10	P1	P29	P16	P34	H20						96.9% (731 of 754)	87.0% (280 of 321 Sq. Miles)
11	H05	P23	P13	P32	H10	P1	P29	P16	P34	H20	H30					97.2% (733 of 754)	87.4% (281 of 321 Sq. Miles)
12	H05	P23	P13	P32	H10	P1	P29	P16	P34	H20	H30	H25				97.5% (735 of 754)	87.7% (282 of 321 Sq. Miles)
13	H05	P23	P13	P32	H10	P1	P29	P16	P34	H20	H30	H25	H08			97.7% (737 of 754)	88.9% (286 of 321 Sq. Miles)
14	H05	P23	P13	P32	H10	P1	P29	P16	P34	H20	H30	H25	H08	P11		98.0% (739 of 754)	90.2% (290 of 321 Sq. Miles)
15	H05	P23	P13	P32	H10	P1	P29	P16	P34	H20	H30	H25	H08	P11	H13	98.1% (740 of 754)	90.3% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **13** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	P2															40.7% (328 of 805)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														69.6% (560 of 805)	44.0% (141 of 321 Sq. Miles)
3	P2	P23	P11													83.7% (674 of 805)	59.3% (190 of 321 Sq. Miles)
4	P2	P23	P11	P30												90.9% (732 of 805)	69.1% (222 of 321 Sq. Miles)
5	P2	P23	P11	P30	P10											94.0% (757 of 805)	73.9% (237 of 321 Sq. Miles)
6	P2	P23	P11	P30	P10	P16										95.4% (768 of 805)	77.3% (248 of 321 Sq. Miles)
7	P2	P23	P11	P30	P10	P16	P34									96.4% (776 of 805)	82.9% (266 of 321 Sq. Miles)
8	P2	P23	P11	P30	P10	P16	P34	H20								97.1% (782 of 805)	85.7% (275 of 321 Sq. Miles)
9	P2	P23	P11	P30	P10	P16	P34	H20	P18							97.5% (785 of 805)	86.2% (277 of 321 Sq. Miles)
10	P2	P23	P11	P30	P10	P16	P34	H20	P18	P12						97.9% (788 of 805)	86.7% (278 of 321 Sq. Miles)
11	P2	P23	P11	P30	P10	P16	P34	H20	P18	P12	P1					98.3% (791 of 805)	87.9% (282 of 321 Sq. Miles)
12	P2	P23	P11	P30	P10	P16	P34	H20	P18	P12	P1	P29				98.5% (793 of 805)	89.0% (286 of 321 Sq. Miles)
13	P2	P23	P11	P30	P10	P16	P34	H20	P18	P12	P1	P29	P20			98.8% (795 of 805)	89.9% (289 of 321 Sq. Miles)
14	P2	P23	P11	P30	P10	P16	P34	H20	P18	P12	P1	P29	P20	H24		98.9% (796 of 805)	90.0% (289 of 321 Sq. Miles)
15	P2	P23	P11	P30	P10	P16	P34	H20	P18	P12	P1	P29	P20	H24	H30	98.9% (796 of 805)	91.2% (293 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

Posting Priority

Day of Week: **Friday** Hour of Day: **14** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.7% (296 of 786)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.0% (519 of 786)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.2% (646 of 786)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.5% (696 of 786)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P3											91.2% (717 of 786)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	P3	P16										93.6% (736 of 786)	77.4% (249 of 321 Sq. Miles)
7	H05	P23	P11	P30	P3	P16	P34									94.8% (745 of 786)	83.1% (267 of 321 Sq. Miles)
8	H05	P23	P11	P30	P3	P16	P34	H24								95.8% (753 of 786)	83.9% (270 of 321 Sq. Miles)
9	H05	P23	P11	P30	P3	P16	P34	H24	H08							96.7% (760 of 786)	86.1% (277 of 321 Sq. Miles)
10	H05	P23	P11	P30	P3	P16	P34	H24	H08	P22						97.1% (763 of 786)	86.5% (278 of 321 Sq. Miles)
11	H05	P23	P11	P30	P3	P16	P34	H24	H08	P22	H18					97.3% (765 of 786)	86.8% (279 of 321 Sq. Miles)
12	H05	P23	P11	P30	P3	P16	P34	H24	H08	P22	H18	P29				97.6% (767 of 786)	87.9% (282 of 321 Sq. Miles)
13	H05	P23	P11	P30	P3	P16	P34	H24	H08	P22	H18	P29	H30			97.7% (768 of 786)	88.2% (283 of 321 Sq. Miles)
14	H05	P23	P11	P30	P3	P16	P34	H24	H08	P22	H18	P29	H30	P18		97.8% (769 of 786)	88.5% (284 of 321 Sq. Miles)
15	H05	P23	P11	P30	P3	P16	P34	H24	H08	P22	H18	P29	H30	P18	P12	98.0% (770 of 786)	88.9% (286 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

Posting Priority

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **15** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															38.2% (323 of 845)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														67.0% (566 of 845)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.4% (705 of 845)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.6% (749 of 845)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											92.4% (781 of 845)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	P16										95.0% (803 of 845)	76.4% (245 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	P16	P1									96.4% (815 of 845)	79.8% (256 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	P16	P1	H20								97.0% (820 of 845)	80.7% (259 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	P16	P1	H20	H27							97.5% (824 of 845)	85.4% (274 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	P16	P1	H20	H27	H25						97.9% (827 of 845)	85.9% (276 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	P16	P1	H20	H27	H25	H08					98.2% (830 of 845)	87.2% (280 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	P16	P1	H20	H27	H25	H08	H30				98.5% (832 of 845)	87.5% (281 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	P16	P1	H20	H27	H25	H08	H30	P20			98.7% (834 of 845)	88.4% (284 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	P16	P1	H20	H27	H25	H08	H30	P20	P34		98.8% (835 of 845)	91.8% (295 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	P16	P1	H20	H27	H25	H08	H30	P20	P34	P29	98.9% (836 of 845)	92.9% (298 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Friday** Hour of Day: **16** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															39.8% (317 of 797)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														68.3% (544 of 797)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	H15													82.7% (659 of 797)	59.8% (192 of 321 Sq. Miles)
4	H05	P23	H15	P30												88.3% (704 of 797)	69.6% (224 of 321 Sq. Miles)
5	H05	P23	H15	P30	H10											92.5% (737 of 797)	73.4% (236 of 321 Sq. Miles)
6	H05	P23	H15	P30	H10	H20										93.6% (746 of 797)	75.7% (243 of 321 Sq. Miles)
7	H05	P23	H15	P30	H10	H20	P20									94.5% (753 of 797)	77.4% (249 of 321 Sq. Miles)
8	H05	P23	H15	P30	H10	H20	P20	P1								95.4% (760 of 797)	79.7% (256 of 321 Sq. Miles)
9	H05	P23	H15	P30	H10	H20	P20	P1	P34							96.0% (765 of 797)	85.4% (274 of 321 Sq. Miles)
10	H05	P23	H15	P30	H10	H20	P20	P1	P34	P12						96.6% (770 of 797)	87.0% (280 of 321 Sq. Miles)
11	H05	P23	H15	P30	H10	H20	P20	P1	P34	P12	P10					97.2% (775 of 797)	88.3% (284 of 321 Sq. Miles)
12	H05	P23	H15	P30	H10	H20	P20	P1	P34	P12	P10	P29				97.7% (779 of 797)	89.4% (287 of 321 Sq. Miles)
13	H05	P23	H15	P30	H10	H20	P20	P1	P34	P12	P10	P29	H25			97.9% (780 of 797)	90.3% (290 of 321 Sq. Miles)
14	H05	P23	H15	P30	H10	H20	P20	P1	P34	P12	P10	P29	H25	H30		97.9% (780 of 797)	90.6% (291 of 321 Sq. Miles)
15	H05	P23	H15	P30	H10	H20	P20	P1	P34	P12	P10	P29	H25	H30	H29	97.9% (780 of 797)	90.6% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **17** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															37.6% (314 of 836)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														66.9% (559 of 836)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.2% (687 of 836)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.8% (742 of 836)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P13											90.9% (760 of 836)	73.7% (237 of 321 Sq. Miles)
6	H05	P23	P11	P30	P13	H20										92.9% (777 of 836)	77.1% (248 of 321 Sq. Miles)
7	H05	P23	P11	P30	P13	H20	H08									94.5% (790 of 836)	79.0% (254 of 321 Sq. Miles)
8	H05	P23	P11	P30	P13	H20	H08	P1								95.6% (799 of 836)	81.3% (261 of 321 Sq. Miles)
9	H05	P23	P11	P30	P13	H20	H08	P1	P20							96.4% (806 of 836)	82.6% (265 of 321 Sq. Miles)
10	H05	P23	P11	P30	P13	H20	H08	P1	P20	H27						96.9% (810 of 836)	87.3% (280 of 321 Sq. Miles)
11	H05	P23	P11	P30	P13	H20	H08	P1	P20	H27	H25					97.2% (813 of 836)	87.9% (282 of 321 Sq. Miles)
12	H05	P23	P11	P30	P13	H20	H08	P1	P20	H27	H25	P29				97.5% (815 of 836)	89.0% (286 of 321 Sq. Miles)
13	H05	P23	P11	P30	P13	H20	H08	P1	P20	H27	H25	P29	P3			97.7% (817 of 836)	89.0% (286 of 321 Sq. Miles)
14	H05	P23	P11	P30	P13	H20	H08	P1	P20	H27	H25	P29	P3	H18		97.8% (818 of 836)	89.2% (286 of 321 Sq. Miles)
15	H05	P23	P11	P30	P13	H20	H08	P1	P20	H27	H25	P29	P3	H18	H30	97.8% (818 of 836)	89.5% (288 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Friday** Hour of Day: **18** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level															% Demand Covered	% Geography Covered	
1	H05															37.5% (294 of 783)	24.1% (77 of 321 Sq. Miles)
2	H05	P24														64.1% (502 of 783)	46.3% (149 of 321 Sq. Miles)
3	H05	P24	P11													82.6% (647 of 783)	62.4% (201 of 321 Sq. Miles)
4	H05	P24	P11	P31												86.5% (677 of 783)	69.4% (223 of 321 Sq. Miles)
5	H05	P24	P11	P31	H10											89.8% (703 of 783)	71.9% (231 of 321 Sq. Miles)
6	H05	P24	P11	P31	H10	P16										92.7% (726 of 783)	76.2% (245 of 321 Sq. Miles)
7	H05	P24	P11	P31	H10	P16	H08									94.1% (737 of 783)	78.6% (252 of 321 Sq. Miles)
8	H05	P24	P11	P31	H10	P16	H08	P30								95.1% (745 of 783)	80.9% (260 of 321 Sq. Miles)
9	H05	P24	P11	P31	H10	P16	H08	P30	H20							96.0% (752 of 783)	82.9% (266 of 321 Sq. Miles)
10	H05	P24	P11	P31	H10	P16	H08	P30	H20	P20						96.7% (757 of 783)	83.8% (269 of 321 Sq. Miles)
11	H05	P24	P11	P31	H10	P16	H08	P30	H20	P20	H03					97.2% (761 of 783)	85.4% (274 of 321 Sq. Miles)
12	H05	P24	P11	P31	H10	P16	H08	P30	H20	P20	H03	P18				97.4% (763 of 783)	85.7% (275 of 321 Sq. Miles)
13	H05	P24	P11	P31	H10	P16	H08	P30	H20	P20	H03	P18	H30			97.6% (764 of 783)	85.7% (275 of 321 Sq. Miles)
14	H05	P24	P11	P31	H10	P16	H08	P30	H20	P20	H03	P18	H30	H27		97.7% (765 of 783)	88.4% (284 of 321 Sq. Miles)
15	H05	P24	P11	P31	H10	P16	H08	P30	H20	P20	H03	P18	H30	H27	H25	97.8% (766 of 783)	88.8% (285 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **19** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															35.6% (217 of 610)	22.5% (72 of 321 Sq. Miles)
2	P2	P17														62.6% (382 of 610)	44.0% (141 of 321 Sq. Miles)
3	P2	P17	P30													75.4% (460 of 610)	59.4% (191 of 321 Sq. Miles)
4	P2	P17	P30	P13												86.9% (530 of 610)	71.6% (230 of 321 Sq. Miles)
5	P2	P17	P30	P13	P10											90.2% (550 of 610)	75.1% (241 of 321 Sq. Miles)
6	P2	P17	P30	P13	P10	H20										92.3% (563 of 610)	78.3% (252 of 321 Sq. Miles)
7	P2	P17	P30	P13	P10	H20	H27									93.6% (571 of 610)	83.0% (267 of 321 Sq. Miles)
8	P2	P17	P30	P13	P10	H20	H27	P19								94.8% (578 of 610)	84.2% (270 of 321 Sq. Miles)
9	P2	P17	P30	P13	P10	H20	H27	P19	P1							95.9% (585 of 610)	85.4% (274 of 321 Sq. Miles)
10	P2	P17	P30	P13	P10	H20	H27	P19	P1	H30						96.2% (587 of 610)	86.6% (278 of 321 Sq. Miles)
11	P2	P17	P30	P13	P10	H20	H27	P19	P1	H30	H25					96.6% (589 of 610)	87.4% (281 of 321 Sq. Miles)
12	P2	P17	P30	P13	P10	H20	H27	P19	P1	H30	H25	P24				96.9% (591 of 610)	89.0% (286 of 321 Sq. Miles)
13	P2	P17	P30	P13	P10	H20	H27	P19	P1	H30	H25	P24	P34			97.0% (592 of 610)	92.3% (297 of 321 Sq. Miles)
14	P2	P17	P30	P13	P10	H20	H27	P19	P1	H30	H25	P24	P34	P20		97.2% (593 of 610)	93.0% (299 of 321 Sq. Miles)
15	P2	P17	P30	P13	P10	H20	H27	P19	P1	H30	H25	P24	P34	P20	P3	97.4% (594 of 610)	93.2% (299 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Friday** Hour of Day: **20** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															38.7% (202 of 522)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.5% (342 of 522)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.2% (424 of 522)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												89.5% (467 of 522)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P3											92.0% (480 of 522)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	P3	P16										94.1% (491 of 522)	77.4% (249 of 321 Sq. Miles)
7	H05	P23	P11	P30	P3	P16	P34									96.0% (501 of 522)	83.1% (267 of 321 Sq. Miles)
8	H05	P23	P11	P30	P3	P16	P34	H08								96.9% (506 of 522)	85.3% (274 of 321 Sq. Miles)
9	H05	P23	P11	P30	P3	P16	P34	H08	H03							97.3% (508 of 522)	86.9% (279 of 321 Sq. Miles)
10	H05	P23	P11	P30	P3	P16	P34	H08	H03	P22						97.7% (510 of 522)	87.3% (280 of 321 Sq. Miles)
11	H05	P23	P11	P30	P3	P16	P34	H08	H03	P22	P12					97.9% (511 of 522)	87.7% (282 of 321 Sq. Miles)
12	H05	P23	P11	P30	P3	P16	P34	H08	H03	P22	P12	H30				97.9% (511 of 522)	87.7% (282 of 321 Sq. Miles)
13	H05	P23	P11	P30	P3	P16	P34	H08	H03	P22	P12	H30	H29			97.9% (511 of 522)	87.8% (282 of 321 Sq. Miles)
14	H05	P23	P11	P30	P3	P16	P34	H08	H03	P22	P12	H30	H29	H27		97.9% (511 of 522)	90.2% (290 of 321 Sq. Miles)
15	H05	P23	P11	P30	P3	P16	P34	H08	H03	P22	P12	H30	H29	H27	H25	97.9% (511 of 522)	90.2% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **21** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															40.0% (217 of 542)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														66.6% (361 of 542)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P30													77.1% (418 of 542)	60.0% (193 of 321 Sq. Miles)
4	H05	P17	P30	P13												86.7% (470 of 542)	72.3% (232 of 321 Sq. Miles)
5	H05	P17	P30	P13	H27											89.3% (484 of 542)	77.0% (247 of 321 Sq. Miles)
6	H05	P17	P30	P13	H27	P5										91.9% (498 of 542)	80.7% (259 of 321 Sq. Miles)
7	H05	P17	P30	P13	H27	P5	P1									93.7% (508 of 542)	84.0% (270 of 321 Sq. Miles)
8	H05	P17	P30	P13	H27	P5	P1	P19								95.0% (515 of 542)	85.2% (274 of 321 Sq. Miles)
9	H05	P17	P30	P13	H27	P5	P1	P19	H10							96.1% (521 of 542)	86.7% (279 of 321 Sq. Miles)
10	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3						96.7% (524 of 542)	87.0% (280 of 321 Sq. Miles)
11	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29					97.0% (526 of 542)	88.2% (283 of 321 Sq. Miles)
12	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25				97.2% (527 of 542)	88.8% (285 of 321 Sq. Miles)
13	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25	P20			97.4% (528 of 542)	89.6% (288 of 321 Sq. Miles)
14	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25	P20	P12		97.6% (529 of 542)	89.8% (288 of 321 Sq. Miles)
15	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25	P20	P12	H30	97.6% (529 of 542)	90.1% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Friday** Hour of Day: **22** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															40.0% (217 of 542)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														66.6% (361 of 542)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P30													77.1% (418 of 542)	60.0% (193 of 321 Sq. Miles)
4	H05	P17	P30	P13												86.7% (470 of 542)	72.3% (232 of 321 Sq. Miles)
5	H05	P17	P30	P13	H27											89.3% (484 of 542)	77.0% (247 of 321 Sq. Miles)
6	H05	P17	P30	P13	H27	P5										91.9% (498 of 542)	80.7% (259 of 321 Sq. Miles)
7	H05	P17	P30	P13	H27	P5	P1									93.7% (508 of 542)	84.0% (270 of 321 Sq. Miles)
8	H05	P17	P30	P13	H27	P5	P1	P19								95.0% (515 of 542)	85.2% (274 of 321 Sq. Miles)
9	H05	P17	P30	P13	H27	P5	P1	P19	H10							96.1% (521 of 542)	86.7% (279 of 321 Sq. Miles)
10	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3						96.7% (524 of 542)	87.0% (280 of 321 Sq. Miles)
11	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29					97.0% (526 of 542)	88.2% (283 of 321 Sq. Miles)
12	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25				97.2% (527 of 542)	88.8% (285 of 321 Sq. Miles)
13	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25	P20			97.4% (528 of 542)	89.6% (288 of 321 Sq. Miles)
14	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25	P20	P12		97.6% (529 of 542)	89.8% (288 of 321 Sq. Miles)
15	H05	P17	P30	P13	H27	P5	P1	P19	H10	P3	P29	H25	P20	P12	H30	97.6% (529 of 542)	90.1% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Friday** Hour of Day: **23** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered	
1	H05															42.0% (195 of 464)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														67.0% (311 of 464)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													83.6% (388 of 464)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												88.4% (410 of 464)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	H20											91.2% (423 of 464)	73.9% (237 of 321 Sq. Miles)
6	H05	P16	P30	P10	H20	P23										93.1% (432 of 464)	76.4% (245 of 321 Sq. Miles)
7	H05	P16	P30	P10	H20	P23	H27									94.6% (439 of 464)	81.1% (260 of 321 Sq. Miles)
8	H05	P16	P30	P10	H20	P23	H27	P1								96.1% (446 of 464)	83.4% (268 of 321 Sq. Miles)
9	H05	P16	P30	P10	H20	P23	H27	P1	H29							96.8% (449 of 464)	86.0% (276 of 321 Sq. Miles)
10	H05	P16	P30	P10	H20	P23	H27	P1	H29	P27						97.2% (451 of 464)	86.1% (276 of 321 Sq. Miles)
11	H05	P16	P30	P10	H20	P23	H27	P1	H29	P27	H25					97.4% (452 of 464)	87.0% (279 of 321 Sq. Miles)
12	H05	P16	P30	P10	H20	P23	H27	P1	H29	P27	H25	P34				97.6% (453 of 464)	90.3% (290 of 321 Sq. Miles)
13	H05	P16	P30	P10	H20	P23	H27	P1	H29	P27	H25	P34	H30			97.6% (453 of 464)	90.7% (291 of 321 Sq. Miles)
14	H05	P16	P30	P10	H20	P23	H27	P1	H29	P27	H25	P34	H30	H29		97.6% (453 of 464)	90.7% (291 of 321 Sq. Miles)
15	H05	P16	P30	P10	H20	P23	H27	P1	H29	P27	H25	P34	H30	H29	H27	97.6% (453 of 464)	90.7% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Friday** Hour of Day: **24** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level															% Demand Covered	% Geography Covered	
1	H05															38.8% (186 of 480)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														64.6% (310 of 480)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													79.6% (382 of 480)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P6												87.1% (418 of 480)	69.1% (222 of 321 Sq. Miles)
5	H05	P16	P30	P6	H20											89.6% (430 of 480)	73.0% (234 of 321 Sq. Miles)
6	H05	P16	P30	P6	H20	P20										91.3% (438 of 480)	73.8% (237 of 321 Sq. Miles)
7	H05	P16	P30	P6	H20	P20	P34									92.7% (445 of 480)	79.5% (255 of 321 Sq. Miles)
8	H05	P16	P30	P6	H20	P20	P34	P17								94.2% (452 of 480)	83.7% (269 of 321 Sq. Miles)
9	H05	P16	P30	P6	H20	P20	P34	P17	P1							95.4% (458 of 480)	86.0% (276 of 321 Sq. Miles)
10	H05	P16	P30	P6	H20	P20	P34	P17	P1	H29						96.3% (462 of 480)	88.5% (284 of 321 Sq. Miles)
11	H05	P16	P30	P6	H20	P20	P34	P17	P1	H29	H30					96.7% (464 of 480)	88.8% (285 of 321 Sq. Miles)
12	H05	P16	P30	P6	H20	P20	P34	P17	P1	H29	H30	H13				97.1% (466 of 480)	89.6% (288 of 321 Sq. Miles)
13	H05	P16	P30	P6	H20	P20	P34	P17	P1	H29	H30	H13	H25			97.3% (467 of 480)	90.5% (291 of 321 Sq. Miles)
14	H05	P16	P30	P6	H20	P20	P34	P17	P1	H29	H30	H13	H25	P12		97.5% (468 of 480)	90.9% (292 of 321 Sq. Miles)
15	H05	P16	P30	P6	H20	P20	P34	P17	P1	H29	H30	H13	H25	P12	P3	97.7% (469 of 480)	90.9% (292 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: 1 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level											% Demand Covered	% Geography Covered			
1	H05											42.4% (153 of 361)	24.1% (77 of 321 Sq. Miles)		
2	H05	P23										71.5% (258 of 361)	45.4% (146 of 321 Sq. Miles)		
3	H05	P23	P16									81.4% (294 of 361)	58.0% (186 of 321 Sq. Miles)		
4	H05	P23	P16	P32								86.1% (311 of 361)	67.9% (218 of 321 Sq. Miles)		
5	H05	P23	P16	P32	P10							90.9% (328 of 361)	72.7% (234 of 321 Sq. Miles)		
6	H05	P23	P16	P32	P10	H20						93.1% (336 of 361)	76.9% (247 of 321 Sq. Miles)		
7	H05	P23	P16	P32	P10	H20	P17					94.5% (341 of 361)	78.7% (253 of 321 Sq. Miles)		
8	H05	P23	P16	P32	P10	H20	P17	P30				95.6% (345 of 361)	82.2% (264 of 321 Sq. Miles)		
9	H05	P23	P16	P32	P10	H20	P17	P30	P1			96.7% (349 of 361)	84.5% (271 of 321 Sq. Miles)		
10	H05	P23	P16	P32	P10	H20	P17	P30	P1	H29		97.5% (352 of 361)	87.1% (280 of 321 Sq. Miles)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Day of Week: **Saturday** Hour of Day: 2 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 4

Level											% Demand Covered	% Geography Covered			
1	H05											41.3% (166 of 402)	24.1% (77 of 321 Sq. Miles)		
2	H05	P16										66.9% (269 of 402)	44.4% (143 of 321 Sq. Miles)		
3	H05	P16	P30									83.3% (335 of 402)	63.4% (204 of 321 Sq. Miles)		
4	H05	P16	P30	P10								91.3% (367 of 402)	69.7% (224 of 321 Sq. Miles)		
5	H05	P16	P30	P10	P11							94.0% (378 of 402)	73.9% (237 of 321 Sq. Miles)		
6	H05	P16	P30	P10	P11	H20						95.8% (385 of 402)	77.2% (248 of 321 Sq. Miles)		
7	H05	P16	P30	P10	P11	H20	P34					97.0% (390 of 402)	82.9% (266 of 321 Sq. Miles)		
8	H05	P16	P30	P10	P11	H20	P34	H08				97.8% (393 of 402)	84.7% (272 of 321 Sq. Miles)		
9	H05	P16	P30	P10	P11	H20	P34	H08	P20			98.3% (395 of 402)	85.6% (275 of 321 Sq. Miles)		
10	H05	P16	P30	P10	P11	H20	P34	H08	P20	H27		98.5% (396 of 402)	88.0% (283 of 321 Sq. Miles)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Day of Week: **Saturday** Hour of Day: 3 NonEmergency Cut Off Level / 90% Demand Covered @ Level: 5

Level											% Demand Covered	% Geography Covered			
1	P10											38.0% (153 of 403)	21.8% (70 of 321 Sq. Miles)		
2	P10	P16										60.5% (244 of 403)	40.4% (130 of 321 Sq. Miles)		
3	P10	P16	P30									75.7% (305 of 403)	59.4% (191 of 321 Sq. Miles)		
4	P10	P16	P30	P2								89.6% (361 of 403)	70.6% (227 of 321 Sq. Miles)		
5	P10	P16	P30	P2	H29							92.1% (371 of 403)	75.2% (241 of 321 Sq. Miles)		
6	P10	P16	P30	P2	H29	H20						93.5% (377 of 403)	76.9% (247 of 321 Sq. Miles)		
7	P10	P16	P30	P2	H29	H20	P18					95.0% (383 of 403)	79.1% (254 of 321 Sq. Miles)		
8	P10	P16	P30	P2	H29	H20	P18	H27				95.5% (385 of 403)	83.8% (269 of 321 Sq. Miles)		
9	P10	P16	P30	P2	H29	H20	P18	H27	H24			96.0% (387 of 403)	84.0% (270 of 321 Sq. Miles)		
10	P10	P16	P30	P2	H29	H20	P18	H27	H24	P22		96.5% (389 of 403)	84.9% (273 of 321 Sq. Miles)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Posting Priority

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **4** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															42.2% (140 of 332)	24.1% (77 of 321 Sq. Miles)
2	H05	P17														69.0% (229 of 332)	44.6% (143 of 321 Sq. Miles)
3	H05	P17	P11													79.8% (265 of 332)	56.0% (180 of 321 Sq. Miles)
4	H05	P17	P11	P30												89.5% (297 of 332)	71.4% (229 of 321 Sq. Miles)
5	H05	P17	P11	P30	P16											92.8% (308 of 332)	76.4% (245 of 321 Sq. Miles)
6	H05	P17	P11	P30	P16	P8										95.5% (317 of 332)	78.7% (253 of 321 Sq. Miles)
7	H05	P17	P11	P30	P16	P8	H27									97.0% (322 of 332)	83.4% (268 of 321 Sq. Miles)
8	H05	P17	P11	P30	P16	P8	H27	H03								98.2% (326 of 332)	85.0% (273 of 321 Sq. Miles)
9	H05	P17	P11	P30	P16	P8	H27	H03	H18							98.8% (328 of 332)	85.2% (274 of 321 Sq. Miles)
10	H05	P17	P11	P30	P16	P8	H27	H03	H18	P34						99.4% (330 of 332)	88.6% (285 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **5** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **7**

Level																% Demand Covered	% Geography Covered
1	H05															36.5% (93 of 255)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.5% (167 of 255)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.6% (208 of 255)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												86.7% (221 of 255)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	H10											89.8% (229 of 255)	73.1% (235 of 321 Sq. Miles)
6	H05	P23	P11	P32	H10	P16										89.8% (229 of 255)	73.1% (235 of 321 Sq. Miles)
7	H05	P23	P11	P32	H10	P16	P29									94.5% (241 of 255)	80.8% (260 of 321 Sq. Miles)
8	H05	P23	P11	P32	H10	P16	P29	P1								95.7% (244 of 255)	84.2% (270 of 321 Sq. Miles)
9	H05	P23	P11	P32	H10	P16	P29	P1	P20							96.5% (246 of 255)	85.1% (273 of 321 Sq. Miles)
10	H05	P23	P11	P32	H10	P16	P29	P1	P20	P17						97.3% (248 of 255)	87.7% (282 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **6** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.6% (94 of 250)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														66.0% (165 of 250)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													80.8% (202 of 250)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P8												87.6% (219 of 250)	69.3% (223 of 321 Sq. Miles)
5	H05	P16	P30	P8	P17											90.8% (227 of 250)	75.8% (243 of 321 Sq. Miles)
6	H05	P16	P30	P8	P17	P1										94.0% (235 of 250)	79.1% (254 of 321 Sq. Miles)
7	H05	P16	P30	P8	P17	P1	P11									96.0% (240 of 250)	82.0% (263 of 321 Sq. Miles)
8	H05	P16	P30	P8	P17	P1	P11	H27								97.2% (243 of 250)	86.7% (279 of 321 Sq. Miles)
9	H05	P16	P30	P8	P17	P1	P11	H27	P29							97.6% (244 of 250)	87.9% (282 of 321 Sq. Miles)
10	H05	P16	P30	P8	P17	P1	P11	H27	P29	P20						98.0% (245 of 250)	88.8% (285 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **7** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level												% Demand Covered	% Geography Covered				
1	P2														33.6% (82 of 244)	22.5% (72 of 321 Sq. Miles)	
2	P2	P23													64.8% (158 of 244)	44.0% (141 of 321 Sq. Miles)	
3	P2	P23	H15												79.9% (195 of 244)	58.3% (187 of 321 Sq. Miles)	
4	P2	P23	H15	P32											87.3% (213 of 244)	68.2% (219 of 321 Sq. Miles)	
5	P2	P23	H15	P32	P10										91.8% (224 of 244)	74.1% (238 of 321 Sq. Miles)	
6	P2	P23	H15	P32	P10	P12									93.4% (228 of 244)	76.5% (246 of 321 Sq. Miles)	
7	P2	P23	H15	P32	P10	P12	P30								93.4% (228 of 244)	76.5% (246 of 321 Sq. Miles)	
8	P2	P23	H15	P32	P10	P12	P30	H20							95.5% (233 of 244)	82.9% (266 of 321 Sq. Miles)	
9	P2	P23	H15	P32	P10	P12	P30	H20	P34						96.3% (235 of 244)	85.6% (275 of 321 Sq. Miles)	
10	P2	P23	H15	P32	P10	P12	P30	H20	P34	H18					96.7% (236 of 244)	86.6% (278 of 321 Sq. Miles)	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **8** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level												% Demand Covered	% Geography Covered				
1	H05														34.3% (114 of 332)	24.1% (77 of 321 Sq. Miles)	
2	H05	P16													63.3% (210 of 332)	44.4% (143 of 321 Sq. Miles)	
3	H05	P16	P30												84.0% (279 of 332)	63.4% (204 of 321 Sq. Miles)	
4	H05	P16	P30	H10											90.4% (300 of 332)	69.1% (222 of 321 Sq. Miles)	
5	H05	P16	P30	H10	P12										93.1% (309 of 332)	72.5% (233 of 321 Sq. Miles)	
6	H05	P16	P30	H10	P12	P17									94.9% (315 of 332)	78.0% (251 of 321 Sq. Miles)	
7	H05	P16	P30	H10	P12	P17	P1								96.7% (321 of 332)	81.4% (261 of 321 Sq. Miles)	
8	H05	P16	P30	H10	P12	P17	P1	P34							97.9% (325 of 332)	87.1% (280 of 321 Sq. Miles)	
9	H05	P16	P30	H10	P12	P17	P1	P34	H25						98.8% (328 of 332)	87.5% (281 of 321 Sq. Miles)	
10	H05	P16	P30	H10	P12	P17	P1	P34	H25	P20					99.4% (330 of 332)	88.4% (284 of 321 Sq. Miles)	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **9** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05															37.1% (159 of 428)	24.1% (77 of 321 Sq. Miles)	
2	H05	P16														69.4% (297 of 428)	44.4% (143 of 321 Sq. Miles)	
3	H05	P16	P30													84.8% (363 of 428)	63.4% (204 of 321 Sq. Miles)	
4	H05	P16	P30	P8												89.5% (383 of 428)	69.3% (223 of 321 Sq. Miles)	
5	H05	P16	P30	P8	P15											92.3% (395 of 428)	74.0% (238 of 321 Sq. Miles)	
6	H05	P16	P30	P8	P15	P1										93.9% (402 of 428)	77.4% (248 of 321 Sq. Miles)	
7	H05	P16	P30	P8	P15	P1	P33									95.3% (408 of 428)	82.7% (266 of 321 Sq. Miles)	
8	H05	P16	P30	P8	P15	P1	P33	P22								96.5% (413 of 428)	84.5% (271 of 321 Sq. Miles)	
9	H05	P16	P30	P8	P15	P1	P33	P22	H29							97.0% (415 of 428)	85.4% (274 of 321 Sq. Miles)	
10	H05	P16	P30	P8	P15	P1	P33	P22	H29	P18						97.4% (417 of 428)	86.9% (279 of 321 Sq. Miles)	
11	H05	P16	P30	P8	P15	P1	P33	P22	H29	P18	P34					97.7% (418 of 428)	88.7% (285 of 321 Sq. Miles)	
12	H05	P16	P30	P8	P15	P1	P33	P22	H29	P18	P34	H30				97.7% (418 of 428)	89.0% (286 of 321 Sq. Miles)	
13	H05	P16	P30	P8	P15	P1	P33	P22	H29	P18	P34	H30	H29			97.7% (418 of 428)	89.0% (286 of 321 Sq. Miles)	
14	H05	P16	P30	P8	P15	P1	P33	P22	H29	P18	P34	H30	H29	H27		97.7% (418 of 428)	90.1% (289 of 321 Sq. Miles)	
15	H05	P16	P30	P8	P15	P1	P33	P22	H29	P18	P34	H30	H29	H27	H27	97.7% (418 of 428)	90.1% (289 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **10** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05															35.6% (167 of 469)	24.1% (77 of 321 Sq. Miles)	
2	H05	P23														68.2% (320 of 469)	45.4% (146 of 321 Sq. Miles)	
3	H05	P23	P11													83.2% (390 of 469)	60.8% (195 of 321 Sq. Miles)	
4	H05	P23	P11	P30												89.3% (419 of 469)	70.6% (227 of 321 Sq. Miles)	
5	H05	P23	P11	P30	P20											91.7% (430 of 469)	73.0% (235 of 321 Sq. Miles)	
6	H05	P23	P11	P30	P20	H10										93.8% (440 of 469)	75.4% (242 of 321 Sq. Miles)	
7	H05	P23	P11	P30	P20	H10	P1									95.5% (448 of 469)	78.8% (253 of 321 Sq. Miles)	
8	H05	P23	P11	P30	P20	H10	P1	H25								96.6% (453 of 469)	80.9% (260 of 321 Sq. Miles)	
9	H05	P23	P11	P30	P20	H10	P1	H25	P3							97.4% (457 of 469)	81.8% (263 of 321 Sq. Miles)	
10	H05	P23	P11	P30	P20	H10	P1	H25	P3	H27						98.1% (460 of 469)	86.5% (278 of 321 Sq. Miles)	
11	H05	P23	P11	P30	P20	H10	P1	H25	P3	H27	H18					98.3% (461 of 469)	86.7% (279 of 321 Sq. Miles)	
12	H05	P23	P11	P30	P20	H10	P1	H25	P3	H27	H18	H09				98.5% (462 of 469)	87.1% (280 of 321 Sq. Miles)	
13	H05	P23	P11	P30	P20	H10	P1	H25	P3	H27	H18	H09	P12			98.7% (463 of 469)	87.5% (281 of 321 Sq. Miles)	
14	H05	P23	P11	P30	P20	H10	P1	H25	P3	H27	H18	H09	P12	H30		98.7% (463 of 469)	87.8% (282 of 321 Sq. Miles)	
15	H05	P23	P11	P30	P20	H10	P1	H25	P3	H27	H18	H09	P12	H30	H29	98.7% (463 of 469)	87.8% (282 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **11** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															35.2% (195 of 554)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														61.7% (342 of 554)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													82.7% (458 of 554)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	H10												87.5% (485 of 554)	69.6% (223 of 321 Sq. Miles)
5	H05	P13	P30	H10	P1											90.8% (503 of 554)	72.9% (234 of 321 Sq. Miles)
6	H05	P13	P30	H10	P1	P18										93.1% (516 of 554)	77.5% (249 of 321 Sq. Miles)
7	H05	P13	P30	H10	P1	P18	H27									95.1% (527 of 554)	82.2% (264 of 321 Sq. Miles)
8	H05	P13	P30	H10	P1	P18	H27	P5								96.8% (536 of 554)	84.5% (272 of 321 Sq. Miles)
9	H05	P13	P30	H10	P1	P18	H27	P5	P16							97.8% (542 of 554)	85.8% (276 of 321 Sq. Miles)
10	H05	P13	P30	H10	P1	P18	H27	P5	P16	H20						98.2% (544 of 554)	86.1% (277 of 321 Sq. Miles)
11	H05	P13	P30	H10	P1	P18	H27	P5	P16	H20	H18					98.6% (546 of 554)	86.4% (278 of 321 Sq. Miles)
12	H05	P13	P30	H10	P1	P18	H27	P5	P16	H20	H18	H16				98.7% (547 of 554)	86.7% (279 of 321 Sq. Miles)
13	H05	P13	P30	H10	P1	P18	H27	P5	P16	H20	H18	H16	H13			98.9% (548 of 554)	87.4% (281 of 321 Sq. Miles)
14	H05	P13	P30	H10	P1	P18	H27	P5	P16	H20	H18	H16	H13	H30		98.9% (548 of 554)	87.7% (282 of 321 Sq. Miles)
15	H05	P13	P30	H10	P1	P18	H27	P5	P16	H20	H18	H16	H13	H30	H29	98.9% (548 of 554)	87.7% (282 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **12** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	P2															33.3% (199 of 597)	22.5% (72 of 321 Sq. Miles)
2	P2	P23														61.3% (366 of 597)	44.0% (141 of 321 Sq. Miles)
3	P2	P23	P11													78.1% (466 of 597)	59.3% (190 of 321 Sq. Miles)
4	P2	P23	P11	P30												86.1% (514 of 597)	69.1% (222 of 321 Sq. Miles)
5	P2	P23	P11	P30	P14											89.6% (535 of 597)	74.1% (238 of 321 Sq. Miles)
6	P2	P23	P11	P30	P14	P16										92.3% (551 of 597)	77.5% (249 of 321 Sq. Miles)
7	P2	P23	P11	P30	P14	P16	P33	P3								94.0% (561 of 597)	82.8% (266 of 321 Sq. Miles)
8	P2	P23	P11	P30	P14	P16	P33	P3								95.5% (570 of 597)	85.6% (275 of 321 Sq. Miles)
9	P2	P23	P11	P30	P14	P16	P33	P3	P34							96.1% (574 of 597)	87.4% (281 of 321 Sq. Miles)
10	P2	P23	P11	P30	P14	P16	P33	P3	P34	H03						96.6% (577 of 597)	89.4% (287 of 321 Sq. Miles)
11	P2	P23	P11	P30	P14	P16	P33	P3	P34	H03	P1					97.0% (579 of 597)	90.5% (291 of 321 Sq. Miles)
12	P2	P23	P11	P30	P14	P16	P33	P3	P34	H03	P1	H25				97.2% (580 of 597)	91.0% (292 of 321 Sq. Miles)
13	P2	P23	P11	P30	P14	P16	P33	P3	P34	H03	P1	H25	H18			97.3% (581 of 597)	91.3% (293 of 321 Sq. Miles)
14	P2	P23	P11	P30	P14	P16	P33	P3	P34	H03	P1	H25	H18	H30		97.3% (581 of 597)	91.3% (293 of 321 Sq. Miles)
15	P2	P23	P11	P30	P14	P16	P33	P3	P34	H03	P1	H25	H18	H30	H29	97.3% (581 of 597)	91.4% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **13** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															36.8% (220 of 598)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.2% (390 of 598)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													83.3% (498 of 598)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												90.0% (538 of 598)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											92.1% (551 of 598)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	H16										94.0% (562 of 598)	77.6% (249 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	H16	P34									95.2% (569 of 598)	83.3% (268 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	H16	P34	P1								96.0% (574 of 598)	85.6% (275 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	H16	P34	P1	P10							96.7% (578 of 598)	87.9% (282 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	H16	P34	P1	P10	P20						97.2% (581 of 598)	88.8% (285 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	H16	P34	P1	P10	P20	H27					97.3% (582 of 598)	91.2% (293 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	H16	P34	P1	P10	P20	H27	H08				97.5% (583 of 598)	91.7% (294 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	H16	P34	P1	P10	P20	H27	H08	P29			97.7% (584 of 598)	92.8% (298 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	H16	P34	P1	P10	P20	H27	H08	P29	H30		97.7% (584 of 598)	93.1% (299 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	H16	P34	P1	P10	P20	H27	H08	P29	H30	H29	97.7% (584 of 598)	93.1% (299 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **14** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.2% (229 of 615)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														66.2% (407 of 615)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													83.1% (511 of 615)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	H10												89.3% (549 of 615)	69.1% (222 of 321 Sq. Miles)
5	H05	P16	P30	H10	H08											91.2% (561 of 615)	73.1% (235 of 321 Sq. Miles)
6	H05	P16	P30	H10	H08	P33										93.0% (572 of 615)	78.4% (252 of 321 Sq. Miles)
7	H05	P16	P30	H10	H08	P33	P11									94.3% (580 of 615)	81.9% (263 of 321 Sq. Miles)
8	H05	P16	P30	H10	H08	P33	P11	H03								95.1% (585 of 615)	83.5% (268 of 321 Sq. Miles)
9	H05	P16	P30	H10	H08	P33	P11	H03	H20							95.8% (589 of 615)	85.5% (275 of 321 Sq. Miles)
10	H05	P16	P30	H10	H08	P33	P11	H03	H20	H13						96.4% (593 of 615)	86.3% (277 of 321 Sq. Miles)
11	H05	P16	P30	H10	H08	P33	P11	H03	H20	H13	P20					97.1% (597 of 615)	87.2% (280 of 321 Sq. Miles)
12	H05	P16	P30	H10	H08	P33	P11	H03	H20	H13	P20	H25				97.4% (599 of 615)	87.7% (282 of 321 Sq. Miles)
13	H05	P16	P30	H10	H08	P33	P11	H03	H20	H13	P20	H25	H24			97.6% (600 of 615)	87.8% (282 of 321 Sq. Miles)
14	H05	P16	P30	H10	H08	P33	P11	H03	H20	H13	P20	H25	H24	P29		97.7% (601 of 615)	88.6% (284 of 321 Sq. Miles)
15	H05	P16	P30	H10	H08	P33	P11	H03	H20	H13	P20	H25	H24	P29	P12	97.9% (602 of 615)	88.9% (286 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **15** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															43.5% (247 of 568)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														68.7% (390 of 568)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													84.7% (481 of 568)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												89.3% (507 of 568)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											91.7% (521 of 568)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	H27										93.8% (533 of 568)	77.7% (250 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	H27	P16									95.6% (543 of 568)	81.1% (261 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	H27	P16	P17								97.0% (551 of 568)	83.7% (269 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	H27	P16	P17	P20							97.5% (554 of 568)	84.6% (272 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	H27	P16	P17	P20	H03						97.9% (556 of 568)	86.2% (277 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	H27	P16	P17	P20	H03	P34					98.2% (558 of 568)	89.6% (288 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	H27	P16	P17	P20	H03	P34	H25				98.4% (559 of 568)	90.1% (289 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	H27	P16	P17	P20	H03	P34	H25	P3			98.6% (560 of 568)	92.0% (296 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	H27	P16	P17	P20	H03	P34	H25	P3	P1		98.8% (561 of 568)	93.7% (301 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	H27	P16	P17	P20	H03	P34	H25	P3	P1	H30	98.8% (561 of 568)	93.7% (301 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **16** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.9% (201 of 531)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														67.4% (358 of 531)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.5% (438 of 531)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.1% (468 of 531)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											91.1% (484 of 531)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	P19										92.7% (492 of 531)	75.7% (243 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	P19	P17									94.2% (500 of 531)	79.0% (254 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	P19	P17	H27								95.3% (506 of 531)	83.7% (269 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	P19	P17	H27	P1							96.4% (512 of 531)	86.0% (276 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	P19	P17	H27	P1	P29						97.2% (516 of 531)	87.1% (280 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	P19	P17	H27	P1	P29	H03					97.6% (518 of 531)	88.1% (283 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	P19	P17	H27	P1	P29	H03	P34				97.7% (519 of 531)	91.5% (294 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	P19	P17	H27	P1	P29	H03	P34	P20			97.9% (520 of 531)	92.5% (297 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	P19	P17	H27	P1	P29	H03	P34	P20	P12		98.1% (521 of 531)	93.0% (299 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	P19	P17	H27	P1	P29	H03	P34	P20	P12	P3	98.3% (522 of 531)	93.1% (299 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **17** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															37.0% (199 of 538)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														65.2% (351 of 538)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													85.1% (458 of 538)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												90.5% (487 of 538)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	H29											92.6% (498 of 538)	74.3% (239 of 321 Sq. Miles)
6	H05	P16	P30	P10	H29	P33										94.4% (508 of 538)	79.6% (256 of 321 Sq. Miles)
7	H05	P16	P30	P10	H29	P33	P3									95.5% (514 of 538)	81.9% (263 of 321 Sq. Miles)
8	H05	P16	P30	P10	H29	P33	P3	P17								96.5% (519 of 538)	85.3% (274 of 321 Sq. Miles)
9	H05	P16	P30	P10	H29	P33	P3	P17	P12							97.0% (522 of 538)	86.1% (277 of 321 Sq. Miles)
10	H05	P16	P30	P10	H29	P33	P3	P17	P12	H24						97.4% (524 of 538)	86.9% (279 of 321 Sq. Miles)
11	H05	P16	P30	P10	H29	P33	P3	P17	P12	H24	H13					97.8% (526 of 538)	87.8% (282 of 321 Sq. Miles)
12	H05	P16	P30	P10	H29	P33	P3	P17	P12	H24	H13	P20				98.1% (528 of 538)	88.7% (285 of 321 Sq. Miles)
13	H05	P16	P30	P10	H29	P33	P3	P17	P12	H24	H13	P20	H25			98.3% (529 of 538)	89.1% (286 of 321 Sq. Miles)
14	H05	P16	P30	P10	H29	P33	P3	P17	P12	H24	H13	P20	H25	H30		98.3% (529 of 538)	89.4% (287 of 321 Sq. Miles)
15	H05	P16	P30	P10	H29	P33	P3	P17	P12	H24	H13	P20	H25	H30	H29	98.3% (529 of 538)	89.4% (287 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Day of Week: **Saturday** Hour of Day: **18** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															34.9% (207 of 593)	24.1% (77 of 321 Sq. Miles)
2	H05	P24														62.2% (369 of 593)	46.3% (149 of 321 Sq. Miles)
3	H05	P24	P13													81.5% (483 of 593)	63.5% (204 of 321 Sq. Miles)
4	H05	P24	P13	H10												86.2% (511 of 593)	67.4% (217 of 321 Sq. Miles)
5	H05	P24	P13	H10	P31											90.1% (534 of 593)	74.4% (239 of 321 Sq. Miles)
6	H05	P24	P13	H10	P31	P1										91.9% (545 of 593)	77.8% (250 of 321 Sq. Miles)
7	H05	P24	P13	H10	P31	P1	P12									93.6% (555 of 593)	79.9% (257 of 321 Sq. Miles)
8	H05	P24	P13	H10	P31	P1	P12	P17								94.4% (560 of 593)	82.9% (266 of 321 Sq. Miles)
9	H05	P24	P13	H10	P31	P1	P12	P17	P29							95.1% (564 of 593)	85.8% (276 of 321 Sq. Miles)
10	H05	P24	P13	H10	P31	P1	P12	P17	P29	H24						95.6% (567 of 593)	85.9% (276 of 321 Sq. Miles)
11	H05	P24	P13	H10	P31	P1	P12	P17	P29	H24	H18					95.6% (567 of 593)	85.9% (276 of 321 Sq. Miles)
12	H05	P24	P13	H10	P31	P1	P12	P17	P29	H24	H18	H27				96.5% (572 of 593)	89.6% (288 of 321 Sq. Miles)
13	H05	P24	P13	H10	P31	P1	P12	P17	P29	H24	H18	H27	H20			96.8% (574 of 593)	90.4% (290 of 321 Sq. Miles)
14	H05	P24	P13	H10	P31	P1	P12	P17	P29	H24	H18	H27	H20	H30		97.0% (575 of 593)	90.7% (291 of 321 Sq. Miles)
15	H05	P24	P13	H10	P31	P1	P12	P17	P29	H24	H18	H27	H20	H30	H25	97.1% (576 of 593)	91.2% (293 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **19** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															38.1% (218 of 572)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														65.9% (377 of 572)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													79.7% (456 of 572)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P10												88.1% (504 of 572)	69.7% (224 of 321 Sq. Miles)
5	H05	P16	P30	P10	P12											91.3% (522 of 572)	74.1% (238 of 321 Sq. Miles)
6	H05	P16	P30	P10	P12	P3										93.2% (533 of 572)	77.2% (248 of 321 Sq. Miles)
7	H05	P16	P30	P10	P12	P3	P23									94.4% (540 of 572)	79.7% (256 of 321 Sq. Miles)
8	H05	P16	P30	P10	P12	P3	P23	P1								94.4% (540 of 572)	79.7% (256 of 321 Sq. Miles)
9	H05	P16	P30	P10	P12	P3	P23	P1	H15							95.1% (544 of 572)	82.0% (263 of 321 Sq. Miles)
10	H05	P16	P30	P10	P12	P3	P23	P1	H15	P34						95.6% (547 of 572)	82.6% (265 of 321 Sq. Miles)
11	H05	P16	P30	P10	P12	P3	P23	P1	H15	P34	P18					96.2% (550 of 572)	88.3% (284 of 321 Sq. Miles)
12	H05	P16	P30	P10	P12	P3	P23	P1	H15	P34	P18	P20				96.7% (553 of 572)	88.7% (285 of 321 Sq. Miles)
13	H05	P16	P30	P10	P12	P3	P23	P1	H15	P34	P18	P20	H27			97.0% (555 of 572)	89.6% (288 of 321 Sq. Miles)
14	H05	P16	P30	P10	P12	P3	P23	P1	H15	P34	P18	P20	H27	H30		97.2% (556 of 572)	92.1% (296 of 321 Sq. Miles)
15	H05	P16	P30	P10	P12	P3	P23	P1	H15	P34	P18	P20	H27	H30	H30	97.2% (556 of 572)	92.4% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Saturday** Hour of Day: **20** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															40.2% (228 of 567)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														66.1% (375 of 567)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													84.1% (477 of 567)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P8												88.9% (504 of 567)	69.3% (223 of 321 Sq. Miles)
5	H05	P16	P30	P8	P18											91.4% (518 of 567)	73.8% (237 of 321 Sq. Miles)
6	H05	P16	P30	P8	P18	P34										93.1% (528 of 567)	79.5% (255 of 321 Sq. Miles)
7	H05	P16	P30	P8	P18	P34	H15									93.8% (532 of 567)	81.3% (261 of 321 Sq. Miles)
8	H05	P16	P30	P8	P18	P34	H15	P20								94.5% (536 of 567)	82.2% (264 of 321 Sq. Miles)
9	H05	P16	P30	P8	P18	P34	H15	P20	P3							95.2% (540 of 567)	83.8% (269 of 321 Sq. Miles)
10	H05	P16	P30	P8	P18	P34	H15	P20	P3	P14						95.6% (542 of 567)	86.2% (277 of 321 Sq. Miles)
11	H05	P16	P30	P8	P18	P34	H15	P20	P3	P14	P1					95.9% (544 of 567)	88.4% (284 of 321 Sq. Miles)
12	H05	P16	P30	P8	P18	P34	H15	P20	P3	P14	P1	H25				96.1% (545 of 567)	88.9% (285 of 321 Sq. Miles)
13	H05	P16	P30	P8	P18	P34	H15	P20	P3	P14	P1	H25	P12			96.3% (546 of 567)	90.0% (289 of 321 Sq. Miles)
14	H05	P16	P30	P8	P18	P34	H15	P20	P3	P14	P1	H25	P12	H30		96.3% (546 of 567)	90.0% (289 of 321 Sq. Miles)
15	H05	P16	P30	P8	P18	P34	H15	P20	P3	P14	P1	H25	P12	H30	H29	96.3% (546 of 567)	90.3% (290 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **21** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															40.4% (194 of 480)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														67.9% (326 of 480)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	H15													82.1% (394 of 480)	59.8% (192 of 321 Sq. Miles)
4	H05	P23	H15	H27												86.5% (415 of 480)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	H15	H27	H10											90.0% (432 of 480)	74.4% (239 of 321 Sq. Miles)
6	H05	P23	H15	H27	H10	P12										91.9% (441 of 480)	76.5% (246 of 321 Sq. Miles)
7	H05	P23	H15	H27	H10	P12	P1									93.8% (450 of 480)	79.9% (257 of 321 Sq. Miles)
8	H05	P23	H15	H27	H10	P12	P1	P10								95.0% (456 of 480)	81.1% (261 of 321 Sq. Miles)
9	H05	P23	H15	H27	H10	P12	P1	P10	P30							96.0% (461 of 480)	84.9% (273 of 321 Sq. Miles)
10	H05	P23	H15	H27	H10	P12	P1	P10	P30	P20						97.1% (466 of 480)	86.6% (278 of 321 Sq. Miles)
11	H05	P23	H15	H27	H10	P12	P1	P10	P30	P20	H25					97.5% (468 of 480)	87.5% (281 of 321 Sq. Miles)
12	H05	P23	H15	H27	H10	P12	P1	P10	P30	P20	H25	P34				97.7% (469 of 480)	90.8% (292 of 321 Sq. Miles)
13	H05	P23	H15	H27	H10	P12	P1	P10	P30	P20	H25	P34	H30			97.7% (469 of 480)	91.1% (293 of 321 Sq. Miles)
14	H05	P23	H15	H27	H10	P12	P1	P10	P30	P20	H25	P34	H30	H29		97.7% (469 of 480)	91.6% (294 of 321 Sq. Miles)
15	H05	P23	H15	H27	H10	P12	P1	P10	P30	P20	H25	P34	H30	H29	H27	97.7% (469 of 480)	91.6% (294 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Saturday** Hour of Day: **22** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered
1	H05															36.6% (204 of 558)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														67.9% (379 of 558)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.6% (461 of 558)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												90.1% (503 of 558)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P10											92.3% (515 of 558)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	P10	H16										94.1% (525 of 558)	76.6% (246 of 321 Sq. Miles)
7	H05	P23	P11	P30	P10	H16	P1									95.9% (535 of 558)	79.9% (257 of 321 Sq. Miles)
8	H05	P23	P11	P30	P10	H16	P1	H27								96.8% (540 of 558)	84.6% (272 of 321 Sq. Miles)
9	H05	P23	P11	P30	P10	H16	P1	H27	H20							97.5% (544 of 558)	86.9% (279 of 321 Sq. Miles)
10	H05	P23	P11	P30	P10	H16	P1	H27	H20	P20						98.2% (548 of 558)	87.8% (282 of 321 Sq. Miles)
11	H05	P23	P11	P30	P10	H16	P1	H27	H20	P20	H30					98.7% (551 of 558)	88.1% (283 of 321 Sq. Miles)
12	H05	P23	P11	P30	P10	H16	P1	H27	H20	P20	H30	P18				98.9% (552 of 558)	88.6% (285 of 321 Sq. Miles)
13	H05	P23	P11	P30	P10	H16	P1	H27	H20	P20	H30	P18	H29			98.9% (552 of 558)	88.6% (285 of 321 Sq. Miles)
14	H05	P23	P11	P30	P10	H16	P1	H27	H20	P20	H30	P18	H29	H25		98.9% (552 of 558)	89.0% (286 of 321 Sq. Miles)
15	H05	P23	P11	P30	P10	H16	P1	H27	H20	P20	H30	P18	H29	H25	H27	98.9% (552 of 558)	89.0% (286 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Saturday** Hour of Day: **23** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered		
1	H05															42.7% (238 of 557)	24.1% (77 of 321 Sq. Miles)	
2	H05	P24														66.2% (369 of 557)	46.3% (149 of 321 Sq. Miles)	
3	H05	P24	P13													81.7% (455 of 557)	63.5% (204 of 321 Sq. Miles)	
4	H05	P24	P13	H10												87.1% (485 of 557)	67.4% (217 of 321 Sq. Miles)	
5	H05	P24	P13	H10	P33											90.8% (506 of 557)	76.6% (246 of 321 Sq. Miles)	
6	H05	P24	P13	H10	P33	P3										93.0% (518 of 557)	79.0% (254 of 321 Sq. Miles)	
7	H05	P24	P13	H10	P33	P3	P30									94.3% (525 of 557)	82.0% (263 of 321 Sq. Miles)	
8	H05	P24	P13	H10	P33	P3	P30	H24								95.3% (531 of 557)	82.8% (266 of 321 Sq. Miles)	
9	H05	P24	P13	H10	P33	P3	P30	H24	P15							96.2% (536 of 557)	84.3% (271 of 321 Sq. Miles)	
10	H05	P24	P13	H10	P33	P3	P30	H24	P15	P20						96.9% (540 of 557)	85.6% (275 of 321 Sq. Miles)	
11	H05	P24	P13	H10	P33	P3	P30	H24	P15	P20	H29					97.3% (542 of 557)	86.7% (278 of 321 Sq. Miles)	
12	H05	P24	P13	H10	P33	P3	P30	H24	P15	P20	H29	H27				97.5% (543 of 557)	87.9% (282 of 321 Sq. Miles)	
13	H05	P24	P13	H10	P33	P3	P30	H24	P15	P20	H29	H27	H16			97.7% (544 of 557)	88.7% (285 of 321 Sq. Miles)	
14	H05	P24	P13	H10	P33	P3	P30	H24	P15	P20	H29	H27	H16	H03		97.8% (545 of 557)	89.6% (288 of 321 Sq. Miles)	
15	H05	P24	P13	H10	P33	P3	P30	H24	P15	P20	H29	H27	H16	H03	H30	97.8% (545 of 557)	89.6% (288 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Saturday** Hour of Day: **24** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level															% Demand Covered	% Geography Covered		
1	H05															38.2% (198 of 519)	24.1% (77 of 321 Sq. Miles)	
2	H05	P16														64.7% (336 of 519)	44.4% (143 of 321 Sq. Miles)	
3	H05	P16	P30													80.0% (415 of 519)	63.4% (204 of 321 Sq. Miles)	
4	H05	P16	P30	P8												86.3% (448 of 519)	69.3% (223 of 321 Sq. Miles)	
5	H05	P16	P30	P8	P33											89.0% (462 of 519)	74.7% (240 of 321 Sq. Miles)	
6	H05	P16	P30	P8	P33	P15										91.5% (475 of 519)	79.3% (255 of 321 Sq. Miles)	
7	H05	P16	P30	P8	P33	P15	P12									93.6% (486 of 519)	81.9% (263 of 321 Sq. Miles)	
8	H05	P16	P30	P8	P33	P15	P12	P1								95.6% (496 of 519)	85.2% (274 of 321 Sq. Miles)	
9	H05	P16	P30	P8	P33	P15	P12	P1	P20							96.5% (501 of 519)	86.1% (277 of 321 Sq. Miles)	
10	H05	P16	P30	P8	P33	P15	P12	P1	P20	H25						96.9% (503 of 519)	86.5% (278 of 321 Sq. Miles)	
11	H05	P16	P30	P8	P33	P15	P12	P1	P20	H25	P25					97.3% (505 of 519)	88.4% (284 of 321 Sq. Miles)	
12	H05	P16	P30	P8	P33	P15	P12	P1	P20	H25	P25	H30				97.5% (506 of 519)	88.7% (285 of 321 Sq. Miles)	
13	H05	P16	P30	P8	P33	P15	P12	P1	P20	H25	P25	H30	H18			97.7% (507 of 519)	88.8% (285 of 321 Sq. Miles)	
14	H05	P16	P30	P8	P33	P15	P12	P1	P20	H25	P25	H30	H18	H03		97.9% (508 of 519)	89.5% (287 of 321 Sq. Miles)	
15	H05	P16	P30	P8	P33	P15	P12	P1	P20	H25	P25	H30	H18	H03	P34	98.1% (509 of 519)	91.3% (293 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **1** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level												% Demand Covered	% Geography Covered				
1	H05														38.0% (165 of 434)	24.1% (77 of 321 Sq. Miles)	
2	H05	P24													65.7% (285 of 434)	46.3% (149 of 321 Sq. Miles)	
3	H05	P24	P11												82.0% (356 of 434)	62.4% (201 of 321 Sq. Miles)	
4	H05	P24	P11	H10											85.5% (371 of 434)	64.9% (208 of 321 Sq. Miles)	
5	H05	P24	P11	H10	P30										88.9% (386 of 434)	71.8% (231 of 321 Sq. Miles)	
6	H05	P24	P11	H10	P30	P16									92.4% (401 of 434)	76.1% (245 of 321 Sq. Miles)	
7	H05	P24	P11	H10	P30	P16	H20								93.8% (407 of 434)	78.2% (251 of 321 Sq. Miles)	
8	H05	P24	P11	H10	P30	P16	H20	H27							94.9% (412 of 434)	82.9% (266 of 321 Sq. Miles)	
9	H05	P24	P11	H10	P30	P16	H20	H27	P20						95.9% (416 of 434)	83.8% (269 of 321 Sq. Miles)	
10	H05	P24	P11	H10	P30	P16	H20	H27	P20	P17					96.8% (420 of 434)	87.3% (280 of 321 Sq. Miles)	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Sunday** Hour of Day: **2** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level												% Demand Covered	% Geography Covered				
1	H05														35.7% (146 of 409)	24.1% (77 of 321 Sq. Miles)	
2	H05	P17													64.3% (263 of 409)	44.6% (143 of 321 Sq. Miles)	
3	H05	P17	P30												75.1% (307 of 409)	60.0% (193 of 321 Sq. Miles)	
4	H05	P17	P30	H29											83.9% (343 of 409)	70.5% (226 of 321 Sq. Miles)	
5	H05	P17	P30	H29	P16										89.7% (367 of 409)	76.6% (246 of 321 Sq. Miles)	
6	H05	P17	P30	H29	P16	H20									92.4% (378 of 409)	78.8% (253 of 321 Sq. Miles)	
7	H05	P17	P30	H29	P16	H20	H27								94.4% (386 of 409)	83.5% (268 of 321 Sq. Miles)	
8	H05	P17	P30	H29	P16	H20	H27	P1							95.4% (390 of 409)	85.8% (276 of 321 Sq. Miles)	
9	H05	P17	P30	H29	P16	H20	H27	P1	H25						95.8% (392 of 409)	86.7% (278 of 321 Sq. Miles)	
10	H05	P17	P30	H29	P16	H20	H27	P1	H25	P34					96.3% (394 of 409)	90.1% (289 of 321 Sq. Miles)	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Day of Week: **Sunday** Hour of Day: **3** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level												% Demand Covered	% Geography Covered				
1	H05														39.7% (154 of 388)	24.1% (77 of 321 Sq. Miles)	
2	H05	P17													65.2% (253 of 388)	44.6% (143 of 321 Sq. Miles)	
3	H05	P17	P30												78.4% (304 of 388)	60.0% (193 of 321 Sq. Miles)	
4	H05	P17	P30	P13											88.1% (342 of 388)	72.3% (232 of 321 Sq. Miles)	
5	H05	P17	P30	P13	P8										91.0% (353 of 388)	76.0% (244 of 321 Sq. Miles)	
6	H05	P17	P30	P13	P8	P34									93.3% (362 of 388)	81.7% (262 of 321 Sq. Miles)	
7	H05	P17	P30	P13	P8	P34	H18								95.1% (369 of 388)	82.9% (266 of 321 Sq. Miles)	
8	H05	P17	P30	P13	P8	P34	H18	P1							96.1% (373 of 388)	86.3% (277 of 321 Sq. Miles)	
9	H05	P17	P30	P13	P8	P34	H18	P1	H20						96.9% (376 of 388)	86.8% (279 of 321 Sq. Miles)	
10	H05	P17	P30	P13	P8	P34	H18	P1	H20	H25					97.4% (378 of 388)	87.6% (281 of 321 Sq. Miles)	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Posting Priority	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **4** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															38.9% (117 of 301)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														64.8% (195 of 301)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.1% (244 of 301)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												88.0% (265 of 301)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P1											90.0% (271 of 301)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	P1	H25										91.4% (275 of 301)	76.5% (246 of 321 Sq. Miles)
7	H05	P23	P11	P30	P1	H25	H08									92.7% (279 of 301)	78.7% (253 of 321 Sq. Miles)
8	H05	P23	P11	P30	P1	H25	H08	H27								93.4% (281 of 301)	83.4% (268 of 321 Sq. Miles)
9	H05	P23	P11	P30	P1	H25	H08	H27	H20							94.0% (283 of 301)	85.7% (275 of 321 Sq. Miles)
10	H05	P23	P11	P30	P1	H25	H08	H27	H20	H18						94.7% (285 of 301)	87.0% (279 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Day of Week: **Sunday** Hour of Day: **5** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															35.6% (99 of 278)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														66.9% (186 of 278)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													84.5% (235 of 278)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	P10												89.6% (249 of 278)	69.7% (224 of 321 Sq. Miles)
5	H05	P13	P30	P10	H20											93.2% (259 of 278)	73.6% (236 of 321 Sq. Miles)
6	H05	P13	P30	P10	H20	P23										95.0% (264 of 278)	77.6% (249 of 321 Sq. Miles)
7	H05	P13	P30	P10	H20	P23	H27									96.4% (268 of 278)	82.4% (265 of 321 Sq. Miles)
8	H05	P13	P30	P10	H20	P23	H27	H24								97.5% (271 of 278)	83.2% (267 of 321 Sq. Miles)
9	H05	P13	P30	P10	H20	P23	H27	H24	H29							98.2% (273 of 278)	84.3% (271 of 321 Sq. Miles)
10	H05	P13	P30	P10	H20	P23	H27	H24	H29	P34						98.6% (274 of 278)	87.7% (282 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Day of Week: **Sunday** Hour of Day: **6** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															40.6% (106 of 261)	22.5% (72 of 321 Sq. Miles)
2	P2	P24														65.9% (172 of 261)	44.7% (143 of 321 Sq. Miles)
3	P2	P24	P11													85.4% (223 of 261)	60.8% (195 of 321 Sq. Miles)
4	P2	P24	P11	P3												88.9% (232 of 261)	63.5% (204 of 321 Sq. Miles)
5	P2	P24	P11	P3	P32											92.0% (240 of 261)	71.7% (230 of 321 Sq. Miles)
6	P2	P24	P11	P3	P32	P14										94.6% (247 of 261)	78.2% (251 of 321 Sq. Miles)
7	P2	P24	P11	P3	P32	P14	H16									96.6% (252 of 261)	82.4% (265 of 321 Sq. Miles)
8	P2	P24	P11	P3	P32	P14	H16	H13								97.3% (254 of 261)	84.6% (272 of 321 Sq. Miles)
9	P2	P24	P11	P3	P32	P14	H16	H13	H30							97.7% (255 of 261)	86.1% (277 of 321 Sq. Miles)
10	P2	P24	P11	P3	P32	P14	H16	H13	H30	H25						98.1% (256 of 261)	86.5% (278 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	Posting Priority																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **7** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered	
1	H05																36.9% (89 of 241)	24.1% (77 of 321 Sq. Miles)
2	H05	P16															64.7% (156 of 241)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30														85.5% (206 of 241)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P11													91.3% (220 of 241)	70.1% (225 of 321 Sq. Miles)
5	H05	P16	P30	P11	H20												94.2% (227 of 241)	73.5% (236 of 321 Sq. Miles)
6	H05	P16	P30	P11	H20	P33											96.3% (232 of 241)	78.8% (253 of 321 Sq. Miles)
7	H05	P16	P30	P11	H20	P33	P18										97.5% (235 of 241)	83.3% (267 of 321 Sq. Miles)
8	H05	P16	P30	P11	H20	P33	P18	P20									97.9% (236 of 241)	84.1% (270 of 321 Sq. Miles)
9	H05	P16	P30	P11	H20	P33	P18	P20	P1								98.3% (237 of 241)	86.4% (278 of 321 Sq. Miles)
10	H05	P16	P30	P11	H20	P33	P18	P20	P1	H30							98.3% (237 of 241)	86.8% (279 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
	P o s t i n g P r i o r i t y																	

Day of Week: **Sunday** Hour of Day: **8** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **4**

Level																% Demand Covered	% Geography Covered	
1	P2																34.7% (100 of 288)	22.5% (72 of 321 Sq. Miles)
2	P2	P13															60.8% (175 of 288)	44.2% (142 of 321 Sq. Miles)
3	P2	P13	P30														82.3% (237 of 288)	64.0% (206 of 321 Sq. Miles)
4	P2	P13	P30	P10													90.3% (260 of 288)	70.7% (227 of 321 Sq. Miles)
5	P2	P13	P30	P10	P3												92.7% (267 of 288)	74.0% (238 of 321 Sq. Miles)
6	P2	P13	P30	P10	P3	P24											94.1% (271 of 288)	78.7% (253 of 321 Sq. Miles)
7	P2	P13	P30	P10	P3	P24	P1										95.5% (275 of 288)	79.9% (257 of 321 Sq. Miles)
8	P2	P13	P30	P10	P3	P24	P1	H29									96.2% (277 of 288)	81.0% (260 of 321 Sq. Miles)
9	P2	P13	P30	P10	P3	P24	P1	H29	H27								96.9% (279 of 288)	85.7% (275 of 321 Sq. Miles)
10	P2	P13	P30	P10	P3	P24	P1	H29	H27	H18							97.2% (280 of 288)	86.4% (278 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
	P o s t i n g P r i o r i t y																	

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **9** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered		
1	H05																	40.5% (153 of 378)	24.1% (77 of 321 Sq. Miles)
2	H05	P23																66.1% (250 of 378)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	H15															80.4% (304 of 378)	59.8% (192 of 321 Sq. Miles)
4	H05	P23	H15	P30														87.3% (330 of 378)	69.6% (224 of 321 Sq. Miles)
5	H05	P23	H15	P30	H10													90.7% (343 of 378)	73.4% (236 of 321 Sq. Miles)
6	H05	P23	H15	P30	H10	H20												92.6% (350 of 378)	75.7% (243 of 321 Sq. Miles)
7	H05	P23	H15	P30	H10	H20	H27											93.9% (355 of 378)	80.4% (258 of 321 Sq. Miles)
8	H05	P23	H15	P30	H10	H20	H27	H18										94.7% (358 of 378)	81.4% (262 of 321 Sq. Miles)
9	H05	P23	H15	P30	H10	H20	H27	H18	P12									95.5% (361 of 378)	83.1% (267 of 321 Sq. Miles)
10	H05	P23	H15	P30	H10	H20	H27	H18	P12	H13								96.0% (363 of 378)	83.6% (268 of 321 Sq. Miles)
11	H05	P23	H15	P30	H10	H20	H27	H18	P12	H13	P1							96.6% (365 of 378)	85.9% (276 of 321 Sq. Miles)
12	H05	P23	H15	P30	H10	H20	H27	H18	P12	H13	P1	H08						96.8% (366 of 378)	87.1% (280 of 321 Sq. Miles)
13	H05	P23	H15	P30	H10	H20	H27	H18	P12	H13	P1	H08	H30					96.8% (366 of 378)	87.4% (281 of 321 Sq. Miles)
14	H05	P23	H15	P30	H10	H20	H27	H18	P12	H13	P1	H08	H30	H29				96.8% (366 of 378)	87.4% (281 of 321 Sq. Miles)
15	H05	P23	H15	P30	H10	H20	H27	H18	P12	H13	P1	H08	H30	H29	H27			96.8% (366 of 378)	87.4% (281 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				

Posting Priority

Day of Week: **Sunday** Hour of Day: **10** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered		
1	H05																	34.5% (154 of 447)	24.1% (77 of 321 Sq. Miles)
2	H05	P16																62.9% (281 of 447)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30															82.3% (368 of 447)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	H10														89.5% (400 of 447)	69.1% (222 of 321 Sq. Miles)
5	H05	P16	P30	H10	H27													91.9% (411 of 447)	73.8% (237 of 321 Sq. Miles)
6	H05	P16	P30	H10	H27	P12												93.7% (419 of 447)	77.2% (248 of 321 Sq. Miles)
7	H05	P16	P30	H10	H27	P12	P23											95.1% (425 of 447)	81.0% (260 of 321 Sq. Miles)
8	H05	P16	P30	H10	H27	P12	P23	P1										96.2% (430 of 447)	84.4% (271 of 321 Sq. Miles)
9	H05	P16	P30	H10	H27	P12	P23	P1	H30									96.4% (431 of 447)	84.7% (272 of 321 Sq. Miles)
10	H05	P16	P30	H10	H27	P12	P23	P1	H30	H20								96.6% (432 of 447)	85.5% (275 of 321 Sq. Miles)
11	H05	P16	P30	H10	H27	P12	P23	P1	H30	H20	H18							96.9% (433 of 447)	85.8% (276 of 321 Sq. Miles)
12	H05	P16	P30	H10	H27	P12	P23	P1	H30	H20	H18	H13						97.1% (434 of 447)	86.2% (277 of 321 Sq. Miles)
13	H05	P16	P30	H10	H27	P12	P23	P1	H30	H20	H18	H13	H09					97.3% (435 of 447)	86.7% (278 of 321 Sq. Miles)
14	H05	P16	P30	H10	H27	P12	P23	P1	H30	H20	H18	H13	H09	P11				97.5% (436 of 447)	87.4% (281 of 321 Sq. Miles)
15	H05	P16	P30	H10	H27	P12	P23	P1	H30	H20	H18	H13	H09	P11	H29			97.5% (436 of 447)	87.4% (281 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				

Posting Priority

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **11** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															34.0% (186 of 547)	24.1% (77 of 321 Sq. Miles)
2	H05	P16														64.2% (351 of 547)	44.4% (143 of 321 Sq. Miles)
3	H05	P16	P30													83.2% (455 of 547)	63.4% (204 of 321 Sq. Miles)
4	H05	P16	P30	P9												89.6% (490 of 547)	69.0% (222 of 321 Sq. Miles)
5	H05	P16	P30	P9	P1											92.7% (507 of 547)	72.4% (232 of 321 Sq. Miles)
6	H05	P16	P30	P9	P1	P34										94.0% (514 of 547)	78.0% (251 of 321 Sq. Miles)
7	H05	P16	P30	P9	P1	P34	P14									95.2% (521 of 547)	82.6% (265 of 321 Sq. Miles)
8	H05	P16	P30	P9	P1	P34	P14	P12								96.3% (527 of 547)	86.4% (277 of 321 Sq. Miles)
9	H05	P16	P30	P9	P1	P34	P14	P12	P29							96.9% (530 of 547)	87.6% (281 of 321 Sq. Miles)
10	H05	P16	P30	P9	P1	P34	P14	P12	P29	H20						97.3% (532 of 547)	89.0% (286 of 321 Sq. Miles)
11	H05	P16	P30	P9	P1	P34	P14	P12	P29	H20	H16					97.4% (533 of 547)	89.4% (287 of 321 Sq. Miles)
12	H05	P16	P30	P9	P1	P34	P14	P12	P29	H20	H16	H03				97.6% (534 of 547)	90.4% (290 of 321 Sq. Miles)
13	H05	P16	P30	P9	P1	P34	P14	P12	P29	H20	H16	H03	P25			97.8% (535 of 547)	91.6% (294 of 321 Sq. Miles)
14	H05	P16	P30	P9	P1	P34	P14	P12	P29	H20	H16	H03	P25	H30		97.8% (535 of 547)	91.7% (294 of 321 Sq. Miles)
15	H05	P16	P30	P9	P1	P34	P14	P12	P29	H20	H16	H03	P25	H30	H29	97.8% (535 of 547)	91.8% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Day of Week: **Sunday** Hour of Day: **12** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															36.6% (181 of 495)	24.1% (77 of 321 Sq. Miles)
2	H05	P13														62.8% (311 of 495)	45.8% (147 of 321 Sq. Miles)
3	H05	P13	P30													83.4% (413 of 495)	65.6% (211 of 321 Sq. Miles)
4	H05	P13	P30	P17												88.5% (438 of 495)	72.3% (232 of 321 Sq. Miles)
5	H05	P13	P30	P17	P8											91.9% (455 of 495)	76.0% (244 of 321 Sq. Miles)
6	H05	P13	P30	P17	P8	H18										93.1% (461 of 495)	77.3% (248 of 321 Sq. Miles)
7	H05	P13	P30	P17	P8	H18	P29									94.3% (467 of 495)	78.5% (252 of 321 Sq. Miles)
8	H05	P13	P30	P17	P8	H18	P29	P12								95.4% (472 of 495)	80.1% (257 of 321 Sq. Miles)
9	H05	P13	P30	P17	P8	H18	P29	P12	P1							96.4% (477 of 495)	83.4% (268 of 321 Sq. Miles)
10	H05	P13	P30	P17	P8	H18	P29	P12	P1	H27						97.2% (481 of 495)	88.2% (283 of 321 Sq. Miles)
11	H05	P13	P30	P17	P8	H18	P29	P12	P1	H27	P24					97.6% (483 of 495)	89.6% (288 of 321 Sq. Miles)
12	H05	P13	P30	P17	P8	H18	P29	P12	P1	H27	P24	P11				98.0% (485 of 495)	90.0% (289 of 321 Sq. Miles)
13	H05	P13	P30	P17	P8	H18	P29	P12	P1	H27	P24	P11	H25			98.2% (486 of 495)	90.4% (291 of 321 Sq. Miles)
14	H05	P13	P30	P17	P8	H18	P29	P12	P1	H27	P24	P11	H25	H24		98.4% (487 of 495)	90.5% (291 of 321 Sq. Miles)
15	H05	P13	P30	P17	P8	H18	P29	P12	P1	H27	P24	P11	H25	H24	P34	98.6% (488 of 495)	93.9% (302 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

P o s t i n g P r i o r i t y

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **13** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															38.5% (225 of 584)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														64.2% (375 of 584)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													79.1% (462 of 584)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												84.9% (496 of 584)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											88.7% (518 of 584)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	P16										91.6% (535 of 584)	77.5% (249 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	P16	P17									93.7% (547 of 584)	80.8% (259 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	P16	P17	H27								95.0% (555 of 584)	85.5% (275 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	P16	P17	H27	P20							96.4% (563 of 584)	86.4% (277 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	P16	P17	H27	P20	P1						97.8% (571 of 584)	88.7% (285 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	P16	P17	H27	P20	P1	H25					98.1% (573 of 584)	89.1% (286 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	P16	P17	H27	P20	P1	H25	P34				98.5% (575 of 584)	92.5% (297 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	P16	P17	H27	P20	P1	H25	P34	H30			98.6% (576 of 584)	92.8% (298 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	P16	P17	H27	P20	P1	H25	P34	H30	P12		98.8% (577 of 584)	93.2% (299 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	P16	P17	H27	P20	P1	H25	P34	H30	P12	H29	98.8% (577 of 584)	93.2% (299 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Sunday** Hour of Day: **14** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.8% (186 of 492)	24.1% (77 of 321 Sq. Miles)
2	H05	P24														65.9% (324 of 492)	46.3% (149 of 321 Sq. Miles)
3	H05	P24	P11													84.6% (416 of 492)	62.4% (201 of 321 Sq. Miles)
4	H05	P24	P11	P34												88.4% (435 of 492)	70.2% (226 of 321 Sq. Miles)
5	H05	P24	P11	P34	P3											91.7% (451 of 492)	73.6% (236 of 321 Sq. Miles)
6	H05	P24	P11	P34	P3	P17										93.9% (462 of 492)	78.7% (253 of 321 Sq. Miles)
7	H05	P24	P11	P34	P3	P17	P20									95.5% (470 of 492)	81.3% (261 of 321 Sq. Miles)
8	H05	P24	P11	P34	P3	P17	P20	P30								97.0% (477 of 492)	86.1% (277 of 321 Sq. Miles)
9	H05	P24	P11	P34	P3	P17	P20	P30	H25							97.6% (480 of 492)	88.3% (284 of 321 Sq. Miles)
10	H05	P24	P11	P34	P3	P17	P20	P30	H25	H24						98.2% (483 of 492)	89.1% (286 of 321 Sq. Miles)
11	H05	P24	P11	P34	P3	P17	P20	P30	H25	H24	P12					98.6% (485 of 492)	89.5% (287 of 321 Sq. Miles)
12	H05	P24	P11	P34	P3	P17	P20	P30	H25	H24	P12	H29				98.8% (486 of 492)	89.5% (287 of 321 Sq. Miles)
13	H05	P24	P11	P34	P3	P17	P20	P30	H25	H24	P12	H29	H13			99.0% (487 of 492)	89.9% (289 of 321 Sq. Miles)
14	H05	P24	P11	P34	P3	P17	P20	P30	H25	H24	P12	H29	H13	P1		99.2% (488 of 492)	91.4% (294 of 321 Sq. Miles)
15	H05	P24	P11	P34	P3	P17	P20	P30	H25	H24	P12	H29	H13	P1	H30	99.2% (488 of 492)	91.7% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **15** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															37.7% (208 of 551)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														65.5% (361 of 551)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													81.3% (448 of 551)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P32												87.7% (483 of 551)	70.7% (227 of 321 Sq. Miles)
5	H05	P23	P11	P32	H20											90.6% (499 of 551)	74.1% (238 of 321 Sq. Miles)
6	H05	P23	P11	P32	H20	P16										93.3% (514 of 551)	78.0% (250 of 321 Sq. Miles)
7	H05	P23	P11	P32	H20	P16	P29									94.9% (523 of 551)	81.9% (263 of 321 Sq. Miles)
8	H05	P23	P11	P32	H20	P16	P29	P17								96.0% (529 of 551)	85.2% (274 of 321 Sq. Miles)
9	H05	P23	P11	P32	H20	P16	P29	P17	P1							96.9% (534 of 551)	87.5% (281 of 321 Sq. Miles)
10	H05	P23	P11	P32	H20	P16	P29	P17	P1	P12						97.6% (538 of 551)	88.0% (283 of 321 Sq. Miles)
11	H05	P23	P11	P32	H20	P16	P29	P17	P1	P12	P20					98.2% (541 of 551)	88.9% (286 of 321 Sq. Miles)
12	H05	P23	P11	P32	H20	P16	P29	P17	P1	P12	P20	H25				98.4% (542 of 551)	89.2% (286 of 321 Sq. Miles)
13	H05	P23	P11	P32	H20	P16	P29	P17	P1	P12	P20	H25	P34			98.5% (543 of 551)	91.9% (295 of 321 Sq. Miles)
14	H05	P23	P11	P32	H20	P16	P29	P17	P1	P12	P20	H25	P34	H30		98.5% (543 of 551)	92.3% (296 of 321 Sq. Miles)
15	H05	P23	P11	P32	H20	P16	P29	P17	P1	P12	P20	H25	P34	H30	H29	98.5% (543 of 551)	92.3% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Sunday** Hour of Day: **16** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															36.2% (179 of 494)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														61.9% (306 of 494)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													79.4% (392 of 494)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												86.4% (427 of 494)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H20											89.9% (444 of 494)	74.0% (238 of 321 Sq. Miles)
6	H05	P23	P11	P30	H20	P13										92.1% (455 of 494)	77.1% (248 of 321 Sq. Miles)
7	H05	P23	P11	P30	H20	P13	P34									93.9% (464 of 494)	82.7% (266 of 321 Sq. Miles)
8	H05	P23	P11	P30	H20	P13	P34	P20								94.9% (469 of 494)	84.0% (270 of 321 Sq. Miles)
9	H05	P23	P11	P30	H20	P13	P34	P20	P17							96.0% (474 of 494)	87.1% (280 of 321 Sq. Miles)
10	H05	P23	P11	P30	H20	P13	P34	P20	P17	P1						96.6% (477 of 494)	89.4% (287 of 321 Sq. Miles)
11	H05	P23	P11	P30	H20	P13	P34	P20	P17	P1	H10					97.0% (479 of 494)	89.6% (288 of 321 Sq. Miles)
12	H05	P23	P11	P30	H20	P13	P34	P20	P17	P1	H10	H30				97.2% (480 of 494)	90.0% (289 of 321 Sq. Miles)
13	H05	P23	P11	P30	H20	P13	P34	P20	P17	P1	H10	H30	H29			97.4% (481 of 494)	90.0% (289 of 321 Sq. Miles)
14	H05	P23	P11	P30	H20	P13	P34	P20	P17	P1	H10	H30	H29	H30		97.4% (481 of 494)	90.0% (289 of 321 Sq. Miles)
15	H05	P23	P11	P30	H20	P13	P34	P20	P17	P1	H10	H30	H29	H30	H27	97.4% (481 of 494)	92.4% (297 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **17** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level																% Demand Covered	% Geography Covered
1	H05															34.9% (184 of 527)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														61.7% (325 of 527)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													77.8% (410 of 527)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												84.4% (445 of 527)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	P20											88.0% (464 of 527)	73.0% (235 of 321 Sq. Miles)
6	H05	P23	P11	P30	P20	H20										90.9% (479 of 527)	76.4% (246 of 321 Sq. Miles)
7	H05	P23	P11	P30	P20	H20	H25									92.8% (489 of 527)	78.6% (253 of 321 Sq. Miles)
8	H05	P23	P11	P30	P20	H20	H25	H08								94.5% (498 of 527)	80.8% (260 of 321 Sq. Miles)
9	H05	P23	P11	P30	P20	H20	H25	H08	H27							95.3% (502 of 527)	85.5% (275 of 321 Sq. Miles)
10	H05	P23	P11	P30	P20	H20	H25	H08	H27	H24						95.8% (505 of 527)	86.3% (277 of 321 Sq. Miles)
11	H05	P23	P11	P30	P20	H20	H25	H08	H27	H24	P29					96.2% (507 of 527)	87.4% (281 of 321 Sq. Miles)
12	H05	P23	P11	P30	P20	H20	H25	H08	H27	H24	P29	P18				96.6% (509 of 527)	87.8% (282 of 321 Sq. Miles)
13	H05	P23	P11	P30	P20	H20	H25	H08	H27	H24	P29	P18	H30			96.8% (510 of 527)	88.1% (283 of 321 Sq. Miles)
14	H05	P23	P11	P30	P20	H20	H25	H08	H27	H24	P29	P18	H30	H29		96.8% (510 of 527)	88.1% (283 of 321 Sq. Miles)
15	H05	P23	P11	P30	P20	H20	H25	H08	H27	H24	P29	P18	H30	H29	H25	96.8% (510 of 527)	88.1% (283 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Sunday** Hour of Day: **18** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	P2															40.2% (214 of 533)	22.5% (72 of 321 Sq. Miles)
2	P2	P16														65.7% (350 of 533)	42.8% (138 of 321 Sq. Miles)
3	P2	P16	P30													81.1% (432 of 533)	61.9% (199 of 321 Sq. Miles)
4	P2	P16	P30	P10												87.8% (468 of 533)	70.6% (227 of 321 Sq. Miles)
5	P2	P16	P30	P10	P33											90.6% (483 of 533)	76.0% (244 of 321 Sq. Miles)
6	P2	P16	P30	P10	P33	H20										93.2% (497 of 533)	79.5% (255 of 321 Sq. Miles)
7	P2	P16	P30	P10	P33	H20	P11									94.7% (505 of 533)	82.9% (266 of 321 Sq. Miles)
8	P2	P16	P30	P10	P33	H20	P11	P26								95.5% (509 of 533)	85.0% (273 of 321 Sq. Miles)
9	P2	P16	P30	P10	P33	H20	P11	P26	H30							95.9% (511 of 533)	86.2% (277 of 321 Sq. Miles)
10	P2	P16	P30	P10	P33	H20	P11	P26	H30	H25						96.2% (513 of 533)	86.6% (278 of 321 Sq. Miles)
11	P2	P16	P30	P10	P33	H20	P11	P26	H30	H25	P34					96.6% (515 of 533)	88.5% (284 of 321 Sq. Miles)
12	P2	P16	P30	P10	P33	H20	P11	P26	H30	H25	P34	P20				97.0% (517 of 533)	89.3% (287 of 321 Sq. Miles)
13	P2	P16	P30	P10	P33	H20	P11	P26	H30	H25	P34	P20	H30			97.0% (517 of 533)	89.3% (287 of 321 Sq. Miles)
14	P2	P16	P30	P10	P33	H20	P11	P26	H30	H25	P34	P20	H30	H29		97.0% (517 of 533)	89.4% (287 of 321 Sq. Miles)
15	P2	P16	P30	P10	P33	H20	P11	P26	H30	H25	P34	P20	H30	H29	H27	97.0% (517 of 533)	90.5% (291 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **19** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level															% Demand Covered	% Geography Covered		
1	H05															42.1% (240 of 570)	24.1% (77 of 321 Sq. Miles)	
2	H05	P23														69.1% (394 of 570)	45.4% (146 of 321 Sq. Miles)	
3	H05	P23	P11													83.2% (474 of 570)	60.8% (195 of 321 Sq. Miles)	
4	H05	P23	P11	P30												89.6% (511 of 570)	70.6% (227 of 321 Sq. Miles)	
5	H05	P23	P11	P30	H20											92.1% (525 of 570)	74.0% (238 of 321 Sq. Miles)	
6	H05	P23	P11	P30	H20	P20										94.2% (537 of 570)	76.4% (246 of 321 Sq. Miles)	
7	H05	P23	P11	P30	H20	P20	H25									95.3% (543 of 570)	78.6% (253 of 321 Sq. Miles)	
8	H05	P23	P11	P30	H20	P20	H25	P17								96.3% (549 of 570)	82.0% (263 of 321 Sq. Miles)	
9	H05	P23	P11	P30	H20	P20	H25	P17	H27							97.0% (553 of 570)	86.7% (278 of 321 Sq. Miles)	
10	H05	P23	P11	P30	H20	P20	H25	P17	H27	H24						97.7% (557 of 570)	87.5% (281 of 321 Sq. Miles)	
11	H05	P23	P11	P30	H20	P20	H25	P17	H27	H24	H10					97.9% (558 of 570)	87.7% (282 of 321 Sq. Miles)	
12	H05	P23	P11	P30	H20	P20	H25	P17	H27	H24	H10	P34				98.1% (559 of 570)	91.1% (293 of 321 Sq. Miles)	
13	H05	P23	P11	P30	H20	P20	H25	P17	H27	H24	H10	P34	P14			98.2% (560 of 570)	92.2% (296 of 321 Sq. Miles)	
14	H05	P23	P11	P30	H20	P20	H25	P17	H27	H24	H10	P34	P14	H30		98.2% (560 of 570)	92.5% (297 of 321 Sq. Miles)	
15	H05	P23	P11	P30	H20	P20	H25	P17	H27	H24	H10	P34	P14	H30	H29	98.2% (560 of 570)	92.6% (297 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		P o s t i n g P r i o r i t y																

Day of Week: **Sunday** Hour of Day: **20** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **6**

Level															% Demand Covered	% Geography Covered		
1	H05															37.7% (198 of 525)	24.1% (77 of 321 Sq. Miles)	
2	H05	P23														64.0% (336 of 525)	45.4% (146 of 321 Sq. Miles)	
3	H05	P23	P11													80.2% (421 of 525)	60.8% (195 of 321 Sq. Miles)	
4	H05	P23	P11	P31												86.1% (452 of 525)	69.8% (224 of 321 Sq. Miles)	
5	H05	P23	P11	P31	H10											89.0% (467 of 525)	72.1% (232 of 321 Sq. Miles)	
6	H05	P23	P11	P31	H10	P16										91.6% (481 of 525)	76.0% (244 of 321 Sq. Miles)	
7	H05	P23	P11	P31	H10	P16	P1									93.3% (490 of 525)	79.4% (255 of 321 Sq. Miles)	
8	H05	P23	P11	P31	H10	P16	P1	P20								94.5% (496 of 525)	80.2% (258 of 321 Sq. Miles)	
9	H05	P23	P11	P31	H10	P16	P1	P20	P29							95.4% (501 of 525)	83.6% (268 of 321 Sq. Miles)	
10	H05	P23	P11	P31	H10	P16	P1	P20	P29	P12						96.4% (506 of 525)	84.3% (271 of 321 Sq. Miles)	
11	H05	P23	P11	P31	H10	P16	P1	P20	P29	P12	P34					97.0% (509 of 525)	88.0% (283 of 321 Sq. Miles)	
12	H05	P23	P11	P31	H10	P16	P1	P20	P29	P12	P34	H20				97.3% (511 of 525)	88.7% (285 of 321 Sq. Miles)	
13	H05	P23	P11	P31	H10	P16	P1	P20	P29	P12	P34	H20	P18			97.7% (513 of 525)	89.7% (288 of 321 Sq. Miles)	
14	H05	P23	P11	P31	H10	P16	P1	P20	P29	P12	P34	H20	P18	H25		97.9% (514 of 525)	89.9% (289 of 321 Sq. Miles)	
15	H05	P23	P11	P31	H10	P16	P1	P20	P29	P12	P34	H20	P18	H25	H24	98.1% (515 of 525)	90.0% (289 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

Day of Week: **Sunday** Hour of Day: **21** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05															36.7% (208 of 567)	24.1% (77 of 321 Sq. Miles)	
2	H05	P16														64.6% (366 of 567)	44.4% (143 of 321 Sq. Miles)	
3	H05	P16	P30													82.9% (470 of 567)	63.4% (204 of 321 Sq. Miles)	
4	H05	P16	P30	P7												88.5% (502 of 567)	69.4% (223 of 321 Sq. Miles)	
5	H05	P16	P30	P7	P3											91.0% (516 of 567)	73.2% (235 of 321 Sq. Miles)	
6	H05	P16	P30	P7	P3	P23										92.6% (525 of 567)	77.1% (248 of 321 Sq. Miles)	
7	H05	P16	P30	P7	P3	P23	H27									93.8% (532 of 567)	81.8% (263 of 321 Sq. Miles)	
8	H05	P16	P30	P7	P3	P23	H27	P1								95.1% (539 of 567)	84.0% (270 of 321 Sq. Miles)	
9	H05	P16	P30	P7	P3	P23	H27	P1	P12							96.1% (545 of 567)	85.9% (276 of 321 Sq. Miles)	
10	H05	P16	P30	P7	P3	P23	H27	P1	P12	P20						97.0% (550 of 567)	86.8% (279 of 321 Sq. Miles)	
11	H05	P16	P30	P7	P3	P23	H27	P1	P12	P20	P29					97.5% (553 of 567)	87.9% (282 of 321 Sq. Miles)	
12	H05	P16	P30	P7	P3	P23	H27	P1	P12	P20	P29	H25				97.9% (555 of 567)	88.3% (284 of 321 Sq. Miles)	
13	H05	P16	P30	P7	P3	P23	H27	P1	P12	P20	P29	H25	H20			98.1% (556 of 567)	88.3% (284 of 321 Sq. Miles)	
14	H05	P16	P30	P7	P3	P23	H27	P1	P12	P20	P29	H25	H20	H13		98.2% (557 of 567)	88.4% (284 of 321 Sq. Miles)	
15	H05	P16	P30	P7	P3	P23	H27	P1	P12	P20	P29	H25	H20	H13	H08	98.4% (558 of 567)	89.6% (288 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		P o s t i n g P r i o r i t y																

Day of Week: **Sunday** Hour of Day: **22** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered	
1	H05															39.0% (183 of 469)	24.1% (77 of 321 Sq. Miles)	
2	H05	P13														64.8% (304 of 469)	45.8% (147 of 321 Sq. Miles)	
3	H05	P13	P30													83.6% (392 of 469)	65.6% (211 of 321 Sq. Miles)	
4	H05	P13	P30	H10												88.7% (416 of 469)	69.6% (223 of 321 Sq. Miles)	
5	H05	P13	P30	H10	P18											92.1% (432 of 469)	74.1% (238 of 321 Sq. Miles)	
6	H05	P13	P30	H10	P18	P1										94.2% (442 of 469)	77.5% (249 of 321 Sq. Miles)	
7	H05	P13	P30	H10	P18	P1	P16									95.5% (448 of 469)	78.8% (253 of 321 Sq. Miles)	
8	H05	P13	P30	H10	P18	P1	P16	H27								96.4% (452 of 469)	83.5% (268 of 321 Sq. Miles)	
9	H05	P13	P30	H10	P18	P1	P16	H27	H20							97.2% (456 of 469)	84.7% (272 of 321 Sq. Miles)	
10	H05	P13	P30	H10	P18	P1	P16	H27	H20	H24						97.4% (457 of 469)	84.8% (272 of 321 Sq. Miles)	
11	H05	P13	P30	H10	P18	P1	P16	H27	H20	H24	H30					97.4% (457 of 469)	85.1% (273 of 321 Sq. Miles)	
12	H05	P13	P30	H10	P18	P1	P16	H27	H20	H24	H30	H29				97.4% (457 of 469)	86.3% (277 of 321 Sq. Miles)	
13	H05	P13	P30	H10	P18	P1	P16	H27	H20	H24	H30	H29	H25			97.4% (457 of 469)	86.6% (278 of 321 Sq. Miles)	
14	H05	P13	P30	H10	P18	P1	P16	H27	H20	H24	H30	H29	H25	H25		97.4% (457 of 469)	86.6% (278 of 321 Sq. Miles)	
15	H05	P13	P30	H10	P18	P1	P16	H27	H20	H24	H30	H29	H25	H25	H18	97.4% (457 of 469)	86.8% (279 of 321 Sq. Miles)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		P o s t i n g P r i o r i t y																

Paramedics Plus - Proposed Sunstar System Status Plan

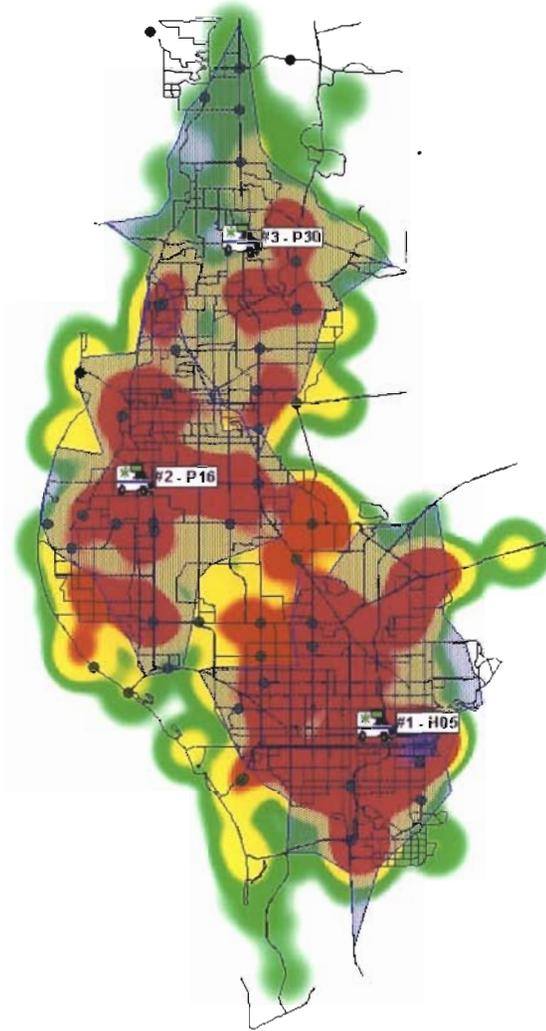
Day of Week: **Sunday** Hour of Day: **23** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															39.4% (165 of 419)	24.1% (77 of 321 Sq. Miles)
2	H05	P24														66.3% (278 of 419)	46.3% (149 of 321 Sq. Miles)
3	H05	P24	P13													83.5% (350 of 419)	63.5% (204 of 321 Sq. Miles)
4	H05	P24	P13	P30												89.0% (373 of 419)	70.4% (226 of 321 Sq. Miles)
5	H05	P24	P13	P30	P8											92.8% (389 of 419)	74.5% (239 of 321 Sq. Miles)
6	H05	P24	P13	P30	P8	P20										94.3% (395 of 419)	75.8% (243 of 321 Sq. Miles)
7	H05	P24	P13	P30	P8	P20	H27									95.2% (399 of 419)	80.5% (259 of 321 Sq. Miles)
8	H05	P24	P13	P30	P8	P20	H27	P10								96.2% (403 of 419)	83.1% (267 of 321 Sq. Miles)
9	H05	P24	P13	P30	P8	P20	H27	P10	H25							96.9% (406 of 419)	83.9% (269 of 321 Sq. Miles)
10	H05	P24	P13	P30	P8	P20	H27	P10	H25	H24						97.4% (408 of 419)	84.7% (272 of 321 Sq. Miles)
11	H05	P24	P13	P30	P8	P20	H27	P10	H25	H24	H29					97.6% (409 of 419)	85.7% (275 of 321 Sq. Miles)
12	H05	P24	P13	P30	P8	P20	H27	P10	H25	H24	H29	P3				97.9% (410 of 419)	87.1% (280 of 321 Sq. Miles)
13	H05	P24	P13	P30	P8	P20	H27	P10	H25	H24	H29	P3	H30			97.9% (410 of 419)	87.4% (281 of 321 Sq. Miles)
14	H05	P24	P13	P30	P8	P20	H27	P10	H25	H24	H29	P3	H30	H27		97.9% (410 of 419)	87.4% (281 of 321 Sq. Miles)
15	H05	P24	P13	P30	P8	P20	H27	P10	H25	H24	H29	P3	H30	H27	H20	97.9% (410 of 419)	87.6% (281 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

Day of Week: **Sunday** Hour of Day: **24** NonEmergency Cut Off Level / 90% Demand Covered @ Level: **5**

Level																% Demand Covered	% Geography Covered
1	H05															40.6% (154 of 379)	24.1% (77 of 321 Sq. Miles)
2	H05	P23														67.5% (256 of 379)	45.4% (146 of 321 Sq. Miles)
3	H05	P23	P11													82.6% (313 of 379)	60.8% (195 of 321 Sq. Miles)
4	H05	P23	P11	P30												87.3% (331 of 379)	70.6% (227 of 321 Sq. Miles)
5	H05	P23	P11	P30	H10											90.5% (343 of 379)	73.0% (234 of 321 Sq. Miles)
6	H05	P23	P11	P30	H10	P20										92.9% (352 of 379)	75.4% (242 of 321 Sq. Miles)
7	H05	P23	P11	P30	H10	P20	H25									94.7% (359 of 379)	77.6% (249 of 321 Sq. Miles)
8	H05	P23	P11	P30	H10	P20	H25	P1								96.0% (364 of 379)	80.9% (260 of 321 Sq. Miles)
9	H05	P23	P11	P30	H10	P20	H25	P1	H27							97.1% (368 of 379)	85.6% (275 of 321 Sq. Miles)
10	H05	P23	P11	P30	H10	P20	H25	P1	H27	H08						98.2% (372 of 379)	87.0% (279 of 321 Sq. Miles)
11	H05	P23	P11	P30	H10	P20	H25	P1	H27	H08	P12					98.7% (374 of 379)	87.6% (281 of 321 Sq. Miles)
12	H05	P23	P11	P30	H10	P20	H25	P1	H27	H08	P12	H30				98.9% (375 of 379)	87.9% (282 of 321 Sq. Miles)
13	H05	P23	P11	P30	H10	P20	H25	P1	H27	H08	P12	H30	P34			99.2% (376 of 379)	91.3% (293 of 321 Sq. Miles)
14	H05	P23	P11	P30	H10	P20	H25	P1	H27	H08	P12	H30	P34	P10		99.5% (377 of 379)	91.7% (295 of 321 Sq. Miles)
15	H05	P23	P11	P30	H10	P20	H25	P1	H27	H08	P12	H30	P34	P10	H30	99.5% (377 of 379)	91.7% (295 of 321 Sq. Miles)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	P o s t i n g P r i o r i t y																

**Attachment 5: Sample Printout from
MARVLIS Deployment Monitor**



Coverage Planning

Make Posts | | 3

Max Calls/Post | 500

- Coverage Type
- Best Geographic Coverage
 - Best Demand Coverage
 - Best Population Coverage

Selected Posts

- 1 - H05 covers 218 Incidents
- 2 - P16 covers 159 Incidents
- 3 - P30 covers 79 Incidents

DSA

- Show DSA
- Show Outline
- Show Overlap

- DSA Level of Detail
- Low
 - Medium
 - High

Service Area Time (Min.) | 9

Day | Saturday

Hour | 19

Level 3 Completed

Vehicle	Overlapped	Not Overlapped	% of Total Area	Unique % of Total Area	% of Demand Covered	Demand Pts. Covered
#1 - H05	0.0%	100.0%	24.1%	24.1%	38.1%	218
#2 - P16	4.1%	95.9%	20.3%	19.5%	27.8%	159
#3 - P30	4.2%	95.8%	19.9%	19.0%	16.1%	92

Geographic Coverage = 63.4% (204 of 321 Sq. Miles)

Demand Coverage = 79.7% (456 of 572)

**Attachment 6: LIFENET Quote for Electronic
Patient Care Reporting System**



Medtronic Physio-Control Corp.
11811 Willows Road NE
PO Box 97023
Redmond, WA 98073-9723

Tel: 800-442-1142
Fax: 425-867-4970

February 27, 2004

Mike Taigman
5711 Herman St.
Oakland, CA 94609

Re: Quotation for LIFENET[®] EMS electronic patient care reporting system. Quote valid for 90 days.

Dear Mike,

I am pleased to provide you with a preliminary quote for acquisition of the LIFENET EMS ePCR[™] Suite of software products, Walkabout Hammerhead XRT touch screen tablets and supporting hardware requirements, implementation and interface services, and annual service support. This pricing is based upon several assumptions outlined below.

Assumptions

- All pricing in US dollars
- Assumes Medusa Medical Technologies to provide Implementation Project Management, tablet configuration, and training to a core group of medics and client in-house trainers, procedural and business process reviews, and Data Management/Report Writer training.
- Assumes implementation travel and out-of-pocket costs are additional.
- Assumes vehicle dock installation coordination and costs are managed by the client and are not included. We estimate these costs to be \$400/vehicle.
- Pricing does not include recommended server(s) or server software. Estimated server hardware costs range from \$5,000 to \$10,000 per server. Windows 2000 Server and Microsoft SQL Server licenses range from \$5,000 to \$7,500, depending on number of users. Please contact me if you have any additional server questions.
- Medtronic Physio-Control standard terms and conditions apply.

Financial Terms

Based on the above assumptions pricing is estimated as follows:

Hardware, software, and implementation services

\$744,563

■ **Hardware**

- Walkabout Hammerhead Touch screen XRT mobile tablets (60)
 - 800MHz Intel Pentium III Processor-M, Microsoft Windows XP Pro operating system, Pen Office Calligrapher and My-T-Pen, 10.4" 800x600 active matrix TFT color display, chemically strengthened glass, milled aircraft-aluminum case, shock-mounted hard drive, one USB port, one Type III PCMCIA slot (accommodates 2 Type II PCMCIA cards), one hot-swappable Li-Ion Battery, one-year warranty, 20 GB hard disk, and 256MB RAM. Dimensions of the unit are 10.62x8.25x1.56", and units are Mil-Std-810-F and IP67 rated.
- Two year additional warranty
- Tablet wireless package for data transfer (60)
- Additional batteries (60)
- Shock Absorbing cases (60)
- USB LP 12 cables (60)
- 2-bay station battery charger (10)
- Vehicle Docking Station (60)
- Desk Docking System (4)
- Tablet Safety Stock (5)

■ **Software**

- **LIFENET EMS Suite Mobile Data Collection Software (69)**
 - LIFENET EMS Field User software licenses, which includes:
 - LIFENET EMS Field User Software
 - Zip+4 Look-up
 - Breakdown: Tablets (60), Desktops (4), Safety Stock (5)
- **LIFENET EMS Suite Enterprise Software (unlimited users)**
 - LIFENET EMS Client Administrator (allows customization on-site)
 - LIFENET EMS Server User and Administrator
 - LIFENET EMS Florida State Reporting Module
 - LIFENET EMS RightCAD Module
 - LIFENET EMS Sanitas Billing Module
 - LIFENET EMS LIFEPAK® 12 Module (downloads full data from LP12)
- **LIFENET EMS Information Management and Reporting Software**
 - LIFENET EMS ePCR™ Basic Query Module Licenses (6)
 - LIFENET EMS ePCR™ Advanced Module Licenses (6)
 - LIFENET EMS ePCR™ Basic Administrator License (1)
 - LIFENET EMS ePCR™ Advanced Administrator License (1)

■ **Annual Hardware and Software Support**

\$64,706

Financial Payment Terms

Payment terms are typically as follows:

- Hardware – entire cost 30 days after receipt
- Software and services:
 - 15% upon signing of formal contract
 - 25% upon completion of implementation scoping requirements
 - 25% upon delivery of tablet software
 - 20% upon completion of initial deployment
 - 15% upon final acceptance of the system

Out of Pocket Expenses

Out of pocket expenses including travel, meals, hotels etc. will be billed at cost. Pinellas is responsible for its own costs associated with implementation (e.g. overtime if necessary, travel etc.)

Implementation

Our partner, Medusa Medical Technologies Inc. provides more than basic paramedic training. Implementation is approached from the perspective that technology provides the opportunity to review current practices and procedures and to ensure that implementation of the electronic data collection and management system maximizes your overall performance, efficiency and cost. This approach also ensures a smoother integration of the electronic patient care reporting system. Implementation includes business process analysis to fully understand your existing practices, identify opportunities for improvement, and identify system interface requirements, then development an implementation schedule that is tailored to your specific requirements. Implementation pricing includes training to a core nucleus of medics and trainers, plus initial report writer training for your identified users.

Annual Service Support

Support services quoted covers both hardware and software support. Support is delivered through Medtronic's Customer Care Services and includes use of loaner tablets if your tablets require repairs, yearly replacement of batteries, onsite management of hardware returns, onsite assistance for software upgrades, phone and onsite software troubleshooting.

Also included in software support is 24x7 remote server monitoring, performed by our partners, Medusa Medical Technologies. Current version and the two previous versions are included in the software support package. All new versions are included in the annual dues structure.

● Page 4

Confidential Information

As part of the implementation we may disclose certain confidential, proprietary trade secret information of the LIFENET EMS ePCR™ Suite (the "Confidential Information"). Confidential Information may include, but is not limited to, the LIFENET EMS ePCR™ Suite software, computer programs, specifications, design documents, pricing or other related documentation or information. Pinellas agrees that it will not, without our express prior written consent, disclose any Confidential Information to any third party.

I trust that this preliminary estimate provides the information you require regarding the LIFENET EMS ePCR™ Suite. If we have misunderstood any aspect of this, please do not hesitate to contact me at 800-442-1142 ext 2740.

Regards,

Bob Farrell

Regional Medical Informatics Specialist
Medtronic Physio-Control
T: 800-442-1142 x2543
F: 904-543-9837
M: 904-613-9954
E: bob.farrell@medtronic.com

**Attachment 7: Hourly Job Classification
Wage Matrix**

Compensation Matrix

The following wage matrices represent starting and maximum annual pay as required under the RFP.

Position	Starting Annual (No Experience)	Maximum Annual
Paramedic	\$35,746	\$54,782
EMT	\$25,444	\$41,322
System Status Controller	\$31,730	\$55,453
Materials Technician	\$22,120	\$29,934
Fleet Technician	\$24,596	\$55,900

The wages outlined above reflect what Paramedics Plus believes are current wages with in the Sunstar system. As stated in our Proposal for Services, Paramedics Plus commits to honoring the existing wages and performance increase structure of the incumbent contractor as of April 30, 2004. This will ensure that all employees receive compensation commensurate with their existing wages.

**Attachment 8: Detailed Description of
Employee Benefits**

Paramedics Plus, LLC
Benefits Summary Highlights

Employee Acknowledgement:

Received _____ Date: _____
(Employee Name)

Paramedics Plus, LLC offers a comprehensive benefits package providing security to our employees. It is specifically designed to care for employees and their families and preserve the retention of skilled, experienced personnel. Listed below are the major elements of our comprehensive benefits package:

- **Medical Insurance** – The HMO medical plan includes a pharmacy management plan with a \$15 co-pay for every generic brand prescription, \$20 for name brand, \$35 for non-formulary. 100% payment for preventative care, low co-pays for office, hospital and minor emergency department visits. Coverage is available the first of the month following the 90th day of full-time employment. Paramedics Plus pays 75% of the total premium rate. The 2004 employee's bi-weekly portion of the premium over a 24-week period is as follows:

Employee Only	\$30.94
Employee + 1	\$60.95
Family	\$89.72

- **Dental Plan** – The dental plan provides the option of a DMO plan or a PDO plan. The DMO offers a broad range of services, using DMO participating dentists. The DMO plan is designed to provide savings on your dental expenses. The PDO plan allows you to choose a dentist from the PDO network, or you may use any licensed dentist you wish. Coverage is available the first of the month following the 90th day of full-time employment. Paramedics Plus pays 75% of the total premium rate. The dental plan is packaged with the following vision plan. The 2004 employee's bi-weekly portion of the premium over a 24-week period is as follows:

Employee Only	\$2.64
Employee + 1	\$5.64
Family	\$8.83

- **Vision Plan** – Coverage through an extensive network of providers. Provides for vision exam once every 12 months and eyeglasses or contacts once every 24 months. Coverage is available the first of the month following the 90th day of full-time employment. Paramedics Plus pays 75% of the total premium rate. The dental plan is packaged with the dental plan. The 2004 employee's bi-weekly portion of the premium over a 24-week period is as follows:

Employee Only	\$0.73
Employee + 1	\$1.06
Family	\$1.89

Paramedics Plus, LLC
Benefits Package
2004 Plan Year
Page 2

- **Section 125** – Employees may elect to pay for medical, dental and vision contributions on a pre-tax basis.
- **Life/AD&D Insurance** – Basic life insurance and accidental death and dismemberment at a rate of two (2) times the annual base salary to a maximum of \$250,000. Paramedics Plus pays 100% of the premium rate for the basic coverage.
- **Additional/Supplemental Life Insurance** – Employee may voluntarily select supplemental life and accidental death and dismemberment coverage up to four (4) times the annual base salary not to exceed \$250,000. The spouse may be covered at a rate of _ times the amount of the employee's coverage to a maximum of \$50,000. Dependent children may be covered at \$10,000 for each child for one rate, no matter how many children in one family.
- **Short-Term and Long-Term Disability** – Paramedics Plus provides Short-Term disability and Long-Term disability for all employees. Coverage becomes effective the first day of the month following the 90th day of employment. An employee is eligible for short-term disability following the 1st day of injury and the 8th day of an illness. An employee is eligible for long-term disability on the 180th day of illness or injury.
- **401(k)** – Full-time employees are eligible to participate in the company's matching 401(k) plan effective immediately upon hire. The actual company match takes effect after one year of employment. Paramedics Plus will match 50% of employee contributions with a maximum employer match of 5%. Paramedics Plus offers a 5-year vesting plan.
- **Paid Holidays** – New Years Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and Christmas Day.
- **Vacation and Sick Pay** – Employees are eligible for vacation and sick pay depending upon the length of continuous full-time service/seniority. Sick time accrues at six (6) days a year. Vacation accrues in accordance to the length of service in the company, i.e., 0-12 months, 13-48 months, 49-84 months, 85+ months.
- **Bereavement Leave** – In the event of a death in an employee's immediate family, funeral/memorial leave will be paid to full-time employees. The employee may be allowed up to three (3) consecutive days with pay.

Paramedics Plus, LLC
Benefits Package
2004 Plan Year
Page 3

- **Worldwide Assistance** – An employee automatically receives worldwide assistance coverage for international travels when the employee voluntarily chooses supplemental and AD&D insurance. Assistance can be received for numerous problems encountered while out of the country, i.e., medical and dental assistance.
- **Employee Assistance Program** – Paramedics Plus offers an EAP program through The Holman Group for full-time employees and their dependents.
- **Uniforms** – Paramedics, EMTs, Fleet Mechanics, Materials Management Assistants and System Status Controllers, as well as certified Managers are provided with new and replacement uniforms as necessary.
- **Flexible spending accounts-** Section 125 of the IRS code allows employees to pay for certain benefits tax free thru payroll deductions. Two of those benefits are daycare and medical expenses. Setting up flexible spending accounts for dependent care and Medical expenses will save you payroll tax dollars participating in a flex plan account for out-of-pocket medical and day care expenses.

**Attachment 9: Sample Employee
Performance Tool (Paramedic)**



EMERGENCY MEDICAL SERVICES AUTHORITY

Paramedic Enhancement System

Name: _____ Employee #: _____

Position: _____ Status: F/T P/T

Hire Date: ___/___/___ Point Accumulation Deadline ___/___/___

Extraordinary performance will be assessed based on an accumulation of points as described on the list below and compensation will be provided on a semi-annual basis.

.....

Attendance	Zero (0) Absences	4	
	One (1) Absence	3	
	Zero (0) Tardies	2	
	One (1) Tardy	1	
Start of Shift	< 3 Late 10-8 Occurrences	2	
Hospital Turnaround	17 min Average	3	
	20 min Average	2	
Billable Tickets	100% of tickets are billable by EMSA standards	3	
Safety	No employee injuries	3	
Counseling	No Disciplinary Action (written warning or above)	3	
Clinical Ladder	Obtaining / maintaining clinical ladder level 2 or 3. To obtain and maintain clinical ladder all clinical requirements must be completed. See Clinical Ladder Qualifications. Level 2=4, Level 3=6	4 or 6	
Team Meetings	Attend all Team Meetings	2	
Commendations	Receive a written commendation (max 2 pts.)	2	
Over Time	Work a minimum of 12 OT shifts in 6-month period	3	
Over Time	Work a minimum of 8 OT shifts in 6-month period	2	

Score:

- Over 26 points = 2.5%
- 23 - 26 points = 2%
- 15 - 22 points = 1.5%
- 8 - 14 points = 1%
- 3 - 8 points = 0.5%

**Attachment 10: Scheduled Maintenance
Checklist**

PARAMEDICS PLUS PM INSPECTION FORM

Hours: _____

Vehicle No.: _____

Date: _____

Miles: _____

In space before each item, indicate condition as follows:

<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>
IN CAB					
	Review Unit History		Drive Test		Glass
	Check Engine & Transmission Oil		Backup Warning		Heater & Defroster
	Ignition Switch		Transmission, Smooth Shifting		A/C - Duct. Temp. Front
	Warning System		Horn & Siren		A/C - Duct. Temp. Back
	Starter Action		Steering Play		Ambient Temperature
	Gauge Function		Excess Smoke		Registration & Insurance Card
	Instruments & Lighting		Brake Performance		Headline & Sunvisor
	High Engine Idle & Monitor		Parking Brake		Lights & Dimmers
	Pedals and Pads		Washers/Wipers		Check Overhead Diagnostics

<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>
CAB AND BODY					
	Locks & Latches		Grill & Hood		Hinges & Weather Stripping
	Hinges & Weather Stripping		Fire Extinguisher		Grab Handles
	Stepwell		Air Horn		Bench Seats, Upholstery & Belts
	Window Regulators		Wheelchair Lift		Ceiling
	Floors & Mats		Front Bumper & License Plates		Straps
	Underseat Wiring		SIDE DOORS		Compartments & Latches
	Underdash Wiring		Locks & Latches		Coax Connector
	Seats, Upholstery & Belts		Hinges & Weather Stripping		Spare Tire _____ PSI, Jack, Wrench
	Underside of Seat & Kickshield		Grab Handles		Vents
	Light Bar		Emergency & Safety Equipment		Suction
	Antennas		Lights & Lenses		Stretcher Floor Mount & Latch
	Lenses & Reflectors		Logos		Stretcher Lube & Clean
	Mirrors & Brackets		Rear Bumper		Exhaust Vent
	Body Panels		REAR DOORS		Fuel Tank, Door, Cap, Chain & Vent
	Wiper Arms & Blades		Locks & Latches		External Receptacle

<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>
BATTERY					
	Primary Battery		Voltage Reg. Settings		Secondary Battery
	Electrolyte Level		Alt. Output Amps		Electrolyte Level
	Load Test _____ Volts		Cables & Connections		Load Test _____ Volts
	Load Test _____ Amps		Starter Draw _____ Amps		Load Test _____ Amps
	Visual		Battery Box & Holdowns		Visual

<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>	<u>NO.</u>	<u>Item</u>
FRONT WHEELS					
	Hub Cap - Wheel Covers		Tread Depth		Wheel Balance
	Lug Nuts & Studs - Torque		L _____ /32		King Pins
	Rims		R _____ /32		Brake Hoses & Connections
	Tire Condition		Valve Caps & Stems		Set Toe or Alignment

PM INSPECTION FORM (continued)

NO. **Item** **NO.** **Item** **NO.** **Item**

UNDERCARRIAGE & CHASSIS

	Remove Oil & Filter		Steering Box & Coupling		Coolant Hoses Condition & Chafing
	Sway Bar & Bushings		Power Steering Hoses		Lower System Inspection
	Springs		Engine Fluid Levels		Shocks Body Mounts
	Tie Rods, Ends & Adjustment Bends		"I" Beams, Mounts & Pivot Bushings		
	Brake Pads L _____ /32 R _____ /32		Steering Stops		
	Lube Chassis		DRIVE LINE AREA		"U" Bolt & _____
	Starter		Yokes & Splines		Shocks
	Exhaust Pipes & Main Hold		"U" Joint		CHECK REAR BRAKES
	TRANSMISSION AREA		Drive Shaft		Adjust Brakes
	Mounting & Cross Member		Fuel Tank		Brake Lining L _____ /32 R _____ /32
	Linkage		Exhaust System & Clamps		Brake Hoses & Connections
	Heat Shields & Connections		Parking Brake Cables		Differential Fluid Level
	Lines & Fittings		REAR AXLE AREA		Fuel Tank
	Fuel, Oil, Brakes & Electric		Leaf Springs		Rear Bumper Support
	Transmission Services (B) Only		Center Bolt		Lift Pump

REAR WHEELS

	Item		TREAD DEPTH		VALVE, CAPS & STEMS
	Hub Caps & Wheel Covers				
	Lug Nuts & Studs		L _____ /32		
	Rim		L _____ /32		
	Axle Flange Bolts - Torque		R _____ /32		
	Tire Condition		RI _____ /32		

ENGINE (A) INSPECTION

	Add Oil _____ Quarts		Fan Blades		Primary Ignition Circuit
	Coolant Corrosion _____ PH		Drive Belts		Secondary+160 Ignition Circuit
	Coolant Protection _____ Deq.		Alternator Mounts / Brackets		Throttle Linkage
	Radiator Cap		Fuel Lines		Oil Leaks
	Coolant Leaks / Pressure Test		Fuel Leaks		Transmission Fluid Level
	Hoses & Clamps		Injection Pump		P/M - Service Due Date Decal
	Core, Fins & Tanks		P/S Fluids		Factory Charge Protect
	Upper Radiator Mounting		Washer Fluid		Water Pump
	Radiator Shroud		Brake Fluid		Belt Tensioners
	Vacuum Pump		P/S Fill		Overflow Tank
	Vibration Dampner		A/C Compressor		Fan Clutch
	Fuse Box				

ENGINE (B) INSPECTION

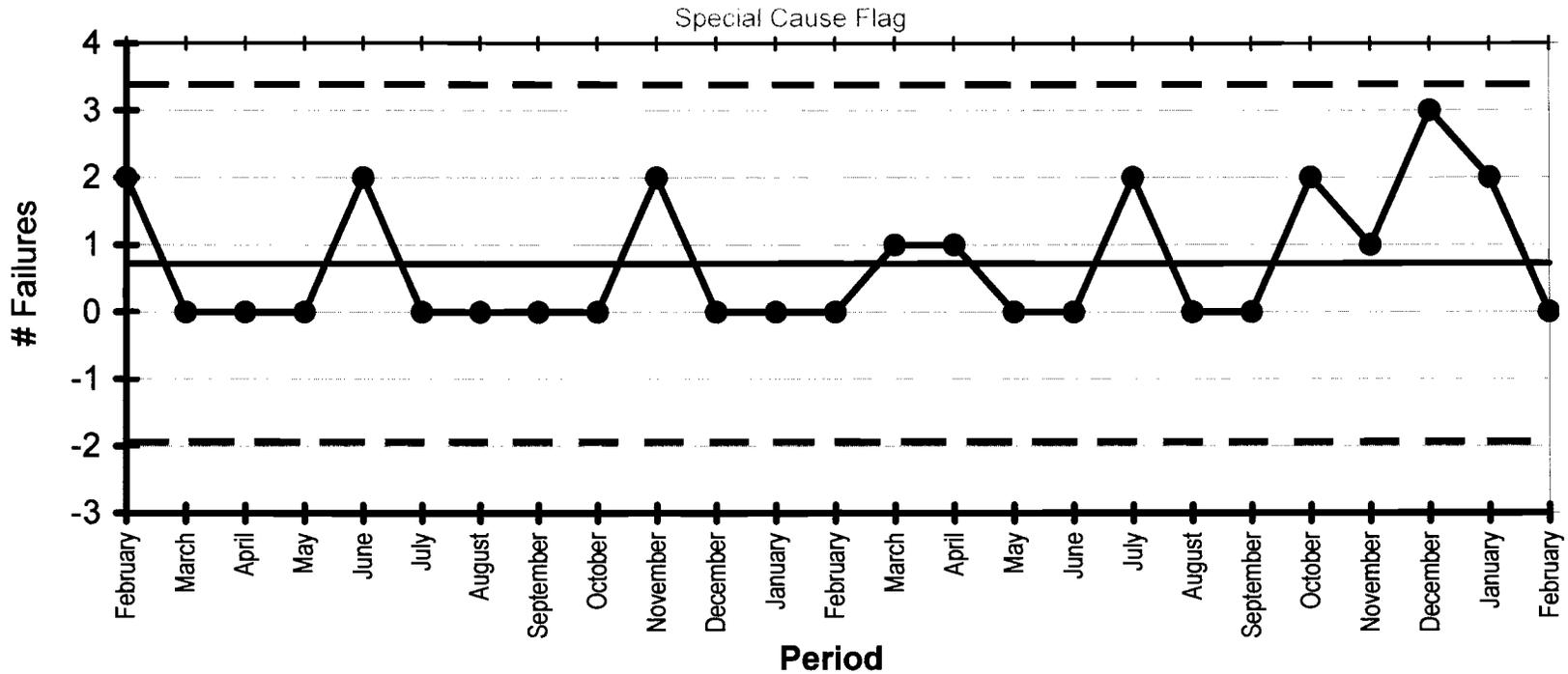
	Valve Cover Leaks		Glow Plug Harness		Carburetor
	Glow Plug Solenoid/Controller		Spark Plugs		Choke Operation
	Air Filter		Timing		Crank Case Vent PCV
	Fuel Filter				

VEHICLE COMPLETION

	Final Road Test		Complete Paperwork		Clean Vehicle
	Windshield Treatment				Touch-up Paint

**Attachment 11: KPI Critical Vehicle Failure
Rate (Sample Control Chart)**

Western Division Critical Vehicle Failures



No Special Cause Detected

Avg of Data Shown 0.72
 Median Data Shown 0
 Sigma for Limits 0.8865
 Base for Limits Average MR

Chart Type: Chart for Individuals

Centerline: 0.7200 Process Limits: Lower: -1.940 Upper: 3.380

- A. 1 Beyond Control Limit
- B. 9 On One Side of Average
- C. 6 Trending Up or Down
- D. 14 Alternating Up & Down

Database Column

1

- E. 2 of 3 Beyond 2 Sigma
- F. 4 of 5 Beyond 1 Sigma
- G. 15 Within 1 Sigma
- H. 8 Outside 1 Sigma
- X. Excluded or Missing Data

Attachment 12: Proposed Equipment List

Proposed Equipment List

Item	Quantity	Manufacturer
Cardiac monitor with Defibrillator, external pacing, SPO2, ETCO2, NIBP, 12 lead	53	Medtronic Physio-Control LIFEPAK 12
Cardiac monitor with Defibrillator, external pacing, SPO2, ETCO2, NIBP, 12 lead, Invasive blood pressure monitor	2	Medtronic Physio-Control LIFEPAK 12
Stretcher	55	Stryker
Suction, Portable	64	Matrix
Laryngoscope set	64	Rusch
Blood pressure cuff kit	64	Parakit
Scoop Stretcher	72	Ferno
Stair Chair	55	Ferno
Trauma Kit	64	Thomas
Transport Isolette	1	Airborne Airshield
IV Pump with 3 line capability	2	Alaris Med System III
Transvenous Pacemaker	1	Medtronic Model 5388
Ventilator	2	BioMed Crossvent 3

All other required items listed in Appendices L and T will be provided through First Choice Cooperative and will meet or exceed applicable criteria.

Attachment 13: Letters of Endorsement

H. Stephen Williamson, MPH, President and CEO, EMSA

John C. Sacra, M.D., Medical Director, EMSA

Joey Seeber, Mayor, City of Tyler, Texas

Shelli Stephens-Stidham, Interim Chief, Injury Prevention Service

Oklahoma State Department of Health

Cecilia M. Alsobrook, Program Manager, Oklahoma Highway Safety Office

Yost Zakhary, City Manager/Public Safety Director, City of Woodway, Texas

Rick Underhill, President and CEO, Medusa Medical Technologies Inc.

Vane Clayton, President, Zoll Data Systems

**David Cohen, Vice President of Research and Development, Zoll Data
Systems**



March 18, 2004

Amelia McFarlane, CPPB Procurement Analyst
County Annex Building
Purchasing Department
400 S. Fort Harrison Avenue – 6th Floor
Clearwater, FL 33756

Dear Ms. McFarlane,

Having worked with Paramedics Plus since November 1998, I am writing to recommend them to you as a contractor for EMS services. While the Public Utility Model utilized in both Oklahoma and Pinellas County has many desirable checks and balances, a positive working relationship between the contractor and the authority is essential to maximizing the benefits for the citizens served. Over the past 25 years, I have worked with many contractors and have found Paramedics Plus to be an efficient, quality provider that is willing to work collaboratively to achieve the Authority's goals. Paramedics Plus recently returned \$100,000 to the Authority as a result of keeping expenses down while meeting the requirements of a high performance system. This rare occurrence is an example of Paramedics Plus approach to maintaining a fair and honest relationship with the Authority.

Through this positive working relationship, our system has been recognized nationally for clinical care while being honored within our state as a recipient of an Oklahoma Quality Foundation Award. Our service not only provides excellent clinical care and is cost efficient but we enjoy a positive public image among the cities we serve. Based on the performance of Paramedics Plus over the past five years, we have recently opted to renew the contract without going through the bid process.

If you have additional questions about Paramedics Plus and its ability to perform or level of cooperation, please feel free to contact me. I have no direct or indirect business or financial relationship with Paramedics Plus.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Stephen Williamson". The signature is written in a cursive style with a large, sweeping flourish at the end.

H. Stephen Williamson, MPH
President and CEO

MEDICAL CONTROL BOARD



March 31, 2004

John C. Sacra, M.D., F.A.C.E.P.
Medical Director

Ms. Amelia McFarlane
CPPB Procurement Analyst
County Annex Building
Purchasing Department
400 S Fort Harrison Avenue, 6th Floor
Clearwater, FL 33756

Dear Ms. McFarlane:

I have worked with Paramedics Plus, the contractor responding to your RFP, since November 1998. Over that period of time, I have found the organization to be very responsive to developing and sustaining an excellent Quality Improvement program. The program currently in place is to a great degree responsible for improving cardiac survival rates, a measure we consider of great importance since it is among the most time sensitive events with which we deal. The statistics tracked and monitored through the CQI process have led the two divisions in our Regulated Service Area to be recognized nationally as two of the top five systems for cardiac survival in the United States.

In addition, the contractor Paramedics Plus is responsive to the requests of the Medical Control Board for protocol additions and changes and the resulting staff inservices which support those modifications. Our system is among the most progressive in the country and considerable credit for our advances is attributable to the conscientious and cooperative efforts of the leadership and manpower provided by Paramedics Plus.

If you have additional questions, please don't hesitate to contact me. As the Medical Director of the Medical Control Board, I have no direct or indirect business or financial relationship with Paramedics Plus.

Sincerely,

John C. Sacra, M.D.
Medical Director

JCS:aas

am040331



Oklahoma State Department of Health

James M. Crutcher, MD, MPH
Commissioner of Health

March 25, 2004

Ms. Amelia McFarlane
CPPB Procurement Analyst
County Annex Building Purchasing Department
400 So. Fort Harrison Ave., 6th Floor
Clearwater, FL 33756

Dear Ms. McFarlane:

It is my understanding that Paramedics Plus and its parent company, ETMC-EMS, are submitting a response to an RFP bid to provide emergency medical services (EMS) in Pinellas County, Florida.

The Injury Prevention Service of the Oklahoma State Department of Health has worked with EMSA and its private contractor, Paramedics Plus since November 1998 on an innovative injury prevention program.

Immediately upon their arrival, Paramedics Plus contacted my department about the possibility of collaborating on an injury prevention project that would provide a real prevention service to the community -- a service that would not ordinarily be performed by an ambulance company. Injuries are the leading killer of Oklahoma's children and young adults from 1-44 years of age. After the first year of life, more children die from injuries than all other causes of death combined. Oklahoma's death rates due to traffic injuries are higher than national rates. Research has found that the correct use of car safety seats may reduce fatal injury by 70% among infants less than one year of age, and 47% for toddlers (1-4 years of age) in passenger cars. Belt-positioning booster seats lower the risk of injury in crashes by 59% compared to the use of vehicle seat belts. For children ages 0 to 4, every dollar spent on car seats saves \$2 in medical costs, \$6 in future earnings, and \$25 by preventing pain, suffering, and lost quality of life. With this information, we mutually designed a car seat giveaway program, which is funded through a grant from the Oklahoma Highway Safety Office. This program is extremely successful and has provided and correctly installed more than 5,000 car seats to families in need. The Injury Prevention Service continues to work with EMSA on this program by teaching car seat certification courses to paramedics.



JOEY SEEBER
MAYOR

April 15, 2004

Amelia McFarlane
CPPB Procurement Analyst
County Annex Building
Purchasing Department
400 South Fort Harrison Avenue, 4th Floor
Clearwater, Florida 33756

Dear Ms. McFarlane:

ETMC-EMS has been providing EMS coverage to our citizens since 1967. We are extremely proud of the ongoing relationship we have with ETMC-EMS. They have surpassed performance requirements and provide excellent quality care to our citizens.

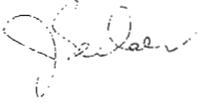
In addition to quality care, ETMC-EMS has been instrumental in the development and support of several community outreach programs. They have instituted in the "Think Child Safety" program, whereby the medics visit all high schools to teach and demonstrate safety issues, such as, helmet, seat belt, and gun safety. Following the specialized training, interested high school student interns schedule elementary school programs to provide age specific safety training. ETMC-EMS commitment ensures program longevity and training for numerous Tyler schoolchildren.

ETMC-EMS has actively participated in State grant funding projects to purchase and support Automated External Defibrillators (AEDs) throughout our community. In addition, by utilizing available grant money, ETMC-EMS provided matching funds to purchase AED equipment for all police and fire vehicles throughout the city.

As you are aware, ETMC-EMS is affiliated with the First Choice supply cooperative. By pooling purchases, participating healthcare entities are able to use their purchasing power to competitively select the best prices for a variety of medical and support supplies. In the interest of full disclosure, you should know that I have an indirect financial relationship with ETMC-EMS through my company, W.C. Supply, which supplies undercarriage parts for ambulances through the hospital's First Choice program.

The City of Tyler and our citizens continue to look forward to a very long and rewarding relationship with ETMC-EMS. For this reason, I strongly recommend ETMC-EMS for service to your community. If I may provide further information or you wish to have dialogue regarding ETMC-EMS, please do not hesitate to contact me at (903) 531-1250.

Sincerely,



Joey Seeber
Mayor, City of Tyler

OFFICE OF THE MAYOR

212 North Bonner; P.O. Box 2039, Tyler, Texas 75710 Phone: (903) 531-1250

On the Web: www.cityoftyler.org

Ms. Amelia McFarlane

March 25, 2004

Page 2

We support the efforts of Paramedics Plus in their application to provide emergency medical services in Pinellas County, Florida. We look forward to a continued and very long and rewarding relationship with Paramedics Plus through the EMSA system. Please do not hesitate to contact me at 405/271-3430 if I can forward more information.

I hereby disclose that I have neither an indirect nor direct financial relationship with Paramedics Plus LLC.

Sincerely,

A handwritten signature in cursive script that reads "Shelli Stephens-Stidham".

Shelli Stephens-Stidham

Interim Chief, Injury Prevention Service



OKLAHOMA HIGHWAY SAFETY OFFICE

3223 North Lincoln
Oklahoma City, OK 73105-5403
(405) 523-1570
(405) 523-1586 Fax

March 31, 2004

Ms. Amelia McFarlane
CPPB Procurement Analyst
County Annex Building Purchasing Department
400 So. Fort Harrison Ave., 6th Floor
Clearwater, FL 33756

Dear Ms. McFarlane:

It is my understanding that Paramedics Plus and its parent company, ETMC-EMS, are submitting a response to an RFP bid to provide emergency medical services (EMS) in Pinellas County, Florida. On their behalf, I would like to submit the following.

Through the EMSA system, Paramedics Plus worked closely with the State of Oklahoma Injury Prevention Service in an attempt to identify programs that could be mutually designed to improve the health status of the community. Through this research, the need for child car seat instruction loomed at the forefront for the children of Oklahoma.

Again, on behalf of EMSA system, Paramedics Plus wrote to the Oklahoma Highway Safety Office for a grant to provide instruction to parents, education to train Child Seat Safety Technicians, and installation of car seats to the needy children in our communities. Since 2000, EMSA has been awarded an annual grant from the Highway Safety Office, which to date totals \$647,771 in funding for child passenger safety seat programs.

Your organization should be aware of the following statistics, which reflect a tremendous feat toward their goal of saving at least one child from the tragedies of motor vehicle crashes.

- To date, through this grant, 4,043 car seats have been installed and/or inspected from the EMSA facilities in Oklahoma City and 4,114 in Tulsa.
- To date, through this grant, 79 non-EMSA personnel have been 4-day trained to be Child Passenger Safety Technicians so that children from outside the communities of Oklahoma City and Tulsa may also be safe.
- To date, through this grant, 29 EMSA personnel have been 4-day trained to be Child Passenger Safety Technicians. As well, two EMSA personnel are actually Instructors in the Child Passenger Safety program.

I hereby disclose that I have neither an indirect nor direct financial relationship with Paramedics Plus LLC.

The Oklahoma Highway Safety Office looks forward to a continued and very long and rewarding relationship with Paramedics Plus through the EMSA system. If I may provide further information, please do not hesitate to contact me at (405) 523-1574.

Sincerely,

A handwritten signature in cursive script that reads "Cecilia M. Alsbrook".

Cecilia M. Alsbrook
Program Manager



924 ESTATES DRIVE • WOODWAY, TEXAS 76712-3432 • 254/772-4480 • FAX 254/772-0695

YOUSRY "YOST" ZAKHARY
CITY MANAGER

March 26, 2004

Amelia McFarlane
CPPB Procurement Analyst
County Annex Building
Purchasing Department
400 South Fort Harrison Ave., 4th Floor
Clearwater, FL 33756

Dear Ms. McFarlane:

It is my understanding that Paramedics Plus and its parent company, ETMC-EMS, are submitting a response to a Request for Proposal to provide emergency medical services (EMS) in Pinellas County, Florida. I would like to submit the following on their behalf:

Prior to selecting ETMC-EMS as part of a competitively bid process, Rural Metro had been providing EMS coverage to our citizens for fourteen years. As a long-term contractor, a departure from Rural Metro represented a significant change to our community.

ETMC-EMS submitted the most comprehensive, cost effective proposal to meet the dynamic needs of our communities, and was selected as our new EMS provider beginning August 1, 2003. Having been involved in our EMS system for the past twenty three years and gone through several E.M.S. providers in that period, I understand the complexity associated with providing high quality paramedic service. ETMC-EMS developed a comprehensive implementation schedule that ensured a smooth and seamless transition. They worked hand in hand with Rural Metro.

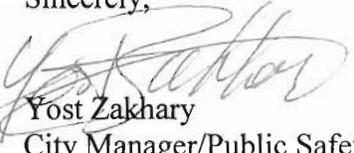
Since the commencement of our contract, ETMC-EMS has provided a very high and solid performance as it relates to all contract requirements. In addition, we feel our citizens are receiving exceptional EMS service.

I hereby disclose that I have no direct or indirect financial relationship with ETMC-EMS.

Welcome Home To Woodway

The City of Woodway and the surrounding communities look forward to a very long and rewarding relationship with ETMC-EMS. If I may provide further information or you wish to have dialogue regarding ETMC-EMS, please do not hesitate to contact me at (254) 772-4480.

Sincerely,



Yost Zakhary
City Manager/Public Safety Director
Chairman EMS Committee

March 22, 2004

Ms. Amelia McFarlane
CPPB Procurement Analyst
County Annex Building Purchasing Department
400 So. Fort Harrison Ave., 6th Floor
Clearwater, FL 33756

Dear Ms. McFarlane:

It is my understanding that Paramedics Plus and its parent company, ETMC-EMS, are submitting a response to an RFP bid to provide emergency medical services in Pinellas County, Florida. On their behalf, I would like to submit the following.

EMSA was chosen as a beta tester for the electronic patient care form system initially named MEDUSA, now LIFENET. Paramedics Plus, as the private contractor for EMSA, was and, continues to be, very instrumental in the successful implementation of our product in the EMSA system. They are extremely easy to work with, offer positive reinforcement, continue to provide on-going assistance and have truly made a vital contribution to the LIFENET success.

I hereby disclose that I have neither an indirect nor direct financial relationship with Paramedics Plus LLC.

LIFENET looks forward to a continued and very long and rewarding relationship with Paramedics Plus through the EMSA system. If I may provide further information, please do not hesitate to contact me at 902 420-9227.

Sincerely,



Rick Underhill,
President & CEO
Medusa Medical Technologies Inc.

March 22, 2004

Ms. Amelia McFarlane
CPPB Procurement Analyst
County Annex Building Purchasing Department
400 So. Fort Harrison Ave., 6th Floor
Clearwater, FL 33756

Dear Ms. McFarlane:

It is my understanding that Paramedics Plus and its parent company, East Texas Medical Center-EMS, are submitting a response to a request for proposal to provide emergency medical services in Pinellas County, Florida. On their behalf, I would like to recommend them to you as an organization. That recommendation is based upon the following:

Our organization has had a long standing relationship with Paramedics Plus and ETMC-EMS. We regularly work with both entities to seek their input in software development and ongoing support. They utilize our RescueNet Suite of products to their fullest capacity and make excellent recommendations for future upgrades and products. Their staff is very easy to work with and we have the utmost respect for them, both as customers and as partners in our development efforts.

I have been with ZOLL Data Systems (formerly Pinpoint Technologies) for 8 months now, but in discussing this letter of recommendation with the members of our team, the relationship goes back much further. ZOLL Data Systems has been working closely with both entities for over three years.

ZOLL Data Systems does have an ongoing financial relationship with East Texas Medical Center for ongoing support and upgrades of the RescueNet suite of products. Zoll Data Systems does not presently have any financial relationship with Paramedics Plus as an individual organization.

I, as well as our entire organization, look forward to a continued and rewarding relationship with Paramedics Plus and ETMC-EMS. If I may provide further information, please do not hesitate to contact me at (303) 801-1820.

Sincerely,



Vane Clayton
President
ZOLL Data Systems

March 22, 2004

Ms. Amelia McFarlane
CPPB Procurement Analyst
County Annex Building Purchasing Department
400 So. Fort Harrison Ave., 6th Floor
Clearwater, FL 33756

Dear Ms. McFarlane:

It is my understanding that Paramedics Plus and its parent company, East Texas Medical Center-EMS, are submitting a response to a request for proposal to provide emergency medical services in Pinellas County, Florida. On their behalf, I would like to recommend them to you as an organization because of our working relationship with both organizations, and in particular, one member of their staff.

I have had a working relationship with both ETMC-EMS and Paramedics Plus for several years. Over the last 2 years, I have worked with Frank Gresh, who is the Director of Communications for Paramedics Plus. Mr. Gresh has been instrumental in helping us develop new System Status Management tools to compliment our RescueNet Dispatch product. He has also provided valuable input into our RescueNet Field Data products as well. Mr. Gresh presents annually at our user conference and provides a great resource for our customers when they need help from a fellow user.

In the interest of full disclosure, ZOLL Data Systems does have an ongoing financial relationship with East Texas Medical Center for ongoing support and upgrades of the RescueNet suite of products. ZOLL Data Systems does not presently have any financial relationship with Paramedics Plus as an individual organization. I personally have no financial interest in either organization.

I really look forward to a continued relationship with Paramedics Plus and Mr. Gresh especially. If I may provide further information, please do not hesitate to contact me at (303) 801-1825.

Sincerely,



David Cohen
ZOLL Data Systems
VP of R&D

**Attachment 14: Customer Satisfaction
Survey**



1111 Classen Drive · Oklahoma City, OK 73103-2616
 1417 N. Lansing Avenue · Tulsa, OK 74106-5906

Your Health And Satisfaction Are Important To Us.

[Place for name/address imprint]
 [Address]
 [City State ZIP]

This area should work well for your run number

EMSA recently had the privilege of treating and transporting you to/from the hospital. Please take a few moments to complete the following customer satisfaction survey, then return it in the enclosed postage-paid envelope. Your answers will assist in EMSA's ongoing quality improvement efforts. Thank you for your cooperation.

Sincerely,

H. Stephen Williamson
 President and Chief Executive Officer

Why did you need an ambulance?

911 Emergency Call/Transport

- cardiac problems/chest pain
- breathing problems
- fall
- allergic reaction
- high blood pressure
- stroke
- seizure
- diabetic emergency
- car accident
- other: _____

Non-emergency transport

- nursing home to hospital
- hospital to hospital
- hospital to home/nursing home
- home/nursing home to treatment facility
- other: _____

Once you began experiencing problems, how long did you wait to call us?

___ minutes, or ___ hours, or ___ days

Circle the number that best describes the quality of service we provided to you.

Please do not answer a question if it does not apply to your situation.

	Excellent/ Strongly Agree	Good/ Agree	Poor/ Disagree	Unacceptable/ Strongly Disagree
· The 911 call was handled in a prompt, courteous and competent manner.	4	3	2	1
· The 911 instructions given prior to arrival of the paramedics.	4	3	2	1
· The paramedics arrived in a timely manner.	4	3	2	1
· The paramedics acted in a concerned and caring manner.	4	3	2	1
· The paramedics clearly explained the procedures they performed.	4	3	2	1
· The paramedics and equipment presented in a professional manner.	4	3	2	1
· The methods used by the paramedics to stabilize my condition/splint my injury.	4	3	2	1
· The methods used by paramedics to move me.	4	3	2	1
· The ride to the hospital.	4	3	2	1
· The overall quality of care provided to me.	4	3	2	1

My pain/discomfort or shortness of breath was:

- less severe when I arrived at the hospital than it was before EMSA arrived to help me.
- the same as when I arrived at the hospital.
- more severe when I arrived at the hospital.

The overall actions of the medics caused my situation to:

- improve.
- remain the same.
- worsen.

Please use the back of this form if you have additional comments or suggestions.

**Attachment 15: Customer Satisfaction
Survey Steering Committee Report**



**Customer Survey Report
For Call Dates Between 1/1/2004 and 4/21/2004**

<u>Question1</u>	<u>Question2</u>	<u>Question3</u>	<u>Question4</u>	<u>Question5</u>	<u>Question6</u>	<u>Question7</u>	<u>Question8</u>	<u>Question9</u>	<u>Question</u>
Eastern Division									
3.75	3.64	3.67	3.78	3.74	3.70	3.74	3.71	3.54	3.75
Western Division									
3.76	3.73	3.81	3.80	3.70	3.79	3.70	3.78	3.55	3.82
System Wide Average									
3.76	3.68	3.74	3.79	3.72	3.74	3.72	3.75	3.55	3.78

There were 155 surveys entered for this date range.

65 out of 132 patients (or 49.24%) that answered this question indicated that their pain or discomfort was less severe when they arrived at the hospital than it was before EMSA arrived to help them.

82 out of 138 patients (or 59.42%) that answered this question indicated that the overall actions of the medics caused thier situation to improve.

- 1 The 911 call was handled in a prompt, courteous, and competent manner.
- 2 The 911 instructions given prior to arrival of the paramedics.
- 3 The paramedics arrived in a timely manner.
- 4 The paramedics acted in a concerned and caring manner.
- 5 The paramedics clearly explained the procedures they performed.
- 6 The paramedics and equipment presented in a professional manner.
- 7 The methods used by the paramedics to stabilize my condition/splint my injury.
- 8 The methods used by paramedics to move me.
- 9 The ride to the hospital.
- 10 The overall quality of care provided to me.

**Attachment 16: List of Organizational
Officers**

Paramedics Plus L.L.C.
Organizational Officers / Board of Directors

Anthony Myers
President
Paramedics Plus LLC
1000 South Beckham
Tyler, TX 75701

Elmer Ellis
Chairman of the Board
Paramedics Plus LLC
1000 South Beckham
Tyler, TX 75701

Byron Hale
Treasurer & Secretary
Paramedics Plus LLC
1000 South Beckham
Tyler, TX 75701

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM
BOARD OF DIRECTORS**

2003 - 2004

OFFICERS

President/CEO	Elmer G. Ellis
Sr. Vice President/CFO	Byron Hale
Sr. Vice President, Affiliated Operations	Jerry L. Massey
Sr. Vice President/Administrator, ETMC Tyler	Robert Evans

DIRECTORS

Ron Donaldson, M. D.
700 Olympic Plaza, Suite 850
Tyler, TX 75701
(903) 595-2441
FAX: (903) 595-0743

Mr. Wade Ridley
803 First Place
Tyler, TX 75702
(903) 595-4691
FAX: (903) 595-1321

Mr. Larry Durrett
101 E. Cherokee Street
Jacksonville, TX 75766-4807
(903) 586-1524x11
FAX: (903) 586-2625

Mr. James Wynne
2014 Republic
Tyler, TX 757701-8417
(903) 509-9795
FAX: (903) 509-9798

Mr. B. G. Hartley
P. O. Box 1079
Tyler, TX 75710
(903) 531-7111
FAX: (903) 535-4508

EX-OFFICIO

Mr. Elmer G. Ellis
P. O. Box 6400
Tyler, TX 75711
(903) 531-8001
FAX: (903) 596-3656

EAST TEXAS MEDICAL CENTER FOUNDATION
BOARD OF DIRECTORS

2003 - 2004

OFFICERS

Chairman	-	Wade Ridley
President	-	Elmer G. Ellis
Secretary/Treasurer	-	Byron Hale

DIRECTORS

Mr. Michael D. Allen 3805 Old Bullard Road Tyler, TX 75701 (903) 534-0006	(903) 677-1917	Mr. Ken Greer P. O. Box 1078 Mt. Vernon, TX 75457 (903) 537-2201
Mr. John H. Barr, Sr. Trust Officer P. O. Box 792 Tyler, TX 75710 (903) 858-9360	Dr. Gary Gross Blood & Cancer Center of East TX 825 Medical Drive Tyler, TX 75701 (903) 597-2273	Mr. George T. Hall P. O. Box 1079 Tyler, TX 75710 (903) 531-7111
Mr. Harold Beaird P. O. Box 1860 Tyler, TX 75710 (903) 597-1922	Mr. B. G. Hartley P. O. Box 1079 Tyler, TX 75710 (903) 531-7111	Mr. David Hoover 232 Rusk Street Pittsburg, TX 75686 (903) 856-3673
Mr. Allen Bell Allen Property Services, Inc. 100 E. Ferguson, Suite 816 Tyler, TX 75702 (903) 595-2805	Mr. Samuel Houston P. O. Box 6775 Tyler, TX 75711 (903) 561-3904	Mr. Bill James 3090 FM 778 Mineola, TX 75773-3896 (903) 569-5735
Mrs. Michelle Brookshire 2201 Robertson Avenue Tyler, TX 75701 (903) 531-0066	Mr. Charles Lowry P. O. Box 7 Mt. Vernon, TX 75457 (903) 588-2718	
Earl Clawwater, Jr. M. D. 7111 Holly Square Circle Tyler, TX 75703 (903) 593-7051		
Ron Donaldson, M. D. 700 Olympic Plaza, Suite 850 Tyler, TX 75701 (903) 595-2441		
Mr. Larry Durrett 101 E. Cherokee Street Jacksonville, TX 75766-4807 (903) 586-1524 x 11		
Mrs. Peggy Gould P. O. Box 1300 Athens, TX 75751		

Mr. George W. Oge
P. O. Box 8879
Tyler, TX 75711
(903) 581-2450

Mrs. Liz Pauza
6506 Hollytree Circle
Tyler, TX 75703
(903) 581-7552

Mr. John G. Payne
3650 Old Bullard Road
Suite 100
Tyler, TX 75701
(903) 561-2500

Mrs. Kitty Ramsay
Route 3, Box 782
Mt. Vernon, TX 75457
(903) 537-4567

Mr. James H. Reynolds
P. O. Box 88
Tyler, TX 75710
(903) 592-0835

Mr. Wade Ridley
100 East Ferguson, Suite 803
Tyler, TX 75702
(903) 595-4691

Mrs. Robyn Rogers

310 West Sixth
Tyler, TX 75701
(903) 593-2066

Mr. Steve Roosth
P. O. Box 2019
Tyler, TX 75710
(903) 593-8333

Dr. Joe Ed Smith
1004 E. Tyler
Athens, TX 75751
(903) 675-2014

Mr. Joe Terrell
P. O. Box 163
Jacksonville, TX 75766
(903) 586-1957

Jim Vaughn, M. D.
830 South Beckham
Tyler, TX 75701
(903) 597-7652

Mr. James Wynne, Jr.
2014 Republic
Tyler, TX 75701-8417
(903) 509-9795

EX-OFFICIO

Mr. Elmer G. Ellis
P.O. Box 6400
Tyler, TX 75711
(903) 531-8001

EXECUTIVE COMMITTEE

Wade Ridley
Elmer G. Ellis
Larry Durrett
John H. Barr

Peggy Gould
Kenneth Greer
George Oge
James H. Reynolds

DIRECTORS EMERITUS

Mr. Charles L. Childers
P. O. Box 701
Tyler, TX 75710
(903) 592-8802

Mr. Keating Zeppa
P. O. Box 657
Tyler, TX 75710
(903) 581-4275

Mr. William D. Lawrence, Jr.
521 E. 2nd Street
Tyler, TX 75701
(903) 593-3688

3D/A:BOARD FDN.DOC

**Attachment 17: Audited Financial Statements
for East Texas Medical Center
Regional Healthcare System and Affiliates
for the Years Ended
October 31, 2003 and 2002**

**East Texas Medical Center
Regional Healthcare System
and Affiliates**

**Consolidated Financial Statements and
Supplementary Information with Report
Of Independent Auditors
For the Years Ended October 31, 2003 And 2002**

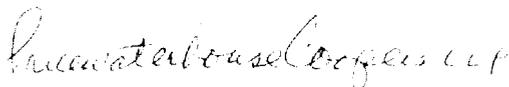
**East Texas Medical Center
Regional Healthcare System and Affiliates
Contents**

	<u>Page(s)</u>
Report of Independent Auditors	1
Consolidated Balance Sheets	2
Consolidated Statements of Operations	3
Consolidated Statements of Changes in Net Assets.....	4
Consolidated Statements of Cash Flows.....	5
Notes to Consolidated Financial Statements.....	6-26
Supplemental Schedules	
Report of Independent Auditors on Accompanying Consolidating Information.....	27
Consolidating Balance Sheet	28
Consolidating Statement of Operations	29

Report of Independent Auditors

To the Board of Directors
East Texas Medical Center
Regional Healthcare System and Affiliates:

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, changes in net assets, and cash flows present fairly, in all material respects, the financial position of East Texas Medical Center Regional Healthcare System and Affiliates (collectively the "System") at October 31, 2003 and 2002, and the results of their operations, changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the System's management; our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America, which require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.



February 24, 2004

**East Texas Medical Center
Regional Healthcare System and Affiliates
Consolidated Balance Sheets**

(in thousands)

	October 31,	
	2003	2002
Assets		
Current assets:		
Cash and cash equivalents	\$ 94,907	\$ 61,394
Current portion of assets limited as to use	5,932	5,900
Patient accounts receivable, net of allowance for doubtful accounts of \$68,247 in 2003 and \$43,305 in 2002	85,625	75,865
Inventory	9,935	8,851
Prepaid expenses and other	10,442	11,999
Total current assets	206,841	164,009
Assets limited as to use, net of current portion	38,242	38,678
Special reserve fund	30,351	30,120
Long term investments	3,692	3,208
Property and equipment, net	249,268	237,803
Other assets	10,568	12,506
Total assets	<u>\$ 538,962</u>	<u>\$ 486,324</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 66,656	\$ 56,695
Amount payable under line of credit	20,000	18,000
Current portion of long-term debt	11,163	10,914
Current portion of estimated malpractice costs	4,798	3,410
Estimated third party settlements	6,857	15,891
Deferred revenue	1,567	1,411
Total current liabilities	111,041	106,321
Estimated malpractice costs, net of current portion	8,294	5,470
Long-term debt, net of current portion	253,061	255,389
Other liabilities	264	347
Total liabilities	372,660	367,527
Net Assets:		
Unrestricted	162,498	115,292
Temporarily restricted	780	481
Permanently restricted	3,024	3,024
Total net assets	166,302	118,797
Total liabilities and net assets	<u>\$ 538,962</u>	<u>\$ 486,324</u>

The accompanying notes are an integral part of the consolidated financial statements.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Consolidated Statements of Operations**

<i>(in thousands)</i>	Years Ended October 31,	
	2003	2002
Unrestricted revenue and other support:		
Net patient service revenue	\$ 634,763	\$ 532,866
Other revenue	43,903	39,112
Total revenue and other support	<u>678,666</u>	<u>571,978</u>
Expenses:		
Salaries and wages	238,246	206,432
Employee benefits	62,058	50,826
Professional fees	28,947	28,638
Supplies and other expenses	133,335	113,284
Purchased services	42,288	32,601
Provision for bad debts	81,729	63,219
Depreciation and amortization	28,547	28,917
Interest	16,490	16,792
Total expenses	<u>631,640</u>	<u>540,709</u>
Excess of revenues and other support over expenses	47,026	31,269
Change in net unrealized gains and losses	<u>180</u>	<u>(202)</u>
Change in unrestricted net assets	<u>\$ 47,206</u>	<u>\$ 31,067</u>

The accompanying notes are an integral part of the consolidated financial statements.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Consolidated Statements of Changes in Net Assets**

(in thousands)

	Years Ended October 31,	
	2003	2002
Unrestricted net assets:		
Excess of revenue and other support over expenses	\$ 47,026	\$ 31,269
Change in net unrealized gains (losses) on investments	180	(202)
Other	-	-
Change in unrestricted net assets	<u>47,206</u>	<u>31,067</u>
Temporarily restricted net assets:		
Contributions and income	517	305
Net assets released from restriction	<u>(218)</u>	<u>(216)</u>
Change in temporarily restricted net assets	<u>299</u>	<u>89</u>
Change in net assets	47,505	31,156
Net assets, beginning of year	<u>118,797</u>	<u>87,641</u>
Net assets, end of year	<u>\$ 166,302</u>	<u>\$ 118,797</u>

The accompanying notes are an integral part of the consolidated financial statements.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Consolidated Statements of Cash Flows**

<i>(in thousands)</i>	Years Ended October 31,	
	2003	2002
Cash flows from operating activities:		
Change in net assets	\$ 47,505	\$ 31,156
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	28,547	28,917
Provision for bad debts	81,729	63,219
Net realized and unrealized losses on investments	(180)	186
Loss (gain) on disposal of assets	7	(100)
Restricted contributions and investment income	(517)	(305)
Changes in operating assets and liabilities:		
Patient accounts receivable	(91,489)	(65,810)
Inventory	(1,084)	(319)
Prepaid expenses and other	1,557	(2,940)
Accounts payable and accrued expenses	9,961	11,370
Deferred revenue	156	36
Estimated malpractice costs	4,212	1,995
Estimated third-party settlements	(9,034)	470
Other assets and liabilities	(209)	391
Net cash provided by operating activities	<u>71,161</u>	<u>68,266</u>
Cash flows from investing activities:		
Capital expenditures	(34,434)	(29,093)
Proceeds from sale of fixed assets	1,588	81
Purchases of investments and assets whose use is limited	(5,877)	(20,828)
Proceeds from sale of investments and assets whose use is limited	5,649	11,823
Net cash used in investing activities	<u>(33,074)</u>	<u>(38,017)</u>
Cash flows from financing activities:		
Proceeds from issuance of notes and line of credit	9,259	7,480
Principal payments on notes, bonds payable, line of credit and lease obligations	(14,350)	(10,340)
Restricted contributions and investment income	517	305
Net cash used in financing activities	<u>(4,574)</u>	<u>(2,555)</u>
Net increase in cash and cash equivalents	33,513	27,694
Cash and cash equivalents at beginning of year	61,394	33,700
Cash and cash equivalents at end of year	<u>\$ 94,907</u>	<u>\$ 61,394</u>
Supplemental disclosure of cash flow information:		
Interest paid, net of amounts capitalized	<u>\$ 16,410</u>	<u>\$ 16,871</u>
Assets acquired through obligations under capital leases	<u>\$ 5,012</u>	<u>\$ 3,448</u>

The accompanying notes are an integral part of the consolidated financial statements.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

1. Organization

East Texas Medical Center Regional Healthcare System ("System") is a corporation organized pursuant to the provisions of the Texas Nonprofit Corporation Act, and is exempt from federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The System operates as a central location for top management to support and guide the activities of the System's subsidiaries. The System's subsidiaries are as follows:

- East Texas Medical Center ("ETMC")
- East Texas Medical Center Cancer Institute ("Cancer Institute")
- East Texas Medical Center Rehabilitation Hospital ("Rehab")
- East Texas Medical Center Specialty Hospital ("Specialty")
- East Texas Medical Center Home Services ("Home Services")
- East Texas Medical Center Foundation ("Foundation")
- East Texas Medical Management Services Organization ("MSO")
- East Texas Medical Center Healthcare Associates ("501a")
- East Texas Medical Center Athens ("Athens")
- East Texas Medical Center Pittsburg ("Pittsburg")
- East Texas Medical Center Mount Vernon ("Mount Vernon")
- East Texas Medical Center Crockett ("Crockett")
- East Texas Medical Center Clarksville ("Clarksville")
- East Texas Medical Center Jacksonville ("Jacksonville")
- East Texas Medical Center Trinity ("Trinity")
- East Texas Medical Center Carthage ("Carthage")
- East Texas Medical Center Fairfield ("Fairfield")
- East Texas Medical Center Quitman ("Quitman")
- East Texas Medical Center Gilmer ("Gilmer")
- East Texas Medical Center Regional Health Services, Inc. ("Services") and Subsidiaries:
 - DRL Labs, Ltd. ("DRL")
 - Healthfirst TPA, Inc. ("TPA")
 - Texas Preferred General Agency, Inc. ("MGA")
 - MM Solutions, Inc. ("MM Solutions")
 - Access Direct – A Preferred Provider Network, Inc. ("Access Direct")
 - Centralized Credentialing Services, Inc. ("Centralized Credentialing")
 - Paramedics Plus LLC ("Paramedics Plus")

Each of the above entities is exempt from federal income tax under the provisions of section 501(c)(3) with the exception of Services and its subsidiaries.

The System has locations throughout 19 east Texas counties. The System's purpose is to provide high quality healthcare services to the residents of the region.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

2. Summary of Significant Accounting Policies

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the System and its wholly-owned subsidiaries. All significant intercompany amounts have been eliminated.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Estimates which subject the System to significant changes in the near term include contractual allowances and bad debt, estimated malpractice costs, and estimated third party settlements.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market accounts with original maturities of three months or less when purchased, excluding amounts whose use is limited by board designation or restricted under bond agreements.

Investments

All investments (including investments classified as assets whose use is limited) are presented in the financial statements at their fair value. Fair values are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

Realized and unrealized gains and losses on investments are determined by comparison of the actual cost to the proceeds at the time of disposition, or market values as of the end of the financial statement period.

Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the determination of excess of revenues and other support over expenses unless the income or loss is restricted by donor. Investment income restricted for specified purposes by donor is recorded as temporarily restricted in the consolidated statements of changes in net assets. Unrealized gains and losses on investments are excluded from the determination of the excess of revenue and other support over expenses unless the investments are trading securities. At October 31, 2003 and 2002, the System had no investments classified as trading securities.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Management believes the amounts recorded are adequate to provide for any final adjustments.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

The System participates in the Medicare and Medicaid programs. Laws and regulations governing these programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near future. The System's management believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Inventory

Inventory is valued at the lower of cost or market on a first-in, first-out basis.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Maintenance and repairs are charged to operations as incurred; major renewals and betterments are capitalized. Upon sale or retirement of property and equipment, the cost and related accumulated depreciation are eliminated from the respective accounts and the gain or loss is included in the statement of operations.

Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed on the straight-line method. Equipment under capital leases is amortized over the lease term or the estimated useful life of the equipment, whichever is shorter. Charges for depreciation and amortization are included in the accompanying consolidated statements of operations. The estimated useful lives of the property and equipment held by the System ranges from 5 to 40 years.

During periods of construction, the System capitalizes interest costs net of the related interest earnings on certain assets constructed with the proceeds of the System's borrowings. The capitalized interest is recorded as part of the asset to which it relates and is depreciated over the asset's estimated useful life.

Impairment of Long-lived Assets

Whenever events or changes in circumstances indicate that the carrying amount of property and equipment, intangibles related to specifically acquired assets or other long-lived assets may not be recoverable, an evaluation of the recoverability of currently recorded costs is performed. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured as the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

Intangible Assets

Intangible assets consist of goodwill related to the purchase of the stock or net assets of various entities. Intangible assets are recorded at fair value and amortized over a period not to exceed 40 years. These assets are included in other assets in the consolidated balance sheets.

Effective November 1, 2002, Services adopted the provisions of Statement of Financial Accounting Standards No. 142, *Goodwill and Other Intangible Assets* ("SFAS 142"). This standard ceased the amortization of goodwill, but requires impairment tests on at least an annual basis. As a result of adopting the standard, Services discontinued the amortization of goodwill effective November 1, 2002.

Services purchased the stock of Acordia Benefits of Texas, Inc. ("Acordia"), a third party administration company in 1996. The excess cost over the underlying net assets of Acordia was \$5,123,000 and was being amortized over fifteen years using the straight-line method. Acordia is consolidated as a subsidiary of Services under the name Healthfirst TPA, Inc. Accumulated amortization at October 31, 2002 was \$3,799,000. During the year ended October 31, 2003, the Services recorded an impairment charge of approximately \$1,324,000 to fully write-off the remaining goodwill related to Healthfirst TPA, Inc. This amount is included in depreciation and amortization for the year ended October 31, 2003.

Unrestricted Net Assets

Contributions and gifts which are received with no restrictions or specified uses identified by the grantors or donors are included as unrestricted revenue in the statement of operations of the System when received. Certain unrestricted net assets have been earmarked by the board of directors for future capital expansion and other long-term purposes.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific period or purpose. Temporarily restricted net assets are available for various healthcare activities and were approximately \$780,000 and \$481,000 at October 31, 2003 and 2002, respectively.

Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity. Permanently restricted net assets are held for the following purposes at October 31, 2003 and 2002:

(in thousands)

	<u>2003</u>	<u>2002</u>
Mobile Mammography	\$ 1,596	\$ 1,596
Nursing Education	1,230	1,230
Johnnie D. Ragland-Brian Memorial	198	198
	<u>\$ 3,024</u>	<u>\$ 3,024</u>

Excess of Revenue and Other Support over Expenses

The statement of operations includes excess of revenue and other support over expenses. Changes in unrestricted net assets which are excluded from excess of revenue and other support over

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Deferred Financing Costs

Financing costs associated with the issuance of the Hospital Revenue Bonds, Series 1997, have been capitalized and are being amortized over the period during which the debt is outstanding using the interest method. Deferred financing costs are included in other assets in the consolidated balance sheets.

Recognition of Professional Liability Expense

As described in Note 9, the System has established a self-insurance trust for payment of professional liability losses and related costs. Professional liability expense is recognized based on an estimated accrual for known incidents and claims and an estimated accrual for incurred but not reported incidents.

Related Party Transactions

The System maintains cash deposits and has debt outstanding with a financial institution in which an officer of the bank is a director of the System.

Reclassifications

The accompanying consolidated financial statements for the year ended October 31, 2002 reflect reclassifications to conform with classifications adopted in 2003. The reclassifications had no effect on excess of revenues and other support over expenses, change in unrestricted net assets or net assets.

3. Charity Care

The System maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services under its charity care policy. The System believes its hospitals are in compliance with state charity care requirements. The following information measures the level of charity care provided during the years ended October 31, 2003 and 2002:

(in thousands)

	<u>2003</u>	<u>2002</u>
Charges forgone, based on established rates	\$ 90,890	\$ 72,779

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

4. Net Patient Service Revenue

Net patient service revenue is comprised of the following:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Gross patient service charges	\$ 1,533,722	\$ 1,259,877
Deductions from revenue		
Contractual allowances:		
Governmental programs	698,757	578,627
Other	200,202	148,384
	<u>\$ 634,763</u>	<u>\$ 532,866</u>

The System has agreements with third-party payors that provide for payments at amounts different from its established rates. The amounts by which the established rates exceed the amounts recoverable from these payors are accounted for as deductions from revenue. A summary of the System's payment arrangements with major third-party payors follows:

- Medicare - Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge ("PPS"). These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services, and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. Outpatient services are reimbursed under a prospective payment methodology based on a system of ambulatory payment classifications ("APC"). The System is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare fiscal intermediary. Any differences between final audited settlements and amounts accrued at the end of the prior reporting period are included currently in the statement of operations. Net patient service revenue for the year ended October 31, 2003 was increased by approximately \$13,500,000 related to changes in amounts previously estimated as a result of final settlements and revisions to cost reports estimates. Medicare cost reports have been audited by the fiscal intermediary through October 31, 1996 for Jacksonville and Quitman; through October 31, 1998 for Clarksville and Pittsburgh; through October 31, 1999 for Crockett, Rehab, Specialty and ETMC; and through October 31, 2000 for Athens, Carthage, Fairfield, Mount Vernon and Trinity. For the years ended October 31, 2003 and 2002, approximately 48% and 43%, respectively, of total net patient service revenue resulted from the Medicare program.
- Medicaid - Inpatient acute care services are reimbursed under the Medicaid PPS system and outpatient services are reimbursed under a cost reimbursement methodology. The System's outpatient services are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicaid fiscal intermediary. Any differences between final audited settlements and amounts accrued at the end of the prior reporting period are included currently in the statement of operations. Medicaid cost reports have been audited by the fiscal intermediary through October 31, 1996 for Quitman, Trinity, ETMC, Carthage and Fairfield; through October 31, 1998 for

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

Clarksville, Crockett, Mount Vernon and Pittsburgh; and through October 31, 2000 for Athens. For the years ended October 31, 2003, and 2002, approximately 3% and 4%, respectively, of total net patient service revenue resulted from the Medicaid program.

Other: The System has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. For the years ended October 31, 2003 and 2002, approximately 36% and 41%, respectively, of net patient service revenue resulted from commercial, insurance carriers and preferred provider organizations.

5. Investments

Assets Limited as to Use

Under Indenture Agreements

Assets limited as to use under indenture agreements are trust funds set up under the terms of bond indentures. The System is required to maintain a debt service reserve fund at a minimum amount specified in the indenture agreement. Included in the debt service reserve fund is an option to put certain investments to an investment banking organization at a fixed amount or portion of the fixed amount at any time such funds would be required to be drawn upon under the indenture agreement. The purpose of such agreement is to limit the System's risk of market declines in the investment held such that the debt service reserve fund value cannot decline below the required minimum. The System reports the put option and the related investment securities at fair value.

Self-insurance

Health-plan

Assets limited by board designation – health plan self-insurance represent funds designated by the Board to pay current and future claims incurred by employees of the System under its self-insured health benefits plan.

Professional

Certain investments have been designated by the board of trustees for funding of the System's self-insured portion of professional and patient care liability claims.

Workers Compensation

Certain investments have been designated by the board of trustees for funding of the System's self-insured portion of workers compensation liability claims.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

The fair value and composition of assets limited as to use at October 31, 2003 and 2002 is set forth below:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Assets limited as to use		
Internally designated for capital acquisition:		
Cash	\$ -	\$ 1,531
	<u>-</u>	<u>1,531</u>
Held by trustees under indenture agreements:		
Cash and mutual funds	17,259	20,580
Other governmental and municipal obligations	12,688	12,629
	<u>29,947</u>	<u>33,209</u>
Held by trustees for self-insurance:		
Cash and mutual funds	3,395	1,566
U.S. Treasury obligations	1,643	-
Other governmental and municipal obligations	4,076	3,282
Corporate bonds and notes	5,113	4,890
	<u>14,227</u>	<u>9,738</u>
Maintained under statutory requirements:		
Cash and mutual funds	-	100
	<u>-</u>	<u>100</u>
Total assets limited as to use	44,174	44,578
Less assets limited as to use, required for current liabilities	5,932	5,900
Assets limited as to use, net of current portion	<u>\$ 38,242</u>	<u>\$ 38,678</u>

Special Reserve Fund

The Special Reserve Fund is a cash account that was created by the System and established with the Bond Master Trustee. Annual transfers from operating cash are made into this account until the System accumulates total cash equivalent to 91 days of operating expenses as required by the bond indenture. As discussed in note 11, management is in the process of formalizing a settlement with the bond insurer to eliminate the 91 days of operating expenses cash requirements of the bond indenture. However, the System will be required to maintain cash balances in the Special Reserve Fund of the lesser of \$50 million or 50% of the outstanding principal balance of the Series 1997 bonds as terms of the proposed settlement.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

The fair values of the special reserve fund at October 31, 2003 and 2002 are as follows:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Special reserve fund:		
Held by trustee under indenture agreement:		
Cash	\$ 30,351	\$ 30,120

Investments

The fair values of investments at October 31, 2003 and 2002 are summarized as follows:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Investments:		
Short-term investments	\$ 944	\$ 789
Marketable debt securities	1,552	1,702
Marketable equity securities	1,196	717
Total investments	<u>\$ 3,692</u>	<u>\$ 3,208</u>

Investment income and realized gains on the sale of securities from all investments, including assets limited as to use, are included in other revenue and are comprised of the following for the years ended October 31, 2003 and 2002:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Income:		
Interest income	\$ 1,790	\$ 1,954
Net realized gains on the sale of securities	6	4
Investment income	<u>\$ 1,796</u>	<u>\$ 1,958</u>

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the balance sheet and statement of activities.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

6. Property and Equipment

Property and equipment at October 31, 2003 and 2002 are summarized as follows:
(in thousands)

	<u>2003</u>	<u>2002</u>
Land and land improvements	\$ 24,180	\$ 23,053
Buildings	245,565	227,086
Leasehold improvements	7,010	6,829
Major moveable equipment	197,722	186,310
Equipment under capital leases	19,619	14,607
Automobiles and trucks	1,571	1,177
	<u>495,667</u>	<u>459,062</u>
Less accumulated depreciation and amortization	268,391	242,699
	<u>227,276</u>	<u>216,363</u>
Equipment deposits and construction in progress	21,992	21,440
Property, plant and equipment, net	<u>\$ 249,268</u>	<u>\$ 237,803</u>

Interest costs capitalized, net of the related interest earnings, were approximately \$376,000 and \$312,000 for the years ended October 31, 2003 and 2002, respectively.

Depreciation expense for the years ended October 31, 2003 and 2002 was approximately \$26,485,000 and \$25,604,000. Accumulated amortization for facilities and equipment under capital lease obligations was \$6,835,000 and \$6,251,000 at October 31, 2003 and 2002, respectively.

7. Fair Value of Financial Instruments

The carrying amounts reported in the balance sheet at October 31, 2003 and 2002 for cash and cash equivalents, assets limited as to use, patient accounts receivable, prepaid expenses and other, the Special Reserve Fund, long-term investments, accounts payable, accrued expenses, amounts payable under line of credit and estimated third party settlements approximate their fair value.

The fair value of the System's long-term debt at October 31, 2003 and 2002 is as follows:

	<u>2003</u>		<u>2002</u>	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Long-term debt	264,224	256,601	266,303	255,751

The fair value of the System's line of credit and long-term debt is estimated using discounted cash flow analyses, based on the current incremental borrowing rates for similar types of borrowing arrangements.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

8. Other Assets

Other assets at October 31, 2003 and 2002 are as follows:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Deferred financing costs, net of accumulated amortization of \$1,913 and \$1,614 in 2003 and 2002, respectively	\$ 7,153	\$ 7,451
Cost in excess of net assets acquired, net of accumulated amortization of \$11,400 in 2003 and \$12,050 in 2002	267	5,868
Other assets	<u>3,148</u>	<u>3,023</u>
	<u>\$ 10,568</u>	<u>\$ 16,342</u>

9. Self-Insurance

The System is self-insured with respect to medical malpractice and general liability risk for claims. Losses from asserted and unasserted claims identified under the System's incident reporting system are accrued based on estimates that incorporate the System's past experience, as well as other considerations including the nature of each claim or incident and relevant trend factors.

In June 2003, the System ceased purchasing excess loss for medical malpractice risks. Prior to this time, the System was self-insured for medical malpractice insurance losses up to \$2,000,000 per case and \$9,000,000 in the aggregate.

Accrued malpractice losses have been discounted at 3% and 5% for the years ended October 31, 2003 and 2002, respectively. The amount of the discount was approximately \$1,414,000 and \$1,040,000, for the years ended October 31, 2003 and 2002, respectively. An actuarially determined accrual for possible losses attributable to incidents that may have occurred but that have not been identified under the incident reporting system has been made. The ultimate cost to settle all the asserted and unasserted claims against the system may vary, perhaps substantially, from the amounts recorded.

The System has established a revocable trust fund for the payment of medical malpractice claim settlements. Professional insurance consultants have been retained to assist the System with determining amounts to be deposited in the trust fund. An actuarially determined accrual for possible losses attributable to incidents that may have occurred but have not been identified under the incident reporting system has been made.

The System participates in a self-insurance program for the purpose of providing injury and lost-wage benefits to employees. The System administers the employee injury benefits plan and pays all claims out of operations. The System accrues an estimated liability for possible losses for claims incurred but not reported.

The System also participates in a self-insurance program for the purpose of providing group medical insurance to employees and their dependents. The TPA administers the plan and the

East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002

amounts funded have been placed in a self-insurance fund. The System accrues an estimated liability for possible losses for claims incurred but not reported.

10. Benefit Plans

Pension Plans

The System has four noncontributory defined benefit pension plans covering substantially all System employees who have completed one year of service, attained the age of 21, and are employed on November 1. The plans' benefit formulas generally base payments to retired employees upon their length of service and a percentage of qualifying compensation during the final years of employment. The System's funding policy is to make annual contributions to satisfy the Internal Revenue Service's funding standards. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future.

The combined employee pension plans' obligations, plan assets and funded status as determined by the actuarial valuation at October 31, 2003 and 2002, are presented in the following table:

(in thousands)

	Pension Benefits	
	2003	2002
Change in benefit obligations		
Benefit obligations at beginning of year	\$ 83,722	\$ 74,290
Installation of pension restoration plan	1,704	-
Service cost	8,604	7,283
Interest cost	6,013	5,301
Amendments	-	288
Actuarial gain	8,480	426
Benefits paid	(3,712)	(3,858)
Settlements	-	(8)
Benefit obligations at end of year	<u>104,811</u>	<u>83,722</u>
Change in plan assets		
Fair value of plan assets at beginning of year	44,551	47,260
Actual return (loss) on plan assets	8,715	(4,723)
Administrative expenses	-	(11)
Employer contributions	12,050	5,896
Benefits paid	(3,713)	(3,858)
Settlements	-	(13)
Fair value of plan assets at end of year	<u>61,603</u>	<u>44,551</u>
Funded status	(43,208)	(39,171)
Unrecognized net actuarial loss	28,043	27,669
Unrecognized prior service cost (benefit)	5,417	4,095
Accrued benefit cost	<u>\$ (9,748)</u>	<u>\$ (7,407)</u>

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

Weighted-average assumptions as of October 31:

	<u>2003</u>	<u>2002</u>
Discount rates	6.50%	7.00%
Rates of increase in compensation levels	4.10%	4.60%
Expected long-term rate of return on assets	8.50%	8.50%

Employee pension plan assets are invested in U.S. government bonds, federal agency, corporate obligations and corporate equities.

Employee Defined Contribution Plans

The System has ten defined contribution retirement plans for employees with one or more years of service. Employee contributions are allowed based on a percentage of the employee's salary as defined by the plan document. Participants are fully vested in their voluntary contributions plus actual earnings thereon. Employee contributions are invested in various funds held for qualified participants. The System matches from 50% to 200% of the employees' contributions up to 5% of the employees' compensation as defined by the plan documents. Participants are fully vested in matching contributions after three years. For the years ended October 31, 2003 and 2002, the System contributed approximately \$735,000 and \$531,000, respectively to the plans.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

11. Notes, Bonds Payable and Obligations under Capital Leases

Long-term obligations of the System consist of the following at October 31, 2003 and 2002:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Series 1997 bonds payable, collateralized by pledged revenues	\$ 178,655	\$ 180,355
Series 1993 A/B bonds payable, collateralized by pledged revenues	43,765	44,565
Revenue bonds, due each July through 2004, collateralized by Pittsburg's revenues	105	210
Notes payable with interest rates ranging from 4% to 12%, maturing November 2002 through August 2008, collateralized by equipment, buildings and land	6,634	5,129
Note payable, due September 2019, payable monthly plus interest at 8.75%, collateralized by buildings and land	2,460	2,528
Note payable, due May 2004, payable monthly plus interest at 8.25%, collateralized by buildings and land	3,618	3,666
Note payable, due September 2004, payable monthly plus interest at 9%, collateralized by equipment	655	1,369
Note payable, due March 2018, payable monthly plus interest at 6%, collateralized by buildings and land	3,805	2,806
Obligations under capital leases	<u>24,527</u>	<u>25,675</u>
Total notes, bonds payable and obligations under capital leases	264,224	266,303
Less current portion	<u>11,163</u>	<u>10,914</u>
Total notes, bonds payable and obligations under capital leases, net of current portion	<u>\$ 253,061</u>	<u>\$ 255,389</u>

Series 1997 A, B, C, D, and E Bonds

The \$186,805,000 principal amount of Series 1997 A, B, C, D, and E Bonds ("Series 1997 Bonds") were issued for the purpose of providing funds to a) advance refund the Series 1990 Henderson County Hospital Authority Revenue Bonds outstanding in the aggregate principal amount of \$25,580,000, b) make provision for the redemption of the System's Series 1993 C Bonds outstanding in the aggregate principal amount of \$47,300,000, c) make provision for the redemption of the System's Series 1993 D Bonds outstanding in the aggregate principal amount of \$11,800,000, d) make provision for the redemption of the System's Series 1994 Bonds outstanding in the aggregate principal amount of \$9,145,000, e) finance the acquisition, construction, and improvement of facilities and equipment to be used by the System, and f) pay certain costs of issuance of the Bonds. The Series 1997 Bonds become due beginning November 1, 2017, continuing through November 1, 2027. The interest rate on the 1997 Series A, B and C Bonds ranges from 5.50% to 5.60%. On February 3, 1999, the System completed a remarketing memorandum. As a result, on February 16, 1999, \$61,450,000 of variable rate Series 1997 D

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

Bonds and on February 17, 1999, \$12,650,000 of variable rate Series 1997 E Bonds were remarketed as fixed rate bonds. As of these dates, the Bonds carried fixed rates of interest of 5.375% and 7.830%, respectively, until maturity.

The Series 1990 Bonds are considered legally defeased as a result of the advance refunding. The System is not primarily liable for these obligations. The System has guaranteed the payment of any shortfall in the escrow related to the remaining Series 1990 Bonds; however, management does not anticipate making significant payments under this guarantee. At October 31, 2003, there was \$19,190,000 of defeased Series 1990 Bonds that remained outstanding.

Series 1993 A/B Bonds

The \$49,865,000 principal amount of Series 1993 A/B Bonds was issued to refinance the Series 1988A and Series 1989 Bond Issues. Interest rates range from 6.625% to 6.750% with the average rate approximately 6.712%. As a result of the advance refunding, the Series 1988A Bonds are considered legally defeased and the System is not primarily liable for these obligations. The System has guaranteed the payment of any shortfall in the escrow related to the remaining Series 1988A Bonds; however, management does not anticipate making significant payments under this guarantee. At October 31, 2003, unpaid principal related to the Series 1988A Bonds was \$9,525,000.

Debt Covenants

The most restrictive debt covenants are under the provisions of the Series 1997 Bond agreement. The System is required to maintain a debt service coverage ratio above a required minimum, and may incur new debt only in accordance with the terms and conditions contained in the covenants.

Originally, the Series 1997 Bond covenants contained an additional requirement to maintain a minimum level of liquidity, as measured at each fiscal year-end. This minimum level of liquidity was expressed as a days cash on hand requirement. If the System did not have the required days cash on hand at fiscal year-end, it was required to deposit cash into a Special Reserve Fund by the following February 28. The required deposit was equal to 50% of the sum of excess or deficiency of revenues over expenses, plus interest on long-term debt, plus depreciation and amortization, less interest and principal payments on long-term debt, as defined, for the fiscal year then ended. The System made deposits into the Special Reserve Fund pursuant to this covenant in prior years, with the last such deposit being made in February, 2002 for the year ending October 31, 2001.

At October 31, 2002, the System determined it met the days cash on hand requirement and did not make a deposit into the Special Reserve Fund for the year ending October 31, 2002. Financial Security Assurance, Inc. ("FSA") the insurer of the majority of the Series 1997 Bonds, has the authority under the Bond agreement to make a notice of breach of covenants. FSA informed the System it disagreed with the System's interpretation of certain definitions in the Bond agreement relative to determining days cash on hand and would give a formal breach of covenant notice if the System did not make a deposit into the Special Reserve Fund by February 28, 2003. In response, the System filed suit for declaratory judgment in Texas District Court in February 2003 which was subsequently removed to United States District Court.

In November 2003 the System and FSA agreed to a settlement of the lawsuit. Under the terms of the settlement, the Series 1997 Bond agreement was amended to eliminate the days cash on hand covenant requirement, and establish a new funding requirement for the Special Reserve Fund.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

Subsequent to the settlement, the balance of the Special Reserve Fund will be maintained at the lesser of \$50 million or 50% of the outstanding principal balance of the Series 1997B-E bonds. Additional terms of the settlement included elimination of certain restrictions on the ability to incur additional debt and providing a mortgage to FSA on all unencumbered real estate and equipment owned by the System. The terms of the settlement are being formalized into documents by FSA and the System. The System anticipates executing the documents in March, 2004, at which time the System will make a deposit of \$19.6 million into the Special Reserve Fund to meet the \$50 million minimum funding requirement.

The Series 1997 bonds are fixed rate serial bonds maturing through 2027, bearing interest at rates ranging from 5.375% to 7.83% and are redeemable as follows:

<u>Redemption Dates (Dates Inclusive)</u>	<u>Redemption Prices</u>
February 16, 2009 through February 16, 2010	102%
February 17, 2010 through February 16, 2011	101%
February 17, 2011 and thereafter	100%

The Series 1993 A/B bonds are fixed rate serial bonds maturing through 2025, bearing interest at rates ranging from 6.625% to 6.75% and are redeemable as follows:

<u>Redemption Dates (Dates Inclusive)</u>	<u>Redemption Prices</u>
November 1, 2003, through October 31, 2004	102%
November 1, 2004, through October 31, 2005	101%
November 1, 2005, and thereafter	100%

Long-Term Obligations Scheduled Repayments

Annual maturities of long-term debt subsequent to October 31, 2003 are as follows:

<u>Year Ending October 31,</u>	
2004	\$ 11,163
2005	12,333
2006	9,443
2007	8,988
2008	8,476
Thereafter	213,821
Total	<u>\$ 264,224</u>

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

12. Amount Payable under Line of Credit

On October 9, 2000, the System entered into a one-year \$25,000,000 revolving Credit Agreement ("Agreement") with General Electric Capital Corporation ("GE Capital"). The purpose of this Agreement was to provide funds to pay-off another credit agreement note payable and to provide additional funds for working capital. On February 1, 2003, the System renewed the Agreement for a period of one year. During fiscal year 2003, the System made \$3,000,000 in principal payments and entered into \$5,000,000 in new borrowings. At October 31, 2003, \$20,000,000 of the available credit was outstanding and payable to GE Capital under terms of the Agreement. A commitment fee is due at each interest payment date for non-use of available funds in the amount of .50% per annum multiplied by the unused amount, as defined in the Agreement. The line of credit bears an interest rate based on LIBOR. Interest is due at the end of each LIBOR maturity period, as defined in the Agreement. The interest rate at October 31, 2003 was 4.14%. This obligation is collateralized by certain patient accounts receivable of ETMC and requires the System to meet specific covenants contained in the agreement. Significant covenant requirements include provisions for minimum earning levels, debt service coverage ratios, permitted additional borrowings, and other financial ratios. At October 31, 2003, the System was in compliance with all covenant requirements. On February 1, 2004, the System renewed the Agreement for a period of one year.

13. Lease Commitments

The System leases helicopters, ambulances, radio communication systems and other equipment under operating leases expiring in various years.

Minimum rental commitments under operating leases having initial or remaining noncancelable terms of more than one year at October 31, 2003 are as follows:

<i>(in thousands)</i>	Operating Leases
2004	\$ 17,228
2005	15,209
2006	13,292
2007	11,152
2008	6,214
Thereafter	502
Total future minimum lease payments	<u>\$ 63,597</u>

Total rental expense for the years ended October 31, 2003 and 2002, was approximately \$17,241,000 and \$11,348,000, respectively, and is included in purchased services in the consolidated financial statements.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

14. Income Taxes

The System has income from certain affiliated organizations and operations which are taxable for federal income tax purposes. These subsidiaries follow Statement of Financial Accounting Standards ("SFAS") No. 109, *Accounting for Income Taxes*, which requires an asset and liability approach for financial accounting and reporting of income taxes. As a result of financial losses from these operations, no provision for federal income taxes has been recorded. At October 31, 2003 and 2002, the System had net operating loss carryforwards of approximately \$14,028,000 and \$16,822,000, respectively, to reduce future federal income tax liabilities, which will expire from 2012 to 2021. The net operating loss carryforwards expire as follows: 2012 — \$7,874,000 and 2018 to 2021 — \$6,154,000. Due to uncertainty regarding the realizability of the carryforwards no income tax or benefit receivable has been recorded. There are no other significant differences between the financial reporting and tax basis of assets and liabilities of the taxable affiliated organizations.

15. Hospital Operating Agreements

The System leases the land and buildings operated by certain of its affiliated entities. Substantially all leased premises and improvements revert back to the lessors upon expiration of the leases. The net book value of the leased premises and improvements totaled \$31,009,000 and \$58,699,000 at October 31, 2003 and 2002, respectively.

Capital Lease Agreements

East Texas Medical Center Athens

On January 1, 1983, Athens leased all land, buildings, improvements and equipment from the Henderson County Hospital Authority ("HCHA"), who had leased it from Henderson County, Texas. The lease term is for thirty years expiring December 31, 2012, with a provision for automatic extension until all bonds mature.

East Texas Medical Center Pittsburg

On December 1, 1983, Pittsburg leased all land, buildings, improvements, and equipment from the Camp County, City of Pittsburg, Texas, Hospital Board for an initial term of ten years which expired November 30, 1993. The lease includes a provision for two additional ten-year extensions that are automatic, giving a total lease term of thirty years expiring November 30, 2013.

East Texas Medical Center Mount Vernon

On November 1, 1988, Mount Vernon leased all land, buildings, improvements, and equipment from Franklin County, Texas, for an initial term of three years, which expired October 31, 1991. A new lease was entered into on November 1, 1992, which was then replaced with a new lease entered into on May 1, 2002. The new lease has a five-year, six-month term expiring on October 31, 2007. The lease includes a provision for five-year extensions that are automatic unless 90 days written notice is given by Mount Vernon.

Under the terms of the lease agreement dated May 1, 2002, Franklin County has agreed to subsidize Mount Vernon in all its efforts and work under the lease agreement and for maintaining the emergency room in the Hospital. The County's subsidy approximates \$150,000 per year.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

East Texas Medical Center Crockett

On July 1, 1995, Crockett leased all land, buildings, improvements, and equipment from Houston County Hospital District for an initial term of 20 years expiring June 30, 2015. The lease includes a provision for four additional five-year extensions, that are automatic unless 180 days written notice is given by either party.

East Texas Medical Center Clarksville

On April 1, 1996, Clarksville leased substantially all land, buildings and equipment from the Red River General Hospital Authority for an initial term of ten years, expiring March 31, 2006. The lease includes a provision for five-year extensions that are automatic unless 90 days written notice is given by Clarksville. Such lease requires the performance of certain covenants including but not limited to the requirement of Clarksville to spend an average of \$350,000 per year, effective April 1, 1998, to make upgrades and improvements to the hospital. Management believes all requirements have been met as of October 31, 2003.

East Texas Medical Center Jacksonville

On August 1, 1997, Jacksonville leased substantially all land, buildings and equipment from the Nan Travis Memorial Hospital for an initial term of twenty years, expiring July 31, 2017. The lease includes a provision for eight additional ten-year extensions that are automatic unless 180 days written notice is given by Jacksonville. Such lease committed Jacksonville to spend \$22,000,000 for equipment and capital improvements at the Jacksonville facility. Upon completion of these requirements, Jacksonville had the option to act upon a merger clause in this agreement between years five and seven of the initial term. Jacksonville exercised the option to merge clause and as a result, on November 1, 2002, Nan Travis merged with and into System.

East Texas Medical Center Fairfield

On April 1, 1998, Fairfield leased substantially all land, buildings and equipment from Fairfield Hospital District for an initial term of ten years, expiring March 31, 2008. The lease includes a provision for four additional ten-year extensions that are automatic unless 365 days written notice is given by Fairfield.

East Texas Medical Center Quitman

On June 1, 1998, Quitman leased substantially all land, buildings and equipment from Wood County Central Hospital District for an initial term of ten years, expiring May 31, 2008. The lease includes a provision for four additional ten-year extensions that are automatic unless 180 days written notice is given by Quitman.

Lease obligations related to these capital leases are included in obligations under capital leases disclosed in footnote 11.

Operating Lease Agreements

East Texas Medical Center Trinity

On August 1, 1997, Trinity leased substantially all land, buildings and equipment from the Trinity Memorial Hospital District for an initial term of ten years, expiring July 31, 2007. The lease includes provision for four additional ten-year extensions that are automatic unless 180 days written notice is given by Trinity.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

East Texas Medical Center Carthage

On December 1, 1997, Carthage leased substantially all land, buildings and equipment from Panola County, Texas, for an initial term of ten years, expiring November 30, 2007. The lease includes provision for two additional ten-year extensions that are automatic unless 365 days written notice is given by Carthage. Such lease requires the performance of certain covenants including but not limited to new purchases and upgrades at the hospital in the amount of approximately \$250,000 per year. During fiscal year 2003, new purchases and upgrades were approximately \$732,000.

Lease obligations related to these operating leases are included in minimum rental commitments disclosed in footnote 13.

18. Commitments and Contingencies

Litigation

Malpractice claims have been asserted against the System by various claimants. The claims are in various stages and some may ultimately be brought to trial. The System, with the assistance of its professional insurance consultants, has considered these claims in arriving at the accrual for self-insured malpractice and general liability claims asserted and incurred but not reported. This estimated liability is subject to change in future years as additional information becomes available prior to ultimate settlement.

The System is a defendant in an action brought in federal district court in Houston by a private individual who seeks to recover amounts alleged to have been improperly collected by an affiliate of the System from the United States. The amounts in dispute in the litigation are substantial; however the United States Department of Justice declined to intervene in the suit as a plaintiff, and management of the System believes that the allegations forming the basis of the suit are substantially similar to the allegations contained in a state court suit brought by the same individual which resulted in a summary judgment in favor of the System. The state court suit as it pertains to the System is final and is being used as a defense in the action in federal district court. The System has now received a dismissal in the federal action. This judgment was signed on the 15th day of May 2002. Thereafter, the plaintiff filed its notice of appeal and is appealing the decision to the 5th Circuit. During the appeal process, the United States has filed an amicus brief on certain points of the appeal. The oral argument is currently set for the week of April 5, 2004.

The System is also a defendant in various other legal proceedings arising in the ordinary course of business. Although the results of litigation cannot be predicted with certainty, management believes that the outcome of the pending other litigation will not have a material adverse effect on the System's consolidated financial statements.

Credit Risks

Financial instruments that potentially subject the System to concentration of credit risk consist of cash and cash equivalents and patient accounts receivable. Cash and cash equivalents used in operations consist primarily of cash in financial institution checking accounts and cash held by trustees under self insurance funding arrangements and indenture agreements. U.S. Treasury obligations and investments in money market mutual funds are also held by trustees under self insurance funding arrangements and indenture agreements.

**East Texas Medical Center
Regional Healthcare System and Affiliates
Notes to Financial Statements
October 31, 2003 And 2002**

At October 31, 2003 and 2002, the System had deposits in a major financial institution that exceeded Federal Deposit Insurance Corporation insurance limits. Management believes that credit risk related to these deposits is minimal.

The System is located in Tyler, Texas, and operates in the surrounding east Texas area. The System grants credits without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The composition of patient accounts receivable at October 31, 2003 and 2002 is as follows:

	<u>2003</u>	<u>2002</u>
Medicare	32%	34%
Medicaid	7%	10%
Blue Cross	6%	5%
Other third-party payors	28%	27%
Self-pay	27%	24%
	<u>100%</u>	<u>100%</u>

19. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

<i>(in thousands)</i>	<u>2003</u>	<u>2002</u>
Healthcare services	\$ 566,707	\$ 487,720
General and administrative	64,933	52,989
	<u>\$ 631,640</u>	<u>\$ 540,709</u>

**Report of Independent Auditors
On Accompanying Consolidating Information**

To the Board of Directors
East Texas Medical Center
Regional Healthcare System and Affiliates:

The report on our audit of the consolidated financial statements of East Texas Medical Center Regional Healthcare System and Affiliates as of October 31, 2003, and for the year then ended appears on page 1 of this document. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies. Accordingly, we do not express an opinion on the financial position and results of operations of the individual companies. However, the consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

PricewaterhouseCoopers LLP

February 24, 2004

East Texas Medical Center
Regional Healthcare System and Affiliates
Consolidating Balance Sheet
October 31, 2003

(In thousands)

	System	ETMC	Athens	Carthage	Clackville	Crackers	Fairfield	Gilmer	Jacksonville	Mt Vernon	Pittsburg	Quitman	Rusk	Center	Spearsburg	Trinity	Wesley	MSO	MOA	Foundation	Swinecreek	Swinecreek	Releases	Eliminations	System
Balance Sheet																									
Cash and cash equivalents	\$ (170)	\$ 65,197	\$ 8,943	\$ 769	\$ 342	\$ 593	\$ 803	\$ -	\$ 894	\$ 92	\$ 103	\$ 44	\$ -	\$ 6,461	\$ 4,308	\$ 137	\$ 1,599	\$ (60)	\$ (35)	\$ 2,408	\$ 759	\$ 2,708	\$ -	\$ -	\$ 94,907
Assets whose use is not current	5,932	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,932
Net Patient A/R	-	45,040	6,465	2,714	1,546	2,589	480	273	3,835	434	1,776	1,585	162	2,392	1,782	778	1,207	9	6,609	-	943	5,619	-	(804)	85,625
Estimated third party settlements	-	-	(978)	(115)	83	53	(1,099)	-	143	-	126	343	-	-	-	19	-	-	-	-	-	31	-	1,354	0
Inventory	-	5,639	1,303	439	250	643	142	-	316	177	438	204	-	77	98	145	27	-	-	-	-	38	-	-	9,935
Prepaid expenses & other	944	2,979	468	520	117	237	91	-	958	405	71	899	-	122	12	38	54	7	5,195	3	13	1,866	-	(4,557)	10,442
Total current assets	6,706	118,855	15,301	4,327	2,338	4,106	617	273	6,056	1,108	2,514	3,074	162	9,052	6,200	1,117	2,887	(44)	11,771	2,411	1,746	10,231	1,394	(5,361)	206,841
Assets whose use is not current	35,114	-	-	-	-	-	-	-	-	-	123	-	-	-	-	-	-	-	-	-	-	3,003	-	-	38,242
Special reserve fund	30,351	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,351
Long term investment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,692
Property, plant & equipment	158,477	25,976	11,191	1,969	1,826	7,072	2,536	-	27,132	1,189	2,705	2,106	-	1,711	305	415	859	1,832	-	-	216	1,551	-	-	249,268
Other assets	62,506	103,739	989	279	1	811	283	-	133	778	2,113	381	-	169	-	-	5,086	29,107	-	-	37	399	(2,152)	(193,891)	10,568
Total assets	\$ 292,936	\$ 248,570	\$ 27,481	\$ 6,575	\$ 4,165	\$ 11,989	\$ 3,436	\$ 271	\$ 33,321	\$ 3,075	\$ 7,455	\$ 5,561	\$ 162	\$ 10,932	\$ 6,705	\$ 1,532	\$ 8,832	\$ 30,895	\$ 11,771	\$ 6,103	\$ 1,999	\$ 15,184	\$ (758)	\$ (199,252)	\$ 538,962
Accounts payable and accrued expenses	\$ 18,552	\$ 31,088	\$ 5,997	\$ 1,149	\$ 765	\$ 1,892	\$ 288	\$ -	\$ 2,230	\$ 752	\$ 2,043	\$ 655	\$ -	\$ 1,141	\$ 691	\$ 769	\$ 287	\$ 339	\$ 2,218	\$ 1	\$ 251	\$ 3,131	\$ (2,153)	\$ (6,363)	\$ 66,656
Amount payable under line of credit	-	20,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,000
Current portion of long term debt	7,265	884	980	213	-	307	562	-	235	116	311	176	-	-	31	32	25	-	-	-	-	26	-	-	11,163
Current portion of malpractice cost	4,798	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,798
Estimated third party settlements	-	3,010	-	-	-	-	-	-	-	-	-	-	-	1,240	1,213	-	-	-	-	-	-	-	1,594	-	6,857
Deferred revenue	-	816	-	-	-	7	-	-	-	-	204	-	-	4	4	1	-	-	-	-	422	109	-	-	1,567
Total current liabilities	30,615	55,778	6,977	1,362	765	2,116	850	-	2,505	868	2,553	831	-	2,185	1,939	802	312	339	2,218	1	675	3,266	(758)	(5,263)	111,041
Estimated malpractice costs, net of current portion	8,294	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,294
Long term debt, net of current portion	241,255	1,261	1,163	404	3,638	1,890	1,454	-	370	227	199	949	-	-	40	22	53	-	-	-	-	33,117	-	(33,037)	253,061
Other liabilities	75,700	-	(18,403)	5,908	(212)	8,608	1,201	1,855	35,028	2,979	8,010	5,546	378	(9,303)	503	3,673	-	37,354	36,184	2	183	132	-	(193,067)	264
Total liabilities	355,964	57,039	(10,263)	7,675	4,181	12,584	3,505	1,855	35,903	4,070	10,767	7,326	378	(6,518)	2,482	4,497	365	37,693	38,402	3	858	36,515	(758)	(231,463)	372,660
Deferred fund balances	(65,019)	191,531	27,745	(1,098)	(15)	(594)	(69)	(1,582)	(2,583)	(997)	(3,310)	(1,767)	(216)	17,852	4,223	(2,964)	8,465	(6,798)	(26,631)	2,296	1,141	(21,331)	-	32,210	162,498
Permanently and temporarily restricted fund balance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	780	-	-	-	-	780
Permanently and temporarily restricted fund balance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,024	-	-	-	-	3,024
Total Net Assets	(65,019)	191,531	27,745	(1,098)	(15)	(594)	(69)	(1,582)	(2,583)	(997)	(3,310)	(1,767)	(216)	17,852	4,223	(2,964)	8,465	(6,798)	(26,631)	6,100	1,141	(21,331)	-	32,210	166,302
Total liabilities and net assets	\$ 292,954	\$ 248,570	\$ 27,482	\$ 6,577	\$ 4,166	\$ 11,990	\$ 3,436	\$ 273	\$ 33,320	\$ 3,075	\$ 7,457	\$ 5,559	\$ 162	\$ 10,924	\$ 6,705	\$ 1,533	\$ 8,830	\$ 30,895	\$ 11,771	\$ 6,103	\$ 1,999	\$ 15,184	\$ (758)	\$ (199,253)	\$ 538,962

East Texas Medical Center
Regional Healthcare System and Affiliates
Consolidating Statement of Operations
For the Year Ended October 31, 2003

(in thousands)

	System	ETMC	Alpha	Carthage	Clarksville	Crocket	Fairfield	Gibber	Jackmanville	Mt.Vernon	Plainsburg	Quinn	Rusk	Rehab Center	Specialty	Trinity	Cancer Institute	MSO	SOLA	Foundatio	Service	Service	Elimination	Total System	
Revenue																									
Net operating revenue	\$	-	\$ 328,511	\$ 69,572	\$ 16,297	\$ 10,386	\$ 20,779	\$ 8,614	\$ 3,879	\$ 31,565	\$ 5,081	\$ 13,438	\$ 12,185	\$ 1,793	\$ 24,162	\$ 13,712	\$ 7,060	\$ 6,033	\$ -	\$ 41,713	\$ -	\$ 6,297	\$ 14,186	\$ -	\$ 634,763
Other revenue		43,849	11,548	353	307	131	104	588	-	626	203	212	383	-	18	2	330	348	3,352	9,743	301	700	32,546	(61,741)	43,903
Total revenue		43,849	340,059	69,925	16,604	10,517	20,883	9,202	3,879	32,191	5,284	13,650	12,568	1,793	24,180	13,714	7,390	6,381	3,352	51,456	301	6,997	46,732	(61,741)	678,666
Salaries & wages		11,269	95,812	19,635	5,647	3,563	6,857	2,498	1,453	11,645	1,844	4,971	4,839	794	9,730	4,577	2,290	2,016	2,057	24,274	-	3,563	18,312	-	238,246
Employee benefits		4,718	28,445	5,511	1,260	977	1,639	497	409	2,402	452	1,248	1,159	159	2,600	1,006	594	521	534	2,629	-	868	4,430	-	62,058
Professional fees		7,189	11,256	3,502	986	656	437	1,299	417	1,781	764	1,030	974	427	385	83	747	603	29	6,499	-	553	723	(11,298)	28,947
Supplies and other expenses		7,244	90,239	14,657	3,631	2,462	5,299	1,742	986	7,260	1,090	3,536	2,519	496	4,753	2,163	1,386	1,213	924	7,719	255	1,333	8,837	(36,409)	133,335
Purchased services		6,653	17,874	3,136	1,331	855	1,626	379	528	1,752	456	1,164	745	134	2,413	2,219	711	711	418	1,679	43	313	8,397	(11,249)	42,288
Provision for bad debts		-	41,225	9,255	2,913	1,419	2,989	1,769	1,590	4,297	650	1,223	1,658	-	(35)	-	1,663	485	-	10,897	-	(5)	836	-	81,229
Depreciation and amortization		16,980	6,964	2,380	522	257	966	385	74	1,438	280	423	483	-	329	118	143	248	242	11	-	65	2,239	-	29,547
Interest		8,202	4,950	1,777	43	167	112	97	5	1,802	22	94	88	-	-	9	8	241	-	-	-	-	1,678	(2,765)	16,490
Total expenses		56,855	296,745	58,853	16,133	10,356	19,925	8,666	5,462	32,377	5,558	13,689	17,465	2,010	20,175	10,175	7,542	6,038	4,204	53,708	298	6,690	45,457	(61,741)	631,640
Income (loss) from operations		(13,006)	43,314	11,072	471	161	458	536	(1,583)	(186)	(274)	(39)	103	(217)	4,005	3,539	(152)	343	(852)	(2,251)	3	307	1,275	-	47,026
Unrealized gain and losses on other than equity securities																				180					190
Equity as earnings (loss)			8,519																					(8,519)	-
Net income (loss)		\$ (4,487)	\$ 43,314	\$ 11,072	\$ 471	\$ 161	\$ 458	\$ 536	\$ (1,583)	\$ (186)	\$ (274)	\$ (39)	\$ 103	\$ (217)	\$ 4,005	\$ 3,539	\$ (152)	\$ 343	\$ (852)	\$ (2,252)	\$ 183	\$ 307	\$ 1,275	\$ (8,519)	\$ 47,206

**Attachment 18: Financial Statements for
March 2004 Year to Date**

**EAST TEXAS MEDICAL CENTER
REGIONAL HEALTHCARE SYSTEM**

**Income Statement
For the Five Months Ended March 31, 2004
(000's omitted)**

REVENUE

Operating revenue	\$ 783,194
Less deductions	<u>502,594</u>
Net operating revenue	280,600
Other operating revenue	<u>19,371</u>
TOTAL REVENUE	<u><u>299,970</u></u>

EXPENSES

Salaries and wages	108,432
Employee benefits	29,816
Professional fees	12,821
Supplies and other expenses	58,133
Purchased services	18,642
Depreciation	11,704
Interest	6,727
Bad debt expense	<u>45,865</u>
TOTAL EXPENSES	292,141
Nonoperating revenue	<u>1,222</u>
Net income (loss)	<u><u>\$ 9,051</u></u>

**EAST TEXAS MEDICAL CENTER
REGIONAL HEALTHCARE SYSTEM**

**CASH FLOW SUMMARY
FOR THE MONTH ENDING MARCH 31, 2004**

	<u>CURRENT YEAR</u>	
	<u>MONTHLY</u>	<u>YTD</u>
<u>BEGINNING BALANCES:</u>		
CASH	81,486,785	94,906,797
SPECIAL RESERVE FUND	30,402,346	30,351,208
TOTAL CASH AND SPECIAL RESERVE FUND	111,889,131	125,258,005
<u>SOURCES:</u>		
NET INCOME	2,658,322	9,051,008
DEPRECIATION	2,373,017	11,703,508
NEW BORROWINGS	1,968,283	4,334,780
USE OF RESTRICTED ASSETS FOR CAPITAL	-	-
USE OF RESTRICTED ASSETS FOR OTHER	(175,217)	2,780,036
TOTAL SOURCES	6,824,405	27,869,332
<u>USES:</u>		
CAPITAL EXPENDITURES	(4,201,295)	(18,088,902)
L.T. DEBT PRINCIPAL PAYMENTS	(666,767)	(11,347,710)
(INCREASE) DECREASE IN A/R	968,859	(3,524,787)
INCREASE (DECREASE) IN A/P & ACCRUED EXP.	(154,120)	(8,167,422)
THIRD-PARTY SETTLEMENTS	2,195,763	3,293,053
OTHER	(531,184)	1,033,223
TOTAL USES	(2,388,744)	(36,802,545)
NET CASH FLOW	4,435,661	(8,933,213)
<u>ENDING BALANCES:</u>		
CASH	85,911,339	85,911,339
SPECIAL RESERVE FUND	30,413,453	30,413,453
TOTAL CASH AND SPECIAL RESERVE FUND	116,324,792	116,324,792

**EAST TEXAS MEDICAL CENTER
REGIONAL HEALTHCARE SYSTEM**

**Balance Sheet
March 31, 2004
(000's omitted)**

ASSETS

Cash and cash equivalents	\$ 85,911
Assets whose use is limited for current liabilities	8,445
Patient accounts receivable, net	89,353
Inventory	10,292
Prepaid expenses and other	9,915
Total current assets	<u>203,916</u>
Noncurrent limited assets	32,642
Special reserve fund	30,413
Long term investments	3,937
Property, plant and equipment, net	255,830
Other assets	<u>11,965</u>
TOTAL ASSETS	\$ <u><u>538,703</u></u>

LIABILITIES AND FUND BALANCE

Current portion of notes and bonds payable	\$ 19,222
Current portion of obligations under capital leases	6,751
Estimated third-party payor settlements	10,151
Other current liabilities	65,871
Total current liabilities	<u>101,994</u>
Long term debt	251,238

Estimated malpractice costs, net of current amounts
Other liabilities

9,541

498

Total liabilities

363,271

Unrestricted fund balance

171,549

Temporarily restricted fund balance

859

Permanently restricted fund balance

3,024

Total fund balance

175,432

TOTAL LIABILITIES AND FUND BALANCE

\$ 538,703

**Attachment 19: Medicare/Medicaid and
HIPAA Compliance Program Table of
Contents**

East Texas Medical Center Regional Healthcare System (ETMCRHS)

CORPORATE Policy and Procedures

Section: Compliance Office

Subject: Executive Compliance Committee

Subject: Hotline Office Policy

Section: Administrative - Compliance

Subject: Employee Education Policy: Hospital Claim Development and Submission

Subject: Employee/Vendor Screening Policy

Subject: Independent Contractors and Vendors

Subject: Problem Reporting and Non-Retaliation

Subject: Protocols and Procedures for the Compliance Office and Corporate Counsel

Subject: Responsibilities of the Board of Directors

Subject: Roles and Responsibilities for the Corporate Compliance Officer

Subject: Standards of Conduct

Section: Legal Services

Subject: Access to Office of Corporate Counsel

Subject: Contracts Review

Subject: General Statement on Agreements with Referral Sources; Approval Process

Section: Information Technology

Subject: Confidentiality and Non-Disclosure Agreement

Subject: Information Access and Confidentiality of Information

Section: Risk Management/Quality Improvement

Subject: Access to Medical Records Involving Controversy or Litigation

Subject: Sentinel Event

EMSA HIPPA Compliance Manual Table of Contents

1. Legal obligations of EMS and ambulance organization with respect to the creation, access, use and disclosure of patient information.
2. Policies and procedures regarding patient information and your individual role in protecting patient information.
3. Protected health information (PHI) under the HIPAA Privacy Rule.
4. Sources of protected health information (PHI).
5. Permitted uses of information.
6. Notice of Privacy Practices (NPP).
7. Role of the Privacy Officer.
8. Access to and management of protected health information.
9. Patient privacy complaint management.
10. HIPAA and the completed patient care report (PCR).
11. Call management and HIPPA
 - a. Three permitted uses of PHI
 - b. Dispatch
 - c. On-Scene
 - d. Media and Bystanders
 - e. Enroute to the hospital
 - f. At the hospital
 - g. After the call
 - h. QI
 - i. CISD
 - j. MCIs
 - k. Law Enforcement
 - l. Patient Signature Requirements
12. Post class signature form and exam

Proposal Submitted by
Paramedics Plus, L.L.C.
in Response to
Pinellas County Board of County Commissioners
Request for Proposal Number
034-283-P (AM) Ambulance Services

April 2, 2004

PROPOSAL & EXHIBITS



an organization of the
East Texas Medical Center
Regional Healthcare System

Pinellas County EMS Authority
Ambulance Services
Request For Proposal
034-283-P (AM)



RESOURCE CD-ROM

Provided by Pinellas County EMS Authority

NOTICE

TO: GENERAL PUBLIC

PUBLIC MEETING - AMBULANCE SERVICES

REQUEST FOR PROPOSAL 034-283-P (AM)

PROPOSAL EVALUATION SESSION

MONDAY, MAY 3, 2004 AND TUESDAY, MAY 4, 2004
BEGINNING AT 9:00 AM UNTIL 5:00 PM

NOTE: TIMES AND DATES ARE SUBJECT TO CHANGE

EMS ADMINISTRATION BUILDING
SECOND FLOOR CONFERENCE ROOM
12490 ULMERTON ROAD
LARGO, FL

TEW

Florida

"PERSONS WITH DISABILITIES REQUIRING REASONABLE ACCOMMODATION TO PARTICIPATE IN THIS PROCEDURE/EVENT, SHOULD CALL 727/464-4062 (VOICE/TDD) FAX 727/464-4157, NOT LATER THAN SEVEN DAYS PRIOR TO THE PROCEEDING."

SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS MEETING, PLEASE CALL JOE LAURO, CPPO/CPPB, AND DIRECTOR OF PURCHASING AT 727/464-3311.

SUSAN LATVALA-Chairman
Board of County Commissioners

Matt Walsh

JOSEPH LAURO, CPPO/CPPB
Director of Purchasing
April 23, 2004

04-3172

Business Review, a weekly
newspaper; that the attached copy of

being a Request for Proposal
in the matter of Public meeting - ambulance services
in the _____ Court, was published in said newspaper in the
issues of April 23, 2004

Affiant further says that the said Gulf Coast Business Review is a newspaper published at Clearwater, Pinellas County, Florida, and that said newspaper has heretofore been continuously published and has been entered as second-class matter at the Post Office in Clearwater in said Pinellas County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in said newspaper.

Matt Walsh
Matt Walsh

Sworn to and subscribed before me this
23rd day of April A.D. 2004,
by Matt Walsh, who is personally known to me.

Diana Campbell
Diana Campbell, Notary Public, State of Florida
My Commission DD24324 (SEAL)
Expires December 04, 2007

NOTICE

TO: GENERAL PUBLIC

PUBLIC MEETING - AMBULANCE SERVICES

REQUEST FOR PROPOSAL 034-283-P (AM)

PROPOSAL EVALUATION SESSION

MONDAY, MAY 3, 2004 AND TUESDAY, MAY 4, 2004
BEGINNING AT 9:00 AM UNTIL 5:00 PM

NOTE: TIMES AND DATES ARE SUBJECT TO CHANGE

EMS ADMINISTRATION BUILDING
SECOND FLOOR CONFERENCE ROOM
12490 ULMERTON ROAD
LARGO, FL

"PERSONS WITH DISABILITIES REQUIRING REASONABLE ACCOMMODATION TO PARTICIPATE IN THIS PROCEDURE/EVENT, SHOULD CALL 727/464-4062 (VOICE/TDD) FAX 727/464-4157, NOT LATER THAN SEVEN DAYS PRIOR TO THE PROCEEDING."
SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS MEETING, PLEASE CALL JOE LAURO, CPPO/CPPB, AND DIRECTOR OF PURCHASING AT 727/464-3311.