COMMON COUNCIL WORKSHOP REGARDING
EMS PROPOSAL

AGENDA
January 28, 2020, 5:00 p.m.
Training Room, City Hall, 222 Lewis Street, River Falls, WI 54022

1. Call to Order – 5:00 p.m.
2. Allina Health EMS Presentation and Discussion
3. Workshop Adjournment

Published: 1/23/2020
Posted (City Hall, Library, Public Safety): 1/16/2020
MEMORANDUM

TO: Mayor Toland and Council Members
FROM: Jason E. Stroud, Assistant City Administrator
DATE: January 23, 2020
RE: Council Workshop – Emergency Medical Services

RECOMMENDED ACTION
There is no formal action being sought at this time; this memorandum is an informational brief.

BACKGROUND
Staff briefed the EMS Advisory Board and the City Council on sustainability and feasibility regarding emergency medical services (EMS) at their October workshops. Both the Advisory Board and City Council indicated support for the issuance of a request for proposals (RFP) to non-governmental organizations for the provision of EMS.

DISCUSSION
There were two proposals submitted as a result of the RFP. An ad-hoc RFP committee was established to review the proposals, this committee consisted of the following: EMS Advisory Board chairwoman, city council representative to the Advisory Board, city administrator, finance director, fire chief, interim EMS coordinator, and assistant city administrator. This committee determined that the proposal from Allina Health EMS was the only complete and responsive proposal.

Staff is working with Allina representatives to draft a contract to potentially be considered in the near future. Allina attended the EMS Advisory Board meeting on January 6, 2020 and presented information about their organization and their proposal. Representatives from area municipalities and the Prescott Area Fire and EMS Association attended this meeting; these representatives indicated support for city staff to proceed with developing a contract that would be inclusive of all the River Falls EMS participating municipalities.

CONCLUSION
Representatives from Allina will attend the January 28th City Council workshop. It is anticipated that these representatives will present key details about their organization and proposal; adequate time for questions and answers will be allocated. A copy of the proposal is included with this memorandum, as is a reference copy of a presentation recently delivered to the local Rotary Club.
River Falls Area Ambulance
RFP – Allina Health EMS
Who Are We?

Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin.
Our Values

- **INTEGRITY** We match our actions with our words.
- **RESPECT** We treat everyone with honor, dignity and courtesy.
- **TRUST** We act in the best interests of our patients, physicians, communities and one another.
- **COMPASSION** We create a caring environment for our patients and one another.
- **STEWARDSHIP** We use our resources wisely.
Our Depth of Care Services

• Nearly 100 clinics including:
  – Primary Care
  – Urgent Care
  – Everyday Clinics
  – Hospital-based Clinics

• 11 hospitals

• Digital services including:
  – Everyday Online
  – Virtual Visits

• 52 rehabilitation locations

• 15 retail pharmacies

• 2 ambulatory care centers

• Home care, hospice, palliative care services

• Emergency medical services

• Home medical equipment
River Falls Area Hospital 2019

- ED Visits: 6,100
- ER Admissions: 560
- Total Admissions: 800
- Radiology Procedures: 17,300
- Lab Tests: 42,100
- Surgical Cases: 1,500
- Rehab Visits: 43,700
Allina Health EMS

- 500+ EMS staff
- 120 leaders and support staff
- 9 – Base of operations
- 78 – Ambulance in fleet
- 124,600 incidents in 2019
- Annual operating budget over $60,000,000

“Being a big EMS agency does not make us great”

Brian LaCroix retired President Allina Health EMS
Accreditation

- Accredited Center of Excellence
- Commission on Accreditation of Ambulance Services
  
  External Assessments of performance and operation
Allina EMS Service Area
Allina EMS Leadership Bench

• Seasoned senior leadership team
• Strong executive leadership support
• Over 60 EMS leaders provide support to staff
  – QI/QA, Maintenance, supply, chaplains, legal/risk, education and medical direction, dispatch communications,
• Large disaster response experience and capability
• Strong investments into leadership development and training
• Deeply committed to our communities and mission
Operational Proposal

Includes all communities currently served by River Falls EMS:

• Maintain 3-truck coverage
  – Two ambulances 24/7
    • River Falls & Prescott
  – Power truck based in River Falls Area Hospital
    • One ambulance 13-hours a day during peak times
Staffing

• Go from 9 benefitted employees to 21
• Maintain Paramedic EMT staffing
• 13 hour shifts = 3-day work week
  – 07:00 – 20:00
  – 19:00 – 08:00

• Power truck (staffed critical care paramedic/EMT)
  – 09:30 – 22:30
Staff

• Offer employment to all current staff provided they are:
  – Recommended by city to hire
  – Clear background check
    • Criminal, DHS, acceptable driving record

• Map years of service to AHEMS salary range.
  • Range is $23.61 to $35.55 base rate
Asset Purchase

• Purchase all vehicles
• Purchase Selected equipment
  – Lifepak 15
  – Lucas Devices

Note – AHEMS will purchase new ventilators, and other clinical equipment not currently utilized by River Falls Area Ambulance.
Local Leader

• AHEMS to hire and embed a local leader
  – Partner with area leaders to identify local leader
  – Oversees all aspect of the River Falls area operation
  – All staff report to the local leader
  – Rooted deeply into area culture and community
  – Assures we meet expectations and continue the personalized interaction with the city and township leaders.
  – Local leader to report to David Matteson
Response Times

• Goals
  – Maintain or improve on current response times
  – Regularly report on response times
  – Review response times exceptions
  – Write performance language into contract
Response Time Components

911 Called
Police & Fire Dispatched
Police & Fire Enroute
Police & Fire Arrive
Fire Assess & Stabilize
Police & Fire Available

Allina Dispatch Notified
Pre Arrival Instruction
Allina Dispatched
Allina Enroute
Allina Arrives

Allina Treats and Transports Patient to Hospital
Allina Available

Allina Available
Commitment To Our Communities

• Starts with leadership
• Identify where and how to partner with city and civic organizations
• Continue to support the community and special events
  – Safety fair, prom mock car crashes, football game standbys, parades, and civic standby events
  – Education and medical direction for local police and fire
Ambulance Billing

• Based on market analysis
• Programs for those that can not pay
  – Allina Partners Care
• Negotiated Allina Health payor contracts
• Rigid billing compliance standards
• Modest rate increases from year to year.
  – 2020 was a 3% increase to our base rates
  – 2019 3%.
Allina EMS Dispatch

• Secondary PSAP
  – Receives ANI/ALI data from the primary PSAP

• Interacts with 30 primary PSAP
  – Including St. Croix County

• State of the art dispatch software
  – Computer Aided Dispatch
  – Pre-Arrival instructions for callers
  – Automatic Vehicle Locator (AVL)
  – Pulse/WAZE database integration
Our Partners

- ALF Ambulance
- Children’s Hospitals and Clinic
- Glencoe Regional Health System
- Hutchinson Healthcare
- River’s Edge Hospital and Clinic

- CentraCare Health System
- Lakeview EMS
- Lakes Region
- Elk River Fire
CITY OF RIVER FALLS
REQUEST FOR
PROPOSALS FOR
EMERGENCY MEDICAL SERVICES
(EMS) (9-1-1 AMBULANCE SERVICE)
By:

Allina Health
Emergency Medical Services

December 13, 2019

City of River Falls
ATTN: Amy White
222 Lewis Street
River Falls, WI 54022
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A. Introductory letter

December 12, 2019

Amy White
City of River Falls
222 Lewis Street
River Falls, WI 54022

Dear Ms. White:

As a Senior Vice President and an officer of Allina Health, I lead and support Allina Health Emergency Medical Services (EMS) and River Falls Area Hospital. On behalf of Allina Health EMS (AHEMS), I am pleased to submit the Allina Health EMS response to the Request for Proposal for Emergency Medical Services EMS (9-1-1 Ambulance Service). Enclosed please find as specified one original proposal, unbound and identified as the “master” and one USB/flash with a full PDF version of our proposal for your review.

Over the past 10 years Allina Health EMS (AHEMS) has partnered with several communities to deliver high quality EMS services and we look forward to the opportunity to partner further with the City of River Falls. Examples of our partnerships include Apple Valley, Lakeville Farmington (ALF) ambulance, Hutchinson Health, Glencoe Regional Hospital, and River’s Edge Health System (St. Peter, MN).

In each of these systems, the agencies had established deep roots into their community. AHEMS has always built on the great work that preceded us. Our goal is to be a robust extension to the legacy of these agencies. AHEMS will hire a supervisor to lead the staff and oversee all day to day operations in River Falls. The River Falls leader will office at the primary ambulance base. Today, many of our leaders live in or near the communities they serve. Although residency is not a requirement, all of our leaders are well known and deeply proud of the work they provide the community.

If you have any questions about our response, feel free to contact Susan Long, Vice President, Operations at Allina Health EMS. She can be reached via e-mail at susan.long@allina.com or on her cell phone at 651-775-6641. We look forward to the opportunity to working with you and providing service to the City of River Falls and surrounding areas.

Sincerely,

Sara Criger
Senior Vice President, Operations
Allina Health
Sara.criger@allina.com
B. Summary of why the Proposer would be the best option for the City of River Falls.

Allina Health is a comprehensive healthcare organization that impacts millions of lives across Minnesota and western Wisconsin. Our organization has received many accolades and advanced healthcare in multiple ways. However, does that make us a great EMS agency, how is this a fit for the River Falls Area Ambulance?

Being a large healthcare organization is not what makes an EMS agency great. It is when an EMT or Paramedic exits an ambulance and begins to care for you, your residents or visitors. It is the level of care provide, and soft skills necessary to help people through what may be their worst day - that is where high quality EMS services make the magic happen.

At Allina Health Emergency Medical Services (AHEMS) we take the responsibility of caring for people seriously. While the statement is genuine, the work behind this is extensive and backed by staff development, clinical competencies, quality review and improvement, data tracking and review, and support. We hold our employees to high expectations and provide exceptional support to help them do that every day.

We believe AHEMS the best partner for the City of River Falls (City) and their partners. The reason are multifactorial and explained thoroughly in this Request for Proposal (RFP). But the following are a few reasons why we believe we can provide the City far more than any other provider they will encounter:

1. Allina Health owns and operates the River Fall Area Hospital. We are invested deeply into the community. We provide care to thousands of people in western Wisconsin. AHEMS and the hospital have a great relationship and will work to further integrate care. Our proposal offers creative collaboration with the hospital as well as a level of cost offset to provide service.

2. Our proposal significantly increase the number of benefited or fulltime staff from the 9 today to nearly 22. We’re building on the career level care you’ve had and bring more good paying EMS jobs to the area.

3. The full depth of our multi-million dollar dispatch center and all the services support field operations. As a secondary, licensed public safety answering point, we can connect seamlessly to both St. Croix and Pierce Counties.

   We will provide pre-arrival medical intervention over the phone to those calling 911. Our dispatch center oversees all aspects of a response no matter the size of the incident. We bring great skill, leadership and experience to complicated events that require mass resources or protracted events.

4. We have a great history of working with the City. Over the past 8-years we have partnered to provide low cost or no cost solutions to challenges that range from physician medical direction, employee support, training consulting and leadership. We believe the City and staff have witnessed the level of integrity and competency that AHEMS brings to this proposal. We live our core values.

5. AHEMS has brought on a number of similar sizes services over the past 10-years. These have
been great partnerships. Most of the staff that came over from the agencies are still with us today. We treat staff well, and provide great equipment, training, pay and benefits, and leadership.

6. Patient care. All our work centers on the patient, whether they are suffering from an emotional crisis or having a stroke. We train EMS clinical staff well. Being part of a health system, we have access to medical specialists and use evidence-based practices in providing care.

We provide rigorous evaluations assessing competencies. The use of state of the art software allows AHEMS to flag thousands of data elements that alert us to a multitude of actions by clinicians. We strive to intervene, restore health, lessen their length of stay and improve their quality of life. Some would question if that is even possible in EMS. We can prove imperially that we do.

AHEMS has depth of resources few in the country can provide. We know we can bring a seamless transition and will build the great work you provided for decades. This is why we are the best partner to provide EMS services to River Falls and surrounding communities.
C. **Section III: Required Response Information, Minimum Requirements, and Preferences**

A. **Required Information to Provide:**

1. **Organizational structure.**
   The entire Allina Health system is structured and dedicated to Whole Person Care through the prevention, treatment of illness, enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A not-for-profit health care system, Allina Health cares for patients from beginning to end-of-life through its 90+ clinics, 12 hospitals, 15 pharmacies, specialty care centers and specialty medical services that provide home care, senior transitions, hospice care, home oxygen and medical equipment, and emergency medical transportation services.

   Allina Health EMS (AHEMS) is an unincorporated operating division of Allina Health with over 600 employees. The majority of staff provide care in the prehospital setting with the other support staff that caring for patients. AHEMS has been entrusted to provide 911 ambulance service to over 120 communities. We have great depth of resources to include an emergency communications center which is also a secondary 911 answering point. Our center is accredited by the International Academies of Emergency Dispatch as an Accredited Center of Excellence (ACE). Our center dispatches for all AHEMS service area, as well as for other partner agencies throughout Minnesota.

   In 2018, AHEMS received accreditation from Commission on Accreditation of Ambulance Services (CAAS). CAAS was established to encourage and promote quality patient care in America's medical transportation system. CAAS is an independent Commission that established a comprehensive series of standards for the ambulance service industry.
**Our Mission**  
We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.

**Our Vision**  
We will:

- put the patient first;
- make a difference in people’s lives by providing exceptional care and service;
- create a healing environment where passionate people thrive and excel; and
- lead collaborative efforts that solve our community’s health care challenges.

**Our Values**  
**INTEGRITY** - We match our actions with our words.

**RESPECT** - We treat everyone with honor, dignity and courtesy.

**TRUST** - We act in the best interests of our patients, physicians, communities and one another.

**COMPASSION** - We create a caring environment for our patients and one another.

**STEWARDSHIP** - We use our resources wisely.
2. **Management team profile.**

AHEMS has a deep bench of outstanding EMS leaders that oversee our operations. The key to transitioning the operation of River Falls EMS to Allina Health EMS is leadership. We will add a leader to support the staff and operation of the area on a day to day basis. This is a fulltime person solely dedicated to lead the team in River Falls. This leader will handle all aspects of the River Falls operation as an integrated leader to the city and AHEMS.

We would invite the City to partner with us in the selection process to ensure the right leader is selected for this role. The leader selected must be the right fit for AHEMS and the River Falls leaders and staff. Active participation in the interview process would be invited.

Once selected, AHEMS has a regimented onboarding and mentoring process. The River Falls leader will serve as our representative at meetings, planning events, and other area of collaboration with the City.

Once on-boarding is complete, an on-going development plan will be established to further develop the leader. AHEMS will request feedback from city leaders to identify leadership opportunities and build on strengths of this new leader. The River Falls leader will report to either an EMS divisional leader or the Director of Operations.

Allina Health EMS is a strong advocate of employee engagement assessments. The employee engagement scores not only reflect the effective of the leader, but also how the employee feels about their work. This coupled with other leadership tools provides information from staff about their leader and the work environment. Employee Engagement is a regular part of every leader’s work.

AHEMS has an experienced and sought after senior leadership team. In 2018, AHEMS was named Career EMS Agency of the Year by EMS World. In all, there are 61-leaders that serve in leadership positions to ensure we are supporting our staff of over 600 people and our 120 + communities. AHEMS is co-led by Susan Long, Vice President of Operations and Dr. Andrew Stevens, Vice President of Clinical Operations, both who are experienced EMS leaders.

Senior leader profiles and organization charts may be found in Exhibit A.

Review of the supervisor Job description may be found in Exhibit B.
3. **Staffing.**

AHEMS has 622 people working within the enterprise. The leadership positions are as follows:

- **Supervisor level-I.** The Supervisor Level I position is an entry level leadership position. These supervisors are primarily located in our Minnesota metro operation. They oversee an area of the operation based on geography. We have two level-I Supervisors on duty 24/7. They work 12-hours shifts, respond to calls with crews, handle questions or concerns, respond to major incidents, support staff and enforce policy. These supervisors staff that report to them as their leader. Supervisors report to either a Base Manager or Divisional Manager.

- **Supervisor Level-II.** The Supervisor Level II are leaders that have a base of operation that is typically rural in nature. These supervisor’s primary responsibility is for the region where they work. Examples include Hutchinson, St. Peter, New Ulm and Glencoe. Supervisors for these base of operations not only have the staff reporting to them, but also base operations and participate in the budgeting process. They are overseen by a Divisional Manager. The River Falls operation would be overseen by a Supervisor Level-II and ambulance staff would report to this leader.

- **Manager.** Base Managers oversee a base of operation that typically has more than 5,000 responses annually. They are very similar to the Supervisor Level-II, however typically have larger cities, staff and will often have a Supervisor level-I reporting to them to help manage staff and operations.

Other Manager level positions that support the infrastructure of a large EMS agency include:
- *Communications Manager* – Oversees a group of dispatchers and quality specialists in the dispatch center.
- *Safety Program Manager* – Oversees all regulatory areas surrounding safety, reviews safe procedures and works to identify safety issues and prevent harm and risk to staff and patients.
- *Quality Performance Improvement Manager* – Oversees our clinical quality assurance staff, research and all items related to data mining and analysis.
- *Material Management Manager* – Oversees all items related to purchasing, Equipment Inventory Technicians, cost reporting and implementations process.
- *External Education Manager* – Oversees all contracts and service to agencies that contract with AHEMS for EMS education. Coordinates First Responder and EMT training for over 60 communities.
- *Staffing Manager* – Oversees all items related to staffing and staffers.

- **Divisional Manager.** Divisional Managers oversee a large geographic area that consists of multiple report to work locations. They typically have 90 or more
staff in their division. We have four (4) Divisional Managers; North Metro, South Metro, the Western Corridor, and Mobile Integrate Health. This group of leaders works to assure their division is accomplishing the strategic goals of the organization and supports the leaders that report to them and ensure all matters within the division are addressed.

- Directors. Directors are considered a part of our senior leader team and oversee various aspects of our operation. Directors work with executive leadership and assure strategic direction is achieved.
  - **Director of Operations** – oversees all matters related to the day to day work of our operation and oversee the Divisional Managers.
  - **Director of Finance** – Oversees all items related to budget and our connection to Allina Health System office that supports billing and other accounting matters.
  - **Director of Communication Center** – Oversees all aspects of our dispatch center and staff.
  - **Physician Medical Director** – Oversees clinical matters works in training case review, protocol development, clinical competencies and quality.
  - **Director of EMS Workforce** – Oversees employee wellbeing, onboarding, training, employee engagement and our staffing function.

AHEMS has a number of non-leadership positions that support our staff and their ability to provide exceptional care. These dedicated men and women work ensure that everything we need to operate is not only the best, but supported in a way that brings a portion of our mission statement to life, “to provide exceptional service.” We are very proud of our leaders, and support staff.

4. **Medical Direction.**
The Allina Health EMS Office of the Medical Director exists to represent AHEMS Medical Directors as a comprehensive service to our providers, patients and partner organizations to improve and advance the level of care that our patients receive. We directly employ 4 emergency medicine physicians with significant experience in EMS and strong ties to the communities we serve. The Office of the Medical Director is charged with representing AHEMS in reviewing and making recommendations to improve patient care, including: changes proposed by the legislature development of Evidence Based Clinical Protocols, Quality Initiatives, Implementation of Best Practices, Improvements to AHEMS and partners systems and providers to enhance patient care and outcomes.

5. **Dispatching.**
Allina Health EMS (AHEMS) will be responsible for providing all aspects to dispatch ambulance resources to the City’s response area. This includes pre-arrival medical instructions to 9-1-1 callers, intake of interfacility transfers, connectivity to St. Croix and Pierce County, deployment, call assignment and continuous tracking of all
ambulances for the River Falls EMS service area.

The Allina Health EMS Communications Center (AHEMS-CC) is a fourteen position dispatch center using state of the art technology. Multiple tools and applications are in place to assist with the safety of EMS crews and the communities we serve. The AHEMS-CC leadership team consists of the Director of Communications, Manager of Communications, 6 Communications Supervisors, 2 Dispatch Quality Assurance and Training Specialists, Computer Aided Dispatch (CAD) Administrator, Geographic Information System (GIS) Analyst, 2 dedicated Allina Health IT Support Analysts, and a Technology and Emergency Planning Specialist. Each of the listed leadership positions support the 46 AHEMS-CC dispatch staff.

Currently AHEMS-CC interacts with 30 public safety answering points (PSAP) across the States of Minnesota and Wisconsin which canvas the AHEMS geographic areas. AHEMS provide contract dispatch services to other non-Allina agencies. They include Lakes Region EMS, CentraCare, and Lakeview EMS.

Communications with the PSAPs are handled primarily via telephone allowing those PSAPs who do not provide emergency medical dispatch instructions to transfer 9-1-1 callers into our phone system. Emergent and non-emergent telephone calls from PSAPs, such as St. Croix and Pierce Counties, come into the AHEMS-CC Motorola Vesta call handling system. Emergent calls are transferred over dedicated emergency 9-1-1 lines, which are given the highest priority in the call handling system.

AHEMS-CC maintains a high call answering standard; 96% of all 9-1-1 calls are answered within ten seconds. This exceeds the National Emergency Number Association (NENA) standard, which is 90% of all 9-1-1 calls will be answered within ten seconds. The Vesta system interfaces with the AHEMS-CC computer aided dispatch (CAD) system to download 9-1-1 data that is transferred from the primary PSAP. The automatic number identification / automatic location identifier (ANI/ALI) is data that provides a 9-1-1 callers phone number and address or location coordinates. When a call taker answers a 9-1-1 call, the CAD system automatically populates a call with the ANI/ALI information in the address and phone number fields while populating the incident on the CAD map.

The Vesta call handling system has built in redundancy; we have two active servers in diverse locations. If one server goes down there is a seamless switch to the other server without disruption to current calls. The system is maintained by AHEMS-CC Technology and Emergency Planning Specialist who is responsible for programming, software upgrades and routine maintenance of the Vesta call handling system.

AHEMS-CC tracks all requests for service, response times, and ambulance locations in the Central Square Inform (formerly TriTech) computer aided dispatch (CAD) system. The CAD system is also capable of maintaining call history and caution notes which provides dispatchers and ambulance crew’s medical information, access information into locations and safety concerns on specific addresses. This information is also shared
with the transferring PSAP by telephone.

AHEMS-CC uses a tiered dispatch system; while the call taker is on the phone with the 9-1-1 caller, a dispatcher is deploying the closest appropriate ambulance based on GPS location of the unit and a PULSE recommendation. PULSE is a response tool application that recommends an ambulance that would have the fastest response based on Google and Waze crowd-sourced, real-time traffic information which includes road closures. PULSE also integrates with Rapid SOS which allows the AHEMS-CC dispatchers to see accurate location of a cell phone caller based on the cell phones location services. CAD and PULSE mapping are updated frequently by the fulltime AHEMS GIS Analyst. The GIS Analyst works closely with the County GIS agents to ensure AHEMS has the most up-to-date mapping data for the dispatchers and clinical ambulance staff.

9-1-1 callers transferred into the AHEMS-CC will be processed using the International Academies of Emergency Dispatch (IAED) Emergency Medical Dispatch (EMD) protocols. AHEMS-CC has been utilizing the IAED EMD protocols since 1993, transitioned to the online protocols (ProQA) in 2001, became an IAED Accredited Center of Excellence (ACE) in 2015 and successfully re-accredited again in 2018. AHEMS-CC adopted and began using the Emergency Mental Health Dispatcher (EMHD) protocol in the fall of 2018. These protocols are the industry gold standard.

All dispatchers must maintain biennial CPR and EMD certification, which requires 25 hours of continuing education every 2 years in addition to passing a recertification test. AHEMS-CC dispatchers are also held to stringent compliance requirements and enter a corrective action process after a singular non-compliant review score.

All dispatchers are Emergency Medical Dispatcher (EMD) certified via IAED, Emergency Mental Health Dispatcher (EMHD) certified and CPR certified biennially.

AHEMS-CC’s quality assurance / quality improvement unit (QIU) is staffed by two (2) fulltime Quality and Training Analysts who review pre-arrival call audio based on IAED Performance Standards. These audio reviews include, but are not limited to, random review of 2 calls per calltaker per month, all baby deliveries over the phone, field staff feedback report requests, and any special review requests submitted by calltakers, dispatch affiliates or leadership. Following the assessment, the review is electronically shared with the dispatcher and their supervisor, and our pre-defined action plan is followed. The action plan includes employee recognition, individual education, corrective action, proposal for change submitted to the IAED/AHEMS leadership, and additional focused education to all AHEMS-CC dispatchers during in-person mandatory education sessions.

AHEMS-CC has been an IAED Accredited Center of Excellence (ACE) since 2015. This difficult to obtain and maintain recognition not only requires, but demonstrates, robust training and intense quality review processes that assure protocols are working as designed, and are followed as accurately as possible.

The IAED ACE accreditation is the dispatch industry equivalent to Commission on Accreditation of Ambulance Service (CAAS) and Commission on Accreditation of Law
Enforcement Agencies (CALEA) accreditations. The IAED ACE requires continual EMD certification of all staff, a minimum of 20 weekly random pre-arrival call reviews, monthly compliance report submission to the IAED, and a 3 year re-application cycle. AHEMS is one of only 19 EMS agencies in the country that hold an ACE and CAAS accreditation.

Using EMD protocols, the caller is asked regimented questions which enable the dispatcher to assess scene safety, and when appropriate, direct the patient or family to provide first aid instructions (such as CPR, Childbirth, Aspirin, Epinephrine and Narcan administration) while EMS and first responders are deploying. The EMD protocol questions and answers also determine the patient’s medical acuity, categorizing the call as Echo, Delta, Charlie, Bravo, Alpha and Omega with agency-identified response modes for each (emergent or non-emergent). These responses are defined by the AHEMS-CC’s Dispatch Review Committee (DRC) and Dispatch Steering Committee (DSC) and are continuously assessed for the risk and safety of patients, responding crews and the public.

EMHD certification is a course that consists of dispatcher resiliency, mental health states, suicide desire identification, building alliance with suicidal callers, separating the caller from the means, ruling out risk to others, emotionally attaching caller to responding officers, and how to successfully and safely transition the caller to the officers. EMHD empowers dispatchers to deliver their best emergency response to people struggling with mental crises and suicide risk based on understanding and optimizing the real-time psychological experience for the most positive long-term impacts. It applies scientific knowledge of psychiatric crises to the unique role of the dispatcher as the “very First Responder”. This training boosts dispatcher resilience, confidence, self-worth, and buffers PTSD risk.

AHEMS-CC’s dispatchers process one of the highest call volumes of medical pre-arrival instructions in Minnesota, thus have the broadest exposure and breadth of experience with the many challenging situations, difficult call types, and demanding callers that could be presented.

AHEMS-CC’s dispatch center delivers an average of 1 baby per month, and provide CPR instructions on average 30 times per month, over the phone, using EMD protocols. AHEMS-CC’s dispatchers have interceded on 3 high risk suicide calls, successfully convincing a distraught caller to set down the gun or step away from the window, earning “EMHD Lifesaver” awards.

Dispatcher James Domeier was named IAED’s 2015 “Dispatcher of the Year” on stage, in front of 2,000 dispatchers at the IAED’s annual North American Navigator Conference for 911 dispatchers. Jim and the family involved in the 911 call were recognized at the event.

In-patient medical facilities requesting interfacility transfers, such as Allina Health River Falls Hospital, will be directed to call the AHEMS-CC directly on a specific 10-digit phone number. These requests will be processed using AHEMS-CC’s computer-aided dispatch (CAD) software, and coded according to AHEMS’ internal transfer protocols based on medical acuity, medications needed, and medical equipment needed.
These transfer protocols and associated responses are defined by the AHEMS Office of the Medical Director. The AHEMS-CC understands the regulatory requirement to maintain one 911 ambulance in the response area.

Constant communications with ambulance crews is a top priority for AHEMS-CC and is accomplished in multiple ways. Each ambulance is equipped with a mobile radio and a portable radio for each crew member, a mobile data terminal with CAD mobile software and GPS, a cell phone and a pager for each crew member.

Radio communications with the River Falls ambulance crews would remain on the same VHF radio system and frequencies in use today; however, the VHF frequency is not strong enough to reach the AHEMS-CC. AHEMS would be responsible for the purchase, installation and maintenance of equipment used to interface with the River Falls EMS owned VHF repeater and frequency. This would be done utilizing radio over internet protocol (RoIP). RoIP is a well-tested and highly reliable way to extend radio wave range by sending radio transmissions over the internet. This frequency or another dedicated frequency set up the same way will be a secondary means of dispatch to dispatch communication with the Pierce County and St. Croix County PSAPs. Telephone will be the primary means of communication.

All Motorola MCC7500 radio consoles (14) in the AHEMS-CC would have the River Falls frequencies added. One of the many features of the MCC 7500 radio consoles is a safety feature, which allows the radio user to utilize an emergency button on their radio. The emergency button can be pushed by EMS personnel if they are in danger. This sends an immediate alert into every AHEMS-CC radio console and gives the user pushing the button priority over all other users. AHEMS has a Motorola trained and certified radio programmer that will be responsible for maintaining mobile radios, portable radios and the RoIP system. AHEMS also has a contracted 24/7 emergency radio service.

Electronic communications are also pushed from dispatch to the crews through CAD paging as a backup. Run information is paged automatically to the assigned ambulance from the CAD system to AHEMS provided pagers and/or cell phones. CAD also will send out a “status” page to an ambulance that is on the scene of a 9-1-1 call every 20 minutes. The purpose is to keep our crews safe. If we do not hear from the crew that they are safe, emergency procedures are started to make contact with the crew.

All telephone and radio communications going into and out of the AHEMS-CC are recorded on an Eventide MediaWorks logging server. All records are kept for 1 year before being purged.

Continuity of operations for the AHEMS-CC is attained by having backup procedures and locations in place. Backup power is supplied by a large on-site generator. When power is lost, the uninterrupted power supply (UPS) keep the center powered while automatically triggering the emergency generator.

Dedicated analog telephone lines are maintained in the event the call handling system
goes down. Remote dispatch locations are maintained at any Allina Health Base in the event an evacuation of the AHEMS-CC is required. Operations are maintained while traveling to the offsite locations in the mobile communications unit (MCU). The MCU is a 4 station communications center with CAD, radio and cell phone backup capabilities. The MCU is also used for large scale events, planned and unplanned.

We have invested heavily into operating a state of the art, robust communications center. Costs associated for connectivity to the VHF system for Pierce and St. Croix County will be the responsibility of AHEMS.

6. **Operations.**

The operation at AHEMS encompasses many agencies and services. We are not a “one size fits all” organization. Each partnership is unique. We listen to the cities, agencies and stakeholders. We work together in partnership and while cliché, we pursue the “win-win” strategy. This has served out partners and AHEMS very well for many years.

Below are a list of operations that have similarities to what the City is proposing.

**City of River Falls – River Falls, Wisconsin**

AHEMS has partnered with a number of great agencies over the last five years and River Falls is our most recent. We have a long history of working with the City on a number of EMS matters over the years. AHEMS has consulted with EMS and City leaders on a number of matters and provided contractual leadership support while the City looked for a new director. This gave staff and leaders an opportunity to see the caliber of our EMS operation. We have greatly enjoyed and value this relationship.

In addition, we have partnered with River Falls and offered a number of services to include critical care education for staff, EMS Chaplin support, EMS physician medical direction and more. We currently are under contract with the City for support services. We hope the dedication and commitment we’ve demonstrated has shown what AHEMS can do and our commitment to the City. Allina Health’s mission is to serve our communities, we consider River Falls part of the Allina Health community. Allina Health River Falls Area Hospital has a rich history of providing strong community support. They have and have been a contributor to many of the events that occur over the course of the year. Allina Health River Falls Hospital in partnership with AHEMS to provide ambulance services would be a very strong unified team for your communities.

**River’s Edge Hospital – St. Peter, Minnesota**

Another recent partner is River’s Edge Hospital. At the end of 2016, we entered into a professional services contract with River’s Edge. In the contract, the employees were hired by AHEMS, while the equipment, billing, license is retained by the hospital. This is a fee for service agreement.
The River’s Edge responds to just over 1,400 responses with approximately 1,000 transports. This is a one truck operation that has a second truck on call. Adjacent to our New Ulm Operation we float a power truck between these operations for peak times of the day. This operations has a Supervisor Level II overseeing the operation and is deeply entrenched into the community and hospital operations.

**Glencoe Regional Health Center – Glencoe, Minnesota**

Another great partner has been Glencoe Regional Health Center. This was a complete acquisition for all EMS operations. Glencoe retained the license from the state and AHEMS became the operator of their license. All assets were purchased by AHEMS at fair market value. Staff who met our employment qualifications and were offered positions with Allina Health. This would be a similar process for River Falls EMS staff. In Glencoe, we lease staff quarters and garage space from the hospital.

Glencoe is a small operation responding to over 1,200 call per year. They operate one truck 24/7 and have a second truck on call similar to our St. Peter operation. The Glencoe Operation is adjacent to our Hutchinson operation and these two bases share resources and provide ambulance coverage for each other. Here also, we have a local Supervisor level-II leader overseeing operations. The leader likewise is deeply entrenched into the community and hospital operations.

**Hutchinson Medical Center – Hutchinson, MN**

Hutchinson has been a proud partner of AHEMS since 2013. Here the hospital approached us to transition the ambulance service to Allina Health EMS. Hutchinson chose to maintain the ownership of the ambulance license and AHEMS became the operator. During this acquisition AHEMS brought on all staff, purchased equipment at fair market value, and leased operational space in the hospital. All staff qualified for job offers and nearly all of these staff are still working with us today.

The Hutchinson operation has grown rather significantly since 2009. Today, they have nearly 2,700 responses. They have two ambulances staffed 24/7 and a 13-hour power truck. This is the same operational model we are proposing for River Falls and their surrounding areas. We have a Divisional Manager oversees the Hutchinson operation and our western corridor of operations. This leader, like all, is deeply involved in the community and the hospital.

**ALF Ambulance – Apple Valley, Lakeville, Farmington, MN**

ALF serves three busy suburbs in the southern Dakota County, MN area. The cities of Apple Valley, Lakeville and Farmington created a joint powers agreement originating in the early 1980’s. By 2009, ALF was responding to over 5,000 ambulance calls in the cities. The cities requested competitive proposals to transition operation of the ambulance in early 2009. AHEMS competed with North Memorial, Health East and Hennepin County EMS and was awarded the contract.
Here we acquired all EMS assets, staff, and leased stations. AHEMS provides all aspects of 911 coverage. We have enjoyed a great relationship with the cities and in 2018 we signed a new contract which has auto-renewal clauses that extend for 20-years.

Each of these opportunities to partner is unique with different processes and cultures that are part of a proud history of our predecessor. Each group of employees had deep attachments to the community they served and pride in the work they provide prior to the transitions. AHEMS shares this connection and works to continue that community spirit.

We take the responsibility of providing high quality, evidence based pre-hospital medicine extremely seriously. We have successfully transitioned several EMS agencies and continued to build on the proud legacy of each agency. Part of that success has been retaining the existing employees for years after each transition. Some employees have retired or taken advantage of our tuition reimbursement programs to move on to other professions such as nursing but the majority are with us today. Our employees are our number one asset and we have built an organization that supports our employees in their careers and their personal development. We are confident that we will accomplish this better than any other agency you will consider.

7. **Quality of Patient Care.**

The Allina Health EMS (AHEMS) quality assurance/quality improvement (QI) program is overseen by the Quality Improvement/Data Analytics Manager who reports to the Vice President of Clinical Operations (Dr. Andrew Stevens) and has two, fulltime quality improvement (QI) analysts who review runs based on issues/concerns that are identified through a number of channels. These include, but are not limited to random review of run reports, issues/concerns raised by patients, physicians, nurses, other healthcare providers, etc.

AHEMS also utilizes First Pass, a software program which automatically reviews all electronic patient care reports (ePCR) for certain care criteria determined by the medical directors, protocols, or current patient care initiatives. Once an issue is identified, it is assessed to determine, is this an individual clinician issue, a protocol revision issue, a system issue, etc.

Following the assessment, an appropriate action plan is developed and implemented. Action plans can range from individual education, training, and/or skill validation delivered by one of our clinical coordinators, to a revision of a clinical care protocol by the Office of the Medical Director (OMD), or education to all AHEMS clinicians by our clinical educators.

AHEMS operates a Quality Council (QC) which is comprised of street level clinicians (EMT(s), Paramedic(s), and Critical Care Paramedic(s)), Communications (dispatchers), Fleet (mechanic), Clinical Coordinator(s),
QC meets monthly and guides the clinical direction of AHEMS. QC determines and reviews clinical and operational metrics which can be AHEMS specific or related to national metrics. QC also explores new equipment, clinical procedures, policies, and protocols either directly or assigns it to the Office of the Medical Director’s Improvement Initiative’s Group (See section B. 7 [1]).

Annual clinical care initiatives that focus on specific areas of clinical care are done through EMS Best -100 days to 100%. Past clinical care initiatives were done using a yearly Care Goal where an entire year was focused on a specific clinical care area and associated documentation.

AHEMS has a fulltime Safety manager who oversees operational safety and clinical safety in conjunction with the Director of Risk, Safety, and Education and the QI manager. AHEMS has a Safety Committee that meets regularly to address safety concerns that have been identified by staff, patient/visitor safety reports, local, regional, and/or national trends in EMS safety. The Safety Committee is comprised of street level clinicians (EMT(s), Paramedic(s), Communications (dispatchers), Fleet (mechanic), Supply Chain/Logistics manager, EMS Safety manager, Director of Risk, Safety, and Education, and an Allina Health System Health and Safety Specialist (Industrial hygienist).

8. **Rate Structure.**
AHEMS uses standard HCPCS (Healthcare Common Procedure Coding System) codes and billing as set by CMS. All transported patients receive an invoice that have two charges: Base charge, and mileage charge. The dollar value of these charges is dependent on the level of care the patient receives.

A 2019 rate sheet is included in Exhibit C for your reference. Rate changes from year to year have averaged 3% in order to keep pace with cost of operations. The Vice President of Operations and Director of Finance review rates during the budget process with a keen eye on patient financial impact.

For those patients who would suffer financial hardship, Allina Health has multiple programs that offer partial or total discounts based on their ability to pay.

9. **Community Involvement.**
Allina Health’s mission statement begins with, “We serve our communities by…” The phrase has deep meaning in our organization. As a not-for-profit business, we invest back in our communities to improve the health of our communities. As a result, we enjoy strong relationships across the 121 communities we serve.

Our staff take serving our communities seriously as well, through November 2019, Allina Health employees have given over 114,335 hours to volunteer organizations in 2019. Allina EMS will participate and engage the River Falls Community. We
encourage our staff to volunteer in their communities. For every 20 hours an employee volunteers we will donate $100 to their charity of choice, and is just one great example of how we give back to our communities.

Allina Health is a partner in the Free Bikes 4 Kids program. Through our involvement, Allina Health has collected over 7000 bikes which are cleaned and refurbished to be donated to kids throughout Minnesota and Western Wisconsin. Bike helmets are also donated to each child that receives a bike.

Other examples of how we invest in our communities include: free or reduced fees for qualifying patients that can’t afford to pay for their medical care, special event coverage for community events, safety camps, participation in civic activities such as Rotary, community and industry driven committee or board participation and more. We are involved locally in each of our communities.

10. **Hospital Relationships.**
AHEMS is an unincorporated operating division of Allina Health. Allina Health owns 11 hospitals, over 100 clinics, specialty services and is a recognized leader of healthcare. The executive leadership of Allina Health has built a strong culture of safety and as a patient centered and whole person care system. As leaders in a large healthcare system with vast resources, we collaborate with our communities and other healthcare partners. This gives us great strength and abilities to care for patients few can compare. We see AHEMS in an integrator of healthcare.

The AHEMS and River Falls Hospital relationship has been outstanding. Previous River Falls Hospital President David Miller, the City and EMS have worked together on a number of projects. EMS has participated in disaster planning and has provided interfacility support when the City has had difficulty moving patients. Helen Strike, the current President of River Falls Area Hospital, has been a great partner and is strongly committed to this proposal and partnership with the City. See letter of support in Exhibit E.

Jennifer Loesch, Director of Patient care at River Falls Hospital, is excited about the opportunity to work closer with EMS staff and leaders. Together we have developed a plan that provides the power truck and creates a unique means to provide funding to support EMS operations in River Falls. Jennifer and her team are enthusiastic about the opportunities this brings to the hospital and EMS. Should AHEMS succeed under this proposal, our local leader would work closely with Jennifer and other hospital leader to assure that we are well-coordinated and that any issues or concerns are addressed.

11. **Financial Stability.**
The Allina Health executive leadership truly understands the importance and strongly supports the commitment to the River Falls Area communities. They have fully approved all capital dollars necessary to complete this proposal.
Allina Health is a leading provider of Healthcare and has one of the most solid financial ratings of any in the region. This includes:

a. Allina Health is a large health system with over $4 Billion in annual revenue. Days Cash on hand is regularly 200 plus days. The 200 plus days Cash on hand in healthcare is considered excellent.

b. There are no facts, issues or potential events that may have a material bearing on the financial condition, solvency or credit worthiness of Allina Health.

c. Corporate audited financial statement for 2017 and 2018 are attached in Exhibit D. As reflected in the statement. Our audited financials reflect an organization that is capable of supporting any contractual obligation into which we enter.

12. References

See letters of recommendation in Exhibit E

13. Transition

Allina Health EMS has successfully transitioned five agencies from independent operations to AHEMS operations over the past 10-years. Each transition’s timeline was different based on the needs. In all cases we met the agreed to timeline and there was no gap or in care. Each time we’ve transitioned an agency we have seen staff express great concern or even object in the beginning. In all cases, many of the most concern staff became some of our strongest proponents after the transition. In fact, the majority of all staff in each transition remain with us today and enjoy high employee engagement scores.

There are a number of steps that will need to be carefully calculated and coordinated transition River Falls operations. Once we are selected through the RFP process, AHEMS will hold a series of meetings with the staff and city. The meetings will map out the stages of transition.

Below is a high level overview of the sequence we utilize to transition an EMS agency’s operations to AHEMS:

1. Contractual details are worked out with all stakeholders and legal counsel.
2. A series of meetings with staff. It is at the staff level where the greatest amount of anxiety occurs in service transitions. Here we will discuss our plan, answer questions and explain the requirements. We will also discuss our pay and benefit process. Our goal is to ease concerns, and begin relationships.
3. Asset purchases scheduled and equipment reconciliation.
4. Establish meetings with individual staff, review current FTE, pay and onboarding. Paperwork is completed, certification review, and conditional offers are made.
5. Education review and training schedule.
   a. This step is one that also must be clear in the contract transition as it requires staff training to occur prior to the transition date. This would be a cost to the City as staff are a City employee until date
of transition. The onboarding training is multifaceted. Staff must be fully prepared and trained prior to the transition. Training time will be up to 24-hours for each person.

i. This training consists of protocol review, competency, SOP, Operations and much more. Equipment training, scenario training, and equipment orientation to an AHEMS ambulance. AHEMS has a clinical “credentialing” process that all staff undergo to assure quality. AHEMS would coordinate a number of training options for staff. The instructor costs shall be the responsibility of AHEMS. See Exhibit F for credentialing details.

6. Vehicle branding and transitioning. Trucks to be transitioned will be branded and stocked to reflect the AHEMS layout.

7. Base layout, information services, supply, and infrastructure development. All aspects of the base operations to be transitioned will be determined and placed on the timeline.

8. Formal offers are made to staff. In this step, Allina Health Human Resources makes formal job offers to staff, works out benefits and assures staff are fully enrolled prior to the start date.

9. Co-sponsored media releases. Allina Health will partner with the city to assure adequate messaging is conveyed to the communities and public safety partners. This messaging is very important to the success of the transition. We want to ensure the community understands the transition and has a means to ask questions if inclined.

10. Soft start date. Prior to the actual transition date, typically one to two weeks prior to the transition, we would begin a “soft transition.” Here we would transition dispatch to AHEMS, while running current process in tandem. We will also begin the equipment transition, and protocol.

AHEMS will also set up a regular meeting schedule with the City to assure all aspects of the transitions are clearly conveyed and assure opportunity for questions as well as review of the implementation schedule.
D. **Section III: Proposer will affirm their commitment to meeting (or exceeding) minimum requirements and describe any pertinent information relative to the minimum requirements.**

B. **Minimum Service Requirements**

   It is the expectation of the City that the successful Proposer would contractually agree to the minimum requirements as described below; it is likely that these requirements would subsequently be incorporated into a service contract. As part of the RFP submittal, the Proposer will affirm their commitment to meeting (or exceeding) minimum requirements and describe any pertinent information relative to the minimum requirements.

1. **Licensing.**
   AHEMS holds a number of license types in the State of Minnesota. These licenses include 911 and specialty care. AHEMS has maintained these licenses and are in good standing with the Minnesota’s Emergency Medical Services Regulatory Board.

   Currently, AHEMS is not a licensed provider in the State of Wisconsin. However, we are in the process of obtaining our license and currently working with Helen Pullen, the EMS Licensing Coordinator EMS Section, Office of Preparedness and Emergency Health Care Wisconsin Department of Health. We believe that with the timeline provided, AHEMS will secure the proper Wisconsin License necessary as required.

   AHEMS will pursue a Wisconsin EMS provider license regardless of the outcome of the RFP. Should AHEMS not be the successor to the River Falls Area Ambulance, it is very important that we ensure uninterrupted transfer services to the patients of Allina Health River Falls Area Hospital. Should the City partner with another agency, AHEMS still will be able to provide coverage for transfers out of the hospital as needed on a go-forward basis once it obtains the necessary licensure.

2. **Dispatching Services.**
   Section III A-5 explains in great detail our dispatch operations. We understand and agree that the function of dispatch is the fiscal and operational responsibility of AHEMS. We currently receive ambulance calls for service by St. Croix County as Lakeview EMS is an affiliate agency and we dispatch their ambulances into Wisconsin.

   We will work likewise with Pierce County and currently working to meet leaders of Pierce County to discuss their interests. Should either of the Counties choose to charge fees of any nature to AHEMS to transfer ambulance calls to our dispatch center, we reserve the right to review the fiscal impact to the overall cost of services and any fees associated therein.
3. **Staffing**

AHEMS proposes the same truck configuration as is operated in River Falls today. This is contingent on maintaining the current service area as River Falls serves today.

AHEMS will operate two ambulances 24/7/365. One to be based out of the River Falls ambulance base currently used. The other will be based in the City of Prescott.

As a system, we see considerable value in maintaining the third ambulance 13-hours per day. There is a number of reasons for assuring this resource is maintained.

- During the “less than 1-percent” of time necessary, mutual aid is not close. The City of River Falls is a rural community, and the mutual aid partners can be 20 or more minutes away if available. This puts the community at risk for significant delayed care and transportation as calls overlap.
- The additional ambulance provides more jobs for the staff currently employed.
- This assures that two trucks are always available for 911 responses and one unit available for transfers out of the hospital.

The RFP outlines the need to provide 911 responses to the city. However, at times a resident or visitor of the city may require immediate transport from the hospital for critical illnesses. These include time sensitive emergencies like trauma, heart attacks, and strokes. These patients must be transported to a higher level of care in order to save their life and have the best outcomes. The City has done an outstanding job at providing these services to date.

However as mentioned the cost to add and additional resources for 13-hours during peak times outpaces revenue. Still we feel the third emergency ambulance is critical to the residents of the City and the townships currently served.

Allina Health River Falls Hospital has agreed to staff the third 13-hour ambulance (power truck) at the hospital and assume the cost of the staff when they are not on an ambulance call. The crew would help in the emergency room and hospital to care for patients. Staff used here would be our critical care paramedic staff. This partnership allows not only for rapid transport of those patients needing immediate transport but also heightens the clinical skill levels of the EMT and Paramedic and enhances the care team within the hospital.

This staffing proposal exceeds the current operation. Staff will work 3-13 hour shifts per week and are considered a 0.975 employee. They would be fulltime employees and receive fulltime benefits. Currently there are 9-fulltime staff for the River Falls operation. Our proposal requires 22 staff at the .0975 FTE. It will provide a career oriented staffing model and aims to support jobs in River Falls and provide more opportunities for EMS professions. We believe this model will exceed your expectations and will create great stability in the region.

This proposal staffs two 24-hours ambulances and one 13-power truck to be provided 365 days per year. AHEMS recognizes that staffing such an aggressive schedule may
be challenging at times and may need to drop below the proposed design. In such cases AHEMS will assure performance metrics outlined in the proposal are met. We also understand and will obey the regulatory requirements of maintaining an ambulance 24/7 and not drop coverage to perform transfer work.

4. **Advanced Life Support.**

   AHEMS will provide 1-EMT and 1 Paramedic on each of the two 24-hour ambulances as scheduled. We reserve the right to provide EMT/EMT staff in circumstances that go beyond our regular schedule. This includes disaster responses, when concurrent calls exceed our ability to provide as scheduled and some special events.

5. **Concurrent Incidents.**

   As outlined in #3 above “Staffing” AHEMS will schedule 2 ambulances 24/7/365. The current data provided by the City indicates that there are two calls concurrently approximately 20 percent of the time. Staffing two ambulances 24/7 will assure single concurrent events are covered. In addition, AHEMS will provide a third ambulance based in the Emergency Department for 13 hours a day to provide for the third concurrent call. According to the data provided, this occurs less than 1 percent of the time.

   Another unique ability AHEMS brings in the proposal in the coordination of mutual aid and ambulance coverage with Lakeview EMS. AHEMS provides dispatch services to Lakeview EMS. This has been a great partnership and we work together when service needs are scarce. This would allow for a regional approach to coordinating ambulance resources in the area and benefit both parties.

6. **Reports.**

   AHEMS will work with the City to provide “core data responses.” Core data response are those that would be outlined in the professional services agreement to assure defined standards are met. Some examples to consider are: response times, use of mutual aid, and a variety of quality measures. These will be reported to the city a regular intervals. With our previous contracts, affiliate agencies have requested monthly reports to ensure the transition meets required metrics. After the transitions, our partners have changed to a quarterly or bi-annual report.

7. **Protocols.**

   Allina Health EMS is committed to the provision of exceptional care to our patients. Our physician leader (Vice President of Clinical Operations) oversees all aspects of patient care. We have a full time EMS Analytics, Continuous Quality Improvement, and Performance Improvement team consisting of a full time manager and analysts.

   Additionally, as highly reliable EMS organization our Quality Council meets monthly and exists to examine our service to our patients and take steps to improve processes and systems to advance the level of care that our patients receive.
The Quality Council is made up of AHEMS personnel as listed below: VP Clinical Operations/EMS Chief, AHEMS Medical Directors, AHEMS Director, Director of Safety, Risk and Education, AHEMS Operations Director, AHEMS Manager EMS Analytics, CQI, and Performance Improvement, AHEMS Quality Analysts, AHEMS Field Paramedics, AHEMS EMT, AHEMS Manager of Communications Center, AHEMS Dispatchers, AHEMS Operations Regional Manager or Supervisor, AHEMS Operations Metro Manager or Supervisor.

- Allina EMS reviews 100% of cardiac arrests with a robust data gathering and feedback mechanism for system processes and provider education and training.
  - Current Measures: Mean Epinephrine time, Compression Fraction, Single Longest Pause, Pauses over 10 Seconds, LUCAS Application Time. These measures are in addition to standard CARES registry participation and analysis.

- We have implemented a rolling foundations program “Allina EMS Best - 100% in 100 days”. This is an initiative used to ensure exceptional care and documentation by all clinicians to whom we entrust our care. The Allina EMS Best measures are guided by national performance standards for Emergency Medical Providers through a variety of sources; Meyers ET. Al PEC 2007, EMS Compass (NHTSA), and EMS Performance Measures 2009 (NHTSA) and others.
  - EMS Best measures since inception:
    - Seizure - Blood Glucose,
    - Pulmonary Edema - Nitroglycerin Administration,
    - STEMI - ASA Administration,
    - Chest Pain - ASA Administration,
    - STEMI - EKG Interpretation,
    - Chest Pain - EKG Interpretation,
    - Transported Patients - 2 sets of Vital Signs,
    - Asthma - Documented Lung Exam,
    - Asthma - Beta Agonist Administration,
    - ETI - EtCO2,
    - ETI - Bougie Use, ETI - Success Rate.

Measures for 2020 will include: No Transport/Cancel, Medical Alert – Scene Time, Trauma Alert – Scene Time, Stroke Alert – Scene Time.

River Falls EMS currently contracts with AHEMS physician medial direction for their agency. A medical protocol revision is underway and has been reviewed by the State of Wisconsin’s Department of Health. While there are some details to work out, a fully State approved medical protocol is pending further minor edits. Partnering with AHEMS will make for an extremely smooth transition as the medical protocols would not change, and we would build on the training that has already been implemented. Staff would be one step ahead in this transition knowing the medical protocol, and ease this area of
apprehension.

8. **Interfacility Transfers.**
AHEMS understands the concern by the City to ensure interfacility work does not interfere with 911 responses. We also understand the regulatory requirements that enforces this provision. One great advantage AHEMS over other providers is the depth of resources. We currently have nearly 80-ambulances in our fleet. This allows us to utilize resources not dedicated to the City if warranted.

AHEMS staffing plan listed under #3 above “Service” should more than accomplish the interfacility needs. However, if due to staffing challenges or other circumstances we need to move patients from the hospital or clinics, we can look to our interfacility division for help. AHEMS will assure that interfacility transfers do not interfere with 911 calls.

9. **Additional Resources.**
AHEMS has significant resources advantages over other potential partners. Providing 2-ambulances 24/7/365 and one 13-hour ambulance daily will cover nearly all requests for multiple unit responses. In addition, our dispatch center would be able to mobilize mutual aid from Lakeview much more quickly as we provide their dispatch services. Should the city have a catastrophic incident, AHEMS can mobilize a multiple ambulance strike team that includes leadership from our Minnesota operation under mutual aid. In protracted incidents we have other resources such as a tactical communications vehicle, mass casualty resources, ATV, and certified National Incident Management System (NIMS) command leadership.

AHEMS has provide resources to many disaster situations in our FEMA region as well as strike team resources to both FEMA and the Emergency Management Assistance Compact (EMAC) nationally. Most recently deployed to the East Coast hurricane threats for NIMS command staff leadership.

We also consider the local EMS leader to be a response asset to any major incident. The EMS leader will be provided a response vehicle and able to response.

10. **Response Times.**
The City has worked diligently to reduce response times as outline in the 2018 annual report. On page 10 of the report the City has listed the “average response time” and the “average enroute time.”

One significant difference in this proposal is AHEMS will provide is 13-hour shift rather than the 24-hour shift utilized today. In a 24-hour shift concessions must be made for crews that are sleeping and enroute times are longer as crews awake and prepare to depart. Our 13-hour schedule removes the sleep barrier and we require crews to be enroute to calls between 60 and 120 seconds. Therefore enroute times will likely be less than the 2-minute goal used today.
AHEMS currently measures response time as the time of first ring in our dispatch center until the time that the ambulance arrives on scene. The City measures response time by the time the ambulance receives notification until the time the ambulance is on scene. The specific time intervals to be measured and reported on will be outlined in the professional services agreement to ensure we are meeting the expectations of the City and surrounding areas.

There is considerable debate in the EMS community about response time measure and the relationship to a patient’s health outcome. Responding lights and siren is dangerous to the crew and community and the majority of ambulance crashes involve the use of lights and siren. Experts agree that the number of time sensitive life threatening emergencies are few. Situations like cardiac arrest, choking, asthma, and trauma are the biggest areas where getting to the patients quickly can impact patient outcome.

In order to reduce the amount of times AHEMS response lights and siren, our ACE Accredited communications Center utilizes the internationally accepted method of screening medical calls through Emergency Medical Dispatch (EMD) see section III A-5.

As we have worked to improve safety of our employees and the public, we have used the EMD process to reduce the number of times we respond lights and siren by over 30%. This creates two categories of response times by AHEMS, emergent and non-emergent. Through EMD we identify those that are emergent and apply the response time criteria accordingly. The non-emergent response times are also reported. Non-emergent does not mean it is not urgent. It simply means we don’t respond with lights and siren. We drive within the posted speed limits and arrive accordingly.

AHEMS utilizes a 90th percentile measure for response times. It is a fractal reporting measure. Our fractal uses a 10 minute 59 second standard (or 10:59) for cities such as River Falls, and 17 minutes and 59 (or 17:59) seconds for rural areas. While those may sound like long response times it is a common standard of measure in EMS industry.

Fractile reporting reports number of calls by the percent of time they arrived. What percent arrived within 1-minute, 2-minutes, 3-minutes… and continues up to a point where 90% of calls are reported. We will ensure that we maintain the 90th percentile at or below 10 minutes and 59 seconds. In our current operations our 90th percentile falls at the 8 or 9 minute mark.

Rural response areas will be calculated similarly. 90% of all calls we must have arrival times that are17 minutes and 59 seconds or less. Our 90th percentile in many of our rural communities served today is less than 14-minutes.

Our Hutchinson, Minnesota operation is nearly identical to what we are proposing for River Falls. We have never exceeded a 10:59 - 90th percentile or the 17:59 unless it was mutual aid to another agency outside our primary service area. Hutchinson response time averages are between 7 and 8 minutes. As a reminder, we track our response times from the time of first ring in our dispatch center until the time the ambulance is on scene.

We can define response time criteria a number of different ways and have done so with other agencies. If the City wishes to look at average response times, we are willing to
report those as well.

11. **Special Event Standby Ambulances.**
Ambulances. As stated, our mission statement begins, “We serve our communities by…” Special event coverage is one of those ways we serve our communities. The RFP ask of 16-hours of special event coverage per year by the city for whatever purpose is more than acceptable. As a not-for-profit, it is part of our mission to support the community and to provide a portion of special event coverage at no cost.

AHEMS does charge special event coverage fees for items that typically require protracted ambulance resources, concerts, and typically events that generate for profit revenue to the organizer. These fees are reasonable and are updated annually.

12. **Staff Retention.**
Allina Health Emergency Medical Services shall offer employment to current full-time City EMS paramedics provided that they meet the minimum employment requirements and qualifications. Our intent is to review their employment history and map their experience and years of services in the job class to our wage scale.

Benefit eligibility is based on a minimum employment status of .5 FTE or greater with an effective date being the 1st of the month following the date of hire. The model we are proposing will require much more than the 8-full time staff currently employed. AHEMS will make offers to regular and casual part-time staff who meet these criteria. Staff must:
  i. Have an acceptable driving record in accordance to Allina Health’s Fleet Safety Policy. See Exhibit H
  ii. Complete and pass a criminal and background check
  iii. Complete and pass a Health and Human Services (HHS) background check
     1. HHS background checks include investigating whether an individual has under a clinical suspension or other action against a certificate on license making their work ineligible for government payer reimbursements
  iv. Be in good standings and recommended for hire by the City of River Falls

AHEMS reserves the right to not offer employment to any individual who does not meet those requirements or qualification.

13. **Contract Term.**
AHEMS agrees to a five-year term with the renewal options as outlined. Many of existing our agreements are three year terms with three automatic renewal clauses. Either party would have to give 120-day notice if they did not wish to renew or if they wished to renegotiate the service agreement. AHEMS would prefer a minimum of a 3-year contract with clause that triggers an automatic renewal.
14. **Billing and Collections.**
AHEMS will bill and collect in accordance to all applicable laws. Allina Health’s Revenue Cycle Management division is responsible for all aspects of patient billing and collections. Allina Health will assume all responsibility for patient billing and collection services.

15. **Patient Rates.**
Fees for services are outlined in Exhibit C. AHEMS operates on a fiscal calendar year. Rate changes are considered the August/September timeline. One established AHEMS will notify the City of any changes in accordance to the sixty day timeline. See III A-8 for more details.

16. **Medical Director.**
We are actively in collaboration with Dr. Riccardo Colella, WI State EMS Director, to ensure our protocols meet and exceed the standards in place by the State of Wisconsin. The tentative acceptance of these protocols is Jan 1, 2020. Additionally AHEMS has a professional, ethical, and legal standard to provide emergency treatment to all patients requesting our services and transport to the closest appropriate facility.

We currently employ Joey Duren, MD to serve as Medical Director for River Falls. This physician is licensed in the State of Wisconsin.

17. **Nondiscrimination.**
Allina Health does not discriminate against any employee or applicant for employment on the basis of any legally protected classification such as race, color, creed, religion, national origin, sex, sexual orientation, gender identity, disability, age, marital or familial status, covered veteran status or status with regard to public assistance or membership or activity in a local human rights commission.

This commitment applies to all employment practices including, but not limited to, hiring, promotion, demotion, transfer, recruitment, advertising, selection, layoff, corrective action, termination, recreational activities, rates of pay or other forms of compensation, and selection for training. Allina Health will provide reasonable accommodation to qualified individuals with known disability, unless the accommodation would impose an undue hardship.

18. **Insurance.**
Allina Health is a self-insured health system. AHEMS will meet all items as outlined in the RFP coverage limits. See Exhibit I, for our insurance certificate.

19. **Indemnification.**
AHEMS agrees to the indemnification terms as required. Term would be defined in a subsequent professional services agreement.
E. **Section III:** The Proposer should indicate if they can meet or fulfill the additional preferred criteria.

C. **Preferences**

The Proposer should indicate if they can meet or fulfill the additional preferred criteria.

1. *The Contractor will utilize a standard emergency medical dispatching program and provide pre-arrival instructions to callers.*

   See III A-5 for a detailed outline of our Communications center, dispatch process and pre-arrival services.

2. *All current regular and casual part-time City EMS staff would be afforded an opportunity for similar employment with the Contractor so long as individual staff members meet driving and background eligibility criteria.*

   AHEMS will make offers to regular and casual part-time staff who meet these criteria. Candidates must:
   - i. Have an acceptable driving record in accordance to Allina Health’s Fleet Safety Policy. See Exhibit H
   - ii. Complete and pass a criminal and background check
   - iii. Complete and pass a Health and Human Services (HHS) background check
      - 1. HHS background checks include investigating whether an individual has under a clinical suspension or other action against a certificate on license making their work ineligible for government payer reimbursements

<table>
<thead>
<tr>
<th>Price</th>
<th>Description</th>
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<tr>
<td>$1,000</td>
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</tr>
<tr>
<td>$35,000</td>
<td>Ambulance 6503: A 2014 Chevy 4500 with 54,056 miles</td>
</tr>
<tr>
<td>$90,000</td>
<td>Ambulance 6504: A 2016 Chevy 4500 with 35,599 miles</td>
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<tr>
<td>$55,000</td>
<td>Ambulance 6505: A 2015 Chevy 4500 with 55,279 miles</td>
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<tr>
<td>$18,000</td>
<td>Medic 6507: A 2014 QRV/Interceptor: Ford with 29,754 miles</td>
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<tr>
<td>$35,000</td>
<td>Medic 6506: A 2018 QRV/Interceptor: Ford with 2,904 miles</td>
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<tr>
<td><strong>$234,000</strong></td>
<td><strong>Vehicle Total</strong></td>
</tr>
</tbody>
</table>
iv. Be in good standings and recommended for hire by the City. AHEMS reserves the right to not offer employment to any individual who does not meet those requirements or qualification.

3. The Contractor would purchase the existing City EMS fleet and capital equipment at a fair market value.

AHEMS has evaluated the assets listed by the City and propose the following fair market value amount for the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
<th>Model</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2017</td>
</tr>
<tr>
<td>Cardiac Monitor</td>
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</tr>
<tr>
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<td>2012</td>
</tr>
<tr>
<td>Compressions Device</td>
<td>$9,000</td>
<td>LUCAS 2</td>
<td>2016</td>
</tr>
</tbody>
</table>

$79,000 Equipment Total

$313,000 Vehicle and Equipment Total

4. The Contractor would be fully accredited through the Commission on Accreditation of Ambulance Services.

AHEMS received our Commission on Accreditation of Ambulance Services (CAAS) on August 21st 2018. We will renew this certification by August 21st of 2021.

The process to achieve a CAAS certification is exhaustive. Every area of the services is reviewed. AHEMS took 24-months to go through every detail, and assure that we were meeting the high level standards. The 800 page document outlined every aspect in accordance to the strict standards.

In July of 2018, CAAS sent three assessors to examine our operation and validate that the documents submitted reflected the actual practice of the organization. Following a thorough three days of review, the evaluators explained that they had no corrections or required follow up items to submit. The evaluators went on to explain that this is highly unusual for an agency of our size. They spoke highly of our organization and that we should be proud of the hard work and commitment AHEMS has shown.
5. *The Contractor would be able to demonstrate the highest standards of patient care and high-quality outcomes through comprehensive quality assurance / quality improvement initiatives.*

Item III A-7 outlines our quality standards in great detail. We are proud of the quality assurance and improvement we have here at AHEMS. The AHEMS Supervisor of Staff Development/Community Education reviews and provides feedback to clinicians on all cardiac arrests and in partnership with the Director of Risk, Safety, and Education if an issue(s) will conduct a deeper clinical review and further feedback and/or education to the clinician(s) involved.

AHEMS has a PEER review process in place for issues/concerns that may not fit a traditional quality and/or risk review. The QI department in partnership with Clinical Education and Staff Development conduct new employee academies, along with regular documentation reviews which look at each new clinician’s clinical care and documentation. The results are shared with the clinician and their Field Training Officer (FTO) so they can make improvements.

The FTO program at AHEMS is designed to onboard new clinicians and prepare them to operate on their own once they have completed the program. AHEMS utilizes the Field Training and Evaluation Program (FTEP) developed by the National EMS Management Association. FTEP is a national standard in field training first developed in law enforcement. All AHEMS FTO staff are FTEP certified and AHEMS is one of two approved FTEP training sites in the Upper-Midwest. We have trained not only Allina FTO staff but numerous agencies in Minnesota and Wisconsin.

Clinical education is held twice year with fall and winter education sessions which all clinicians must attend and consists of an online component (2-3 ours) and a face-to-face component (4 hours). Thirty (30) hour national core curriculum (NCCR) recertification classes are offered at various times of the year to assist our clinicians in obtaining the hours needed to fulfill their required national educational requirements.

AHEMS operates a ground critical care transport (CCT) division. The education program for new and refresher training is credentialed by the International Board of Specialty Certification (ISBC). Both Minnesota and Wisconsin have approved this education for Critical Care providers.

These are taught by flight paramedic-certified and/or critical care paramedic-certified educators, MDs, critical care specialists in areas such as ECMO, OB, pediatrics, etc. Critical Care QI is performed by the Critical Care Educator (FP-C) in partnership with the Director of Risk, Safety, and Education (FP-C/CCP-C) and the Vice President of Clinical Operations (MD).
6. **The Contractor can make special event ambulance standby coverage available to individuals, groups, organizations or entities within the service area. The City would not be party to such arrangement and the terms of coverage would be for the Contractor to establish with the event organizer.**

   AHEMS has a special event charge rates. See Exhibit J. Some special events may be done as part of our community outreach. Based on the type of event whether it is a for-profit or not for profit organization, and other factors. Determinations are not made to induce or reward referrals of any healthcare business to Allina or AHEMs. AHEMS works with these groups to determine need and quote costs accordingly.

7. **The Contractor would be interested, willing and able to provide EMS services to those other municipalities currently receiving EMS services from River Falls EMS.**

   River Falls Area Hospital’s area of responsibility goes well beyond the city limits of River Falls. We serve patients in all areas that River Falls Area Ambulance responds. AHEMS is not only willing to provide services to the current municipalities but considers this necessary to provide the level of service outlined in a collaborative model.

   The EMS model as outlined is not a profitable undertaking for AHEMS. But it is the right level of service that provides the best coverage to the City and their current partners. River Falls and their surrounding communities are mostly rural and do not have close mutual aid resources readily available. Whether it is the City of Prescott, the township of Troy or the City of River Falls the success of the region requires a coordinated EMS system.

   If any of the partners were to be excluded it would reduce the overall volume of transports. This places any agency responding to the RFP in fiscal jeopardy. AHEMS RFP as outlined is sections A through E is based on holding all River Falls partners in place, as well as their current fiscal commitments.
F. **Section IV: Contract Options**

A. **Accounts Receivable.**
   Allina Health would not be interested in purchasing current patient receivables.

B. **EMS Station.**
   Allina Health would look to lease the EMS station located at 175 E Cedar Street in River Falls. Allina Health’s commercial real estate division has valued the property lease rate to be at $3,208 per month based on comparable properties. This would include all taxes but exclude building utilities and maintenance. Alternative negotiable offsets to the total lease costs could be in-kind exchanges (e.g. training for the City’s Police and Fire Department) provided those services are agreed upon by AHEMS and the City and are consistent with a fair market value exchange. Allina Health would look to write a separate lease agreement that outlines all responsibilities and negotiated accordingly.

C. **Neighboring Townships.**
   As stated in “Preferences #8, AHEMS not only confirms our interest in these townships but consider these townships key to a healthy EMS system. The River Falls 2018 annual reports states:

   “River Falls EMS also provides ambulance services to seven Towns surrounding the City of River Falls. The Towns covered by our department are Troy, Kinnickinnic, Pleasant Valley, Warren in St. Croix Co. and River Falls, Clifton, and Oak Grove in Pierce Co. EMS services are provided to these municipalities through a contractual agreement resulting in a per capita rate of $11.00. These municipal per capita fees result in ~$100,000 revenue annually. There were 306 responses to these municipalities in 2018.”

   AHEMS has not typically looked to a per capita fee from cities or townships. This is primarily due to our ability to backfill deployed resources to our adjacent operations. In these cases we can maximize our efficiency and cover ambulance volume with fewer static resources. This drives costs down.

   Unfortunately that is not the case in this region. There are not resources readily available to backfill, and static resources are required to assure sound coverage to the community without significantly response delays. This is a more expensive model to operate. AHEMS would look to receive the current per capita rates the City collects today. We are not proposing any increases to what is currently being assessed. We understand that further agreements must be obtained by AHEMS in order to transfer the assessments. Should the townships decline or eliminate the per capita fee, we reserve the right to modify, or withdraw this proposal.

   We are propose the 17:59 fractile 90th percentile response standard in these rural areas. See III B-10 for more details. Currently, the City does not mobilize ambulances for middle area coverage in the evening hours as staff work 24-hour shifts. Our proposal would require coverage movement 24/7, this would improve response times to rural partners.
D. Prescott Fire and EMS Association Response Area.
AHEMS has worked well with the Prescott Fire and EMS Association over the years. Prior to the Cities acquisition of the service, AHEMS provided training and worked with the association to establish best practices.

As stated in “Preferences #8, AHEMS not only confirms our interest in these townships but consider these townships key to a healthy EMS system. The River Falls 2018 annual reports states:

“River Falls EMS also provides EMS services to the City of Prescott through contractual agreement. The services are currently provided to Prescott at per capita rate of $19.00 which resulted in ~$138,000 revenue for 2018; this contractual agreement will carry through 2019 at which time it will be up for renewal. EMS responded to 277 calls within the City of Prescott in 2018.”

As stated in item C, AHEMS has not looked to collect a per capita fee from cities or township. But as explained to maintain the same level of response requires fiscal consideration that go beyond what transportation revenues provide. Again as outlined in item C, AHEMS would look to receive the current per capita rates the City collects today. AHEMS is not proposing any increase in the current per capita fee. Here too we understand agreements would need to be developed with the association to transfer the assessments. Should the Association decline or eliminate the per capita fee, we reserve the right to modify, or withdraw this proposal.

E. Alternatives to Consider.
This proposal provide a significant change to the current operation. We are proposing a career level service to much more than 8 fulltime staff. This proposal requires 22 full time staff. While this is an expensive model, it is necessary to maintain a strong, long-lasting EMS system.

Allina Health is looking to partner in the cost model by absorbing a portion of the workforce into the hospital. These are new and innovative options that we hope the City and there partners find suitable for years to come.
G. Section V: Pricing Submission

A. EMS Services for the entire River Falls EMS service area:

Throughout the body of the response we are proposing that AHEMS continues and builds on the great service that the River Falls Area Ambulance has provided to date. There is ample evidence nationally that when communities collaborate on EMS coverage the ability to provide coverage improves. In particular, many rural areas of the country are struggling to get reliable ambulance coverage 24/7. Locally we’ve seen agencies struggle to provide adequate coverage and is one of the reasons River Falls and Prescott EMS and Fire Association came together. Areas like Ellsworth are struggling and recently went to RFP as Health Partners terminated their agreement. Hudson EMS consolidated with Lakeview EMS. Self-sustained municipal EMS operations without significant tax subsidies are rare.

Public safety has a long history of consolidation across municipalities. It is cost prohibitive for many small jurisdictions to provide their own law enforcement. The sheriffs across the country contract with jurisdictions to provide law enforcement. EMS is no different. Today, ambulance services are by in large fee for services. Meaning revenue is only produced if a patient is transported and if they have insurance or other means to pay. Uncompensated medical care for AHEMS in 2018 was 8.8% of net Revenue or $6,600,000 dollars.

The model we’re proposing is two ambulances staffed 24-hours a day and one 13-hour shift a day for every day of the year (staff will work 13 hour shifts so there will be some overlap in coverage). One 24 hours ambulance in River Falls, one in Prescott and a 13 hour ambulance based out of the hospital. This is quite similar to how AHEMS operates in Hutchinson. In 2018 the total operational expense to our Hutchinson operation was $1,900,000. This does not include funding to recapitalize the operations.

Based on the City’s payer mix, AHEMS anticipates a net revenue projection of $1,462,000 from patient revenue. Based on the 2018 River Falls Area Ambulance Annual Report, they collected $11 per capita assessment from the towns of Troy, Kinnickinnic, Pleasant Valley, Warren, Clifton and Oak Grove totaling approximately $100,000. In addition there is a $19 per capita rate assessed to Prescott totaling $138,000. Total net-revenue totaling $1,700,000. By embedding the 13 hour power truck at the hospital it will offset just over $200,000 per year of salary cost. The offset brings net revenue and operating cost to zero. Recapitalization of the services is done from and overall enterprise level equipment replacement process from Allina Health.

The River Falls Area Ambulance 2018 annual reports does not indicate that the City of River Falls provides a per capita fee for ambulance services. This proposal does not look to add a per capita fee to the City of River Falls, but AHEMS does reserve the right to explore this option should expense management outpace means to cover services.
B. **EMS Services to just the City of River Falls and neighboring municipalities:** Servicing the City of River Falls and the towns of Kinnickinnic, portions of Troy, Pleasant Valley and half of Clifton eliminates the City of Prescott and towns they serve.

AHEMS is concerned that reduction of service areas will destabilize the region by reducing volume and places a hardship on these towns to come up with ambulance coverage by another means.

Data provided indicates in 2018, 1,410 requests for services originated within the City of River Falls, of which 524 of these were hospital transfers and 886 were 9-1-1. The towns outline add an additional 301 emergency calls totaling 1711 calls. Factor in a 25% non-transport rate on 911 calls and transfers and there is approximately 1410 billable calls. This would generate approximately $830,000 in revenue. The $11 per capita fee by the listed towns would add an additional $100,000. Total net revenue in this situation is approximately $930,000.

The operation model here, which excludes Prescott’s area, would require one truck 24-7, and a 13 hour power truck followed by call time. Call time is incredibly difficult to cover and can provide vulnerability to a community’s ability to respond to medical emergencies. This configuration is very similar to our Glencoe, MN operation. In that operation the total operations costs is $1,100,000.

This configuration would not allow one crew to be embedded into the hospital as concurrent calls happen over 20% of the time. This creates an operating loss of approximately $170,000 annually. In this case the City of River Falls and partner cities would be required to contribute over $300,000 to assure operating costs are covered.

C. **EMS Services to just the City of River Falls:**

As stated, a reduction of service area rather consolidation of service drives costs up and destabilizes ambulance coverage in the region. Due to the regulatory requirements and our interests in assuring transfer coverage to River Falls Area Hospital the response model here is no different than what’s listed above in B. River Falls needs two truck coverage at a minimum. One paid 24/7 one power truck and call time to provide further coverage.

By limiting volume to 1410 calls which include transfers, the cost of service does not change for a two truck model. Rather it drives up the amount the city would need to pay considerably. The City would have to cover the loss of the $100,000 per capita fee by their adjacent township partners and the loss in revenue of the 301 ambulance calls (approximately $124,000) and the $170,000 listed above in B. This would drive an approximate $374,000 annually cost to the City.
Emergency Medical Services Update
For the River Falls Rotary Club

Delivered: January 14, 2020

Jason Stroud, Assistant City Administrator
City of River Falls, WI
About EMS

4%

of the service area population utilized River Falls EMS resources in 2018

EMS CALLS FOR SERVICE COMPARISON BY YEAR

2015: 2291
2016: 2221
2017: 2160
2018: 2089
2019: 2116

2019

- 9-1-1: 1,476
- Interfacility: 0
- Fire/PD Standby: 0
- ALS Intercept: 13
- Mutual Aid Coverage: 100
- Public/Crew Assist, Other: 512

Map of River Falls and surrounding areas.
Overview

- **Annual Operating Expenses**: $1.9 million
- **Annual EMS Fee-for-Service Revenue**: $1.2 million
- **Annual Fee-for-Service Operating Deficit**: $700,000

↑ 2-2.5% Projected increase in expenses each year

→ 0-1% Projected increase in revenue each year
### PROJECTED EXPENSES V. PROJECTED FEE-FOR-SERVICE REVENUE

#### Operational Deficit

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<tr>
<th></th>
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<th>2020</th>
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#### Resulting Deficit

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How did we get here?

We have been on this path for the last several years.

Fee-for-service revenue has decreased over the years. Less calls, and paid less per call.
We realize 9% less revenue today, then we did in 2015.

Expenses have increased with the addition of staff positions.
Staff positions added to ensure a baseline level of staffing.
Equates to a 57% increase in expenses since 2015.

Fee-for-service is a transport “reimbursement” payment and reimbursement rates have not increased with inflation.
Alternative Service Delivery

A comparison of municipalities 10,000-50,000

United States

2017 ICMA Survey of 1,147 Cities

- Own EMS (33.10%)
- Alternative Svc. Delivery (66.90%)

"Own EMS" includes combined Fire/EMS dept's

3rd Service Mun. EMS (5.95%)
Combined Fire and EMS (35.71%)
NGO/Private or Hosp. (36.90%)
Other/Regional (19.05%) Unknown (2.38%)
That brings us to…

There is need to ensure a viable long-term solution for quality EMS/ambulance services. Any mitigation for the short term, is likely not a long term solution.

It may be impractical for the City to continue to be the solution in terms of efficiency and value. The payer system is not favorable to municipal third-service EMS operations.

A transition to a non-governmental health care partner for EMS services is likely a viable option at this time.

With the support of the River Falls City Council and EMS Advisory Board, staff issued a Request for Proposals (RFP).
<table>
<thead>
<tr>
<th>Feature</th>
<th>River Falls EMS</th>
<th>Allina EMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Oversight / Service Level Flexibility</td>
<td>Direct / As-Needed</td>
<td>Contractual / Per Terms</td>
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<tr>
<td>Critical Care Transfer Services</td>
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</tr>
<tr>
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<tr>
<td>River Falls – An additional ALS Ambulance 9a-9p</td>
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</tr>
<tr>
<td>Prescott – An ALS ambulance 24/7</td>
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<td>90th percentile response times – City</td>
<td>0:09:02 (actual) + 2-3 minutes*</td>
<td>0:10:59 (proposed)</td>
</tr>
<tr>
<td>90th percentile response times – Rural</td>
<td>0:17:20 (actual) + 2-3 minutes*</td>
<td>0:17:59 (proposed)</td>
</tr>
<tr>
<td>Emergency Medical Dispatching (pre-arrival instructions) for entire response area</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Employment opportunity for all current FT and PT staff</td>
<td>Unknown</td>
<td>✓</td>
</tr>
<tr>
<td>In-house EMS employee development, continuing education and career opportunities</td>
<td>Limited</td>
<td>✓</td>
</tr>
<tr>
<td>Paramedic Pay Range</td>
<td>$17.00-$21.50</td>
<td>$23.61-$35.55</td>
</tr>
<tr>
<td>Comprehensive Quality Assurance/Quality Improvement Initiatives and Programs</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Ability to Pay Program(s)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Special Event Coverage Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Community Education and Outreach</td>
<td>✓</td>
<td>limited and/or per terms</td>
</tr>
<tr>
<td>Wheelchair/Paratransit Service Component</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Ambulance billing rates for transport (range based on level and criticality)</td>
<td>$1,219-$2,300</td>
<td>$640-$2,640</td>
</tr>
<tr>
<td>Township per capita (2021)</td>
<td>$\geq$21.50/possible</td>
<td>$11/proposed</td>
</tr>
<tr>
<td>Prescott Fire and EMS Association per capita (2021)</td>
<td>$\geq$28.50</td>
<td>$19/proposed</td>
</tr>
<tr>
<td>Annual subsidy likely required from City of River Falls (2021-2025)</td>
<td>$\geq$300,000</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
What’s next?

- The City will work with Allina to draft a contract that:
  - Ensures current EMS staff have an opportunity for employment; and
  - Provides ambulance staffing similar to, or better than, the City is providing (beginning in 2021); and
  - Is a fair value with market based rates that provides Towns an opportunity to opt in for comparable, or better, rates; and
  - Ensures community interaction and connection.
- Staff will further discuss this item with City Council on January 28th.
- City Council would need to formally approve a contract; if warranted, this will likely be presented in February 2020.
Questions, Thoughts, Feedback?