

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

In the Matter of Granting a Franchise for)	
Ambulance Services to Metro West)	Order No. 25-2025
Ambulance Services, Inc. for Ambulance Service)	
Area 7)	

WHEREAS, pursuant to Section IV of the Columbia County Ambulance Service Area Plan, the Board of County Commissioners for Columbia County, Oregon, adopted Ambulance Service Areas; and

WHEREAS, pursuant to Section 8 of Ordinance No. 2016-1, the Columbia County Ambulance Service Ordinance, the Board mandated that no person may provide ambulance services in Columbia County without being fully franchised in accordance with the Ordinance unless specifically excepted by the Ordinance; and

WHEREAS, on July 1, 2024, the Columbia County Ambulance Service Administrator called for applications to provide ambulance services in Columbia County; and

WHEREAS, Metro West Ambulance Service, Inc. (Metro West), submitted its application for the franchise to operate in Ambulance Service Area 7 (ASA-7), which is generally in the Vernonia area; and

WHEREAS, pursuant to Section 11, of Ordinance No. 2016-1, Jaime Aanensen, Ambulance Service Administrator, reviewed the franchise application with a review committee, and recommended that the Board grant the ambulance service franchise for ASA-7 to Metro West; and

WHEREAS, a copy of Metro West's application is attached hereto as Exhibit "A" and is incorporated herein by this reference; and

WHEREAS, a copy of the Ambulance Service Administrator's recommendation is attached hereto as Exhibit "B" and is incorporated herein by this reference; and

WHEREAS, pursuant to Section 12 of Ordinance No. 2016-1, the Board of Commissioners published notice of a public hearing and held a hearing In the Matter of Awarding Ambulance Service Area Franchises for Columbia County, on December 4, 2024; and

WHEREAS, during the hearing the Board of Commissioners heard the Ambulance Service Administrator's recommendation and additional public testimony; and

WHEREAS, the Board of County Commissioners thereafter continued the hearing to December 18, 2024, at 10:00 a.m.; and

WHEREAS, on December 18, 2024, the Board of Commissioner received additional testimony, closed the hearing, and voted unanimously to grant the Ambulance Service Franchise for ASA-7 to Metro West; and

WHEREAS, Pursuant to Section 13 of Ordinance No. 2016-1, franchise terms are 5 years unless the Board of County Commissioners finds that a longer or shorter term is required in the public interest; and

WHEREAS, the Board of County Commissioners found that a shorter franchise term of six months was in the public interest because the franchise agreement was not yet in final form and adopted Order No. 61-2024, granting a six month franchise to Metro West expiring on June 30, 2025; and

WHEREAS, Metro West has now signed the Agreement for Ambulance Service Franchise for ASA-7;


NOW, THEREFORE, IT IS HEREBY ORDERED as follows:

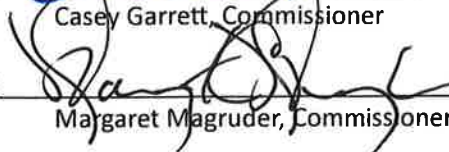
1. The ambulance service franchise for ASA-7 is hereby granted to Metro West Ambulance Service, Inc., for the period beginning July 1, 2025, and ending December 31, 2029.
2. The franchise granted herein is subject to the terms and conditions of Ordinance No. 2016-1, the Columbia County Ambulance Service Ordinance, and the Columbia County Ambulance Service Plan, adopted by Ordinance No. 2024-1, as they may be amended, together with Franchise Agreement C62-2025.
3. Notwithstanding the Ambulance Service Plan, Franchisee shall have until July 31, 2027, to equip all ambulances with GPS AVL transponders compatible with Columbia 911 dispatch software.

Dated this 28th day of May, 2025.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: 
Kellie Jo Smith, Chair

By: 
Casey Garrett, Commissioner

By: 
Margaret Magruder, Commissioner

Approved as to form

By: 
Office of County Counsel

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AUTHORIZED REPRESENTATIVE LETTER

3.2.2 Authorized Representative

Failure of the authorized representative to sign the Proposal may subject the Proposal to rejection by the County.

An Authorized Representative letter is located in the following two pages of this document.





August 1, 2024

Jessica Kosydar, Public Health Emergency
Preparedness Coordinator
Columbia County Public Health
230 Strand Street
St. Helens, OR 97051

Dear Ms. Kosydar,

Metro West Ambulance Services, Inc. (Metro West) is proud to submit this proposal in response to the Columbia County Department of Public Health Ambulance Service Area Franchise Request for Proposal (RFP) for 911 Ambulance Services. Our proposal represents the hard work and drive of the men and women of our company, and our desire to continue serving the Vernonia ASA in Columbia County. We have been proudly serving this area since we were first granted the ambulance service franchise August 1, 1997.

Metro West has been a trusted partner for over 70 years and during that time we have provided uninterrupted, high quality emergency care and transportation across multiple counties including the area served in Columbia County. Metro West Ambulance and our Family of Companies enjoy the full strength and backing of over 1000 employees throughout Oregon, Washington and northern California while maintaining the autonomy and flexibility necessary to meet local community needs in Vernonia.

As the second-generation owner I bring decades of experience, commitment, and accountability to the communities we serve. This transmittal letter serves as verification of our desire to submit this proposal and that it conforms to all procurement rules and procedures articulated in this RFP and all rights, terms and conditions specified in this RFP.

As the Owner and President of Metro West Ambulance, I affirm that I am authorized to make decisions on behalf of my company. The following is various required information and statements.

Name and title of Proposer representative:

James D. Fuiten, President, Owner

Name, physical and mailing address of company:

Metro West Ambulance Service, In.
5475 NE Dawson Creek Drive
Hillsboro, OR 97124

(Mailing address same as physical address)

Metro West Ambulance Family of Companies



Telephone number, fax number, and email address:

Office: (503) 648-6658 Mobile: (503) 936-4303

Fax: (503) 693-3216

Email: Jdfuiten@metrowest.us.com

RFP title:

Columbia County Department of Public Health

Ambulance Service Area Franchise Request for Proposal (RFP)

[RFP #S-C00055-0001854]

A statement that the Proposer believes its Proposal meets all the mandatory requirements set forth in the RFP:

Metro West Ambulance Services, Inc. is confident that our proposal meets and fully describes all of the requirements set forth in the RFP.

A statement acknowledging the Proposal conforms to all procurement rules and procedures articulated in this RFP, all rights terms and conditions specified in this RFP:

We acknowledge that the Metro West Ambulance Services, Inc.'s proposal conforms to all procurement rules and procedures articulated in this RFP and all the rights, terms and conditions specified in this RFP.

A statement that the individual signing the Proposal is authorized to make decisions as to the prices quoted and that she/he has not participated and will not participate in any action contrary to the RFP:

I, James D. Fuiten, the individual signing this proposal am authorized to make decisions and I have not participated in nor will I participate in any action contrary to the RFP.

We at Metro West Ambulance look forward to your careful review of our proposal and we welcome any questions or comments that you may have. I can be reached through the contact numbers provided above at any time.

Sincerely yours,

A handwritten signature in black ink, appearing to read "J.D. Fuiten".

James D. Fuiten, President/Owner
Metro West Ambulance Services, Inc.

5475 NE Dawson Creek Drive, Hillsboro, OR 97124 (503) 648-6658

Tab 4-Ambulance Service Area Franchise Proposal Requirements

The following is a point-by-point response to each requirement specified in Section 3 of the Columbia County Public Health Ambulance Service Area Franchise RFP. To be considered for evaluation by the Administrator and the review committee, proposals must demonstrate how Proposers meet the requirements and terms of this RFP.

If Proposer believes any of their Proposal is exempt from disclosure under Oregon Public Records Law (ORS 192.410 through 192.505), Proposer shall complete and submit the Affidavit of Trade Secret (Attachment B) and submit one complete fully redacted version of its Proposal, clearly identified as the redacted version.

Section 3.1 Minimum Qualifications

3.1 MINIMUM QUALIFICATIONS

To be considered for evaluation, Proposals must demonstrate how Proposers meet all requirements of this section:

3.1.1 Licensing Requirements -Ambulance Business License with the Oregon Health Authority, Public Health Division

3.1.2 Certification Requirements -Paramedic and Advanced EMT Certified Staff for ASA 1-5, 7 and Paramedic, Advanced EMT, and EMT Basic for ASA 6

3.1.3 Other Requirements in Ordinance No. 2016-1:

3.1.3a The name and address of the Proposer.

3.1.3b The Ambulance Service Area the Proposer desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.

3.1.3c A statement as to whether the Proposer will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract shall be provided.

3.1.3d A list of all vehicles to be used in providing ambulance services including year, make, and model, and verification that each vehicle is certified as a basic life support, intermediate life support and/or advanced life support vehicle by the State of Oregon.

3.1.3e A statement that all equipment and supplies in each ambulance conform to State standards.

3.1.3f A list of all personnel to be used in providing ambulance services and their current Emergency Medical Technician certificate number, or other appropriate certification.

3.1.3g Proof of financial ability to operate, including an operating budget or financial statement, references and/or statement of past ambulance service. Private companies must provide a profit and loss statement, in addition to the above materials. Other appropriate financial information, such as income tax returns or reports by governmental authorities shall also be submitted upon request.

3.1.3h Current Mutual Aid Agreements and status of pending agreements, including timeline for completion.

3.1.3i Proof of the following minimum levels of insurance to protect the County, its officers, agents, and employees:

- i. Workers' compensation and employers' liability insurance meeting statutory limits mandated by state and federal laws.
- ii. Commercial General liability and property damage insurance in an amount of not less than 2 million per occurrence.
- iii. Automobile liability (owned, non-owned, and hired) for bodily injury and property damage in an amount of not less than 2 million per occurrence.
- iv. Professional liability insurance covering claims made at any time prior, during or subsequent to the completion of the Proposer's services, with a limit of not less than 2 million.

3.1.3.j Upon issuance of a franchise, franchisees must provide a certificate or certificates of insurance in the above amounts naming the County, its officers, agents and employees, as additional insureds which shall be accompanied by one or more additional insured endorsements. Franchisees are required to notify the County no less than thirty (30) days in advance that a policy is going to expire, be terminated, canceled or modified in any material way. The County, in its sole discretion, may raise the minimum level of insurance required if the County's tort claim limit under Oregon law exceeds 2 million.

II coverage shall be carried for the duration of the applicable statute of repose in Oregon. All policies, except for workers' compensation, shall contain a waiver of subrogation against the County.

A statement of experience in properly providing ambulance service of comparable quality and quantity to the service required by Ordinance No. 2016-1, Ordinance 2024-1, Oregon law and regulations promulgated thereunder.

3.1.3k Proof of compliance with the terms and conditions of the ASA Plan and applicable County Ordinances, in the form of a narrative summary.

ATTESTATION

Proposer understands and agrees to comply without qualification to provisions, requirements, and commitments contained in section labeled Minimum Qualifications.



Metro West Ambulance Services, Inc. possesses experience that fulfills the requirements of this RFP along with all required credentials outlined. Our Key Personnel have extensive experience in operating ambulance services that provide emergency 911 care and transport. Our team has a history of forging strong partnerships with our local fire services, first response agencies, oversight agencies, hospital and health systems, and others. Our Vernonia operations are supported by our full Metro West management team and directly overseen by our Communications & Operations Managers, our Director of Clinical Quality and Human Development and our Operations Supervisors.

As the Metro West Family of Companies, we have a seasoned team characterized by a complement of hands-on, involved specialists including our Owner and President, followed by our Chief Executive Officer, Chief Financial Officer, Chief Information Officer/HIPAA Compliance Officer, Director of Revenue Cycles, Director of Clinical Quality and Human Development, Director of Business Development and our Enterprise Fleet Manager.

We will show that we comply with all requirements set forth. We acknowledge that non-compliance with any of these previously stated requirements will result in our proposal being rejected and our company will be removed from further consideration in this RFP process.

We have never been debarred at the federal or state level. We do not have a history of major regulatory actions or sanctions against us that includes, but is not limited to, suspension or revocation of any operating license or permit, any sanctions under Medicare or Medicaid programs, revocation of a business permit, or any sanctions by other third-party payers, whether public, private, or nonprofit.

Metro West attests that we are responsible for our medical records/health information exchange as overseen by our Chief Information Officer and his extensive team. We do not have a history of litigation in the past five years in connection with any contract of similar services; no principal officers have been to be at fault.

Metro West Ambulance commits to satisfying all implied requirements necessary-those not specifically mentioned in this RFP, but which are necessary to provide a quality, sustainable and cost-effective service.

3.1.1 Licensing Requirements -Ambulance Business License with the Oregon Health Authority, Public Health Division

Metro West Ambulance Service is licensed as an Oregon Business, Registry No. 094512-12. Oregon does not issue general licenses. In **Tab 4 Attachments** you will find the Business Entity Data from the Oregon Secretary of State that verifies we are a licensed business in Oregon. Our business license may also be verified by going to <https://sos.oregon.gov/business/Pages/find.aspx>.

Oregon does issue specialty business licenses through various departments. Metro West holds a current Ambulance Service License that is issued by the Oregon Health Authority, Emergency Medical Services and Trauma Systems, Public Health Division. Our license number is 3401. This license was issued 5-24-2024 and expires on 6-30-2025. A copy of our Ambulance Service License can be found in **Tab 4 Attachments**.



3.1.2 Certification Requirements -Paramedic and Advanced EMT Certified Staff for ASA 1-5, 7 and Paramedic, Advanced EMT, and EMT Basic for ASA 6

Per the Columbia County Ambulance Service Area Plan, it states that when operating an ambulance in Columbia County, all personnel must meet the requirements of ORS 682.017 to 682.991 and OAR 333-250-0200 to 333-250-0410. Metro West Ambulance acknowledges that a BLS ambulance will consist of a minimum of two (2) licensed EMT Basic personnel and that an

ALS ambulance in ASA 7 will consist of one (1) EMT Basic, and one (1) Paramedic (as specified in Columbia County Ordinance No. 2016-1). Our personnel staffing model is ALS ambulance. Our staffing configuration is one Paramedic and one EMT, (Our staffing includes paid and volunteer with the Vernonia Volunteer Ambulance Association). EMT's and Paramedics active in providing care in ASA 7 are licensed by the State of Oregon. Current licensure is verified on hire and every recent cycle.

We understand that the delivery of an Advanced Life Support assessment and treatment is the preferred level of care for Columbia County. We also attest that an ASA provider without continuous coverage at the Advanced Life Support (ALS) level in Columbia County shall maintain mutual aid agreements with other agencies capable of ALS service delivery and that Basic Life Support (BLS) first response is allowed by Columbia County ASA providers or mutual aid when acuity levels and resource needs prevent immediate Advance Life Support (ALS) response.

3.1.3 Other Requirements in Ordinance No. 2016-1:

3.1.3a The name and address of the Proposer.

Metro West Ambulance Service, Inc.
5475 NE Dawson Creek Drive
Hillsboro, OR 97124
(Mailing address same as physical address)



3.1.3b The Ambulance Service Area the Proposer desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.

Metro West Ambulance desires to serve Ambulance Service Area-7 Vernonia as described in the Columbia County Ambulance Service Area Plan. Metro West Ambulance has a satellite location at Vernonia Rural Fire Protection District at 555 East Bridge Street in Vernonia where we lease space for our operations. The level of service provided will be Advanced Life Support (ALS).

3.1.3c A statement as to whether the Proposer will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract shall be provided.

Metro West will not be subcontracting for any service in ASA-7 Vernonia.

Our partnership with the Vernonia Volunteer Association, requires all members of this Association who respond to also be employees of Metro West Ambulance.

3.1.3d A list of all vehicles to be used in providing ambulance services including year, make, and model, and verification that each vehicle is certified as a basic life support, intermediate life support and/or advanced life support vehicle by the State of Oregon.

Metro West has two primary ambulances stationed in Vernonia. In addition to these units, we have multiple ALS ambulances stationed in Washington County at our Hillsboro company headquarters and also at our Clackamas offices. These additional ambulances are used as reserve units for our primary units and also utilized if additional crews need to respond from Washington County to Columbia County ASA-7 Vernonia for multiple patient scenes, mass casualty incidents, or as ALS coverage when our primary units are out of area. In **Tab 4 Attachments** you will find a list of all vehicles that will be used including our primary and all secondary ambulances. This list includes year, make and model. In addition, we have provided copies of each unit's Oregon EMS Ground Ambulance license.

3.1.3e A statement that all equipment and supplies in each ambulance conform to State standards.

Metro West attests that all equipment and supplies in all our ambulances that provide services to Columbia County conform to State standards. In **Tab 4 Attachments** you will find a unit inventory sheet for supplies and equipment on each unit. This document is titled "Certificate of Pride".



3.1.3f A list of all personnel to be used in providing ambulance services and their current Emergency Medical Technician certificate number, or other appropriate certification.

Metro West has both primary and volunteer EMS crews in Vernonia. Since 1996, our company has partnered with the Vernonia Volunteer Ambulance Association to ensure this community has high quality EMS for all of those they serve. These volunteers are Metro West employees.

In **Tab 4 Attachments** you will find a list of our Vernonia staff. Included is primary and volunteer crews along with our other Paramedics and EMTs stationed outside of ASA-7 who may provide coverage for Vernonia, who may respond to calls as primary ambulance in ASA-7 or who may respond as secondary units in situations such as multiple patient scenes or mass casualty incidents where multiple patients need to be treated and transported.

3.1.3g Proof of financial ability to operate, including an operating budget or financial statement, references and/or statement of past ambulance service. Private companies must provide a profit and loss statement, in addition to the above materials. Other appropriate financial information, such as income tax returns or reports by governmental authorities shall also be submitted upon request.

Founded in 1953, Metro West Ambulance obtained a contract with Columbia County in 1997 to serve as the primary 9-1-1 Ambulance provider for ASA-7 Vernonia. We have been proudly serving Vernonia and the surrounding communities since and wish to continue to do so.

As Metro West celebrates our 71st anniversary of our founding in 1953, the company has continually adapted to meet the needs of the communities it serves, while maintaining a financially viable and sustainable business model. Metro West holds the distinction of being the longest running owner operated ambulance service in the Pacific Northwest, thus highlighting its financial prowess. The company culture is rooted in continually seeking ways to best serve its customers through expansion of services and geographies served, while maintaining a financial discipline that has allowed the company to successfully navigate numerous economic cycles and a global pandemic while meeting its obligations.

The company's financial condition and capitalization are sufficient for it to meet its current and future commitments, while maintaining high quality service levels. The company's dedication to financial stability is unwavering and is an operating hallmark that will ensure its ability to successfully perform the proposed RFP services to the required standards.

Metro West does not have a parent or holding company. We are a parent company with corporate facilities in Hillsboro, Oregon. Our family of companies includes licensed ALS ambulance services in Oregon, Washington, and northern California as well as a Medicaid transportation brokerage in Oregon. Our corporate headquarters and main operations base is in Hillsboro, Oregon. Additionally, we have secondary offices supporting Clackamas County and our Vernonia Columbia County operations.

Metro West has never filed for bankruptcy.

On the following page, you can find our financials that includes a profit and loss statement plus a basic operating budget outlining our expected operating expenses and administrative expenses and our forecasted income for the next year. As Vernonia is a part of our company, our Vernonia services are based on a percent of Metro West call volume.

We acknowledge that other appropriate financial information, such as income tax returns or reports by governmental authorities may be requested from us.



Metro West Ambulance Inc.**Vernonia Services ******Income Statement**

	ACTUAL April 2024	ACTUAL May 2025	ACTUAL June 2026	ACTUAL Fiscal Q1 2025 *	Forecast FYE 2025
Net Revenue	\$ 21,265	\$ 24,577	\$ 23,921	\$ 69,763	\$ 291,540
Operating Expenses	\$ 17,542	\$ 19,276	\$ 18,813	\$ 55,631	\$ 215,358
Gross Margin	\$ 3,723	\$ 5,300	\$ 5,108	\$ 14,132	\$ 76,182
Administrative Expenses	\$ 2,762	\$ 2,614	\$ 2,807	\$ 8,183	\$ 35,913
Income from Operations	\$ 961	\$ 2,686	\$ 2,301	\$ 5,948	\$ 40,270
Other Income/(Expense)	\$ (2,700)	\$ (2,339)	\$ (2,041)	\$ (7,079)	\$ (29,180)
Net Income	\$ (1,738)	\$ 348	\$ 260	\$ (1,131)	\$ 11,090
EBITDA Adjustments	\$ 1,143	\$ 1,106	\$ 1,033	\$ 3,281	\$ 14,539
EBITDA	\$ (596)	\$ 1,453	\$ 1,293	\$ 2,150	\$ 25,629

* 2025 Fiscal Year: Apr 2024 - Mar 2025

** Vernonia services based on percent of Metro West on call volume

3.1.3h Current Mutual Aid Agreements and status of pending agreements, including timeline for completion.

Metro West Ambulance-Vernonia currently has separate mutual aid agreements with Vernonia Rural Fire District, Banks Fire District #13, Mist-Birkenfeld Rural Fire Protection District and Medix Ambulance. In addition, we have a mutual aid agreement from 2002 that is inclusive of all Fire/Medical Provider agencies in Columbia County including Oregon Forestry. This Agreement was entered into for the purpose of securing to each periodic emergency assistance for the protection of life and property and was created by the Columbia County Department of Emergency Management under the guidance of John E. Clouse, Ambulance Service Area Administrator. Copies of our mutual aid agreements can be found in **Tab 4 Attachments**.

3.1.3i Proof of the following minimum levels of insurance to protect the County, its officers, agents, and employees:

- i. Workers' compensation and employers' liability insurance meeting statutory limits mandated by state and federal laws.**
- ii. Commercial General liability and property damage insurance in an amount of not less than 2 million per occurrence.**
- iii. Automobile liability (owned, non-owned, and hired) for bodily injury and property damage in an amount of not less than 2 million per occurrence.**
- iv. Professional liability insurance covering claims made at any time prior, during or subsequent to the completion of the Proposer's services, with a limit of not less than 2 million.**

Metro West currently and throughout the life of the new agreement, will comply with maintaining all of the required insurances at the amounts prescribed and will file and maintain a current certificate of all required insurance in forms acceptable to Columbia County.

Our insurance producer, The Partners Group LLC, has various insurer(s) affording coverage to our company. Yearly they provide a Certificated of Insurance to Columbia County showing that our coverage meets the minimum requirements for Worker's Compensation and employers' liability insurance; Commercial General liability and property damage; Automobile liability; and professional liability. In addition, we also carry Cyber Liability plus an Abuse & Molestation coverage is included in our General Liability policy. A new Certificate of Insurance will be supplied upon issuance of franchise.

3.1.3.j Upon issuance of a franchise, franchisees must provide a certificate or certificates of insurance in the above amounts naming the County, its officers, agents and employees, as additional insureds which shall be accompanied by one or more additional insured endorsements. Franchisees are required to notify the County no less than thirty (30) days in advance that a policy is going to expire, be terminated, canceled or modified in any material way. The County, in its sole discretion, may raise the minimum level of insurance required if the County's tort claim limit under Oregon law exceeds 2 million.

All coverage shall be carried for the duration of the applicable statute of repose in Oregon. All policies, except for workers' compensation, shall contain a waiver of subrogation against the County.

A statement of experience in properly providing ambulance service of comparable quality and quantity to the service required by Ordinance No. 2016-1, Ordinance 2024-1, Oregon law and regulations promulgated thereunder.

Metro West Ambulance will provide a current Certificate of Liability Insurance (COI) from our insurance producer, The Partners Group LLC, listing our Insurer(s) affording coverage to our company. This COI will list Columbia County as certificate holder and its officers, agents and employees, as additional insureds and are endorsed on the COI. We understand we are required to notify the County no less than thirty (30) days in advance that a policy will be cancelled, expire, be terminated or modified. We understand that the County may increase levels of insurance required; we must provide coverage for duration of applicable statute of repose and that all policies, except for worker's compensation, shall contain a waiver of subrogation against the County.

In regard to our experience in properly providing ambulance service of comparable quality and quantity to the service required by Ordinance No. 2016-1, Ordinance 2024-1, Oregon law and regulations promulgated thereunder, the Metro West Ambulance Family of Companies consists of 12 ambulance companies that provide 9-1-1 emergency ambulance services across Washington, Oregon, and northern California. Our Vernonia ASA is under parent company Metro West Ambulance and we are headquartered in Hillsboro, Washington County Oregon. We do have a satellite station located in Vernonia at Vernonia Rural Fire Protection District headquarters at 555 E. Bridge Street.

Our commitment to community, consistent dedication to service, and continuous systems improvement are hallmarks of Metro West. In partnership with the health department, healthcare providers, co-responders, community organizations, and business leaders, we have served Washington County for 71 years and the Vernonia area for 27 years since 1997. There has never been an interruption in our service, despite the many challenges in the region and nationally. Through the pandemic, natural disasters, dismal reimbursement realities, supply chain disruptions, and paramedic shortages, we stayed the course. And through the decades, Metro West has innovated to keep up with—and often surpass—the impact of new technology, techniques, tools, and touchpoints that have shaped EMS and paramedicine.

Regarding properly providing ambulance service of comparable quality and quantity to the service required, we were the exclusive ALS ambulance transportation holder for Washington County for over 25 years. This is a performance-based EMS system with an exclusive ambulance transportation franchise, seven fire department first response agencies, air medical scene support, four primary receiving hospitals and two level 1 Trauma Centers, and an advanced 911-E dispatch center (PSAP). Regulatory oversight and direction for our system comes from Washington County and the State of Oregon. Oregon law requires counties to develop a plan relating to the need for the coordination of ambulance services and to establish ambulance service areas. Metro West was granted the first-ever Ambulance Service Area (ASA) of Washington county, with exclusive authority to operate by contractual agreement. We held this contract continuously from its origin through 2023.

From August of 2023 and continuing today, we still provide 911 emergency ALS ambulance support to Washington County. In addition, we also provide ALS 911 emergency ambulance services to Clackamas County. Outside of 911 services, we continue to provide extensive NEMT and IFT including ICU Level critical care transport, with a Mobile Intensive Care Unit team consisting of an ICU/Critical Care RN, Paramedic and EMT; non-emergency ALS and BLS ambulance services for emergency transfers for a higher level of care such as STEMI, trauma, stroke and high risk OB patients along with discharges, interfacility transfers, long-distance transfers; Secure Transport services for behavioral health patients under voluntary /involuntary care, custody and treatment; Mobile Integrated Health providing virtual hospital care and wheelchair transportation services.





Each area we serve is unique. To give you other examples of our experience in providing ambulance services and managing 9-1-1 ambulance responses, here are a few examples of our sister companies that are in the same region of the Pacific NW with Vernonia (Columbia County ASA-7):

- In Clatsop County, Medix Ambulance provides 9-1-1 ambulance services to a population base of 41,180 residents (2021 census) in an area that spans 1,085 square miles. A substantial portion is characterized as "rural" or "frontier" under the guidelines of the Oregon State Trauma Plan (ORS 431.607). The system regulator for this area is Justin Gibbs, Emergency Management Director for Clatsop County Emergency Management. He can be reached at Office: (503) 325-3326 or Cell: (503) 440-7851.
- Woodburn Ambulance serves over 450 square miles of Marion County, Oregon as the 9-1-1 contracted ALS ambulance provider and serves a population base of approximately 38,000 citizens. The system regulator for this area is Matthew Neuenheim, Management Analyst, Marion County Health and Human Services. He can be reached at (503) 588-5014. Second contact for Woodburn Compliance is Katrina Griffith, Deputy Director of Marion County Health and Human Services.

3.1.3k Proof of compliance with the terms and conditions of the ASA Plan and applicable County Ordinances, in the form of a narrative summary.

Metro West serves Ambulance Service Area (ASA) 7-Vernonia in Columbia County, Oregon in accordance with the Columbia County Ambulance Service Area Plan. We are dispatched by Columbia 911 Communications Center (PSAP) who serves as the official timekeeper for all compliance issues associated with the ASA plan and response time criteria. Our quarterly compliance reports for the past year can be located in **Tab 4 Attachments**. For the past 4 quarters we have averaged a compliance of 99.25%. All of our units (including those from outside Columbia County) meet all of the requirements set forth in this ASA plan including being equipped with GPS AVL transponders. We will be able to achieve having our GPS AVL transponders compatible with Columbia 911 dispatch software by deadline of July 2025 to help achieve the County's goal of expedited emergency care for its residents, regardless of agency affiliation or unit location.

We are a member of the ASA Advisory Committee which oversees response time regulations from the OHA in conjunction with best practices from our local medical advisors and partners for improvements in triage and first response. We follow regional offline prehospital protocols and on-line medical control which address basic, intermediate and advanced levels of care. We have a robust quality improvement system, data collection and data sharing ability.

We are currently licensed as an ambulance provider in the state of Oregon. Our equipment and supplies meet and exceed standards as outline in OAR and the Columbia County ASA Plan. In addition, we are a nationally accredited ambulance service through CAAS, which is the Commission on Accreditation of Ambulance Services.



We do not subcontract services for our ASA. We do partner with the Vernonia Volunteer Ambulance Association and members who serve as EMR's, EMT's and Paramedics for us. All members of the Vernonia Volunteer Ambulance Association who respond to emergencies are also employees of our company.

Our company provides Advanced Life Support assessment and treatment to ASA-7 (which is the preferred level of care for Columbia County) with units stationed in Vernonia. We provide ALS coverage as needed with our Washington County/Portland Metro ALS ambulances in addition to maintaining mutual aid agreements with other agencies capable of ALS service. We do acknowledge that Columbia County allows BLS first response by their ASA providers or mutual aid when acuity levels and resource needs prevent immediate ALS response.

Our personnel meet the requirements of ORS 682.017 to 682.991 and OAR 333-250-0200 to 333-250-0410. Our personnel meet all requirements of the State of Oregon and Columbia County. Our personnel are overseen by our Medical Director, Dr. Matt McCoy who is registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD). His physician license can be found in **Tab 4 Attachments**.

Our patient care equipment meets and exceeds OHA requirements as specified in ORS 682.017 to OORS 682.991 and OAR 333-255-0070 through 333-255-0073. We have multiple policies and procedures regarding safety including that of securing our patients and equipment. We have a robust preventative maintenance program for our durable medical equipment which is discussed in detail in this RFP along with our Operative IQ program.

Our ground ambulances meet all requirements set forth in the Columbia County ASA plan and are licensed by the Oregon Health Authority. Our licenses for our primary units can be located in **Tab 4 Attachments**. Licenses for our ALS Metro West fleet for Washington County available upon request. We have all of the necessary documentation for our vehicles included in this proposal -vehicle information, vehicle maintenance records, safety programs and other applicable documents and certifications.

All of our personnel have an initial new employee orientation. Our care providers have additional orientation programs both in-classroom and on-line they must complete plus field training. In addition, our crews complete continuing education and license renewal standards as identified by the Oregon Health Authority, Administrative Rules 333-265-015 through 333-265-045 and ORS 682.204 through 682.265. Our training does comply with the OHA and DOT curricula requirements.

Our Quality Assurance program is well established and meets all requirements. We are a member of the Columbia County Ambulance Service Area (ASA) Advisory Committee and follow the process set forth.

We notify the County ASA Administrator of any operational issues that may affect the delivery of ambulance service in our ASA. We understand and comply with the problem resolution process, sanctions for non-compliant personnel or providers and any potential penalties that may be set forth. We also understand and comply with the complaint review process and will comply with the Columbia County authority overseeing the ASA plan.

We have mutual aid contracts in place to render assistance wherever possible and to augment the EMS system in Columbia County.



Columbia 9-1-1 is our primary contact for requests for out of county resources and county resources other than ambulances including specialized rescue.

As a member of the ASA Advisory Committee, we understand that we will assist in development and review of disaster responses, or any other duties tasked.



We understand that Haz-Mat response is the responsibility of our fire partners, but our crews are trained as Hazardous Materials First Responders receiving training initially and annually thereafter. For extrication of our patients, our fire partners are tasked with those duties and they also serve as incident command during these situations.

In regard to the ASA Plan's emergency communication and system access, all of our crews are familiar with notifications needed by Columbia 9-1-1 along with information needed by receiving hospitals. Our ambulance services are capable of operating on Columbia County radio frequencies and VHR system in addition, our units also have 700/800 MHz radios systems. We have equipped and we maintain our communication equipment in each ambulance and portable radios our crews carry. We do have the capability of operating on the Columbia County radio frequencies.

Last, we understand the provider selection process, maintenance of service expectations and are familiar with ASA plans expectations of a provider.



Tab 5. Response to Mandatory Proposal Content Requirements

The objective of this section is to furnish a framework for the Columbia County Review Committee to assess a Proposer's capacity and suitability for undertaking this Contract. This assessment will be conducted and scored by the Review Committee.

History, Credentials, Licensing, Experience

Organizational history and history of serving ASA-7 Vernonia. Description of experience providing high-quality emergency medical services similar to those required by this RFP to customers of comparable size, scope, and circumstance. Credentialing including national accreditation.

Metro West Ambulance Service has been serving the Pacific Northwest since its founding in 1953. As a second generation owner, JD Fuiten, has built his family's business into a Family of Companies serving the Pacific Northwest including the Vernonia area. An initial contract with Vernonia Fire Rural Protection District Oregon evolved into Metro West being awarded the ASA-7 contract in Columbia County in 1997 to serve as the primary 9-1-1 Ambulance provider for this area. We have proudly served Vernonia and the surrounding communities since and currently are the ASA-7 Vernonia Ambulance Transportation Provider.

Our Family of Companies has a long history of service to communities in rural settings of across Oregon and Washington. These range from partnering with existing EMS providers or cities to give their area ALS services; to providing Paramedic intercept services to various Fire Departments; to establishing satellite stations like our Vernonia operations or smaller ambulance service companies that provide both emergency and non-emergency ALS and BLS ambulance services.



Metro West's experience in providing high-quality emergency medical services to a variety of areas spans 71 years. Since our founding in 1953, the company has continually adapted to meet the needs of the communities it serves, while maintaining a financially viable and sustainable business model. Metro West holds the distinction of being the longest running owner operated ambulance service in the Pacific Northwest. Our company culture is rooted in continually seeking ways to best serve our customers through expansion of services and geographies served, while maintaining a financial discipline that has allowed our company to successfully navigate numerous economic cycles and a global pandemic while meeting our obligations. We currently have total of 12 ambulance services in our Family of Companies along with one Medicaid Brokerage. All ambulance services provide ALS emergency 9-1-1 ambulance services through a variety of partnerships and contracts. In addition, many including Metro West, provide the regions they serve with critical care transport, secure transport for behavioral health patients, non-emergency medical transportation including ALS & BLS ambulance and wheelchair services along with Mobile Integrated Health (Hospital at Home programs). We have experience providing 9-1-1 ALS Emergency Ambulance Service to populations ranging from a few thousand to over 600,000.

Metro West Ambulance Family of Companies



Metro West Ambulance Service has the distinction of being nationally accredited through the 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.



CAAS accreditation signifies that our service has met the "gold standard" determined by the ambulance industry that is essential in a modern emergency medical services provider. These standards often exceed those established by state or local regulation. They review the organization, inter-agency relations, management, financial management, community relations & public affairs, human resources, clinical standards, safe operations & managing risks, equipment & facilities and communications center.

The CAAS board includes representatives from the American Ambulance Association, the Emergency Nurses Association, the International Association of Fire Chiefs, the National Association of Emergency Medical Technicians, the National Association of EMS Physicians, and the National Association of State EMS Directors. Currently, there are more than 180 CAAS-accredited agencies in 39 U.S. states, Canada and the West Indies.

In Oregon, only two agencies are currently CAAS accredited. Metro West Ambulance is one of them. Our national accreditation includes our services to Vernonia.



Going through the same rigorous process of reviewing every aspect of our company and our performance, our operations in Vernonia also underwent on-site inspections of vehicles, equipment, buildings, staff and credentials; reviewers privately met with staff and management for Vernonia; a review of charting, billing processes, protocols, policies and procedures were also completed. Because of this in-depth process, we can assure reviewers that we meet these "gold standards" along with other private, fire-based or hospital-based ambulance services who attain their national accreditation through CAAS. You can find a copy of our CAAS Accreditation Certificate in **Tab 5 Attachments**.

Other credentialing includes our current Ambulance Service License that is issued by the Oregon Health Authority, Emergency Medical Services and Trauma Systems, Public Health Division. Our license number is 3401. This current license was issued 5-24-2024 and expires on 6-30-2025. A copy of our Ambulance Service License can be found in **Tab 4 Attachments**.

We have provided copies of our primary ambulances' Oregon EMS Ground Ambulance license and a list of our Vernonia staff both primary and volunteer crews and their state license number. All which can be located in **Tab 4 Attachments**. Our personnel meet all requirements of the State of Oregon and Columbia County. Our personnel are overseen by our Medical Director, Dr. Matt McCoy who is registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD). His physician license can also be found in **Tab 4 Attachments**.

Key Personnel & Local Management Team

Meet our team including our operational leadership team for Metro West Ambulance Vernonia, our Metro West management team, as well as our corporate management team.



MWA Family of Companies



JD Fuiten
President
Owner



Shawn Baird
Chief Executive
Officer



Larry Boxman
Vice President



Gene Frye
Chief Information
HIPAA Compliance
Officer



Dan Clark
Chief Financial
Officer



Krista Cuthbert
Director of
Revenue Cycles



Shawn Wood
Director of Clinical
Quality & Human
Development



Jan Lee
Director Business
Development &
Marketing



Daniel Silic
Enterprise Fleet
Manager



Metro West Ambulance



Metro West Vernonia



Benjamin Maduell
Operations Manager-
Communications &
Logistics



Brandon Klocko
Operations Manager-
Field

Greg Voreis

Mobile Integrated
Health (MIH)
MIH
Operation
Supervisors
MIH Paramedics
& EMT-
Intermediates

Karri Blackerby

Metro MedCall
Manager
Holly Farris
Billing Supervisor
Billing & Admin
Staff

Jesse Lee

Recruitment &
Hiring Coordinator
Public Information
Officer

IT Manager

IT Staff

Fleet Supervisors

Mechanics

Operations Managers- Brandon Klocko & Benjamin Maduell

MWA Operation
Supervisors

Vernonia
Coordinator

Paramedics

EMTs

Communications
Supervisors

Emergency
Medical
Dispatchers

MIH Emergency
Medical
Dispatchers

Communications
Call Takers

Operation
Supervisors

CCT ICU
RN's

Paramedic
Field Training
Officers

Paramedics

EMTs

Scheduling
Supervisor

Logistics
Supervisor

Logistics
Coordinators

STAFF QUALIFICATIONS

We've identified our key personnel and key positions from our company that are assigned to this contract, including their current job title and the role they play. We have also included key contact information for us.

Our Metro West Ambulance Vernonia operations are overseen by our Operations team lead by our Vice President Larry Boxman, who will serve as the main contact for this contract along with Shawn Baird, our CEO. Reporting directly to Larry Boxman are our Operations Managers. Our Operations Managers jointly oversee our Metro West Ambulance Operations including Vernonia operations but each has specific roles. Ben Maduell serves as our Operations Manager overseeing our Communications Center and Logistics. Brandon Klocko serves as our Operations Manager overseeing all of our field aspects. They jointly oversee our Operations Supervisors, Scheduling Supervisor, Logistics Supervisor and Vernonia Coordinator. Ben, Brandon or Larry will be continually available to Columbia County on an as-needed basis during the entire duration of the contract. They are supported 24/7 by our on-duty Metro West Ambulance Operation Supervisors. With this multilayer availability, immediate contact and assistance will be reliably available 24/7 to County representatives as well as to our Vernonia crews, volunteers and EMS partners.

Methods for regular and after-hours Metro West supervisory contact for the County, Fire and Police partners, hospitals, the Medical Examiner, and other EMS system participants will include:

- Direct contact with the Metro West Ambulance Communications Center in Hillsboro, Oregon 503-648-6656
- Direct contact with the Columbia County 911 center-Non-Emergency number: 503 397-1521 or (800) 696-7795 Admin Office Hours: M-F 07:30am - 5:00pm (503)-397-7255
- Cellular or landline phone contact with the Metro West Operations Managers (on-duty Operations Supervisor) 971-303-9545
- Landline contact with the Metro West main offices in Hillsboro 503-648-6658
- Cellular phone contact with the Metro West Public Information Officer 503-985-9155 or 971-440-5729
- Email-communications center, managers, supervisory staff



The local Metro West operational team is closely supported by the rest of our team including our executive Family of Companies leadership at corporate headquarters in Hillsboro, Oregon.

Here are our various layers of oversight and support for our Vernonia operations:

- **Mike Sargent Vernonia Coordinator:** This Senior Paramedic position is tasked with oversight of new volunteer or employee orientation to Vernonia operations; field training of new EMTs and Paramedics to Vernonia; liaison with the Vernonia Volunteer Association; outreach to healthcare and EMS partners in Columbia County; oversight of Vernonia Operative IQ medical supply and durable medical equipment program; coordination of vehicle maintenance and repair; outreach to community events and organizations.
- **Curtis Bailey, Charlie Reynolds & Zachery Meadow Operations Supervisors:** Our three Operations Supervisors assist our Operations Managers on field operations including compliance and performance key performance indicators, crew performance and relationships; relationships with internal and external stakeholders, hospitals and other medical facilities; ensuring all crews have adequate equipment and supplies; they work with external customers regarding customer service issues or events; they oversee all on-duty crews from all our divisions. They also act as immediate contact for our EMS partners, hospitals, stakeholders and oversight regulators.

- **Brandon Klocko / Operations Manager-Field:** Brandon oversees day to day operations including internal communication between field staff and management, crew scheduling, payroll, special events coordination, critical care transport operations with our ICU level CCT team, our Vernonia operations performance, employee relations and well-being. He oversees all field crews including individual and team performance, compliance, internal and external stakeholder relationships and outreach to local healthcare establishments and EMS partners. He leads our Operations Supervisors providing oversight and direction. Brandon works closely with our Fleet Manager to ensure needed vehicle resources are available and with our Scheduling Supervisor to ensure crew resources are available. He also works closely with our Recruitment and Hiring Coordinator to ensure staffing levels meet needs.
- **Ben Maduell /Operations Manager- Communications Center & Logistics:** Ben oversees the Metro West Communications Center and relations with Columbia 911. He is responsible for implementing and supervising the deployment plan for Metro West Ambulance including ASA-7 Vernonia and any necessary modifications to that plan, as well as for compliance reporting. He oversees day to day operations including coordinating with our Vice President. Working closely with the Chief Information & HIPAA Compliance Officer, Ben develops various reports to regulatory agencies and EMS partners, develops integration plans with regional PSAPs and oversees our communications equipment and abilities. Ben oversees our Logistics including the ordering and distribution of disposable medical supplies and durable medical equipment logistics program Operative IQ including equipment maintenance. He oversees Communication Center staff scheduling and payroll. Ben also oversees employee performance and well-being with Brandon Klocko.
- **Shawn Wood / Director of Clinical Quality & Human Development:** Shawn works directly with the Operations Managers and Supervisors, providing oversight for QA/QI processes and the Field Training and Evaluation Program as well as clinical continuing education and other education/certification requirements of staff providing care. He oversees our medical charting system and charting performance in addition to overseeing our EMS Career Pathway program (EMT & Paramedic training programs), coordination of EMR programs, on-line education through Career Cert. He works with the Operations Managers and Medical Program Director to ensure that all staff continually meet all County, and State requirements. Shawn serves as an APCO EMD Instructor-Medical for Columbia & Washington County. Shawn is also a volunteer Paramedic & QI Coordinator in Columbia County for Mist-Birkenfeld Rural Fire Protection District. He has served in this position for three years.
- **Daniel Silic / Enterprise Fleet Manager:** Daniel oversees the fleet for the Metro West Ambulance Family of Companies including Vernonia. This includes the installation of all necessary equipment and supplies, ensuring compliance with County and State laws and regulations. He collaborates with the Operations team on oversight of the installation of bariatric equipment, power loaders, power gurneys, and radio systems, as well as vehicle decaling.
- **Jan Lee / Director of Business Development & Marketing:** Jan assists in developing and maintaining hospital and medical facility partnerships, as well as other public and private opportunities and partnerships. She oversees contract and business development including RFP processes. She leads and supports ongoing initiatives for community involvement and corporate volunteerism as well as overseeing marketing programs and materials. Jan serves as a part-time Paramedic on our Critical Care Transport team and is also a certified Community Paramedic.



- **Larry Boxman / Vice President:** Larry oversees strategies to enhance response and efficiency in our operations including Vernonia. Larry works closely with the Operations Managers, overseeing all of our operations. He is also involved in EMS partner relations, deployment plan performance, mutual aid agreements and other County wide objectives. Larry has long served as a volunteer Paramedic in Columbia County for Mist-Birkenfeld Rural Fire Protection District. He currently serves as the EMS Division Chief, firefighter, paramedic, rescue technician. He previously served as the President of the Board of Directors.
- **Krista Cuthbert / Director of Revenue Cycles:** Krista is responsible for all invoices and billing and reimbursements for Metro West Ambulance. This includes reconciliation of month-end reporting and financials. Krista is also our resident Medicare regulatory and compliance specialist and is the current Chairperson for the American Ambulance Association Medicare Regulatory Committee.
- **Gene Frye / Chief Information & HIPAA Compliance Officer:** Gene is responsible for developing and managing technology systems including the design, overall development and delivery of cost-efficient high-performance solutions to meet the challenging business demands of EMS services. He is directly involved in CAD integration and performance and will oversee interoperability of our GPS/AVL system with Columbia County 911. Gene oversees purchase and placement of Windows 10 tablets (as Mobile Data Terminals), crew cellphones, the purchase and placement of field tablet computers for charting and the installation and integration of the electronic charting program. He also designs transportation databases, manages EDI for Medicare, Medicaid and third-party billing agencies; serves as our HIPAA Compliance officer for privacy and security; maintains our critical multi-state networks.
- **Don Clark / CFO:** Don provides oversight for all financial aspects of the Columbia County contract and for the financial stability of the Metro West Ambulance (including Vernonia) Family of Companies, including budget and expenditures. He specializes in accounting and financial management, business process engineering and business systems implementation.
- **Shawn Baird / CEO:** With the President, Shawn will provide corporate oversight for contract requirements as well as ongoing performance and compliance. He will be directly involved in County, State, and federal relationships related to the Columbia County contract, including with EMS stakeholders and all other oversight and governmental entities.
- **JD Fuiten / President and Owner:** JD provides corporate oversight for the implementation of contract requirements, ongoing performance and compliance, contract budgeting, and all major expenditures, including capital equipment and facilities.



- **Dr. Matt McCoy, EMS Supervising Physician (Medical Director):** As the EMS Supervising Physician for Metro West inclusive of Vernonia, Dr. McCoy provides medical supervision for our emergency medical providers and advanced clinical direction to the emergency medical services (EMS) system. He is responsible for planning and administering uniform standards of emergency care programs; participating in our quality improvement processes and Just Culture; implementing and assisting in the development of emergency medical services protocols, policies, procedures, and business practices; evaluates goals, objectives, priorities, and activities to improve performance and outcomes; recommends and establishes administrative controls and improvements; develops procedures to implement new and/or changing regulatory requirements.

Field Personnel –Clinical Credentials, Training

This section describes how the personnel who make up every ambulance crew will be appropriately certified by the State of Oregon. We attest that each ambulance will be staffed with the appropriate personnel for level of service and properly credentialed with oversight from our EMS Supervising Physician (Medical Director). We have included an overview of our requirements for training and continuing education.

Our process to ensure proper certification and credentialing starts in the hiring sequence, where all ambulance personnel undergo extensive credentialing and verification, including criminal background checks, driving record verification, valid driver's license, vehicle insurance eligibility, drug/ETOH testing, verification of state and/or national certification/licensure or eligibility to obtain Oregon State certification at their provider level. (<https://oregon.imagetrendlicense.com/lms/public/portal#/lookup>) Additionally, proof of completion for required courses such as ACLS, PHTLS, EPC, CPR, and others is required depending on provider certification level. All new employees must complete a 40 hour orientation and then complete their respective field training rotations.

All ambulance crew members must be licensed/certified by the State of Oregon-Oregon Health Authority. While employed (including our paid volunteer staff) at Metro West Ambulance, all providers must maintain their licensure and complete recertification requirements outlined in OAR 265 Emergency Medical Providers.

(https://oregon.public.law/rules/oar_chapter_333_division_265) (Administrative Rules 333-265-015 through 333-265-045 and ORS 682.204 through 682.265.)

Mandated initial certification and annual recertification includes:

- Airborne and Bloodborne Pathogens
- Hazmat First responder Awareness (FRA) Level I
- Ambulance Emergency Vehicle Operators Course
- HIPAA for First Responders
- LGBTQIA+ Awareness
- Harassment and Workplace Diversity (EMS)
- Fraud, Waste & Abuse
- Cultural Responsiveness and Competency Training
- Code of Conduct-Business
- Lifting & Moving (EMS)
- Reporting Abuse, Neglect and Exploitation-Oregon
- Healthcare Compliance



When Covid-19 transformed the nature of training, we successfully introduced hybrid training courses from the NAEMT, American Heart Association (AHA), American Safety & Health Institute (ASHI), and other national organizations. We also offer comprehensive online training through Career Cert. Delivering online accredited virtual instruction accessible anytime, CareerCert provides instructor-led training, scenario-based learning, and self-paced continuing education where EMS, Fire, and medical professionals can complete certifications and continuing education conducive to personal schedules.

CareerCert delivers quality, standards-driven continuing education documented to lead to improvements in the quality of patient care. Developed by industry experts, thoroughly reviewed by a national medical advisory board, and validated by external accrediting bodies, including the Commission on Accreditation for Prehospital Continuing Education (CAPCE), the National Registry of Emergency Medical Technicians (NREMT) and the Non-Emergency Medical Transportation Accreditation Commission.



CareerCert courses are accepted in Oregon by the Oregon Health Authority EMS & Trauma System and nationally by the National Registry of Emergency Medical Technicians (NREMT) for all EMTs, Intermediates, Paramedics and Critical Care Paramedics, and by the Commission on Accreditation for Prehospital Continuing Education (CAPCE). Completed courses in CareerCert are reported to National Registry and logged into each crewmember's recertification profile. Local updates and training opportunities that stem from QI/QA findings or EMS Council recommendations, in-house courses can be added.

For local updates and training opportunities that stem from QI/QA findings or EMS ASA Committee recommendations, in-house courses can be added. Additionally, courses from the extensive library of classes can be selected to address and train crews in areas of deficiency. This has been proven to improve clinical outcomes. CareerCert offers a full range of tools and resources to help meet state and national requirements, including access to the latest webinars, training, medical articles, and industry best practices.

Metro West Ambulance currently provides CareerCert at no charge to all employees.

Field Training-Qualifications/Status

Our clinical field training officers support the on-going clinical development of our clinical staff. Here is an overview.

Metro West Ambulance knows that once a new Paramedic or EMT (including our volunteer staff) completes preservice training, they must be ready to hit the street and function as a productive member of a two-person ambulance crew and appreciates that it is the company's responsibility to proactively fill in gaps in cognitive, psychomotor, and affective performance in order for new personnel to be immediately successful in the field. Field Training Officers (FTOs) at Metro West are charged with the initial and ongoing clinical development of staff, serving as preceptors and instructors to ensure professionalism and help fulfill the company's training needs. FTOs lead by example as primary field staff, fill the role of temporary supervisor as needed, and propel our operations to a high level of efficiency and effectiveness.

We take very seriously the educational and operational experience qualifications set for our clinical preceptors who are entrusted with the orientation, training and guidance of clinical personnel. Our FTO program is overseen and guided by our Director of Clinical Quality & Human Development Shawn Wood. In Vernonia specifically, our Vernonia Coordinator Mike Sargent oversees the Vernonia station and field training after Vernonia crews complete their initial orientation and training rotations.

Our Field Training Officers are required to be lead (Senior) Paramedics who meet all credentialing and certification requirements. They must have a superior knowledge of treatment protocols, company policies and procedures; possess excellent teaching ability, skills, communication, relationship building and teamwork skills; have the ability to adapt to challenging situations and events; and they must be recommended by their direct supervisor for this position and approved by their manager and EMS Supervising Physician.

Our Field Training Officers (FTOs) are trained in the EMS Field Training and Evaluation Program, better known as FTEP. This is a structured program customized for EMS that provides the foundation for our FTO's and prepares them to train and evaluate new employees into our operations and evaluate those working to attain a higher position. FTEP has been successfully used for decades across the Metro West Ambulance Family of Companies. FTEP is designed and assembled to give both the employee and the company the greatest possible chance of success by providing a framework that assures employees understand, develop, and can demonstrate those clinical skills and behaviors that we consider essential. Our FTOs are trained on the structure, tools, techniques, and concepts of FTEP and learn the principles of adult learning, coaching, evaluation, giving feedback, and documenting trainee performance. FTEP meets the validity requirements of the Equal Employment Opportunity Commission (EEOC standard 1607.2 and .5(a)).



Diversity Awareness Training & Involvement Plan

The following is information about our internal diversity awareness and involvement plan.

The Metro West Ambulance Family of Companies prides itself on working to build a diverse workforce in every operation that reflects each community served and that understands the importance of diversity, equity, and inclusion in EMS. Service levels that are equal and culturally sensitive are as important as understanding that diversity doesn't just refer to race and gender, but also includes categories such as age, sexual orientation, gender fluidity, religion, military service, and disability. By addressing diversity and promoting inclusivity through training, policies, procedures, and company culture, we encourage equitable care and improve the overall health of all patients in all Longview populations.

We know how important it is for all of our crews to be aware of and respect the various cultures and beliefs that affect the medical decisions of patients and their loved ones. Diversity Awareness Training plays a crucial role in shaping patient care outcomes by educating personnel on racial and ethnic disparities in activating and receiving EMS care. Our crews learn that socioeconomic barriers do exist and are taught how to navigate them; they come to understand that marginalized groups can be found in every community and that we must have an increased awareness in how to help them with EMS services.

The main avenue for Diversity Awareness training is through CareerCert, an online, accredited, instructor-led program that offers scenario-based training as well as a self-paced continuing education website. The Harassment and Workplace Diversity for EMS course at CareerCert is mandated for all of our employees as part of the overall Training Plan. Diversity training must be updated on an annual basis.



The Metro West employee manual includes Policy #201 Non-Discrimination and Equal Employment Opportunity Policy, which is reviewed during orientation. This policy addresses equal employment rights and requirements and documents the company's affirmative action plan, along with measures for compliance with guidelines on Religion and National Origin and on Disabled and Vietnam Veterans. This policy can be found in **Tab 5 Attachments**.

The Metro West Ambulance Family of Companies has an Equity Advisor to ensure that all operations, including Vernonia, meet the highest standards for diversity and remain compliant with all diversity requirements. Hector Hinojosa was a co-founder of Centro Cultural, the Virginia Garcia Memorial Health Center, and Salud de la Familia, all longstanding culturally sensitive organizations in Washington County that have helped countless Latinos and others. A lifelong advocate for social justice, he is a recognized and respected voice for the Latino community in Oregon and has multiple ties to Washington State. Hector has guided us in developing more outreach programs including promoting educational opportunities at our company to become an EMT, Paramedic, or allied health field professional to youth and young adults, with a focus on the Latino community.



Dispatch & Communications & PSAP

The following narrative describes our partnership with our PSAP; our communication center and role we play in ASA 7; overview of our radio system and GPS/AVL



We have worked closely with Columbia 911 since we started serving ASA 7-Vernonia. Columbia 911 serves as our primary PSAP and dispatch center to our Metro West Ambulance Vernonia operations. In addition, we have a secondary system with our Metro West Communication Center located in our corporate headquarters in Hillsboro, Washington County. Our staff of emergency medical dispatch, EMD-certified, personnel work closely with Columbia County's PSAP to ensure EMS response and coverage for this area. Columbia 911 provides the call taking, triaging, pre-arrival instructions, unit dispatching, and deployment/redeployment services. Our center helps them by coordinating coverage move ups with our Washington County ALS ambulances or through mutual aid agreements with Banks Fire, Mist-Birkenfeld Fire or Medix Ambulance. Coverage may also include activation of the Vernonia Volunteer Ambulance Association members or Vernonia Fire EMS personnel.

(Note: Our Metro West CAD is integrated with Medix Ambulance CAD, as they are a sister company to us.)

Equipment needed in each ambulance extends beyond medications and clinical equipment to include our ability to communicate with our PSAP, our own Communication Center, our crews, and our co-responders. EMS communications capabilities must be uninterrupted to ensure that every message is received and understood.

In Columbia County, we operate with a radio system that mirrors other agencies which is the Kenwood VHF band analog conventional radio system. Our radio system includes the Kenwood ND 5700K mobile radios and the Kenwood TK2170 portable radios. All radios are capable of multiple channels and are programmed to communicate with PSAP, neighboring agencies, including fire and law enforcement. All radios are public safety grade devices. All of our radios are programmed with the frequencies in use that are publicly available via FCC licensing records.



In addition to County radio channels, we also have our own Communication Center programmed into our radios for direct communication with them. Together this allows us direct radio access to our 911 center, our own Communication Center, our fire and police partners.

As we are a transporting agency, we also have Motorola APX 6500 700/800 MHz mobile and handheld portable radios allowing us to communicate with receiving hospitals, trauma communications at Medical Resource Hospital and with neighboring PSAPs, mutual aide and EMS agencies outside of the County. We use the Washington County (WCN) 700/800 MHz radio systems radio for interoperability.

Redundancy is important in our communications ability. All of our units have Windows 10 tablets that are fixed in each of our units acting as an MDT. Each of our ambulances also have GPS/AVL transponders. We will be coordinating integration of these units with Columbia 911 to ensure compatibility with their dispatch software by July 2025.

Service Delivery Model

The following is a description of our Service Delivery Model and our plans for Emergency, Non-Emergency and Interfacility Transfers (IFTs).



EMS has evolved into a multifaceted medical care delivery system with multiple delivery models catering to geographic and demographic needs - each part integral to the whole and serving a specific role. The three most common types of EMS service delivery models are:

- Private: Private companies are contracted by local governments to provide prehospital services.
- Municipal-based: This includes fire service EMS.
- Health system or hospital-based: This model is based out of hospitals.



Metro West Ambulance is a private company currently contracted to provide emergency ambulance services to the citizens of the Columbia County ASA-7 Vernonia Area. We are part of the greater EMS system in Columbia County that provides emergent services in order to improve the quality of care given and to reduce death and disability.



In ASA-7 we provide 24 hour ALS level ambulance services 365 days a year. Our ALS units are staffed with a paramedic and an EMT on 24 hour shifts. When our first out ambulance is dispatched to a call, Columbia 911 immediately contacts our Communication Center for an ALS ambulance move up to Vernonia. If a second emergency call comes in at the same time or if an emergency call results in multiple patients, we will move ALS units from Washington County into Columbia County to respond and/or cover. Our second out ambulance that is stationed in Vernonia may be staffed as needed with our paid volunteer staff from Vernonia Volunteer Ambulance Association which includes Paramedics and EMTs and/or staffed by Vernonia Fire through our partnership.

Metro West Ambulance is the emergency ambulance provider for the Vernonia area. We are also the largest provider of non-emergency medical transportation (NEMT) and interfacility transfer medical transportation services (IFT) in the Portland Metro and surrounding region including services to our ASA in Columbia County.

We provide a variety of NEMT & IFT medical transportation services that include:

- BLS Ambulance
- ALS Ambulance
- ICU Level Critical Care Transport Ground Ambulance (with ICU RN/Paramedic/EMT teams)
- Secure Transport-EMT for behavioral health patients
- Wheelchair Medical Transportation
- Mobile Integrated Health -Paramedic- Hospital at Home programs (Advanced Community Paramedicine)
- BLS & ALS event standby medical teams

We currently provide these services across the Pacific NW and have staff licensed in both Oregon and Washington. We work with 25 hospitals and multiple health systems within our region along with multiple long term care facilities.



System Design & Deployment Parameters

This section includes the following information:

- Our ambulance deployment plan that complies with all of the minimum requirements of this RFP.
- Locations of ambulances and number of vehicles to be deployed on a daily basis.
- Describe mechanisms to meet the demand for ambulance response during peak- demand periods or unexpected periods of unusually high call-volumes.
- Include a map identifying ambulance station location.
- Response-Time Performance-reporting response times.
- Mutual Aid Agreements with adjoining districts.

Centered on the Medical Priority Dispatch System (MPDS) call types and response determinants, the proposed plan complies with RFP requirements and is designed to meet ASA 7-Vernonia's system demands while ensuring the well-being and safety of our crews.

ASA 7-Vernonia serves the City of Vernonia and surrounding area. Vernonia has a population of approximately 2,374 citizens as of the 2020 census. This region has heavily forested, mountainous terrain and on occasion severe weather conditions including snow & ice. The response time requirements range from <15 minutes within Vernonia and south along Highway 47 with remainder of ASA response times ranging from 30-45 minutes or greater. All with a 90% compliance. Our area includes a popular state park, a state walking-biking trail, campgrounds, golf course, a small lake and other outdoor recreation.

Our plan includes one 24-hour ALS ambulance as primary first out. This unit is staffed with a senior/lead Paramedic and an EMT partner. Our second out on-site ambulance will be staffed as needed or available by paid, volunteer staff and/or by Vernonia Fire personnel. When our primary Vernonia ALS ambulance is out on a call, coverage by our ALS ambulances from Washington County will be used to provide ALS service to ASA-7 Vernonia.

Both of our main ambulances are stationed at our headquarters in Vernonia at 555 East Bridge Street. We are based out of the Vernonia Rural Fire Protection District station where we have two ambulance bays, medical supply/equipment area, crew sleeping and living quarters.



Our methodology for workload protection and measuring workload and fatigue, Metro West monitors crew UHU (Unit-Hour Utilization) in our communication center. Throughout the day, our emergency medical dispatchers track all of our unit UHUs through our CAD system. To ensure that that an individual crew is not overwhelmed during their shift they monitor UHU's. For Vernonia, if they see a crew approaching a UHU limit of .45 within the first 16 hours of their 24-hour shift, we will let the crew rest and replace them for the remainder of their shift with a fresh crew. If this occurs, our crew is paid for the entire shift.



If the 24-hour crews become fatigued from excessive call volume, or they had a serious call that has "impacted" the crew, they will be pulled from the system to rest. Again, we will send one of our Washington County ALS ambulances to finish out the remainder of their shift or fill with available crew resources.

We have a longstanding policy (# 511) that allows employees to go home with pay for the remainder of their shift. If appropriate, the employee will be referred to EAP or other interventional pathways. For our Policy #511 High Stress Call Policy, see **Tab 5 Attachments**.

If we experience unexpected periods of unusually high call-volumes or start to see a pattern of peak demand periods where we determine more resources are needed daily, we will initially send additional ALS ambulance(s) for coverage to Vernonia to ensure response time compliance. We will also analyze ambulance call data over a 20-week period which can provide valuable insights into our efficiency and effectiveness. Here are some key steps that we'll take when doing this:

1. We'll start with *Data Collection*:

- We'll gather data on all ambulance calls, including emergency and non-emergency responses, no-transport calls, and stand-bys that span a 20 week period.
- Ensure the data includes timestamps for call receipt, dispatch, arrival at the scene, departure from the scene, and arrival at the hospital.

2. We'll look at *Key Metrics*:

- Call Volume: Total number of calls per week.
- Response Time: Time from call receipt to arrival at the scene.
- Turnaround Time: Time from arrival at the scene to being available for the next call.
- Utilization Rate: Percentage of time ambulances are actively engaged in calls versus being available.

3. We'll use various *Analysis Techniques*:

- Trend Analysis: Identify patterns or trends in call volume and response times over the 20-week period.
- Peak Demand Analysis: Determine peak times and days for ambulance calls to optimize staffing and resource allocation.
- Geospatial Analysis: Map call locations to identify hotspots and areas with high demand.

4. We'll then complete a *Performance Evaluation*:

- Compare response times and utilization rates against industry benchmarks or standards.
- Evaluate the impact of any operational changes or interventions implemented during the analysis period.

5. As a team we will then *Act*:

- Summarize findings in a report with visual aids such as graphs and maps so everyone on the team understands our findings.
- Provide actionable recommendations for improving operations based on the analysis
- Move forward with recommended changes such as shift staffing, staff location, etc.



Our Response Time Performance is evaluated by our Operations Team which includes our Communication Center. We receive quarterly response reports from Columbia 911 that include total number of ASA Calls with call identifiers, date, problem, address, city, response area, map page, agency and response times. These reports are also sent to our company's ASA Advisory Committee member.

If we find that we are not in compliance, our team will immediately analyze any trends such as location of calls, time of day, barriers such as road conditions/traffic, initial crew location (in or out of station). We'll use a similar process like that of analyzing call data over a 20 week period. We will then make necessary changes.

We have included our ASA-7 Vernonia reports that we receive on a quarterly basis from Columbia 911. These reports are the last 2 quarters of 2023 and the first 2 quarters of 2024 (July-Sept 2023, Oct-Dec 2023, Jan-March 2024, April-June 2024).

Our analysis of these reports show the following:

- 3rd Qtr 2023-127 calls; 3 lates; 98% overall compliance
- 4th Qtr 2023- 102 call; 0 lates, 100% overall compliance
- 1st Qtr 2024- 85 calls; 1 late; 99% overall compliance
- 2nd Qtr 2024-114 calls; 0 lates; 100% compliance



For the last four quarters (year), we show an overall 99.25% compliance.

Our response reports from Columbia 911 can be found in **Tab 4 Attachments**.

As per the Columbia County Oregon Ambulance Service Area Plan, Metro West has signed Mutual Aid Agreements to render assistance whenever possible, upon request. We know that by having these agreements we are helping augment the emergency medical response within Columbia County and giving the best emergency services possible to the residents of our County. Metro West Ambulance-Vernonia currently has separate mutual aid agreements with Vernonia Rural Fire District, Mist-Birkenfeld Rural Fire Protection District, Banks Fire District #13-Washington County and Medix Ambulance-Clatsop County OR; Pacific County WA; Cowlitz County WA.

In addition, we have a mutual aid agreement from 2002 that is inclusive of all Fire/Medical Provider agencies in Columbia County including Oregon Forestry. This Agreement was entered into for the purpose of securing to each, periodic emergency assistance for the protection of life and property. It was created by the Columbia County Department of Emergency Management under the guidance of John E. Clouse, Ambulance Service Area Administrator. Copies of our mutual aid agreements can be found in **Tab 4 Attachments**.



FLEET AND EQUIPMENT

Vehicles and Safety Features

The following is a detailed description of our fleet, how it will be maintained, planned replacement schedule, budget, our fleet staff, our approach to driver safety training.

Metro West Ambulance provides our crews with top-quality vehicles, driver safety training, monitoring, and remediation, comprehensive fleet safety programs, and specialized technology that meets and exceeds requirements for ongoing fleet maintenance, all of which are essential to excellent patient care and the continuing success of any high-performance EMS system. We are committed to providing first-class, rigorously maintained vehicles and equipment, consistent with the national standards level, by our ASE certified mechanics skilled and experienced with the stringent demands of emergency vehicles. They understand that the reliability and performance of our emergency vehicles during emergencies directly correlates with patient care and successful outcome.

Metro West Ambulance's preventative maintenance program is recognized as an industry leader-setting us apart from other providers.



Our highly credentialed fleet maintenance staff works in fully outfitted fleet shops and service centers, located in our main operation center in Hillsboro and in our Clackamas location.

Readiness is also of critical importance to our logistics strategy and overall safety ensured by providing:

- A state-of-the-art fleet of thoughtfully designed vehicles, experiencing fewer unscheduled downtime events and better reliability, resulting in superior system performance
- A preventative maintenance program that is an industry leader; ensuring dependable, quality, well-maintained vehicles to serve every patient (our preventative maintenance schedule can be located in **Tab 5 Attachments**)
- A fleet of ambulances in reserve, immediately available for service
- Well maintained primary and reserve equipment checked daily
- Ambulances stocked to specifications that allow crews to maintain safe operating levels throughout their shifts, with the ability for fleet and supply services to mobilize into the field if necessary
- Contracts for other equipment and DME supplies plus Driver Safety Training and Evaluation that ensures our crews are prepared.



We are currently equipped with factory dealership diagnostic tools for GMC, Ford, and Dodge-Ram to accurately and quickly diagnose any issue that should arise. We achieve this by employing diverse automotive experience, ASE certification and training and Medical Equipment training and certification. Should the need for outside repairs arise, we have partnered with local dealerships that can provide quality factory repairs at a moment's notice that meet our high standards. We cultivate strong relationships with our vendors to assure quality of service and take full responsibility to ensure our patients get the highest degree of service whether vehicles are serviced in-house or outsourced.



Ambulances-Our Fleet

Vernonia is a hardworking community that deserves an ambulance fleet that is just as hardworking as they are. Our two primary units stationed in Vernonia are both ambulances built on Dodge Ram chassis. Cummins turbo diesel, 50 states emissions diesel engine with dual rear wheels and anti-lock brakes. These units are ready to work in all weather or geographic challenges. One of our two primary ambulances is also a four-wheel drive unit specifically designed to work in snow, ice and tough weather on a variety of road conditions to ensure we reach patients who need our care.

We truly have experienced long-term success with diesel engines helping us deliver exceptional customer service and stakeholder value, which is driving our preference for diesel fleet. All vehicles either meet or exceed all state and federal laws governing ambulances. Our fleet choice is based on reliability, total quality, comfort, and appearance. Our fleet is upgraded with energy savings LED lighting and equipped with additional features, such as Opticom and factory accident-avoidance package. You can find a list of two primary ambulances and the other Metro West Ambulance and Banks Fire Ambulance that will be providing second out response or area coverage in **Tab 4 Attachments**.



Alternate Transportation-Bariatric Ambulances

We have two specialized bariatric ambulances we can activate out of Washington County to Vernonia for patients over 700 lbs.

Our Bariatric Ambulances and supplemental equipment will augment our Vernonia fleet of ambulances as needed. Our normal Vernonia ambulances are equipped to handle patients up to 700 lbs. With our Stryker PowerLOAD and Power Cot Systems in our units that are capable of automatically loading patients up to 700 lbs paired with the XPS Side rails to expand the patient surface areas, we can accommodate most of our bariatric patients. If our normal system as just described isn't enough, we are able to activate specialized bariatric units from our Washington County fleet.

These specialized bariatric ambulances are fully equipped and capable of transporting bariatric patients over 700 lbs. Our bariatric ambulances are equipped with a Stryker bariatric cot that is capable of handling patients up to 1,600 lbs. along with a ramp and winch system that can support patient, medical equipment, and the specialty bariatric cot along with other bariatric transport safety equipment such as the Evacuation EMS HoverJack® Device; HoverMatt® Air Transfer Mattress; and the Bariatric Transfer Sling.

The ramps are coupled with a floor mounted winch for patient loading. The specifically designed bariatric gurney includes gurney mounted handles used to help guide the patient and gurney into the ambulance. This gurney itself weighs approximately 100 lbs. but it is designed to hold a patient weighing up to 800 lbs. in an up position. If patient is over 800 lbs., this gurney in a down position can hold up to 1600 lbs. These gurneys allow us to transport larger patients safely and comfortably.

As part of the Family of Companies, Metro West Vernonia Ambulance ambulances are currently outfitted with the following major components- Stryker MX-Pro 6082 and Stryker Power-Pro 6500 gurneys and Stryker Power Load fastening systems.



Ambulance Maintenance Practices

The following are details of our vehicle modifications and maintenance practices specifically designed to increase vehicle service life and eliminate vehicle failures.

The Metro West Ambulance Family of Companies, is an industry leader in preventative maintenance. See **Tab 5 Attachments** for our Preventative Maintenance Plan. We have pioneered best practices in the areas of innovative thinking and techniques across the private ambulance industry. We carefully study and learn, through education and experience, the value of making investments across various price points. For instance, the ambulance units we purchase are never "entry level" makes or models. We discovered that purchasing higher end, thoughtfully designed vehicles pays off in the long run, allowing us to achieve significant returns on our investment through fewer breakdowns and better reliability for our patients.

We strive to provide Original Equipment Manufacturer (OEM) parts rather than economy choice. This highlights our purchasing strategy to remain committed to OEM or greater specification and reflects directly on quality and therefore reliable customer service. This degree of commitment to producing outstanding results does require a strong financial commitment—one we have made to Vernonia.

Our Team and Their Development

We recruit maintenance team members through multiple sources such as Automotive Recruiter, local Community Colleges, multiple online sources such as Indeed, and our Company recruiting webpage. We hire technicians with various backgrounds, ranging from general automotive repair to dealership-specific experience. Our technicians are divided into three groups based on experience, levels of relevant certifications they have, ability to serve, and length of service with the Metro West Ambulance Family of Companies.

- Level 1- is generally entry level or someone with basic automotive experience who is willing to grow and evolve with us.
- Level 2- is mid-level technician who is seasoned in automotive repair, can master our preventative care maintenance, and has ability to trouble shooting skill set and familiar with ambulance standards per NFPA and CAAS.
- Level 3- generally our lead technicians who are experienced with our company and are ASE and EVT Certified Master Ambulance Technicians.

Our training entails the company orientation followed by one-on-one training by our Fleet Manager and/or Senior Technicians; ASE Certification; EVT training and Certification; Medical Equipment Training and Repair Certification. Our fleet repair acumen is derived through hands-on experience, in-person training, relevant literature, testing, and an evolving career path within our company. Our Technicians' Growth and Development Program clearly paves a rewarding career path while offering a competitive salary.



Our Process:

Evaluating Components and Scheduling PMs:

Routine wear components, such as tires, batteries, brakes, suspension, and belts are chosen through extensive research of quality and durability based on our usage. We partner with our suppliers who help us understand life trajectory of the parts we use to leap ahead of component failure and ensure we are using the best components for our operating conditions. We celebrate a culture of 360-Degree Customer view, in which we take in as much information as possible from not only our suppliers and technicians, but from the crews that operate the vehicles day-in and day-out-our customers. In the event of fleet performance concerns, we devote appropriate attention to screening and root cause analysis to identify a clear path to resolution. For example, if there is an operational issue, we analyze the conditions under which it occurred, and promptly set an action plan to correct it. Also, if we need to adjust current PM schedules, or create a new schedule, it is done so to prevent any further unscheduled failures. We believe that agile continuous improvement in our Fleet Maintenance Plan drives a remarkable level of control over vehicles failure in field.

We celebrate a culture of 360-Degree Customer View, in which we take in as much information as possible from not only our suppliers and technicians, but from the crews that operate the vehicles day-in and day-out.

Maintenance Request Reporting:

In an effort to expedite and make maintenance requests more time efficient, maintenance concerns are initially generated by the crew member via an email or phone call to the on-duty supervisor for initial screening. Post screening, the supervisor involves the appropriate party via our communication portal - in an email to MWAServiceCenter@metrowest.us.com that reaches the Fleet Manager as well as every member of the maintenance repair team.

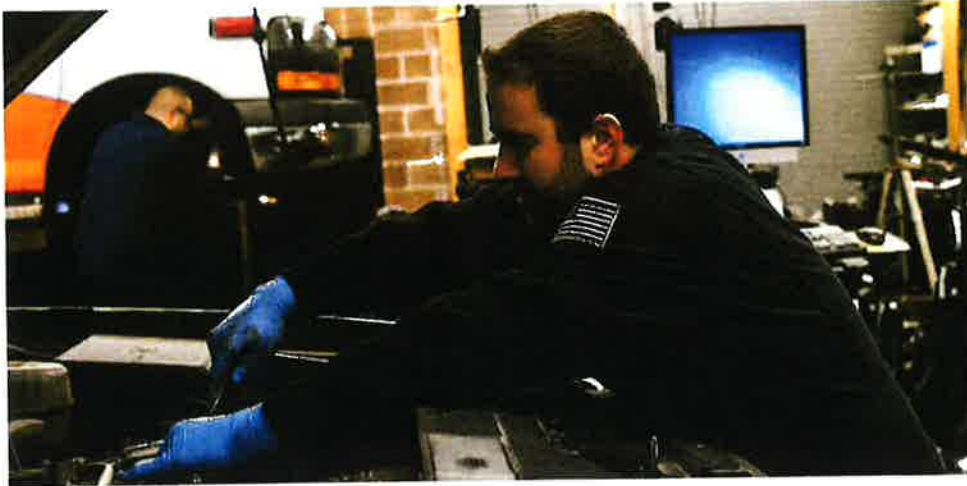


When the requested work is completed, appropriate parties at stake are notified in reverse order and vehicle's status is updated from out of service (OOS) condition to an in service (IS). Our commitment to digital communication has delivered traceable quality communication while minimizing downtime.

Scheduled maintenance is led by our Fleet Manager and all teammates in our various shops with a goal of delivering exceptional preventative care with minimal disruption to business schedule. FleetWise software- is used to manage maintenance and inspections. For our preventative maintenance schedule for our ambulance fleet, see **Tab 5 Attachments**.

Quality Assurance:

Our rigorous fleet maintenance schedules show a continuous quality improvement process that sets a high bar. Our Fleet Manager oversees the shop facilities and is responsible for hiring talent, selecting outside vendors, and evaluating quality of repairs. The Fleet Manager immediately reviews any returns, breakdowns, tow-ins, or critical failures. Following a thorough inspection, it is decided whether it was an isolated incident, or if further improvements need to be made, up to and including modifying a PM schedule to preempt a potential future failure.



All vehicles processed through our shops are entered into our computerized fleet tracking and management system called Fleetwise. Utilizing this software, we can track who performed the repair, which repairs and maintenance items were performed, parts costs, vendors used, and time required to perform those repairs. This system also flags each unit for any due PM based on mileages that are entered daily. This allows us to be vigilant in our efforts to stay on top of our PM schedule.

In **Tab 5 Attachments** you will find our FleetWise VB Fleet Maintenance Software information including an overview of FleetWise VB, and introduction to FleetWise and information regarding the Fuel Module in FleetWise.

This same software allows us to carry a complete computerized inventory of all commonly replaced or needed parts. This ensures that the parts and fluids are available at any given time to help streamline shop operations and prompt repairs with minimal downtime.

The low turnover of our technicians and EVT-focus training allow our team to become exceptionally familiar with each unit, which in turn continuously expands team member capabilities and develops excellent professional relationships with other staff members.

The following is an example of our PM schedule by unit.

DUE PM SCHEDULE LIST BY UNIT ID

FROM: - 77777777777777777777777777777777

BUFFER MILES: 500 - BUFFER HOURS: 0 - BUFFER DAYS: 14 - BUFFER GALLONS: 0 - BUFFER OTHER: 0

PRINT DATE:

PRINT TIME:

PAGE NUMBER:

UNIT ID	ACTIVE	REPAIR CODE	DATE	MILES	PN'S DUE @ HOURS	GALLONS	OTHER	CURRENT ODOMETER
345	Yes	PM - FUEL FILTER		272.887				273.658
345	Yes	PM - FULL SERVICE		262.887				273.658
345	Yes	PM - OIL		261.387				273.658
345	Yes	PM - SERP - TENS		268.022				273.658
345	Yes	PM - SUSPENSION REBUILD		120.000				273.658
346	Yes	PM - SUSPENSION REBUILD		120.000				243.936
347	Yes	ENGINE VALVES ADJUSTMENTS		150.000				250.300
347	Yes	PM - SUSPENSION REBUILD		120.000				250.300
348	Yes	PM - SUSPENSION REBUILD		120.000				250.239
349	Yes	PM - BATTERY	11/10/2022					30.000
353	Yes	PM - FRNT DIFF/TRFR/CASE/SERV		70.000				219.572
353	Yes	PM - DEF FILTER		200.000				219.572
353	Yes	PM - DPF CLEAN OUT		200.000				219.572
353	Yes	PM - EGR SERVICE		50.000				219.572
353	Yes	PM - SUSPENSION REBUILD		120.000				219.572
355	Yes	PM - FRNT DIFF/TRFR/CASE/SERV		70.000				176.789
355	Yes	PM - SUSPENSION REBUILD		120.000				176.789

This is an example of a look at how we track our fleet by VIN, tags, or asset numbers and know if they are active, in or out of area, or decommissioned. It also identifies where the unit is and which company it is assigned to.

UNIT ID	ACTIVE	UNIT STATUS CODE	VIN NUMBER	TAG NUMBER	ASSET NUMBER	MANUFACTURER CODE	MODEL CODE	MODEL YEAR	DEPARTMENT CODE	LOCATION CODE
346	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3J0124063	187KJN	346	RAM	3500	2017	METRO WEST AMBULANCE	HILLSBORO
347	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3J0124063	187KJN	347	RAM	3500	2018	CASCADE AMBULANCE	FERNDALE
348	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3J0124063	156KJL	348	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
349	<input checked="" type="checkbox"/>	ACTIVE	1FD0U4HTB6E34231	1802588	349	FORD	F450	2017	METRO WEST AMBULANCE (BANKS)	HILLSBORO
350	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FMDU3AE1W0275045			FORD	EXPLORE	1997	MEDIX WHEELCHAIR DEPT	WARRENTON
351	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FD0E30F7W4429025		351	FORD	E-350	1987	MEDIX AMBULANCE	ASTORIA
352	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FD0E30F6SH466536		352	FORD	E-350	1995	MEDIX AMBULANCE	WARRENTON
353	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL1J0124061	047KJN	353	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
354	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	1W0KFF3AC399429322	T605776	354	DODGE	SPRINTER	2009	MID VALLEY AMBULANCE	EUGENE
355	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3J0331418	082LAB	355	RAM	3800	2018	PACIFIC WEST AMBULANCE	NEWPORT
356	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3J0331417	125MPT	356	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
357	<input checked="" type="checkbox"/>	ACTIVE	10B302CLX1186453	130LEC	357	CHEVROLET	C3500	2014	METRO WEST AMBULANCE	HILLSBORO
358	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	10B302CLX1186453	T610355	358	GMC	C3500	2016	UMPUJA VALLEY AMBULANCE	ROSEBURG
359	<input checked="" type="checkbox"/>	ACTIVE	1FD0E30F8YH86678	T510070	359	FORD	E-350	2000	METRO WEST AMBULANCE	CLACKAMAS
360	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4K0571303	189LQI	360	RAM	3500	2019	AMBULANCE	HILLSBORO
361	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	3C7WR8BL4K0571304	581LJU	361	RAM	3500 4X4	2019	AMBULANCE	WARRENTON
362	<input type="checkbox"/>	DECOMMISSIONED SOLD	WD1PD04415576758	T592715	362	FREIGHTLINER	SPRINTER	2005	AMBULANCE	WOODBURN
363	<input checked="" type="checkbox"/>	ACTIVE	WD1PF3C6F800127	T626023	363	MERCEDES	SPRINTER	2015	AMBULANCE	WOODBURN
364	<input type="checkbox"/>	DECOMMISSIONED SOLD	WD1PE7C0K0P168102	T59908	364	MERCEDES	SPRINTER 2500 SERIES	2016	AMBULANCE	WOODBURN
365	<input type="checkbox"/>	DECOMMISSIONED SOLD	WD1PE7C0K0P168102	T59908	365	MERCEDES	SPRINTER 2500 SERIES	2014	METRO WEST AMBULANCE	CLACKAMAS
366	<input type="checkbox"/>	DECOMMISSIONED SOLD	WD1PD04415576758	T592715	366	DODGE	SPRINTER	2005	AMBULANCE	WOODBURN
367	<input type="checkbox"/>	DECOMMISSIONED SOLD	WD1PD04415576758	T592715	367	DODGE	UNKNOWN	2004	AMBULANCE	WOODBURN
368	<input checked="" type="checkbox"/>	ACTIVE	1FD0E30F8YH86678	T599045	368	FORD	F350	2002	METRO WEST AMBULANCE	CLACKAMAS
369	<input type="checkbox"/>	DECOMMISSIONED SOLD	1FD0E30F8YH86678	T599045	369	FORD	UNKNOWN	1995	AMBULANCE	WOODBURN
370	<input type="checkbox"/>	DECOMMISSIONED SOLD	1W0KFF3AC399429322	032 CN7	370	CHEVROLET	BLAZER	1997	AMBULANCE	WOODBURN
371	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4K0571303	825LUF	371	RAM	3500	2019	METRO WEST AMBULANCE	HILLSBORO



This is another type of report with individual fleet identification.

UNIT ID	ACTIVE	UNIT STATUS CODE	VIN NUMBER	TAG NUMBER	ASSET NUMBER	MANUFACTURER
04-807	<input checked="" type="checkbox"/>	UNKNOWN	2FMZA55244BA51254	E024077	04-807	FORD
05-801	<input type="checkbox"/>	UNKNOWN	1FD0E45P05HB13428	E231981		FORD
05-802	<input type="checkbox"/>	UNKNOWN	1GBG5V1256F406248	E234354		GMC
05-808	<input type="checkbox"/>	UNKNOWN	1FDWE35865HA24069	E242078		FORD
07-803	<input type="checkbox"/>	UNKNOWN	1GBDV13157D129372	E234388		CHEVROLET
07-804	<input type="checkbox"/>	UNKNOWN	1GBDV131X7D131888			CHEVROLET
07-805	<input type="checkbox"/>	UNKNOWN	1FDWE35L08DB42037	E234399		FORD
07-806	<input type="checkbox"/>	UNKNOWN	1FDWE35L08DB42038	E234398		FORD
07-809	<input type="checkbox"/>	UNKNOWN	1GBE9V1247F415578	E242085		GMC
08-810	<input type="checkbox"/>	UNKNOWN	1FD4E45828DB51378	E244122		FORD
08-811	<input type="checkbox"/>	UNKNOWN	1FD4E4554-2688DB51377	E244121		FORD
09-812	<input type="checkbox"/>	UNKNOWN	1GBE9V1959F403588	E244133		CHEVROLET
09-813	<input type="checkbox"/>	UNKNOWN	1FD0E45559DA12180	E244143		FORD
09-814	<input type="checkbox"/>	UNKNOWN	4U2AB0D749CAM4709	E244149		FREIGHTLINER
10	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	WD8PD144785940950	731CQV	10	DODGE
10-815	<input type="checkbox"/>	UNKNOWN	1GB9GSA62A1107652	E249225		CHEVROLET

Fleet Replacement Strategy

Our goal is to remount/replace ambulances when they reach 250,000 miles. When we discuss our fleet replacement strategy, it is mostly done through the purchase of a new chassis, followed by in-house NFPA and CAAS standard remount program, New Module Build with New Chassis and used Ambulance purchases. Having a diverse replacement strategy enabled us to successfully cope with recent market shortages and still comply with a variety of local mileage jurisdiction, while our competition struggled in this front.

In our financials found in **Tab 4**, our budget for repairs is included in the line-item operating expenses.

Our Chassis commitment to the future emphasizes managing fossil fuel usage in effort to secure the future in many ways, so sustainability is our ongoing commitment.

Here is an example of our ability to track all of our units and their statuses from our FleetWise program that includes mileage. This helps us meet vehicle replacement requirements. Our program allows us to track and oversee our entire fleet from our various companies including Medix Ambulance.

few Edit Preview Change Unit ID - F5

UNIT ID	ACTIVE	UNIT STATUS CODE	VIN NUMBER	TAG NUMBER	ASSET NUMBER	MANUFACTURER CODE	MODEL CODE	MODEL YEAR	DEPARTMENT CODE	LOCATION CODE
346	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3JG124982	167KUN	346	RAM	3500	2017	METRO WEST AMBULANCE	HILLSBORO
347	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3JG124982	167KUN	347	RAM	3500	2018	CASCADE AMBULANCE	PERDUE
348	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3JG124982	158KUL	348	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
349	<input checked="" type="checkbox"/>	ACTIVE	1FDUHMTHSE34231	Y802688	349	FORD	F450	2017	METRO WEST AMBULANCE (BANKS)	HILLSBORO
350	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FMDU3E1VUC75045			FORD	EXPLORER		MEDIX WHEELCHAIR DEPT	WARRENTON
351	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FDJEXBF7YHA28028		351	FORD	E-350	1997	MEDIX AMBULANCE	ASTORIA
352	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FDKE30F8SH465336		352	FORD	E-350	1995	MEDIX AMBULANCE	WARRENTON
353	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3JG124981	047KUN	353	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
354	<input type="checkbox"/>	ACTIVE/OUT OF AREA	W0XPF3AC399429822	1806778	354	DODGE	SPRINTER	2009	AND VALLEY AMBULANCE	EUGENE
355	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3JG124981	082LAS	355	RAM	3500	2018	PACIFIC WEST AMBULANCE	NEWPORT
356	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3JG124981	125MPT	356	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
357	<input checked="" type="checkbox"/>	ACTIVE	10B3G2CLXE1188430	130LSC	357	CHEVROLET	Q3500	2014	METRO WEST AMBULANCE	HILLSBORO
358	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	10B3G2CLXE1188430	1610388	358	GM	Q3500	2016	UMPOVA VALLEY AMBULANCE	ROSEBURG
359	<input checked="" type="checkbox"/>	ACTIVE	1FDJEXBF7YHA28028	T810370	359	FORD	E-350	2000	METRO WEST AMBULANCE	CLACKAMAS
360	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4K571303	169LQY	360	RAM	3500	2019	AMBULANCE	HILLSBORO
361	<input type="checkbox"/>	ACTIVE/OUT OF AREA	3C7WR8BL4K571304	801 LRU	361	RAM	2000 4XA	2019	AMBULANCE	WARRENTON
362	<input type="checkbox"/>	DECOMMISSIONED-SOLD	WD1PD644155768758	1592215	362	FREIGHTLINER	SPRINTER	2005	AMBULANCE	WOODBURN
363	<input checked="" type="checkbox"/>	ACTIVE	WDAPP3C08P980127	T82M22	363	MERCEDES	SPRINTER	2015	AMBULANCE	WOODBURN
364	<input type="checkbox"/>	DECOMMISSIONED-SOLD	WDAPF7C09P188402	159909	364	MERCEDES	SPRINTER 2500 SERIES	2015	AMBULANCE	WOODBURN
365	<input type="checkbox"/>	DECOMMISSIONED-SOLD	WDAPF7C09P188402	159909	365	MERCEDES	SPRINTER 2500 SERIES	2014	METRO WEST AMBULANCE	CLACKAMAS
366	<input type="checkbox"/>	DECOMMISSIONED-SOLD	WD2PD644155768758	1587628	366	DODGE	SPRINTER	2005	AMBULANCE	WOODBURN
367	<input type="checkbox"/>	DECOMMISSIONED-SOLD	WD2PD644155768758	T585134	367	DODGE	UNKNOWNS	2004	AMBULANCE	WOODBURN
368	<input checked="" type="checkbox"/>	ACTIVE	1FDJEXBF7YHA28028	T599015	368	FORD	F350	2002	METRO WEST AMBULANCE	CLACKAMAS
369	<input type="checkbox"/>	DECOMMISSIONED-SOLD	1FDJEXBF7YHA28028	T81122C	369	FORD	UNKNOWNS	1996	AMBULANCE	WOODBURN
370	<input type="checkbox"/>	DECOMMISSIONED-SOLD	1GADT13W6Y2140372	032 CAV	370	CHEVROLET	BLAZER	1997	AMBULANCE	WOODBURN
371	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4K571303	825LUP	371	RAM	3500	2019	METRO WEST AMBULANCE	HILLSBORO



Vehicles-Driver Safety Training



Attention to safety-for patients, crews, co-responders-is a core objective, and the source of continuing education curricula, practice, and skills updates. Among our safety commitments is our driver education, safety, and vehicle operations training. Upon-hire, crews receive initial and ongoing training in Emergency Vehicle Operations Course (EVOC) for ambulance personnel, including both online education and testing, along with in-person driving course instruction and evaluation. All new hires must successfully complete this course. After the initial course, all EMS crews must complete online annual refreshers. In addition to our formal course, new hires must successfully complete their field training rotation(s) with a Field Training Officer who evaluates and instructs on safe driving in emergent and non-emergent responses and situations; driving in various weather/adverse conditions; driving and responding in various traffic situations; safe approach and departure on emergency scenes; safe parking, plus multiple other topics.

We also provide classroom education and hands-on training focusing on winter/adverse weather driving and tire chain application, which has improved our crews' ability to navigate and operate in harsh conditions. Our spring and summer training focuses on backing and mirror-clip type driving incidents, as well as appropriate vehicle parking when posting to avoid starting fires in nearby shrubs and grass during hot summer months.

If a crew member is found to need remediation in safe driving, the remediation will include both classroom and driving course instruction, along with one-on-one evaluation and instruction with a Field Training Officer.

Equipment & Medical Supplies

This section covers for you:

- *Logistical procedures that are employed to replenish our ambulances with disposable supplies, durable equipment, non-scheduled medications, and other necessary materials. Additionally, we'll explain the processes that will be implemented to ensure the ongoing maintenance and safety of all medical equipment.*
- *We'll elaborate on the strategies in place for the maintenance, repair, and replacement of capital equipment, such as cardiac monitor/defibrillators, stretchers, stair chairs, and similar items, in the event of malfunction or breakdown.*
- *We'll describe how we intend to uphold an inventory of medical equipment sufficient to accommodate replacements during repairs and periods of high demand within the system.*
- *We'll provide a description of the proposed policies and procedures, in accordance with Drug Enforcement Administration (DEA) requirements, governing the storage, inventory management, accountability, restocking, and procurement of any controlled drugs and substances intended for use by our crews as dictated by patient treatment protocols or other relevant policies (subject to final approval by the Medical Program Director).*
- *We'll also outline the Proposer's electronic health records system and elucidate how clinical data will be shared with the County for the purposes of clinical assessment and system quality improvement initiatives.*

Metro West Ambulance including Vernonia, currently use the Operative IQ system. This robust, user-friendly EMS Operations Management software that assists us in making informed, data-driven decisions to streamline our processes and improve operations. This system enables us to manage the overall flow of supplies and equipment throughout our operations. Maintenance schedules have been established for our durable assets to ensure they remain service ready. Operative IQ is an efficient and complete inventory tracking technology that provides support staff and leadership with the following features:

- Manages equipment needs and tracks expired medications.
- Manages supply inventory, fixed and mobile assets, and vehicles.
- Offers real-time information on our supply inventory for all locations.
- Facilitates our electronic record-keeping and barcode scanning, decreasing our inventory time, with automatic data uploads.



Inventory Tracking

With Operative IQ, we track lot numbers and expiration dates for perishable items and establish par (max) and reorder points (min) for each supply room in to ensure product availability and reduce waste. We can also Cycle Count on-hand quantities periodically to establish accurate counts and document process compliance. For Field Level Inventory Management, the system allows us to manage inventory on vehicles, at stations or in clinics, to make certain that frontline personnel have needed items. This system also tracks expiring supplies and cost of expiring supplies, giving us insights into usage trends to adjust stock quantities to reduce waste. We can create reports that show current orders, backorders, and current inventory in each unit, in each stock room, and at each company or Fire partner, based on their ordering history.

Daily Inspections

Our crews complete daily inspections of all durable equipment prior to shift start to ensure that the equipment functions properly. Inspections may include specific operational calibration checks (such as on our cardiac monitors or IV pumps or blood glucose meters), or physical checks (such as on our gurneys, oxygen system, suction devices, BP cuffs, etc.). If they find any equipment that is damaged, not in working order, or fails calibration checks, the equipment is immediately placed out of service and the on-duty Supervisor or Logistics personnel is notified for immediate replacement of the equipment.

Equipping crews with needed supplies for a complete 24-hour+ shift ensures that our crews remain in a ready state through their entire shift. Should the need arise for additional supplies, crews can submit supply requests from the field through Operative IQ software. Supervisors are notified and promptly replenish supplies to the crews.

To control the flow of inventory as it moves through our operation, Operative IQ facilitates checking received inventory against purchase orders and transferring stock between supply rooms to issue inventory to the field. This reduces on-hand quantities and triggers the next round of purchase orders. This system also allows us to transfer stock between our supply rooms and our various partners.



The Operative IQ system helps us maintain medical equipment and supplies to ensure sufficient backup to accommodate replacement and in times of excessive demand on our system. Operative IQ quickly creates purchase orders for all our suppliers based on our Par (max) and Reorder (min) points. We use role-based security and purchase approvals to manage who can order.

We submit purchase orders electronically to any supplier or leverage one of our integrated suppliers for an even more streamlined ordering process. The Metro West Family is a major national purchaser and supply-chain representatives from leading medical suppliers assist us with purchasing, researching new equipment and supplies, and assisting us to obtain the best pricing for these supplies and equipment.



Local Surplus

We typically stock a sizable surplus of equipment and supplies at our Hillsboro and Clackamas offices. Our systems help us maintain ample medical equipment and supplies to ensure sufficient backup to accommodate replacement during repairs and in times of excessive demand. Our standard practice is to keep on-hand supplies and equipment for thirty days of usage.

Capital Equipment Maintenance

Our proven, comprehensive system assures us that our equipment is well-maintained and repaired promptly. This includes, but is not limited to, cardiac monitoring equipment, ventilators, IV pumps, suction units, battery systems, radio systems, gurneys, power gurney loaders, oxygen systems, glucose monitoring, CO/SPO2 monitors, fire extinguishers, and security/rescue/immobilization equipment.

We will maintain a small cache of durable equipment in addition to quantities required for ambulance stocking. This will ensure sufficient equipment on-hand in the event of maintenance, repair, or replacement in the unlikely event of failure. See **Tab 5 Attachments** for Policy #604: Durable Medical Equipment, which outlines fundamental expectations regarding equipment maintenance. Policy 604 includes, but is not limited to, cardiac monitor-defibrillators, in-vehicle and portable suction, ventilators, IV pumps, video laryngoscopy, gurneys, power gurney loads, stair chair, battery systems, oxygen systems including oxygen cylinders and regulators, glucose monitors, EZ-IO devices, blood pressure cuffs, stethoscopes, traction devices, KEDs, pelvic splints, scoop stretchers, and backboards.

Calibration and Maintenance of Equipment

In addition to daily maintenance checks, various durable items undergo annual calibration and maintenance checks by certified technicians representing either the manufacturer of that piece of equipment or certified to repair and maintain a piece of equipment. The following is a list of our durable equipment and who will be assisting us in calibration and maintenance:

- **Stryker PowerPRO XT gurneys**, Stryker Power-LOAD Cot Fastener Systems and Stryker stair chairs preventive maintenance records are maintained by Stryker service technicians, or our technicians trained by Stryker. We work closely with Stryker representatives for installation, maintenance, troubleshooting, and crew training.
- **Stryker LIFEPAK 15 Monitor-Defibrillators** will be maintained/calibrated/repared through Stryker service technicians and also through Enerspect Medical Solutions based in Ridgefield, Washington.
- **Glidescope Video Laryngoscopes** will be maintained by our staff in conjunction with manufacturer or Enerspect Medical Solutions.
- **IV pumps** will be maintained by Enerspect or the various manufacturers including Baxter, which has an online Technical Service Portal that connects to local biomedical repair and maintenance facilities.



An established local provider of this service maintains oxygen tanks and oxygen systems. Maintenance of other items, such as our suction devices, BP cuffs, glucometers, EZ-IO drills, traction devices, various immobilization devices (such as backboards) will be completed by our staff and documented. Batteries for our power gurneys, portable radios, and heart monitor-defibrillators are dated when placed in service and monitored for replacement when incapable of holding a full charge. Equipment with internal batteries is monitored closely and checked during annual calibration and maintenance.

Our service contracts and agreements vary. Our budget for repairs are included in our operating expenses. Our main maintenance providers outside of the manufacturer include:

Travis Potter MS EMT-P

ZOLL Monitor & AED OR/AK
360-298-4664 cell
travis.potter@zoll.com

ZOLL

Jon Cole CBET

Enerspect Medical Solutions
IV Pumps, Ventilators, Cardiac Monitors
& Defibrillators
360-901-1648
Jon.cole@enerspect.com

stryker

Enerspect
Medical Solutions

Warner Edwards, Account Manager

South King Emergency Care
Stryker
503-704-7184
warner.edwards@stryker.com



Controlled Drugs & Substances

We have policies that govern storage, inventory, accountability, re-stocking, procurement, the administration and discard of controlled drugs and substances.

This program is overseen by our Operations Managers in conjunction with our EMS Supervising Physician. We have moved to a narcotics management system that allows us to definitively track controlled medications from the time they arrive until they are administered to a patient.

Designed for emergency vehicles, our NarcBox™ and NarcBox™ HQ system exceeds DEA requirements for out-of-pharmacy narcotic storage. Made with aircraft-grade aluminum, each features a hi-resolution resistive touch display for PIN entry as well as an RFID key card entry system. The NarcBox reporting and management system is completely cloud based, enabling any of our supervisors or administrators to download or run reports, view access logs throughout our EMS system, add or delete medics, or reset PINS from any internet enabled device, at anytime, anywhere. No paperwork, no potential loss of drug use forms. It is an industry-leading mobile reporting and peace of mind.



Our secure platform empowers administrators to:

- Customize access protocols for all NarcBox™ devices
- Set permissions between admins, employees, and medics
- Configure group access within larger organizations
- Create and export event, usage/waste, and inventory logs for DEA-compliant reporting
- Know the location of all medications in our organization with RFID Vial Tracking

When a 222 DEA Order Form is completed and signed by our EMS Supervising Physician, it is submitted to the vendor. When narcotics arrive, all vials are labeled with RFID Vial tracking labels. The vials are then scanned into NarcBox™ HQ with lot and expiration dates. When distributed to various stations or ambulances, the narcotics are scanned into the narcotic boxes in each station or ambulance, sending transfer information to the system. All information is uploaded onto the server. When a crew administers this medication, it is scanned out and information, including dosing and medication disposal, call identifier is documented into the system.

All NarcBox™ entry events are time, date, and medic stamped and transmitted instantly to a secure server. Additional entry and usage information, such as medications administered and a dispatch or ePCR assigned call number, can be assigned to every access as well. The NarcBox™ also reports temperature and notifies all administrators/supervisors when the narcotics are outside specified temperature ranges. The shift-change and automatic reporting features (based on 12-, 24-, or 48-hour shifts) allow all administrators or supervisors to receive customized automatic emailed reports by station, vehicle, medic, or specific NarcBox™ that corresponds to each department's shift change schedule. This system provides total visibility of controlled drugs and substances across our entire organization.

BILLING AND ACCOUNTS RECEIVABLE PROGRAM SUPPORT

In this section we'll describe the methods and process for billing and collection of patient fees.

Metro West Ambulance and our Family of Companies employees have years of experience navigating the complexities of Medicare and Medicaid ambulance billing, as well as a remarkable grasp of day-to-day billing and receivables management for insured patients and private paying customers. We know that care doesn't end once the patient is transported to the hospital or taken home. That is why we continue our commitment to caring for those we serve, from the beginning of the call to final completion of payment and insurance submission.

Incorporating years of learning in seminars and educational programs on Medicare reimbursement, as well as patient privacy issues relating to HIPAA, our policies are contemporary, tested, and serve the customer and our obligation to fund our mission. Billing operations are managed and operated by our companies—not outsourced to a disinterested third party. We manage our billing operations for Vernonia. Compassionate, responsible, effective billing practices are a significant quality measure and a driver of high customer satisfaction levels. We watch this closely.

The citizens we currently serve have benefited greatly from the skill and expertise of our billing departments. This maximizes revenue from ambulance operations, which allows us to keep our base rates as low as possible. These skills also factor into the base rate included as part of this bid. We know that healthcare can be costly, so we are very mindful to keep our rates affordable and to diligently collect from various insurers to decrease out of pocket costs. Superior programs addressing indigent patient write-offs are in our service policy.



From the beginning, we have approached patient care as a complete process, integrating response, care, customer service, and reimbursement. Our commitment is to continue to care for patients after the call.

As a company we are informed in modern accounts receivable management. We are well versed in data collections, medical auditing, and reimbursement practices, while also focused on customer service and sensitive to the special needs of our patients.

We are also judicious. Our Customer Reimbursement Specialists can override automated decisions to best address individual customer's payment issues. We are methodical and organized. We offer customers the benefit of a nationally recognized EMS billing and collections software application, RescueNet Billing. Our efficient data processing includes numerous built-in failsafe features for accurate and timely reporting and billing. We are diligent. We will maximize third-party collections, offering continuous follow-up and quick resolution on all accounts.

We have representatives available to assist with billing information, insurance reimbursements, medical chart requests, and other questions our patients or responsible parties may ask. We back that up with our Family of Companies Billing and Accounts Receivable management and specialists accessible to every area we serve.

Fully Integrated Accounts Receivable Software

Metro West uses the ZOLL Data Systems RescueNet Suite, which provides a compatible set of products that fully integrates charting and computer billing systems with our CAD (computer aided dispatch) system. This seamless integration allows information collected by call-takers and dispatchers to be immediately available to accounts receivable personnel, eliminating time consuming and error-prone duplicate data entry. We have an integrated ePCR system that will allow the exchange of electronic data from the time of dispatch, to charting to billing. This state-of-the-art system provides data security and ensures compliance with HIPAA standards.

The RescueNet system offers accurate, automated, and nationally respected systems proven to minimize out-of-pocket costs for patients, while exhausting all possible recovery from patients' third-party payer sources. The RescueNet Billing System also facilitates electronic Medicare claims filing.



RescueNet

The RescueNet Billing System supports our efforts to remain up to date with dynamic Medicare reimbursement reform. Each time a new, required reimbursement practice is announced by the federal or state government, the highly flexible RescueNet Billing System allows the information technologies director or the offsite system software designers to immediately make required changes to the software. With the RescueNet Billing System, we can easily provide, if so desired, more than 100 fast, flexible, standard reports, as well as custom-designed reports.

The current Medicare Regulatory Chair for the American Ambulance Association is one of our own directors, Krista Cuthbert. Krista helps guide Metro West & all our companies regarding Medicare compliance.

Billing is an essential component of patient care.

We approach patient care as a complete process. Our care starts the moment we receive a call and doesn't end until all billing is finalized. An efficient medical billing process is one of the unsung but important factors for EMS prehospital providers.

We will maintain billing and accounts receivable information and will provide, within ninety (90) days after the end of our fiscal year, data that will clearly identify collection rates and our compliance with our rate structure.

We are experienced and we're knowledgeable. We're proud of the job our team performs, and we work hard every day to ensure our care is continuous from the moment of need until all of the billing is complete. Our company will never attempt to collect fees for services rendered at the scene, enroute, or upon delivery of the patient to a health facility.

Our staff have experience, and they are experts at data collections, medical auditing, and reimbursement practices, while also being customer-service oriented and sensitive to the special needs of our patients.

Internal Patient Billing

Metro West Ambulance has always approached patient care as a complete process, integrating ambulance response, patient care, customer service, and reimbursement. We know that care delivery doesn't end once the patient is turned over at the hospital or returns home, and Columbia County can count on a concrete commitment to continue to care for patients after the call. Our Family of Companies has the background and expertise necessary to perform billing internally for optimal efficiency and is proud to be able to offer our ASA this level of customer service.

Billing operations are managed and operated by the service provider, us, and not outsourced to a disinterested third party, allowing for direct oversight and immediate troubleshooting, ensuring uninterrupted performance from the beginning of a call through final completion of payment and insurance submission. Internal billing will allow for the override of automated decisions to address individual customer issues in a more timely and productive manner.



Compassionate, responsible, and effective billing practices are a significant quality measure and a driver of high customer satisfaction levels. Incorporating years of learning in seminars and educational programs on Medicare reimbursement, as well as patient privacy issues relating to HIPAA, our billing policies are contemporary, assessed, and serve the customer while meeting the company's obligation to fund its mission. We appreciate that healthcare can be costly and is mindful to keep rates affordable while working hard to collect from various insurers to reduce out-of-pocket costs. Superior programs addressing indigent patient write-offs are standard policy.

The billing and revenue cycle employees supporting us have decades of experience in the complexities of Medicare and Medicaid ambulance billing as well as a remarkable grasp of day-to-day billing and receivables management for both insured patients and private-paying customers. Billing talent maximizes revenue from ambulance operations, which allows our company to hold base rates as low as possible, including the competitive base rates offered to Vernonia and our region.

Throughout the contract period, Columbia County will directly benefit from the depth of reimbursement knowledge held by the Director of Revenue Cycles, Krista Cuthbert, current Medicare Regulatory Chair for the American Ambulance Association. Based at Medix, Krista helps guide all of our companies regarding Medicare compliance and will ensure maximum reimbursement for Columbia County patients.

Our billing and revenue cycle employees have years of experience in the complexities of Medicare and Medicaid ambulance billing as well as a remarkable grasp of the day-to-day billing and receivables management for insured patients and private paying customers. That is why we do this process internally. We are proud to bring our experience in this area to the Vernonia area. We will continue our commitment of caring for those we serve all the way from the beginning to final completion of payment and insurance submission.

Medical Necessity Program

Minimum: The Proposer will describe its program for the documentation of medical necessity in EMS transportation.

We have a two-tier process to ensure compliance with Medicare and Medicaid. The first tier, an internal program, is a comprehensive plan in which a designated specialist monitors all aspects of the billing process to ensure compliance. It follows recommendations by the Office of the Inspector General and is our comprehensive strategy to ensure our business practices address all federal Medicare reimbursement billing requirements. This specialist uses feedback from daily reports to confirm proper coding and submission of claims.

If issues are detected, they are corrected, and feedback is provided to prevent the same issue on subsequent claims. The Billing Manager then reviews all claims using several software tools to determine that claims are ready for electronic submission. The Billing Manager also acts as a point of contact for timely resolution of issues in the event there is a discrepancy. These practices are combined with a quarterly review of all policies and procedures to provide an internal audit and ensure a high level of accuracy and compliance.

The next tier of the compliance and audit program is an external audit of our Medicare billing practices by Brian Werfel, Esq., a nationally respected Medicare ambulance billing expert. Brian Werfel performs an annual independent audit of all our billing policies and procedures and verifies compliance with current practices, as well as preparing Metro West for upcoming changes. Werfel & Werfel PLLC provide ongoing advice on federal compliance practices. Brian S. Werfel, Esq., a partner in Werfel & Werfel, PLLC, also serves as legal counsel for the American Ambulance Association. We regularly participate in Mr. Werfel's client group meetings, collectively sharing the best practices in EMS billing and collections and securing the compliance advice of a highly qualified attorney. In addition, we host an annual leadership event for all of our supervisory and management staff with Brian Werfel, Esq. This is a great opportunity to review best practices, upcoming changes and advice for our team. Our full Medicare Compliance Program is available in **Tab 5 Attachments**.

Description of Charity or Compassionate Care Program

We want to share our policies and procedures related to charity care, installment payments and other methods of dealing with patients that are uninsured or underinsured and may not be able to pay for services rendered.

We know that not all of our patients will have the ability to pay their medical bills including those for emergency ambulance transportation due to no insurance at all or being underinsured. Many adults who report medical debt cite costs associated with emergency care (50%) and hospitalizations (35%) as sources of unpaid bills. At Metro West Ambulance and our Family of Companies, we have a charity care program—the Hardship Assistance Program.

To give you a small background in this, let's start with laws and statutes that affect EMS. The law requires emergency medical service providers to attempt to collect any unpaid portion of the annual Medicare Part B insurance deductible and the applicable co-insurance amount from the beneficiary. However, under certain circumstances, they allow us, the provider, to waive or reduce collection of these amounts. One circumstance is financial hardship of the beneficiary. If we were to attempt collection, knowing it would be inequitable and contrary to our good conscience to require payment, we offer a hardship reduction of the patient billing.

To ensure that we are not violating Federal Anti-Kickback Beneficiary Statutes, our billing staff objectively evaluates the financial ability of patients to make payments and make appropriate steps as to when a hardship reduction or waiver may be appropriate.

Write-offs, waivers of payments, installment payments and other discounts will be applied with reasonable evidence that supports a genuine financial hardship of the patient for services, including those who are uninsured or underinsured and may not be able to pay for the services they received in the following circumstances:

- If the patient is deceased and the patient representative advises that there is no estate, and we have made reasonable attempts to verify that there is not a creditor's claim or probate, in addition to a signed completed waiver of no assets, along with a copy of the death certificate.
- If the patient or the patient's representative advises us that the patient is suffering a financial hardship and is unable to make payments, we will conduct a hardship assessment by asking the patient to provide the following:
 1. Verification of current employment or unemployment status.
 2. A copy of tax returns or (W2 forms at least) for the previous (2) years.
 3. Additional information as to why the patient feels a financial hardship waiver should apply.

In addition to the provided information by the patient or the patient's representative, we utilize the HHS annual poverty guidelines as the basis for evaluation a hardship request, current guidelines can be found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2024-poverty-guidelines>.

This site gives the HHS Poverty Guidelines for 2024 that are used to determine financial eligibility for certain programs, and it gives computations for the 2024 Annual Update of the HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia.

To calculate total family income, the incomes of all related family members who live together are tallied to determine poverty status. If an individual or group of individuals (such as housemates) are not living with family members, their own individual income is compared with their individual poverty threshold. If total family income is less than the poverty threshold for that family, that family and everyone in it is in poverty. If equal or is greater than the poverty threshold, the family is not considered to be in poverty.

To determine the threshold, we calculate the total family income for the same year and compare it to the poverty threshold. If the income is greater than the threshold, they are considered not in poverty.

Our CEO, Shawn Baird, was appointed by the United States Secretaries of Transportation, Labor and Treasury to serve on the Ground Ambulance and Patient Billing Advisory Committee (GAPBAC), established by Congress under the No Surprises Act, which is intended to protect patients from unexpected out of pocket expenses. Shawn is representing the ground ambulance service provider and field personnel community on behalf of all ambulance providers in our county.



Metro West Ambulance is dedicated to providing the highest quality healthcare for the communities we serve, regardless of ability to pay. We recognize that the cost of healthcare including the emergency care we render can be an excessive financial burden for our uninsured or underinsured patients. As an illustration of our commitment, our CEO Shawn Baird serves on the Advisory Committee on Ground Ambulance and Patient Billing. He was appointed jointly by the United States Secretaries of Transportation, Labor and Treasury to advise Congress on ambulance payment areas. Shawn with his co-committee members are working on a solution for Congress.

Federal Programs (Medicare & Medicaid) and 3rd Party Payor Billing & Documentation

The following describes our program, methods, documentation guidelines, and implementation procedures. Proposers will also identify the firm's compliance officer and detail policies related to reporting and resolution of compliance issues.

Medicare, Medicaid and HIPAA Compliance

The compliance and audit program for Metro West follows the recommendations by the Office of the Inspector General. [68 FR 14245; March 24, 2003.] Our Medicare compliance program will continue to ensure our business practices address all federal Medicare reimbursement billing requirements.

Overseeing our Medicare/Medicaid compliance for our Family of Companies inclusive of Medix is Krista Cuthbert. Our HIPAA Compliance Officer for our Family of companies is Gene Frye. We have policies in place that address reporting and resolution of compliance issues. Take a look at our Policy 915 from our Employee Manual that specifically addresses HIPAA. It can be found in **Tab 5 Attachments**.

Our Medicare compliance program reflects a comprehensive strategy that lets us ensure our business practices address all federal Medicare reimbursement billing requirements. Here are highlights of this program:

- Written policies and procedures designed to prevent the occurrence of fraud and abuse in its operations, along with a management structure to implement those safeguards
- Procedures for education of managers and employees on the laws and standards of compliance in the ambulance industry. Initial familiarization and education of compliance is accomplished in new employee orientation
- Procedures by which the company evaluates and measures the effectiveness of its compliance program
- Procedures by which the company will identify and promptly remedy compliance problems and issues. Procedures include ongoing education, enforcement, and disciplinary measures by the company to guarantee that employees understand and take seriously their obligations to maintain full compliance with all laws, rules, and regulations.



Metro West Ambulance and our Family of Companies also follows the American Ambulance Association's Medicare compliance manual for:

- Daily operations management of the business office to assure compliance to standards and procedures
- Daily management and organization review for compliance
- Ongoing employee education and training
- Employee review and screening of charts to guarantee billing practices for compliance
- Assuring compliance standards through education, enforcement, and disciplinary guidelines
- Internal monitoring and compliance audits by managers
- Compliance problem recognition program for identification, investigation, response, and correction
- Meeting all Medicare requirements for ambulance services
- Precise claim development and submission process procedure and oversight
- Documentation review of all charts
- Record retention and maintenance program
- Patient confidentiality and HIPAA compliance program



Our full Medicare Compliance Program can be found in **Tab 5 Attachments**.

Human Resources-Personnel

In this section we'll share treatment of our workers, work/life balance, wage/benefit level, career opportunities including our EMS Career Pathway.

Designed to support a positive work-life balance, our shift duration plan ensures continuous coverage while allowing adequate rest and recovery between calls and shifts. We field one 24-hour ALS ambulance on-duty every day in Vernonia. Our second on-site is staffed as needed by our volunteer staff or VRFPD staff or combination. Additional units cover or respond out of Washington County where they work a variety of shifts from 8, 10 or 12 hours.

For Vernonia, in this 24-48 shift pattern, employees work a continuous 24-hour shift with 48 hours off-duty before the next shift cycle begins. Firefighters and emergency responders often follow this pattern to maintain operational readiness and effectively manage fatigue.

Our methodology for workload protection and measuring workload and fatigue, we monitor crew UHU (Unit-Hour Utilization) in our communication center. Throughout the day, our emergency medical dispatchers will track all unit UHUs through our CAD system. To ensure that that an individual crew is not overwhelmed during their shift, if they see a crew approaching their UHU limit (24-hour shift max UHU of 0.45 in the first 16 hours), Unit-Hour Equalization tactics will be applied to better distribute the work and permit the crew to rest the remainder of the shift. If the 24-hour crews become fatigued from excessive call volume, or a serious call that has "impacted" the crew, they will be pulled from the system to rest.

To effectively address potential fatigue and high stress matters, Metro West has a longstanding policy (# 511) that allows employees to go home with pay for the remainder of their shift. If appropriate, the employee will be referred to EAP or other interventional pathways. For our Policy #511 High Stress Call Policy, see **Tab 5 Attachments**. Lastly, crew quarters at our current station can accommodate our and 24-hour shifts with kitchen, living, and bedroom/sleeping areas.

Our employees earn market-driven competitive base compensation with a very attractive benefits package that includes medical and dental insurance, 401K with 5% matching, Health Savings Account, life insurance, Employee Assistance Program, gym reimbursement, and more. This also includes generous paid time off (PTO), 40 hours paid continuing education per year, no charge for nationally recognized training classes such as ACLS, PHTLS, CPR, PALS, and 30-day paid sabbatical starting at 15 years and then every 5 years after that.

We offer a variety of shifts and have a generous shift trade policy so that crews can attend college and earn their degree, advance their degree, or accommodate home life needs, such as childcare, elder care, etc. We also offer a generous EMS Career Path. This allows our staff to obtain their EMR or EMT; our EMTs to obtain their paramedic status and to have their training program paid for. We provide career opportunities in-house such as Field Training Officers and Operation Supervisors, including ability to transfer to one of our eleven other companies to pursue career advancement while retaining all seniority and benefits. We give our crews opportunities to grow their career while balancing their work and their life.



We work hard to attract the right people. Our personnel recruitment involves our management team and our Metro West Ambulance Recruitment Specialist, along with thoughtfully planned social media recruitment campaigns on Facebook, Instagram, and LinkedIn.

We place job openings with Indeed, which is the #1 job site in the world, and with LinkedIn. In addition, we provide presentations to regional colleges and high schools about careers in EMS.

Our applicant recruitment and screening process is a multi-step process that starts with in-person and/or virtual interviews. In tandem with the interview process, our credentialing procedures include, but are not limited to, criminal background checks, driver license checks, EMS licensure (state and national), validation of current CPR, ACLS, PHTLS, PALS/PEPP/EPC certifications, pre-employment drug and breath alcohol tests, initial TB screening, vaccination records, reference and work history checks, and Statement of Physical Ability. This phase also includes approval from our Medical Program Director.

Our occupational health and safety and communicable disease control program, including communicable disease prevention, is outlined in the Health and Safety Programs section. We also discuss our physical and mental health ability pre-employment process. We share information on our various programs, including driver safety training, Employee Assistance Program, Personal Safety Training, Fatigue & High Stress Calls, Critical Incident Stress Debriefing, our Safety Committee, our Safety Policies and Procedures, Vaccinations & Screens, Physical and Mental Health Ability, Gym Membership, and our Drug and Alcohol Testing and Drug Use.

To view our full compensation package for our staff, see **Tab 5 Attachments**. The 2024 Metro West Benefits Guide (for Metro West Ambulance and our Family of Companies), our EMS Career Path, and our additional benefits are available in the Compensation and Benefits section of this proposal.

In a 911 EMS system, clinical crew members can experience high levels of stress that produce heightened emotion. In those circumstances, our long-standing policy allows employees to go home with pay for the remainder of their shift. Also, impacted crew members may be referred to the Employee Assistance Program or other interventional pathways, as appropriate. Through these methods, we protect our crews from further exposure to incidents in which their judgment or motor skills might become impaired by fatigue or unusually high levels of stress or emotion.



Retention of Employees

We value our dedicated, highly trained personnel currently working in Vernonia, in the Columbia County EMS system. It is our goal to be able to retain the current workforce. They possess significant local knowledge regarding the geography, the citizens of this community, various health care providers and facilities, the local culture, and the inner workings of this system.

Our retention plan embraces an approach that recognizes that the workforce has chosen to live and/or work in Vernonia. We have built a career foundation to support the lifestyle they desire, providing a reliable work-life balance along with educational support, to pursue education opportunities and rewarding career development.

Our plan for retaining current employees and attracting new employees include:

- ✓ We will ensure competitive wages. For experienced providers, we match pay, PTO benefits and seniority with their current employer. This offers economic stability.
- ✓ We provide paid continuing education for up to 40 hours per year, so they can maintain their certifications and licensures.
- ✓ We offer the same great benefit package that we give all of our employees, which includes medical/Rx health insurance, Health Savings Account, dental insurance, life insurance, Employee Assistance Program, Regence 24/7 Nurse Line, 401K Retirement accounts with 5% employer matching. We also offer gym membership reimbursement, access to event tickets when available, paid volunteerism through our Corporate Citizenship Program, and paid holidays. Great benefit packages are very valued.

- ✓ By honoring seniority, we also will give current area EMS professionals our Sabbatical benefit. Beginning at 15 years of employment (with former provider) and every 5 years thereafter, we grant employees a 30-day paid sabbatical. This is in addition to their normal PTO accruals. This affords employees a chance to step away from EMS, take a breath, and a break from all the demands and stressors of this profession to spend time doing whatever they wish.
- ✓ We provide a generous uniform allowance—when you look good, you feel good.
- ✓ One of most important benefits we offer employees is encouraging them to remain in our EMS Career Path. We offer flexible schedules that accommodate employees enrolled in an EMT or paramedic program or who are taking prerequisite courses for paramedic school, and we offer EMT tuition reimbursement. We offer a hybrid Paramedic training program available partially online. This program, valued at \$18,000, is available with a two-year employment commitment. Other expenses associated with the paramedic program, such as textbooks, air travel, lodging, and compensated time off for live seminars and examinations, are also funded by us. We offer a more traditional Paramedic School Tuition Assistance for education at local Paramedic training programs for up to \$18,000 tuition assistance with a two-year employment commitment.
- ✓ We offer experienced crews career advancement opportunities such as Field Training Officers, Field and Operation Supervisors, Training and Clinical Managers, and Operations Managers.
- ✓ We offer opportunity to participate in company, local, county, state and national committees based on their interests and how they feel they can impact EMS.
- ✓ We also listen closely to what they genuinely want from their career, from their employer, and in their life. Our crews and our future crews are the ones we entrust to provide emergency care and transportation to those who need us most. it is our goal to care for them so they can care for others.

Uniforms

We take pride in how we look. If you look good, you feel good. Our current uniform selections for our Vernonia operations were chosen in conjunction with the Vernonia Volunteer Ambulance Association. All personnel are required to display their provider level at all times and wear their photo ID along. We require all of our providers to have a patch on their shirt and coat denoting their emergency medical certification level. We provide our field crews with required uniforms and replace them annually. Any worn or damaged items are replaced immediately. See **Tab 5 Attachments**-Policy #401 Personal Appearance Of Employees: Policy #402 Use, Care and Maintenance of Uniforms.



Wage Scales & Hours Worked

We know the basis for a positive work-life balance that supports the best possible care and transportation for patients is fair compensation and work schedules. Accordingly, all personnel providing services in support of our Columbia County contract for ASA-7 Vernonia, will carry a reasonable workload, earn a competitive market-driven base compensation, and enjoy a very attractive benefits package.

Our current wage scale is available on request. Wages are based on provider level and seniority scale with pay increases annually. Wages may also be increased due to COLA. Wage scales are evaluated annually to ensure job competitiveness within our region. Paramedic Employees do receive seniority pay increases at 1 year; 2 years; 3 years; 4 years; 5 years; 6 years; 7 years; 8 years; nine years; 10 years and 15 years. We have 8, 10, 12 and 24 hourly rates. EMT Employees receive seniority pay increases at 1 year, 2 year, 3 year and 4 year. They are also eligible for tuition assistance programs through our EMS Career Path.

Benefit Package

In addition to competitive rates and salaries, we offer an extensive benefit package to all employees, which includes the following:

- Medical/RX Insurance with Regence (choice of two plans)
- Health Savings Account with KeyBank
- Dental Insurance with Delta Dental
- Life Insurance / AD&D
- Employee Assistance Program through Providence
- 401K Retirement Account with 5% matching through The Standard
- Gym Membership Reimbursement
- Annual Uniform Allowance
- Paid training (40 hours) yearly for continuing education
- Continuing Education classes, free for all employees, including CPR, First Aid, PHTLS, EPC, and ACC (Advanced Cardiac Care) or ACLS
- Corporate Citizenship Program (paid volunteerism)
- EMS Career Path, includes Hybrid EMT Program, EMT Tuition Reimbursement, Hybrid Paramedic Program, and Paramedic School Tuition Assistance
- Paid subscription to the CareerCert online training program



For full information on the extensive benefit package that is available to all staff, see **Tab 5 Attachments**, which includes the 2024 Metro West Benefits Guide, MWA Additional Benefits, and the EMS Career Path.

Holidays & PTO

Metro West employees receive holiday pay for six (6) recognized holidays. On-duty EMS crews and dispatchers receive a flat rate of \$100 additional pay.

Our crews accrue PTO from day 1. PTO accrual is based on length of service with our companies, type of shift working (rates vary for our 8 & 10 hour employees; our 12 & 24 hour employees; and for our salaried employees). PTO ranges from one (1) week for new employees up to six (6) weeks. Beginning at fifteen (15) years of employment and recurring every five (5) years thereafter, we grant employees a thirty (30)-day paid sabbatical on top of normal PTO accruals.

Paid Sabbaticals

One unique benefit we have that you will rarely see in any other EMS providers is our sabbatical offering. This is an opportunity for employees to step away from the demands of emergency medicine and simply take a break, allowing them to use this time away from their normal duties to pursue whatever they choose. Beginning at 15 years of employment and every five years from that point, we give our employees thirty (30) days of paid time off (PTO). This applies to every employee. This 30 day PTO benefit is in addition to their normal PTO accruals.



Some employees have used this benefit for professional self-development. Others have pursued interests such as traveling, writing, or spending time with family. A few have made medical missions to third world countries, taking their skills and experience to those that desperately need it. No matter how they choose to spend it, all are given an opportunity to step away, to decompress, and to have an extended period away from work.

We do require our employees to use all 30 days at one time-these are calendar days. We don't allow them to cash these days out. We want our employees to take their sabbatical. We know sabbatical leave can help prevent burnout and combat overwork giving our team time and space to prioritize their mental health



We acknowledge and support employment longevity within our system. We expect promotion opportunities to be available to our workforce. We give our staff education, growth, and career opportunities within our company and within our Family of Companies. This includes opportunities for paid training ranging from continuing education all the way to paramedic training; opportunities to serve on various committees & councils; opportunities to be trainers, instructors and/or supervisory staff or other advancements. We value our existing workforce and we look forward to affording them continued employment and opportunities to help them reach their personal goals.

Our EAP supports all employees and offers resources to them and their families at no cost. Support for mental health, legal, financial and social support.



Employee Assistance Program

Our Employee Assistance Program (EAP) supports all employees and offers resources to their families at no cost. Provided by ComPsych® Guidance Resources® through Regence Blue Cross, this benefit offers in-person and remote setting access to mental health, legal, financial, and social support available through resources available locally. When a situation arises for which an employee needs assistance, our EAP program incorporates a variety of services to support mental health, such as face-to-face counseling or the convenience of virtual appointments. EAP counseling is confidential. The 24-hour crisis helpline can be accessed during crisis situations. Master's level clinicians or experts in law, finance or family matters can be accessed any time. Conversations with EAP counselors are considered confidential, and privacy is guaranteed.

EAP counselors are experienced in helping individuals, couples, and dependents work through day to day challenges, such as:

- Family concerns, parenting, and childcare issues
- Adult and Elder Care
- Relationship conflicts
- Career changes
- Financial and legal concerns including legal help and online legal forms
- Alcohol and drug problems

Life-balance tools offer interactive resources for solving and preventing a range of personal problems. Our EAP program also offers resources for our supervisors and management teams, including:

- How to resolve workplace issues and performance problems
- Unlimited supervisor consultations
- Supervisor manuals, referral forms and other tools
- Tollfree supervisor access to clinical managers.

Onsite sessions are available, including critical incident stress debriefings, employee orientations on how to use EAP, and training on workplace topics such as violence, sexual harassment, and burnout prevention.



Personal Safety Training

We require employee safety training and updates throughout the year. These paid mandatory training sessions vary depending on findings by our CQI Committee and our Operations Supervisors and managers. Past training has included patient transfer, proper lifting, clinical safety, and vehicle safety. We also provide paid safety training through CareerCert virtual training.



Fatigue & High Stress Calls

To effectively address potential fatigue and high stress matters, we have a longstanding policy (# 511) that allows employees to go home with pay for the remainder of their shift. If appropriate, the employee will be referred to EAP or other interventional pathways. For our Policy 511 High Stress Call Policy, see **Tab 5 Attachments**.



Critical Incident Stress Debriefing

EMS responses can cause difficult conditions for our employees and affect overall well-being. Several programs and processes address critical incident stress; the most significant is Critical Incident Stress Debriefing (CISD), one of many crisis intervention techniques we employ. With the goal of reducing distress and the restoration of group cohesion and unit performance, CISD was developed for small groups who have encountered a powerful trauma event. Used throughout the EMS world, our company has found CISD to be an effective tool. As a follow up to CISD, our EAP services are available.



Metro West Safety Committee

Because safety is everyone's concern, our Safety Committee is comprised of field providers, supervisory staff, and administrative staff. The committee conducts safety reviews of incidents and events, including root cause analysis, to help determine causation factors. Their findings help guide future policy and safety training. The committee reviews all safety issues, such as staff injuries, vehicle damage, building damage, etc. Their involvement ranges from OSHA guidance to training on a variety of topics—from lifting to vehicle safety. They also conduct building and vehicle inspections, serving as an advisory to our management and executive team.



Safety Policies & Procedures (Including Occupational Health & Safety; Communicable Disease Control; Communicable Disease Prevention)

Our Family of Companies, follows multiple safety policies and procedures that have been instituted as part of our overall health and safety—each designed to prevent injuries and improve the health of our work force. These include occupational health and safety, communicable disease control and prevention (i.e., engineering controls and work practice controls; vaccinations, and testing). These guidelines and requirements include, but are not limited to:

Exposure Control

- Policy 503 - Exposure To Disease, Contamination and Communicable Disease
- Policy 509 - Exposure Control Plan
- Policy 510 - Exposure Control Policies

Safety at Scenes & On The Job

- Policy 501 - Employee Health and Safety Protection
- Policy 504 - On the Job Injury and Illness
- Policy 505 - Accidents
- Policy 908 - Patient Welfare
- Policy 1115 - Safety Vest Utilization
- Policy 1204 - Mayday
- Policy 910 - Placement of Patients in the Ambulance and Stretcher Operations

Hazardous Materials

- Policy 508 - Hazardous Communication Program
- Policy 913 - HAZMAT Responses

General Safety & Wellness

- Policy 507 Employee Assistance
- Policy 511 High Stress Call

These policies are presented in **Tab 5 Attachments**. The Metro West Family Employee Manual (Policy Manual) is available on request, as it is a large document.



Health & Safety -Vaccination & Screenings

We encourage vaccinations and screenings. New hires receive initial TB testing and testing upon exposure. We track and monitor hepatitis-B, COVID-19, and influenza immunization status. We offer influenza and COVID-19 immunizations, if available. Hepatitis-B vaccination is offered through our occupational health provider. We require refresher training on airborne and bloodborne communicable diseases.



Physical & Mental Health Ability

During orientation and Field Training Rotations, physical ability and mental health abilities are assessed by Field Training Officers in consultation, as needed, with supervisor/management staff, along with the EMS Supervising Physician. For ongoing evaluation of physical and mental health ability, the self-disclosure form is completed annually. If an employee takes a leave of absence for medical/physical reasons, on their return our Medical Program Director evaluates physical and mental health ability.



Gym Membership

All of our employees are eligible to receive a \$75.00 per quarter reimbursement for improving their health through a gym membership of their choice. They can also choose to join Active & Fit through Regence, which helps employees stay healthy by allowing them to workout at home, a gym, or by choosing from access to more than 11,000 fitness centers and 1,500 digital workout videos for \$25 per month.



Drug & Alcohol Testing and Drug & Alcohol Use

To ensure the safety of our employees, patients, and others, we follow policies and procedures that address alcohol and drug usage, as well as drug testing. See **Tab 5 Attachments** for Policy 214: Alcohol and Drug Testing, which includes identification of drug and alcohol abuse, rehabilitation, and safeguards.

We require pre-employment drug and alcohol testing as part of the employee pre-hire credentialing process and ongoing testing procedures. See **Tab 5 Attachments** for an overview of our Ambulance Employee Orientation 2024.

HOSPITAL RELATIONS, COMMUNITY EDUCATION & INVOLVEMENT

In this section we'll present our Patient-Centered Healthcare/Patient Satisfaction, Hospital Relations and Community Outreach.

Patient-Centered Healthcare/Patient Satisfaction

Metro West Ambulance and our Family of Companies rely on the Institute of Healthcare Improvement's Triple Aim as a guiding principle in the delivery of EMS Care. The Institute of Healthcare Improvement, otherwise known as IHI, has applied improvement science to advance and sustain better outcomes in health and health care across the world for over 30 years. IHI brings awareness of safety and quality, catalyzes learning and systematic improvement of care. They develop solutions to previously intractable challenges and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We share their vision that everyone receives the best care and health possible. We aim to continually improve the patient experience, population health, and per-capita costs in all of its practices.

Patient Experience: We take a patient-centered approach to EMS. We deliver care using protocols and guidelines that are aligned with national standards and data-driven for the best patient outcomes. We follow principles and practices of a learning organization that puts continual focus on quality improvement. Our organization strives to encourage and maintain open communication with our patients and our partners. Patients are encouraged to provide feedback on their experience with us. We use EMS survey, a national company who specializes in the collection and measurement of EMS patient experience and all patients are encouraged to call the on-duty supervisor with any urgent concerns or feedback. Any feedback is tracked and trended for further training and improvement opportunities through our Incident Reporting System.

Population Health: Metro West actively participates in emergency preparedness and public education such as hands-only CPR demonstration & training, we are involved in ensuring underserved or marginalized populations receive the medical care they need, we support various organizations that provide outreach to underserved populations, we are involved in pediatric safety and injury prevention, we are involved in community events providing medical standby to a large variety of activities and providing safety awareness at various events. We monitor frequent users of the EMS system and work with our EMS and Law Enforcement partners to ensure that appropriate resources can be provided to these populations.

Per Capita Costs: Metro West and our Family of Companies continually participate in regional and national forums to ensure that we deliver reasonable and appropriate healthcare at the most appropriate cost.

Patient Satisfaction Surveys

Patient satisfaction is an important measure of quality in health care. The National Institutes of Health has shown that patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It also affects the timely, efficient, and patient-centered delivery of quality health care.

We use EMS Survey-a national market leader in the collection and measurement of the quality of EMS patient experiences. As a nationally accredited company we can say we think we're doing a good job but that's not enough-by using EMS survey we know exactly how we are doing from the patient's view and the experience they had receiving care from us.

We upload our EMR data and EMS Survey Team produces and conducts individual surveys within days of patient transport. Our standardized survey collects 24 performance metrics and gives opportunity for unstructured feedback. EMS Survey Team enables EMS agencies like ours to analyze Patient Experiences by measuring satisfaction, and benchmarking services against other providers in the industry, for both CAAS accredited and non-CAAS accredited agencies.

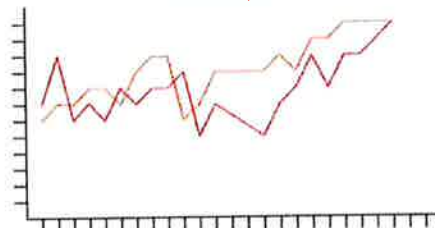
Each patient experience survey from EMS Survey team includes 26 data points across 5 areas of the patient engagement with your agency. Standardized reports are built from this comprehensive data provide insights by segment of the patient experience. Report documents include:

- Dispatch Analysis
- Ambulance Scoring
- Medic by Medic Scoring
- Office Staff Analysis
- Overall Analysis
- Executive Summary
- Top Box Score Analysis
- 7+ Additional Standardized Reports



With EMS Survey, we can identify strengths and opportunities for improvement. We also see how our patients' experiences compare to our database of patient experiences in 30 states.

Benchmarked patient experience reports give us quantitative and qualitative information to support funding requests for equipment, personnel and technology. These reports also provide a simple way to communicate successes to employees and our management team.



Complaint Handling Process

We understand and acknowledge that we are part of a larger EMS system that involves multiple agencies collaborating on the best patient care and treatment for the County. As part of the care team, Metro West understands that any complaint or concern brought to the attention of one organization could affect the reputation of the entire EMS System. Any concern that involves the care, treatment, or operation of Metro West in the delivery of EMS services in the system will be shared with Columbia County and the ASA Advisory Committee through our committee representative for awareness and potential involvement in the resolution process.

Our approach to complaint investigation follows the Just Culture approach, looking first at potential system failures or opportunities for new development of systems. Once an event is reviewed at a system level, it is then reviewed at a behavioral level. Any recommendations as a result of the complaint investigation will be shared with appropriate oversight. All complaints and concerns are tracked and trended for continuous quality improvement opportunities. See our draft Policy 707 Handling of Complaints in **Tab 5 Attachments**.

Hospital Relations

Metro West has a hospital liaison that works closely with our region's 20+ hospitals including regional health systems. This includes ED's, ICU's and case management. This position focuses on customer service to not only our patients but to our various hospital partners and to our crews. In addition, our Operations Supervisor and Operations Manager work closely with various hospital teams on operational topics and partnerships and our Director of Clinical Quality and Human Development works closely with various clinical teams on clinical quality performance issues and quality assurance plans including STEMI, Stroke, Trauma and Sepsis patients. Our Director of Business Development also works closely with our region's hospitals and health systems developing partnerships to provide a variety of patient care services including ECMO, ICU level critical care transports, specialized critical care teams, medical standby events, secure transport for behavioral health, dedicated NEMT and IFT ambulance service and more.

Our teams regularly meet with various medical teams and representatives from Kaiser Permanente, Legacy Health, OHSU & OHSU Partner hospitals, Providence Health, VA Portland Health and PeaceHealth Health Systems. With our Family of Companies, we meet with various hospitals and health systems across Oregon, Washington and northern California.

Budget-Costs & Efficiency

Here is an overview of how we ensure stability for staffing, concise record keeping and ensure future growth.

Under the guidance of our Vice President, Chief Financial Officer, Chief Executive Officer, and President/Owner, Metro West Directors and Operations Managers work continually to balance outlays, maximize returns, and streamline the overall effectiveness of our operations including that in the Vernonia area. Strategies that are used to account for all system costs and ensure economic efficiency include the following:

- **Cost Analysis:** A thorough assessment of all costs associated with the system identifies direct costs (such as materials, labor, and equipment) and indirect costs (such as overhead, maintenance, and administrative expenses) for a comprehensive view of financial impacts.
- **Budgeting and Forecasting:** A thoughtfully developed and detailed budget allocates resources appropriately, with both short- and long-term financial projections. Metro West regularly reviews and adjusts the budget as needed to maintain and improve efficiency.
- **Cost-Effectiveness Analysis:** Different options are evaluated for cost-effectiveness, comparing the benefits gained from an investment against the associated costs. Initiatives that yield the highest value for the resources expended will be prioritized.
- **Resource Optimization:** Metro West optimizes production processes and workflows to achieve maximum output with minimal input, with a focus on the efficient use of all resources (both financial and non-financial) and the minimization of waste, redundancy, and unnecessary expenses.

- **Resource Optimization:** Metro West optimizes production processes and workflows to achieve maximum output with minimal input, with a focus on the efficient use of all resources (both financial and non-financial) and the minimization of waste, redundancy, and unnecessary expenses.
- **Risk Assessment:** Metro West is on constant alert to identify potential risks that could impact costs or efficiency and actively develops contingency plans to mitigate these risks. Factors considered include market fluctuations, technological changes, and regulatory compliance.
- **Performance Metrics:** Metro West has established key performance indicators (KPIs) related to cost management and efficiency in our local operations and regularly monitor these metrics to track progress and identify areas for ongoing improvement.

A Profit and Loss Statement for our Vernonia operations can be located in Tab 4 under 3.1.3g.



Clinical Quality Performance-Quality Assurance Plan

Here we share our approach to Clinical Quality Performance, Quality Improvement processes, Just Culture and reliance on data.

The goal of our quality improvement program is to improve patient and community health by making the healthcare system safer, more efficient, and more patient centered. Our program focuses on meeting the needs of those who use and deliver EMS services, and involves improving every activity, process, and job in our EMS system.

Examples of our quality improvement program include:

- Better care integration: Ensuring that appropriate treatments start with the right patients, and that treatments are evidence-based
- Improved response times
- Improving on-scene times when appropriate
- Creating a safer work environment for our clinical staff
- Ensuring that patients receive the best medical care possible

In concert with the County and our EMS partners, our quality improvement process involves identifying areas of excellence and areas in need of improvement, with a focus on improving care, not finding problems for punitive action.

Our continuous quality improvement (CQI) programs are a system of checks and balances to provide the ability to determine how care is being delivered, if that care is making a difference, and if processes are being followed. Our approach is built upon rigorous education, a "just culture" approach, involvement with our EMS Supervising Physician, collaboration with our EMS and hospital/clinical partners.

Our program's vision is to continue to be an integral partner in the delivery of high-quality, cost-effective, patient-centric care in collaboration with Columbia County and our fire department partners.



We strive to create personal and professional growth opportunities for our employees in everything we do. To accomplish this, we have adopted the *Just Culture* model. Just Culture is an organizational philosophy that takes a systems and behavioral analysis approach to learning with the goals of risk mitigation, safety and overall quality improvement. It looks at every error, unplanned event, or near miss as an opportunity for improvement.



Creation of a Just Culture assumes good intent in the employee, a critical component. There needs to be a culture of safety, trust and security amongst employees to ensure that they are comfortable and willing to come forth with reporting concerns, near misses or errors. When that trust is established, employees are much more willing to share these opportunities for improvement. When an event occurs, the risk is identified and existing systems are reviewed. If a gap is identified, system enhancement occurs. As the system is enhanced, training and education of the new system occurs. If there are no system gaps identified, then the focus is on behavioral choices made by the involved employees.

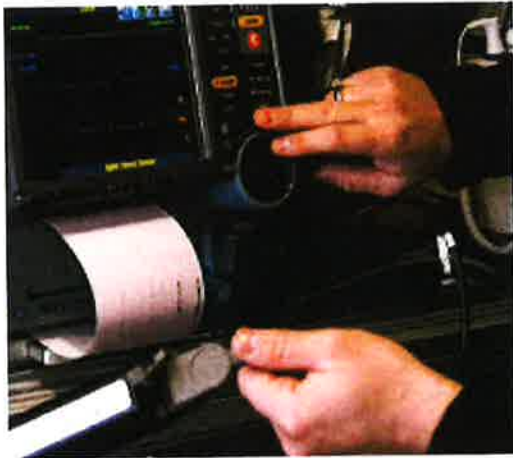
Behavior choices are evaluated as human errors, justifiable, at-risk, or reckless choices. If it is identified as human error, remedial training is prescribed. If a justified choice, but not necessarily aligned with Company policies, the employee is coached on what is preferred by the Company should the situation repeat itself. If the behavior is viewed as at-risk or reckless, corrective action is used as a deterrent. A Just Culture is a critical component of a learning organization focused on continuous quality improvement.

Applying a Just Culture Program allows us to clearly define the border between unacceptable behavior and performance error and implement non-punitive reporting and quality system improvement. This not only applies to our clinical performance but to every aspect of our company—from our vehicle maintenance to our billing cycles to our communications center.

We embrace the concept of a Learning Organization and allow staff and management to communicate openly and often regarding safety. We establish trend files and establish a self-reporting system to include 'near misses,' which provides an efficient mechanism for feedback in our organization.

We prioritize both safety and performance as we set goals across the organization. This allows openness and information sharing through a culture of high reliability that simultaneously decentralizes and centralizes operations, allowing learning and teaching to flow up, down, and throughout our entire organization. The approach creates an open, fair, and learning environment, designs safe systems, and manages behavioral choices.

Our Quality Improvement Processes, including our Clinical Quality Improvement Processes, are driven by these principles. We believe that all our people approach their profession with good intent. Nobody starts their day looking for an opportunity to make a mistake or provide substandard care. It is this mutual understanding that fosters the open, learning-centered clinical environment that allows for continual improvement, increased safety, and decreased risk.



At Metro West Ambulance all clinical practices and issues are first evaluated looking at the involved risks presented, evaluating systems to mitigate risk, and then examining the human factors, such as training and adherence to training, protocols, and practices. We have found that Just Culture is an organized, coordinated, fair, multidisciplinary approach for investigating any internal or external customer or personnel concerns, system issues, clinical concerns, and improving patient care outcomes and services. The system allows us to identify areas of improvement, implement and evaluate changes that may be needed, and to promote serving ALL customers to the highest standard achievable.



The ultimate goal is to improve all systems, to better manage human behavior—in a non-punitive manner—and to increase safety and mitigate risk. Seeking to understand the unique situation the provider or the employee faced, we work to understand the rationale for choices made. We then evaluate these choices with what our organization believes to be the safest standard. Any systemic improvements and individual gaps in training are identified and corrected.



Our CQI (Continuous Quality Improvement) program provides a multidisciplinary, organized approach to improving patient care and outcomes. It encompasses all functional aspects of our organization. Our ability to provide superior clinical CQI practices begins with our clinical leadership, our collaborative medical direction, and our paramedics and EMTs.

Reliance on Data

We collect a plethora of valuable EMS-related data that are beneficial to—not only our providers, partners, and community—but also to our profession. We will continue to seek opportunities to refine the collection, analysis, and distribution of data from our multiple sources to better drive positive changes in EMS in our community and beyond.

We will continue to advance our data collection and interpretation capabilities with partnerships and will supply a variety of data upon request. The type, frequency, and quantity of information can range from formal reports with fixed parameters, to ad-hoc reports that can involve performance compliance specific to clinical skills.

We can provide reporting of clinical performance measures including data collected via our cardiac monitor data files, individual chart review, and chart reporting software. For a full list of the clinical performance measures see Measurement of Patient Outcomes & Clinical Success Rates.

We can provide reports evaluating specific information, such as accuracy of patient care documentation, collection of patient signatures for billing purposes, patient satisfaction survey results and many more. We can also provide data that applies to various EMS initiatives.

We are data driven and, only through examination of the data, can we establish trends—both positive and negative—to continually improve our practices and our performance. The Metro West Quality Improvement applies to every facet of our company: field operations, deployment strategies, clinical performance, system design, customer service, employee satisfaction, contractual compliance, and organizational accountability.

To achieve excellence in these areas, our multidisciplinary approach includes:



- Our internal Quality Improvement Committee comprised of peers, Operations, Training our EMS Supervising Physician and oversight from our Family of Companies Director of Clinical Quality & Human Development



- Certified Ambulance Documentation Specialists in our billing office to review charting accuracy

- Paid Training (In-Service Training)

- Direct connection between QI findings and subsequent future training



- Continuous evaluation of technique and equipment to meet clinical advances in EMS medicine

We collect and measure results on the correct application of protocols, decision making, patient treatment rendered, and patient care documentation. We investigate ways to improve every day. We measure overall performance, identifying areas for improvement, as well as outstanding care, and flag charts to send to our CQI Committee for review, analysis, and trending. We also flag charts that fit into specific criteria or types of calls to perform trending analysis to identify system and individual compliance and performance, which informs our clinical training program. These may be cardiac arrest, critical pediatric trauma, STEMI, or Stroke alerts, etc.

In addition to the CQI chart reviews, our billing office review ensures overall documentation compliance, which includes compliance with all applicable laws, regulations, and policies governing the submission of claims for Medicare, Medicaid, and third-party reimbursement. We also check for proper documentation of services rendered, billing, coding, and claims submission.

We currently participate in the CARES cardiac arrest registry. The CARES registry allows us to measure and report out of hospital cardiac arrest survival rates while being able to compare with National and Statewide statistics.



Data is collected via cardiac monitor data files, individual chart review, and chart reporting software. Specific criteria data is collected pertaining to Cardiac Arrest patients, STEMI (ST Elevation Myocardial Infarction), Strokes, Trauma, Airway Management, IV Success Rates, Medication Errors, and High Risk-Low Frequency calls such as pregnancy/OB, needle decompression, cricothyrotomies, cardioversion, cardiac pacing, and penetrating injury. We track multiple clinical criteria and are able to create reports that show both individual success rates and overall success rates. Much of our work occurs today as part of multiple multiagency cross-functional teams.



Participation CQI & EMS Committees

Metro West participates as a member of the ASA Advisory Committee and we are willing to participate in an other County EMS or CQI meeting. We understand the importance of system performance review, both locally and within the County. We will provide requested performance data as it pertains to CQI and overall system performance.



Measurement of Patient Outcomes & Clinical Success Rates

Metro West is highly focused on continuous improvement of patient outcomes and clinical skill performance. We participate in CARES cardiac arrest registry in order to measure and report out on out of hospital cardiac arrest survival rates while being able to compare with National and Statewide statistics.

Data is collected via cardiac monitor data files, individual chart review, and chart reporting software. These clinical performance measures include:

Cardiac Arrest:

- CCF >80%
- Compression Rate 100-120
- Compression Depth 2-2.4"
- Peri-Shock Pause: <10 seconds
- No PEEP
- ETCO2 at all times
- Access preference: IV, humeral IO
- Time to first epinephrine

Airway Management:

- Protocol/checklist adherence
- Preoxygenation period/denitrogenation
- Tube size selection
- Use of pre-intubation suctioning (S.A.L.A.D.)
- Use of video laryngoscope vs. direct laryngoscope
- First-pass success rate (Attempt defined as blade passing the teeth)
- Unrecognized periods of hypoxia during intubation procedure
- ETCO2 waveform confirmation
- Post-intubation pain management and sedation



**Trauma:**

Scene time
GCS documentation
Traumatic Arrest Management (Hemorrhage Control, Airway management, Tension pneumothorax-needle decompression)
Temperature management
Airway management
Cardiac monitoring
Transport destination choice

Stroke:

CBG
LKW
Neuro exam
CSTAT/LVO assessment
Appropriate destination

IV Success Rates**Medication Errors**

High Risk-Low Frequency calls
such as pregnancy/OB, needle decompression, cricothyrotomies, cardioversion, cardiac pacing, and penetrating injury

STEMI:

< 5min to EKG for any suspected cardiac chest pain
< 10min STEMI Activation following diagnostic EKG
ASA administration
O2 only on patients with SpO2 less than 94%
Appropriate destination
Serial EKGs



Date: 8/1/24

RE: Columbia County Ambulance Service RFP

To whom it may concern:

On behalf of Vernonia Rural Fire District, I am writing to express our support for Metro West Ambulance in their bid for the Columbia County Ambulance Service area Francise for Ambulance Service Area-7 Vernonia.

We have worked collaboratively with Metro West and together we have helped many patients every year. We feel their ability to effectively serve our community, backed with 70 years of operational excellence positions them well for the requirements needed to serve Vernonia's 9-1-1 ambulance service contract. Metro West is a locally owned company, which is nationally accredited including their EMS services in Vernonia. We feel that Vernonia is very fortunate to have them as their 911 ambulance provider serving their community alongside their Fire and Police services.

If I can be of any further assistance, please contact me.

Sincerely,

Matt Meyer

Interim Fire Chief

A handwritten signature in black ink, appearing to read "Matt Meyer", with a long horizontal flourish extending to the right.



RODNEY LINZ
FIRE CHIEF

BANKS FIRE DISTRICT #13

13430 N.W. Main Street, Banks, OR 97106 (503) 324-6262 FAX (503) 324-0523 www.banksfire.org

Date 7/22/2024

Columbia County Public Health
230 Strand Street
St. Helens, OR 97051

Dear Committee Members,

Metro West Ambulance has been an excellent partner assisting Banks Fire District #13 in providing the people of the Vernonia area with high quality medical care.

It has come to our attention that Metro West is submitting a proposal for the Columbia County ASA Franchise for Ambulance Service Area-7 Vernonia. We would like to take this opportunity to recommend to your Committee that Metro West Ambulance be chosen again as the 911 Ambulance provider, allowing them to continue their service to this community and surrounding area.

We have no doubt that Metro West will continue the excellent service they began providing in this region in 1997. We have long valued their partnership and support and without hesitation, we recommend you continue them as your 911 ambulance provider.

Respectfully,

A handwritten signature in black ink that reads 'Rodney Linz'.

Rodney Linz

Fire Chief

Banks Fire District #13



BOOK _____ PAGE _____
Mist-Birkenfeld Rural Fire Protection District

12525 Highway 202, Mist, OR 97016
Office- 503-755-2710 Fax- 503-755-2556

RE: Letter of Reference for
Metro West Ambulance

July 22, 2024

To: Whom it may concern:

On behalf of Mist-Birkenfeld RFPD, I am writing to express our support for Metro West Ambulance in their bid for the Columbia County Ambulance Service Area Franchise for Ambulance Service Area-7, Vernonia Area.

For many years we have worked collaboratively with Metro West Ambulance mitigating emergency medical incidents. Together, we continue to help many patients each year. We feel their ability to effectively serve the community, backed by their over 70 years of operational excellence, positions them well for the requirements needed to serve Vernonia's 911 ambulance service contract.

Metro West is a locally owned company, which is national accredited including their EMS services in Vernonia. Mist-Birkenfeld RFPD feels that the City of Vernonia and the surrounding community is very fortunate to have them as their 911 ambulance provider, furnishing services to their community alongside their fire and police agency partners.

I have no doubt that Metro West Ambulance will continue to deliver exemplary services to Ambulance Service Area-7 and the neighboring regions. Their willingness to provide for a population beyond traditional ambulance services makes them an integral part of the community. I look forward to continuing working alongside these individuals who, with their knowledge, compassion, and character, make up the effective asset of emergency service providers with Metro West Ambulance.

Please contact me if I can answer any questions or concerns.

Sincerely,

Joe Kaczinski
Fire Chief

(503) 755-2710 office
(503) 449-6512 cell

"Service Beyond The Call"

Business Registry Business Name Search

BOOK _____ PAGE _____

New Search

Business Entity Data

07-29-2024

13:27

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
094512-12	DBC	ACT	OREGON	09-28-1971	09-28-2024	
Entity Name	METRO WEST AMBULANCE SERVICE, INC.					
Foreign Name						

New Search

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS		
Addr 1	5475 NE DAWSON CK DR			
Addr 2				
CSZ	HILLSBORO	OR	97124	Country UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT	Start Date	08-18-2022	Resign Date	
Name	JD	D	FUITEN			
Addr 1	5475 NE DAWSON CK DR					
Addr 2						
CSZ	HILLSBORO	OR	97124	Country	UNITED STATES OF AMERICA	

Type	MAL	MAILING ADDRESS		
Addr 1	5475 NE DAWSON CK DR			
Addr 2				
CSZ	HILLSBORO	OR	97124	Country UNITED STATES OF AMERICA

Type	PRE	PRESIDENT		Resign Date	
Name	J	D	FUITEN		
Addr 1	5475 NE DAWSON CK DR				
Addr 2					
CSZ	HILLSBORO	OR	97124	Country	UNITED STATES OF AMERICA

Type	SEC	SECRETARY		Resign Date	
Name	J	D	FUITEN		
Addr 1	5475 NE DAWSON CK DR				
Addr 2					
CSZ	HILLSBORO	OR	97124	Country	UNITED STATES OF AMERICA

New Search















Name History




Business Entity Name	Name Type	BOOK Name Status	PAGE Start Date	End Date
METRO WEST AMBULANCE SERVICE, INC.	EN	CUR	11-22-1974	
BUTLER'S AMBULANCE SERVICE, INC.	EN	PRE	09-28-1971	11-22-1974

Please read before ordering Copies.

New Search

Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	08-21-2023		FI		
	AMENDED ANNUAL REPORT	08-18-2022		FI	Agent	
	RESTATED ARTICLES	01-14-2022		FI		
	AMENDED ANNUAL REPORT	08-24-2021		FI		
	AMENDED ANNUAL REPORT	08-26-2020		FI		
	AMENDED ANNUAL REPORT	08-14-2019		FI	Agent	
	AMENDED ANNUAL REPORT	08-17-2018		FI		
	AMENDED ANNUAL REPORT	08-14-2017		FI		
	AMENDED ANNUAL REPORT	08-22-2016		FI		
	AMENDED ANNUAL REPORT	10-01-2015		FI		
	AMENDED ANNUAL REPORT	08-15-2014		FI		
	AMENDED ANNUAL REPORT	08-15-2013		FI		
	AMENDED ANNUAL REPORT	08-15-2012		FI		
	AMENDED ANNUAL REPORT	08-22-2011		FI		
	ANNUAL REPORT PAYMENT	09-28-2010		SYS		
	ANNUAL REPORT PAYMENT	09-01-2009		SYS		
	ANNUAL REPORT PAYMENT	09-24-2008		SYS		
	ANNUAL REPORT PAYMENT	10-18-2007		SYS		
	ANNUAL REPORT PAYMENT	09-01-2006		SYS		
	ANNUAL REPORT PAYMENT	08-29-2005		SYS		

	ANNUAL REPORT PAYMENT	08-31-2004		SYS	BOOK _____	PAGE _____
	ANNUAL REPORT PAYMENT	08-27-2003		SYS		
	ANNUAL REPORT PAYMENT	08-23-2002		SYS		
	ANNUAL REPORT	10-29-2001		FI		
	STRAIGHT RENEWAL	09-20-2000		FI		
	STRAIGHT RENEWAL	09-03-1999		FI		
	STRAIGHT RENEWAL	08-26-1998		FI		
	STRAIGHT RENEWAL	09-17-1997		FI		
	STRAIGHT RENEWAL	08-28-1996		FI		
	CHANGED RENEWAL	08-28-1996		FI		
	AMENDED RENEWAL	10-03-1995		FI		
	AGENT/AUTH REP CHNG	10-03-1995		FI		
	STRAIGHT RENEWAL	09-21-1994		FI		
	STRAIGHT RENEWAL	09-28-1993		FI		
	STRAIGHT RENEWAL	09-22-1992		FI		
	STRAIGHT RENEWAL	09-25-1991		FI		
	AMENDED RENEWAL	09-11-1990		FI		
	AMENDED RENEWAL	09-14-1989		FI		
	AMENDED RENEWAL	10-31-1988		FI		
	AMENDED RENEWAL	09-03-1987		FI		
	AMENDED RENEWAL	09-12-1986		FI		
	STRAIGHT RENEWAL	08-02-1985		FI		
	ENTITY NAME CHANGE	11-22-1974		FI		
	AGENT CHANGE	07-20-1973		FI		
	NEW	09-28-1971		FI		

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	ENTITY NAME CHANGE	11-22-1974		FI		
	AGENT CHANGE	07-20-1973		FI		
	NEW	09-28-1971		FI		



**Oregon Health Authority
Emergency Medical Services and Trauma Systems**

Ambulance Service License
presented to

Metro West Ambulance, Inc.

License Number: 3401

5475 NE Dawson Creek Drive
Hillsboro, OR 97124

Issue Date: 05/24/2024
Expiration Date: 06/30/2025

Pursuant to ORS 682 and OAR 250, this ambulance service license is valid unless suspended or revoked for violation of any statute under which issued, or any rule or regulation adopted by the Oregon Health Authority, EMS and Trauma Systems Program.

This license is not transferable and is restricted to the location and service listed on this license.

Oregon
Health
Authority

Ambulance	Powerloader's	Dept.	Make and Model	Year	VIN	Tag	Location
293	Yes	VERNONIA	DODGE RAM	2015	3C7WRSBL5FG622930	102HKU	Vernonia
307	Yes	CCT	GMC G3500	2016	1GD37SCL5G1201872	T585676	ECMO
341	Yes	911	DODGE RAM	2017	3C7WRSBL5HG603460	800JUF	Hillsboro
349	Yes	BANKS	FORD F-450	2017	1FDUF4HT6HEE34231	T602586	Banks
356	Yes	911	Ram 3500	2018	3C7WRSBL5JG331417	125MPT	Hillsboro
357	Yes	911	Chevrolet G3500	2014	1GB3G2CLXE1186453	130LEC	Clackamas
360	Yes	911	Ram 3500	2019	3C7WRSBL4KG571303	169LQY	Hillsboro
371	Yes	911	Ram 3500	2019	3C7WRSBL4KG592295	690MGB	Hillsboro
377	Yes	911	Ram 3500	2019	3C7WRSBL8KG693274	255LXN	Hillsboro
394	Yes	VERNONIA	Dodge Ram	2020	3C7WRTBL7LG236592	005MKZ	Vernonia
396	Yes	911	Chevrolet G3500	2015	1GB3G2CL9F1206757	T620114	Hillsboro
414	Yes	911	Ford E350	2010	1FDWE3FP6ADA34595	T623422	Hillsboro
423	Yes	911	DODGE RAM	2021	3C7WRTBL2MG641020	T631073	Hillsboro
425	Yes	911	DODGE RAM	2021	3C7WRTBL2MG641017	T620510	Hillsboro
428	Yes	911	Dodge Ram	2010	1FDWE3FP8ADA34596	T625402	Clackamas
445	Yes	911	Dodge Ram	2022	3C7WRTBL2NG182024	690NKJ	Hillsboro
446	Yes	911	DODGE RAM	2022	3C7WRTBL5NG180879	645NKS	Hillsboro
447	Yes	911	DODGE RAM	2022	3C7WRTBL4NG182025	812NLJ	Hillsboro
452	Yes	CCT	Dodge Ram	2022	3C7WRNCL0NG103525	191NQL	ECMO

MWA Employee	Certification	Number-OR
Chun, Aaron	OR EMT	207060
Dumlao, Julian	OR EMT	206168
Edwards, Taylor	OR EMT	206351
Goeke, Daniel	OR EMT	203393
Guerrero, Matthew	OR EMT	205423
Harms, Hayden	OR EMT	206265
Hoeffliger, Isabelle	OR EMT	208257
Holter, Jakob	OR EMT	208938
Kok, Bree	OR EMT	138828
Lenford, Sheldon J	OR EMT	143414
Martin, Brittany	OR EMT	209090
McDowall, Crystal	OR EMT	147474
Montgomery, Kegan	OR EMT	201832
Murray, Kenneth	OR EMT	134735
Myers, Kyle	OR EMT	201167
Nipp, Brenden	OR EMT	206217
Singh, Jordan (WA)	OR EMT	205142
Smith, Georgia	OR EMT	206811
Smith, Trish R	OR EMT	138233
Udoutch, Derek	OR EMT	145174
Welter, Carson	OR EMT	204281
Whitehouse, Connor	OR EMT	201499
Wolfe, Christina	OR EMT	203666
Bailey, Curtis H	OR Paramedic	141305
Benson, Caitlin	OR Paramedic	203003
Bolzenius, Patrick	OR Paramedic	200479
Brewlager, David (Dave) CC	OR Paramedic	140457
Castro, Israel (WA/CC)	OR Paramedic	206402
Elliott, Hannah R	OR Paramedic	209138
Eskeldson , Amy	OR Paramedic	143413
Felix, Gleen (WA-CC)	OR Paramedic	206644
Flameqvist, Jack (WA)	OR Paramedic	203923
Francois, Tyler (WA/CC) A	OR Paramedic	145061
Grimes, Conner	OR Paramedic	202404
Guerrero, Matthew	OR Paramedic	205423
Heisler, David	OR Paramedic	136849
Jackson Jr, Stephen (WA) L	OR Paramedic	201143
Kessinger, Katherine	OR Paramedic	133204
Koskenmaki, Daniel	OR Paramedic	141631
Lemmon, James	OR Paramedic	122328
Meadow, Zachary (WA EMT)	OR Paramedic	205218
Mendel, Jason (WA-CC)	OR Paramedic	206630
Moe, Wendy	OR Paramedic	136925

Palmore, Hailey	OR Paramedic	200237
Patterson, Brandy	OR Paramedic	202171
Prentice, Tyler	OR Paramedic	201802
Ptak, Michael	OR Paramedic	200500
Reynolds, Charlie	OR Paramedic	201104
Sargent, Mike	OR Paramedic	131342
Shantel, Nancy	OR Paramedic	144024
Smith, Georgia	OR Paramedic	206811
Sorensen III, Greg	OR Paramedic	118784
Spina, Gwynn	OR Paramedic	201184
Wahlstrom, Alexis (WA EMT)	OR Paramedic	204661
Zimmerman, Travis	OR Paramedic	207380

SR: _____

The expectation is that each ambulance will be inventoried every shift – the supervisor must be notified when the inventory has not been completed and it must also be noted on this form.

(Any out of stock or missing equipment should be highlighted)

Wall Mounted Suction 1 Suction Tubing 1 Rigid Suction Tip 1 Suction Canister SUCTION SUPPLIES Speed Loader 3 Suction Tubing 3 8fr Catheter 3 14fr Catheter 2 Rigid Suction Tips 1 Meconium Aspirator 1 Little Sucker AIRWAY Speed Loader 4 Adult Nasal Cannulas 2 Peds Nasal Cannulas 4 CO2 Cannulas Speed Loader 4 Adult NRB 2 Ped NRB Speed Loader 4 Nebulizers 1 T-Adapter 1 Multi Adapter Speed Loader 2 Adult ET Tube Holders 1 Ped ET Tube Holder 1 40mm OPA 1 50mm OPA 1 60mm OPA 1 80mm OPA 1 90mm OPA 1 100mm OPA 1 110mm OPA 1 Bite Stick 1 12fr NPA 1 14fr NPA 1 16fr NPA 1 18fr NPA 1 26fr NPA 1 28fr NPA 1 32fr NPA 2 Lubricating Jelly	1 5.5 ET 1 6.0 ET 1 6.5 ET 2 7.0 ET 2 7.5 ET 2 8.0 ET 2 8.5 ET Airway Continued 1 I-gel 1 1 I-gel 1.5 1 I-gel 2 1 I-gel 2.5 1 I-gel 3 1 I-gel 4 1 I-gel 5 1 CPAP w/filter 1 CPAP Large Mask 1 S-Guide Stylette 1 NG Tube 6ft 1 NG Tube 12fr 1 NG Tube 16fr 3 Spare Suction Canisters 1 Spare Portable Canister 1 Adult BVM w/peep 1 Peds BVM (+3 masks) 1 Infant Mask 1 Neonate Mask 2 Protective Glasses 1 Glidescope charger Glidescope Spares (sealed) 1 S1 Blade 1 S2 Blade 1 S3 Blade 1 S4 Blade 1 Stylette (small) 1 Stylette (medium) 1 Stylette (large) Chest Decomp. Kit (sealed) 2 10g Angio 2 Alcohol Prep 2 Iodine Prep 2 4X4 Gauze Pads 1 Slotted Foam Pad 1 10cc Syringe BANDAGING Speed Loader 6 8X10 ABD Pads 8 4X4 Gauze Pads 6 Rolls of Kling 2 Occlusive Dressing 2 Triangular Bandages 1 Combat Gauze 1 Israeli Bandage 1 Combat Tourniquet 1 Nose Clamp	PPE/ETC. 2 Burn Sheets 3 500cc Saline Bottle 2 Sets of Posey's 2 OB Kits 2 Emergency Blankets 6 Bio Bags 7 Gowns 4 Face Shields 4 Chux 1 Trauma Dressing 10X30 8 Convenience Bags 10 Procedure Face Mask ON BENCH 1 Adult BP Cuff 1 Child BP Cuff 1 Obese BP Cuff 1 Stethoscope 1 Glucometer UNDER BENCH 1 Traction splint w/bag 3 Wrist Splints (12") 3 Arm Splint (18") 3 Leg Splints (24") 1 Pelvic Sling (small) 1 Pelvic Sling (standard) 1 Pelvic Sling (large) 1 SLIPP Transfer 2 Mega Movers 1 Male Urinal 1 Female Urinal 1 Bed Pan 25 Triage Tags 1 Seatbelt Extender General Patient Compartment 1 Large Sharps Container 1 Box Gloves XS 1 Box Gloves SM 1 Box Gloves MD 1 Box Gloves LG 1 Box Gloves XL 1 Bleach bottle 1 Trash Can 20 Jr medic Stickers 1 Spare o2 Tank Hot/Cold Packs 10 Ice Packs 6 Hot Packs	EKG SUPPLIES 2 PKG's Electrodes 1 Ped QuikK Combn 1 Adult QuikK Combo 1 Roll Paper 2 Razors 2 Neonate Pulse Ox 1 Spare 3 Lead Cable 1 Spare 12 Lead Cable 3 Inline Co2 Detector 4 D-Cell Batteries 3 C-Cell Batteries 1 AICD Magnet 10 Trauma Bands 4 Pt. Belongings Bags 15 Lancets 1 Box of Test Strips LifePak 15 Left Pocket 1 3 Lead Cable 1 12 Lead Cable 1 Patient Cable 1 Adult Pulse Ox 1 Adult NIBP Right Pocket 1 Package of Electrodes 1 Therapy Cable 2 Adult Combo Pads 1 Peds Combo Pads 1 Sharps Shuttle Top Pocket 1 Razor 4 Nail Polish Remover 1 Peds Pulse Ox 1 Neonate Pulse Ox 1 Inline Co2 Detector Rear Pocket 1 Load Tester 1 Large Adult NIBP 1 Large Adult Long NIBP 1 Child NIBP Cuff 1 Adult BP Cuff 1 Roll Paper 1 CBG kit w/ 5 Lancets 5 Alcohol Preps 5 Band-Aids 10 Test Strips I.V. SUPPLIES 8 Veni-Guards 8 4X4 Gauze Pads 8 Extension Sets 8 Macro Drips	8 10cc Saline Flushes 10 500cc LR Bags 1 Volurol 40 Alcohol Preps 8 Tourniquets 25 Band-Aids 4 14ga IV Catheter 4 16ga IV Catheter 6 18ga IV Catheter 6 20ga IV Catheter 4 22ga IV Catheter 4 24ga IV Catheter 4 1cc Syringes 3 3cc Syringes 2 5cc Syringes 2 10cc Syringes 2 20cc Syringes 1 30cc Syringe 1 60 cc Syringe Luer Tip 1 60cc Syringe Cath. Tip 2 20ga. Strait Needles 2 22ga. Strait Needles 4 Blunt Tips 6 Iodine Preps 8 BZK Hand Wipes 2 1" Tape 1 2" Tape 1 Coban 2 Transfer Device 1 Atomizer 1 Trauma Shears 1 Bandage Shears 1 100cc Saline Adult/Ped. IV&Med Kit Outside Top Pocket/Peds 1 Rectal Thermometer 1 Hypo Thermometer 6 Thermometer Covers 1 Clipboard 1 Peds.Guide W/Tape 1 Child BP Cuff 1 Protocol Book Inside Top Compartment 2 Trauma Bands 1 Bandage Shear 1 Trauma Shear 1 Nose Clip 1 Large Adult BP Cuff 1 Neonate BP Cuff 1 Penlight
--	---	---	---	---

Right Compartment

- 1 IO Driver
- 2 IO Stabilizers
- 2 15mm IO Needle
- 2 25mm IO Needle
- 2 45mm IO Needle
- 1 10cc syringe
- 1 10cc Flush
- 1 3-way Stop Cock
- 2 Iodine Preps
- 2 Alcohol Preps

Left Compartment

- 3 Convenience Bags
- 1 Chux Pad
- 1 Bio Bag
- 1 **Paralytic Kit w/**
- 2 Succinylcholine
- 2 Vecuronium
- 2 Etomidate =80mg
- 2 Sodium Chloride
- 1 Atropine Luer Jet
- 2 1cc Syringe
- 2 3cc Syringes
- 2 10cc Syringes
- 1 20cc Syringe
- 2 20ga Needles
- 2 22ga Needles
- 2 Blunt Needles
- 1 Check Sheet
- 1 RSI Sheet
- 1 DSI Sheet

IV/IO Cell

Left Pouch

- 6 Alcohol Preps
- 6 Iodine Prep Pads
- 2 Tourniquets
- 4 4X4 Gauze Pads
- 2 Veni-Guards
- 2 Extensions
- 1 D10
- 1 100cc NS Bag

Right Pouch

- 1 Lactated Ringer
- 2 Macro Drip
- 2 Flush
- 2 24ga IV Catheter
- 2 22ga IV Catheter
- 2 20ga IV Catheter
- 2 18ga IV Catheter
- 2 16ga IV Catheter
- 1 Coban
- 1 1" Tape

Medication Cell

Center Pouch

- 5 Adenosine
- 3 Amiodarone
- 1 Atropine
- 1 Bottle ASA
- 1 Calcium Gluconate
- 1 Diphenhydramine
- 1 Dexamethasone
- 2 Droperidol
- 5 Epi 1:10,000
- 1 Epi 1:1000 1ml Vials
- 1 Esmolol
- 1 Furosemide
- 1 Glucagon
- 1 Ketorolac

- 2 Lidocaine
- 1 4mg Mag Sulfate
- 2 Naloxone
- 1 Nor-Epi
- 1 Nitro Bottle
- 1 Oxytocin
- 1 Oral Glucose
- 2 Sodium Bi-Carb w/60cc
- 1 Syringe
- 2 TXA
- 2 5mg Zyprexa
- 1 IV Zofran
- 4 Oral Zofran

Left Pouch

- 1 20ga Strait Needle
- 1 22ga Strait Needle
- 1 Push Dose Epi.
- 1 Push Dose Nitro
- 1 60cc Syringe Luer
- 1 Nasal Atomizer

Right Pouch

- 2 1cc Syringes
- 2 3cc Syringe
- 2 5cc Syringe
- 1 20cc Syringe
- 1 30cc Syringe
- 4 Blunt Tips

Universal Cell

- 1 Ice Pack
- 2 Kling
- 10 Band-Aids
- 2 8x10 ABD Pads
- 2 4x4's
- 1 Israeli Bandage
- 1 Combat Gauze
- 2 Tactical Tourniquets
- 2 Triangular Bandages
- 2 Eye Shields
- 2 Occlusive Dressing

BLS Airway Kit

Main Compartment

- 1 O2 Tank (1500psi)
- 1 I-gel 1
- 1 I-gel 1.5
- 1 I-gel 2
- 1 I-gel 2.5
- 1 I-gel 3
- 1 I-gel 4
- 1 I-gel 5
- 1 BVM w/PEEP
- 1 Co2 Detector Lead

Front Pocket

- 1 Adult NRB
- 1 Adult Nasal Cannula
- 1 Co2 Nasal Cannula
- 1 Peds NRB
- 1 Peds Nasal Cannula
- 1 Nebulizer
- 1 T-Adapter
- 1 Multi-Adapter
- 2 Racemic Epi
- 2 Albuterol
- 4 Duo Nebs
- 2 Respiratory Saline
- 1 12 NPA
- 1 14 NPA
- 1 16 NPA

- 1 18 NPA
- 1 26 NPA
- 1 28 NPA
- 1 32 NPA
- 4 Surgilube
- 1 40 OPA
- 1 50 OPA
- 1 60 OPA
- 1 80 OPA
- 1 90 OPA
- 1 100 OPA
- 1 110 OPA
- 1 Bite stick

ALS Airway Kit

Top Pocket

- 1 Stethoscope
- 1 Bio-Bag

Main Compartment

- 1 Pediatric BVM w/
- 1 neonate mask
- 1 Infant mask
- 1 CPAP w/filter
- 1 Large CPAP Mask

Portable Suction Unit

- 2 Suction Batteries
- 1 Spare Suction Tubing
- 1 Rigid Suction Tip
- 1 8fr Catheter
- 1 14fr Catheter
- 2 Disposable Canisters
- 1 Little Sucker
- 1 Meconium Aspirator

Main Compartment Flap

- 2 Gowns
- 2 Face shields
- 2 Safety Glasses

Left Pouch

- 1 CRIC Kit
- 1 S-Guide Stylet
- 1 Decompression Kit
- 1 Chux

Right Pouch

- 1 500 saline bottle
- 1 60cc syringe cath. Tip
- 1 ea NG Tube 6, 12, 16

Intubation

Cell (Airway)

Left Pouch

- 2 10cc Syringes
- 1 Adult Stylet
- 1 Pediatric Stylet

Center Pouch

- 1 2.5 ET
- 1 3.0 ET
- 1 3.5 ET
- 1 4.0 ET
- 1 4.5 ET
- 1 5.0 ET
- 1 5.5 ET
- 1 6.0 ET
- 1 6.5 ET
- 1 7.0 ET
- 1 7.5 ET
- 1 8.0 ET

BOOK	PAGE
1 8.5 ET	Fire chains (winter)
1 Adult Magills	1 Ice Scraper (winter)
1 Pediatric Magills	2 Wood Blocks (winter)

Right Pouch

- 1 DL Handle
- 1 Miller 1 Blade
- 1 Miller 2 Blade
- 1 Miller 3 Blade
- 1 Miller 4 Blade
- 1 MAC 2 Blade
- 1 MAC 3 Blade
- 1 MAC 4 Blade
- 1 Adult ET Tube Holder
- 1 Peds ET Tube Holder

Universal Cell

- 1 Glidescope Monitor
- 1 S1 Blade
- 1 S2 Blade
- 1 S3 Blade
- 1 S4 Blade
- 1 Small Stylet
- 1 Medium Stylet
- 1 Large Stylet

C-SPINE KIT

Outside Cabinet

- 2 Child C-Collars
- 4 Adult C-Collars
- 4 Head Beds
- 4 Foam Pads
- 1 Spider Strap
- 2 Back Rafts
- 1 Back Raft Pump
- 1 2" Tape
- 2 Spare Spider straps

Paperwork

- 1 Clipboard
- 12 MWA worksheets
- 6 English Refusals
- 6 Spanish Refusals
- 6 Drug Usage Forms
- 2 Drug Transfer Forms
- 2 Category B Forms
- 6 Signature Forms
- 2 CMN Forms
- 3 CPO's
- 4 ECG Mount Strips
- 2 Near Miss Forms
- 4 Long Response Forms
- 4 RSI Checklist
- 4 DSI Checklist

OUTSIDE OXYGEN

- 1 Main O2 w/750psi

Outside Cabinet

- 1 Peds Backboard
- 2 Backboards
- 1 Scoop Stretcher
- 1 KED

Outside Cabinet

- 6 Safety Triangles
- 1 Spare tire w/jack
- 1 Lug wrench
- 1 24" Crow bar
- 1 51" Wrecking bar
- 2 Pair Leather Gloves

CAB SUPPLIES

- 2 Flashlights
- 1 Haz-Mat Book
- 1 USB Keyboard
- 1 Spotlight
- 1 Trash Can
- 1 Hand Sanitizer
- 1 Box Kleenex
- 3 Safety Vests
- 1 Sealed Accident Packet
- 2 Small Trash Bags
- 1 Fire Extinguisher

Linen

- 12 Flat sheets
- 6 Bath Blankets
- 6 Pillow Cases
- 1 Pillow
- 1 Wool Blanket
- 1 Pedi-Mate

Narc Box

- 8 N95 9501+

Tagging Supplies:

- 25 Yellow Tags
- 1 Sharpie

Not Sealed

(Inventory on card in bin)

Red Box Inventory

Green Box Inventory

Blue Box Inventory

EMERGENCY MEDICAL SERVICES MUTUAL AID AGREEMENT

SCOPE OF AGREEMENT

THIS AGREEMENT is made and entered into by the Mist-Birkenfeld Rural Fire Protection District and Metro West Ambulance for the provision of Mutual Aid during times of peak overload or resource depletion of Emergency Medical calls.

- 1. The parties agree that a request for Mutual Aid will be made when an emergency occurs in the area within the jurisdiction of any party hereto and local resources may be inadequate to respond to that emergency.**
- 2. The parties agree to provide, upon request of the other party, such equipment and trained personnel as may be requested, unless such action would prevent or disrupt adequate service and/or protection of its own area of jurisdiction and responsibility.**
- 3. If Mutual Aid resources are being requested to supplement a provider's resources already on scene such as multi-casualty incident, the requested party will use normal Incident Command protocol and report to the Incident Commander upon arrival for assignment.**
- 4. Requested resources will respond and operate under the Medical Protocols and Standard Operating Procedures in place for their organization regardless of what jurisdiction they are in.**

POLICIES

Each Party hereto agrees:

- 1. To maintain the work force and equipment sufficient to respond and control emergency calls of the type and magnitude which are likely to occur in its jurisdiction or area of responsibility.**
- 2. To provide and maintain an emergency action plan for activating their personnel and resources within their jurisdiction or area of responsibility.**
- 3. To be responsible for its own costs and expenses, even those incurred as a result of participation in this agreement. The requested provider may bill the customers**

served as a result of this agreement their usual and customary charges as applicable by law.

4. To be responsible and liable for only the actions of its own employees, volunteers and resources while participating in this agreement.

TERM OF AGREEMENT

This agreement shall be in place indefinitely commencing on the date of the signatures set below, unless cancelled in writing by either party with at least thirty (30) day notice.

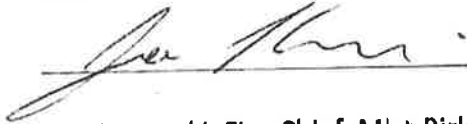
COMPLIANCE WITH APPLICABLE LAWS

All parties agree to observe and comply with all Federal, state and local laws, rules, ordinances and regulations that in any manner may affect or be applicable to the services herein provided.

ENTIRE AGREEMENT

This agreement supersedes any and all agreements, either oral or in writing between the parties hereto with respect to the subject matter hereof, and no other agreement, statement of promise relating to the subject matter of this agreement which is not contained herein shall be valid or binding.

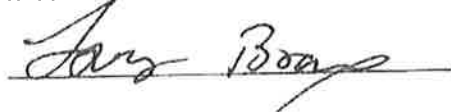
Mist-Birkenfeld Rural Fire Protection District



Joe Kaczinski, Fire Chief, Mist-Birkenfeld RFPD

8-20-24
Date

Metro West Ambulance



Larry Boxman, Vice President, Metro West Ambulance

8/14/24
Date

Medical Services Mutual Aid Agreement**Between****Metro West Ambulance Columbia County ASA #7 and Banks Fire District #13**

This agreement is between Metro West Ambulance (Vernonia) and Banks Fire District #13. The agreement between both agencies is to provide emergency medical coverage and transport on emergency calls in Columbia County Ambulance Service Area #7 (Vernonia).

Communications:

Metro West Ambulance will activate Banks Fire via Washington County 911 (WCCCA). The Metro West Ambulance Communications Center, Columbia County 911 and Washington County 911 (WCCCA) will be able to communicate directly with Banks Fire Medic 13 via Metro West Ambulance and County communication devices.

Issues of Liability:

Parties listed in this agreement or its members rendering aid pursuant to this agreement shall not be held liable for any act or omission in good faith on the part of such forces while so engaged, or on account of maintenance or use of any equipment or supplies in connections herewith.

Metro West Ambulance and Banks Fire will not hold each other liable in/for claims either directly or indirectly resulting from negligence and/or misconduct related to the performance of this agreement.

Each party to this agreement shall assume all liability and responsibility for the death of or injury to any personnel responding or transporting to a request for mutual aid.

Fees for Service:

Metro West Ambulance will bill for services provided by Banks Fire District. All fund collected from the transports will then be returned to the fire district. Banks Fire District will obtain Medicaid/Medicare numbers for billing.

Reciprocity:

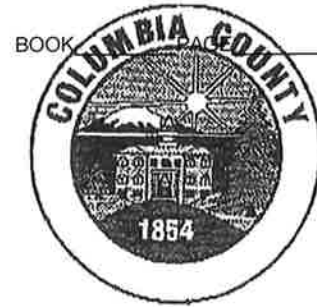
Banks fire meets or exceeds the requirements to respond, operate and transport in Columbia County.

Mutuality of Assistance:

Metro West Ambulance provides Banks Fire District with an ambulance, equipment and supplies in exchange for mutual aid coverage in Columbia County.

x 
Banks Fire District #13

x Lucy B. B. B.
Metro West Ambulance



**COLUMBIA COUNTY
DEPARTMENT OF EMERGENCY MANAGEMENT**

230 Strand Street, St. Helens, OR 97051 ♦ 503-366-3905 ♦ FAX 397-7248

clousej@co.columbia.or.us

TO: Henry Heimuller

COMPANY: Metro West Ambulance Services

FAX # 9-1-503-693-3216

FROM: John E. Clouse, Ambulance Service
Area Administrator

DATE: June 3, 2002

PAGES TO FOLLOW: 2

COMMENTS: Henry, as agreed in our ASA
meeting, we still need Mr. Finter to
sign the "Columbia County Fire and medical
Service Mutual Aid Agreement." I got
Mike Simek's signature which was the other
one that was missing. Please date
Community Alert Network will save lives!
it May or June 1998. Thanks.



BOOK _____ PAGE _____

ATTACHMENT "A" TO COLUMBIA COUNTY AMBULANCE SERVICE AREA PLAN

COLUMBIA COUNTY FIRE AND MEDICAL SERVICE
MUTUAL AID AGREEMENT**1.0 INTRODUCTION:**

This Agreement entered into the 14 day of April 1978, among and between the participating agencies for the purpose of securing to each periodic emergency assistance for the protection of life and property. All prior agreements are canceled.

2.0 AUTHORITY:

2.1 This Agreement is entered into under the authority granted to the parties by their respective charters and/or Oregon Revised Statutes (ORS). Further, ORS 190.010 authorizes units of local government to enter into written agreements with other units of local government for the purposes of any and all functions and activities that the parties to the agreement, its officers or agencies, have authority to perform. Additionally, ORS Chapter 453, 476 and 401 authorize the State Fire Marshal and the Administrator of the Oregon Emergency Management to develop comprehensive statewide plans for the protection of life and property during disasters. This Agreement is intended to be consistent with, and supportive of, such state contingency plans.

2.2 This Agreement includes Metro West/Vernonia Ambulance. It is not a government entity. Each of the parties signatory to this mutual aid agreement acknowledge that fact and have contacted their respective insurers and reviewed their respective rules and policies as appropriate for entering into such agreement.

3.0 SCOPE OF AGREEMENT

This Agreement, being in conformance with the Oregon Fire Service Mobilization Plan as adopted by the State Fire Marshal, shall include the following types and kinds of mutual aid assistance, and operating terms and conditions.

3.1 Type of Equipment and Personnel. The parties hereto agree to provide to all other parties to this Agreement such personnel and equipment as is described in Attachment "A", which by this reference is incorporated herein. Further, the parties hereto recognize and agree that such personnel and equipment shall be periodically unavailable under this Agreement due to normal operating requirements. However, when any significant change occurs to the available equipment and/or personnel which shall last more than sixty (60) days, the party experiencing such change shall notify all other parties to this Agreement. Nothing in this Agreement is intended to prohibit a party, in its sole discretion, from providing any personnel and/or equipment that is not listed in Attachment "A".

BOOK _____ PAGE _____

VERNONIA RURAL FIRE DISTRICT:

Board President

Board Secretary

Fire Chief

4-14-98

Date _____

4-11-98

Date _____

4-14-98

Date _____

METRO-WEST/VERNONIA AMBULANCE:

J. D. Fuiten, President

Operations Manager

5/12/98

Date

Date _____

OREGON DEPARTMENT OF FORESTRY

Protection Unit Forester

6-13-98

Date _____

Date _____

Date _____

EMERGENCY MEDICAL SERVICES MUTUAL AID AGREEMENT

SCOPE OF AGREEMENT

THIS AGREEMENT is made and entered into by Medix Ambulance and Metro West Ambulance for the provision of Mutual Aid during times of peak overload or resource depletion of Emergency Medical calls.

1. The parties agree that a request for Mutual Aid will be made when an emergency occurs in the area within the jurisdiction of any party hereto and local resources may be ~~inadequate to respond to that emergency.~~
2. The parties agree to provide, upon request of the other party, such equipment and trained personnel as may be requested, unless such action would prevent or disrupt adequate service and/or protection of its own area of jurisdiction and responsibility.
3. If Mutual Aid resources are being requested to supplement a provider's resources already on scene such as multi-casualty incident, the requested party will use normal Incident Command protocol and report to the Incident Commander upon arrival for assignment.
4. Requested resources will respond and operate under the Medical Protocols and Standard Operating Procedures in place for their organization regardless of what jurisdiction they are in.

POLICIES

Each Party hereto agrees:

1. To maintain the work force and equipment sufficient to respond and control emergency calls of the type and magnitude which are likely to occur in its jurisdiction or area of responsibility.
2. To provide and maintain an emergency action plan for activating their personnel and resources within their jurisdiction or area of responsibility.
3. To be responsible for its own costs and expenses, even those incurred as a result of participation in this agreement. The requested provider may bill the customers

served as a result of this agreement their usual and customary charges as applicable by law.

4. To be responsible and liable for only the actions of its own employees, volunteers and resources while participating in this agreement.

TERM OF AGREEMENT

This agreement shall be in place indefinitely commencing on the date of the signatures set below, unless cancelled in writing by either party with at least thirty (30) day notice.


COMPLIANCE WITH APPLICABLE LAWS

All parties agree to observe and comply with all Federal, state and local laws, rules, ordinances and regulations that in any manner may affect or be applicable to the services herein provided.

ENTIRE AGREEMENT

This agreement supersedes any and all agreements, either oral or in writing between the parties hereto with respect to the subject matter hereof, and no other agreement, statement of promise relating to the subject matter of this agreement which is not contained herein shall be valid or binding.

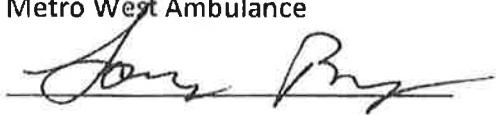
Medix Ambulance



8/14/24
Date

Shawn Baird, CEO, Medix Ambulance & Metro West Ambulance Family of Companies

Metro West Ambulance



8/14/24
Date

Larry Boxman, Vice President, Metro West Ambulance

Board Order 25-2025,

In the Matter of Granting a Franchise
for Ambulance Services to Metro West
Ambulance Services, Inc. for
Ambulance Service Area 7.

Redacted for Personal Identifiable
Information

The following redactions have been
applied Pursuant to ORS 192.355 (2)
Personal Information.

13 pages.

License Verification Details

BOOK _____ PAGE _____

Subject to **Terms and Conditions**. This site is a primary source for verification of license credentials consistent with Joint Commission and NCQA standards.

Oregon Medical Board

1500 SW 1st Ave
Suite 620
Portland, OR 97201
Phone: (971) 673-2700



Information current as of 07/18/2024 04:52:58 PM

McCoy, Matthew Scott, MD

MD License: MD27151

Originally Issued: 12/01/2006

Basis: USMLE

Current Status: Active

Expedited Endorsement: No

Status Effective: 1/1/2024

Expires: 12/31/2025

Licensee Information

Gender: Male

Specialty : Emergency Medicine

Specialty is self-reported by the licensee. It does not necessarily indicate specialty board certification.

Languages : English

Practice Location(s)

Street	City, State Zip	County	Phone
10180 SE Sunnyside Road	Clackamas, OR 97015	Clackamas	503-652-2880

Education

School Name	Location	Degree Date	Degree Earned
U/Pittsburgh Sch Med	Johnstown, PA United States	05/22/2000	MD

Post-

Graduate

Training	School Name	Location	From	To	Specialty
Internship	U/Pittsburgh Med Ctr Med Prog	Pittsburgh, PA United States	07/2000	06/2001	Emergency Medicine
Residency	U/Pittsburgh Med Ctr Med Prog	Pittsburgh, PA United States	07/2001	06/2003	Emergency Medicine

The licensee may have completed additional education or training programs. Only those that have been verified with the primary source are shown.

Board Actions

There are no current or prior Board actions or agreements on file for this licensee.

Malpractice

Malpractice claim information is compiled by the Oregon Medical Board from claim reports it receives from primary insurers; public bodies required to defend, save harmless and indemnify an officer, employee or agent of the public; a self-insured entity; or a health maintenance organization. Claim reporting and disclosure requirements are governed by ORS 742.400.

The settlement of a medical malpractice claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee, even though there is a closed malpractice claim on file. A payment in the settlement of a medical malpractice action does not create a presumption that medical malpractice occurred. This database represents information from reporters to date. Please note: Not all reporters may have submitted claim information to the Board.

7/18/24, 4:53 PM

MD27151 - Mccoy, Matthew Scott, MD - OR License Verification - 07/18/2024 04:52:58 PM

For malpractice claim information, click [here](#).

BOOK _____ PAGE _____

OREGON

BOOK _____ PAGE _____



Metro West Ambulance, Inc.

Type: Ground Ambulance

License Number: 40002

Year: 2015

Make: RAM

VIN: 3C7WRSBL5FG622930

Expiration Date: 06/30/2025

E

M

S

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES

OREGON

E

M

S

Metro West Ambulance, Inc.

Type: Ground Ambulance

License Number: 41192

Year: 2020

Make: RAM

VIN: 3C7WRTBL7LG236592

Expiration Date: 06/30/2025



BOOK _____ PAGE _____

Oregon Emergency Medical Services
800 NE Oregon Street, Suite 305, Portland OR 97232
LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES



CERTIFICATE OF LIABILITY INSURANCE

BOOK

PAGE

DATE (MM/DD/YYYY)
10/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Partners Group LLC 1111 Lake Washington Blvd N Suite 400 Renton WA 98056		CONTACT NAME: Crystal Woods PHONE (A/C, No, Ext): (877) 455-5640 FAX (A/C, No): (425) 455-6727 E-MAIL ADDRESS: cwoods@tpgrp.com	
INSURED Metro West Ambulance 5475 NE Dawson Creek Drive Hillsboro OR 97124		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: Paratransit Insurance Company, A Mutual Risk Retention INSURER C: SAIF Corporation INSURER D: INSURER E: INSURER F:	
		NAIC # 11150 44130 36196	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDSUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	UFL006050307	10/04/2024	10/04/2025	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
	MED EXP (Any one person) \$					
	PERSONAL & ADV INJURY \$ 2,000,000					
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	PG117124	10/04/2024	10/04/2025	GENERAL AGGREGATE \$ 3,000,000
	PRODUCTS - COMP/OP AGG \$					
	Employee Benefits \$ 1mil/3mil					
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000					
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per person) \$
	BODILY INJURY (Per accident) \$					
	PROPERTY DAMAGE (Per accident) \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A	345653	07/01/2024	07/01/2025	EACH OCCURRENCE \$
	AGGREGATE \$					
A	PROFESSIONAL LIABILITY		UFL006050307	10/04/2024	10/04/2025	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
	E.L. EACH ACCIDENT \$ 1,000,000					
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000					
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000					
						General Aggregate \$3,000,000
						Each Occurrence \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured per contract requirements:
Endo in process

CERTIFICATE HOLDER**CANCELLATION**

Columbia County Columbia County Public Health 230 Strand St. St. Helens OR 97051	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Commission on Accreditation of Ambulance Services

1926 Waukegan Road, Suite 300
Glenview, IL 60025-1770
Phone: 847-657-6828
Fax: 847-657-6825
Website: www.caas.org

BOOK _____ PAGE _____

January 19, 2024

Jesse Lee
Metro West Ambulance, Inc.
5475 N.E. Dawson Creek Drive
Hillsboro, OR 97124

Dear Jesse:

At their January 12, 2024, meeting, the CAAS Panel of Commissioners considered the consolidated on-site report of Metro West Ambulance, Inc. The purpose of this letter is to forward to you the results of the Panel's review of your report.

There were no deficiencies cited in your on-site report by the review team. The Panel's decision is to grant full three-year accreditation to Metro West Ambulance, Inc. Your accreditation expires December 31, 2026.

Enclosed is your accreditation package that includes an accreditation certificate, sample news release and suggestions for promoting your accredited status, sample decal and more. Your accreditation plaque will be mailed in several weeks.

Please use the enclosed Change Report to notify us of any significant agency changes.

You can order promotional items by going to www.caas.org and order products online.

Our most sincere congratulations on your accreditation. The Panel members asked that you receive their special commendation for an outstanding achievement. Please let us know if you have any questions or need any materials.

Sincerely,

A handwritten signature in black ink that reads "Sarah L. McEntee".

Sarah L. McEntee
Executive Director

Enclosures

The Commission on Accreditation of Ambulance Services

Certificate of Accreditation

Metro West Ambulance, Inc.
Hillsboro, Oregon

The Commission on Accreditation of Ambulance Services presents this certificate of Accreditation in recognition of this service's voluntary compliance with the Commission's high standards. These standards have been established to encourage and promote improved quality patient care in the medical transportation system. This service has successfully completed a comprehensive external review to verify compliance with these national standards.

Issued: January, 2024



Josef Penner, Chair
Panel of Commissioners



Expires: December 31, 2026



Dale J. Berry, Chair
Board of Directors

Policy:**201**

Effective Date: November 1, 2010
Replaces: June 1, 2004
Reviewed: April 6, 2020

Section: Personnel and the Personnel Process**Subject: Non-Discrimination and Equal Employment Opportunity****NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY****POLICY**

Metro West Ambulance provides equal employment opportunities to all persons regardless of race, color, religion, sex, national origin, physical or mental disabilities, age, and any other status protected under applicable federal or state law, unless it is a bona fide occupation requirement reasonable and necessary to the operation of our business.

Discrimination or harassment is inconsistent with the company's philosophy and will not be tolerated.

Affirmative Action

Metro West Ambulance will undertake affirmative action to employ, advance in employment and otherwise treat qualified persons without discrimination in all employment practices.

Metro West Ambulance seeks applicants from a wide variety of backgrounds and seeks a diversified workforce that includes persons of both genders and of all racial and ethnic backgrounds. The company is continuously reviewing its employment practices to attract a wide diversity of applicants including those not presently in the workforce.

Compliance with Religion and National Origin Guidelines

Metro West will not discriminate against employees or applicants for employment because of religion or national origin and will take affirmative action to ensure that applicants are employed and treated during employment without regard to their religion or national origin. Such action includes all work practices and employee benefits.

Metro West will monitor employment practices to ensure that members of the various religious and/or ethnic groups are receiving equal consideration for job opportunities.

Metro West recognizes its obligation to reasonably accommodate the religious observances and practices of an employee if such observances and practices do not create hardship on the business of the company.

Disabled and Vietnam Veterans and Disabled Persons

It is company policy to ensure equal employment opportunities to qualified disabled individuals as defined pursuant to the regulations promulgated by the U.S. Department of Labor to qualified veterans of the Vietnam era as defined by the Vietnam Era Veterans Readjustment Act of 1974, and to those disabled veterans who are entitled to disability compensation under laws

administered by the Veterans Administration or whose injury was a direct result of a service-related incident. The company's personnel procedures and practices will be administered without regard to veterans' status and disability except to the extent a reasonable accommodation cannot be made for an individual's disability.

Policy:**511**

Effective Date: April 24, 2014
Replaces: N/A
Reviewed: April 6, 2020

Section: Employee Safety and Health Protection
Subject: High Stress Call Policy

High Stress Call Policy**POLICY**

Metro West Ambulance understands that through the nature of our work, our employees may be exposed to situations and calls that may cause an unusually high level of stress or emotions. While on duty, if an employee faces a situation or call that affects them in such a way that they feel they would benefit from being removed from the ambulance, they are to call the on duty supervisor. With supervisor approval, the employee will then be sent home and will be paid for the remainder of their shift. Employees requiring further assistance will be referred to the EAP (see policy 507).

**Metro West Ambulance
Dodge Ram 6.7 Liter Ambulance Preventative Maintenance Schedule**

PM Code	Description	Service Interval
PM - BATTERY	Replace all batteries.	Every 24 Months
PM - DIFF SERVICE	Service the differential. Drain the fluid, clean the inside of the housing and refill with synthetic 75w-140 gear oil.	Every 40,000 miles
PM - FULL SERVICE AND INSPECTION	Perform regular PM tests and inspections.*	Every 10,000 miles
PM - OIL	Change the oil and replace the oil filter.	Every 10,000 miles
PM - SERP - TENS-WP	Inspect and Replace as needed: serpentine belt, cooling system components, tensioner, and both idler pulleys.	Every 60,000 miles
PM - SHOCKS	Inspect and Replace all four shocks as needed.	Every 120,000 miles
PM - SUSPENSION REBUILD EVALUATION	Inspect all serviceable components in the steering and suspension system, replace as needed.	Every 120,000 miles
PM - TRANS SERVICE	Change the transmission fluid and replace the transmission filter.	Every 37,000miles
PM - CRANK CASE FILTER	Replace Crank Case Filter	Every 60,000 miles
PM - FUEL FILTER	Replace Fuel Filter	Every 20,000 miles
PM - ALT	Replace alternator	Every 150,000 miles
PM-FRONT DIFF/TRANSFER CASE FLUID	Replace Front Diff Fluid and Transfer Case Fluid	Every 80,000 miles
PM - CABIN AIR FILTER	Replace Cabin Air Filter	Every 25,000 miles
PM-AIR FILTER REPLACEMENT	Inspect and replace air filter as needed.	Every 15,000 miles

* Regular PM tests and inspections include the following: Test drive and note performance, Inspect Module and its fasteners to the Chassis, Check Stretcher and related system, Examine all lights and siren operations, Test seatbelt operation and inspect seat condition, Check all safety equipment (fire extinguisher, etc.), Test Oxygen operation, Module Electrical System, Suction Pump, Test electric horn, Test Batteries and Electrical output, Starter Draw and operation Test radio and speakers operation, Inspect windshield / mirrors, test wipers, washers & blades, Test park brake operation, Test operation of all windows, Test HVAC operation, Test transmission shift control, Check exhaust system, Overall Visual Inspection, Oil leak inspection, Lube entire unit, Check drive line U-joints, Suspension, Brakes, Tires, Coolant Pressure test observing for leak, Check belt and tensioner, Check fan and shroud, Check P/S & brake fluid levels, Check all fluid levels and Top off as needed.



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FleetWise VB is industry leading **Fleet Maintenance Software** for industry and government. It includes vehicle and equipment information, preventive maintenance scheduling, repair orders, fuel tracking, inventory control, tire tracking and complete reporting. Our FleetWise VB version can handle an unlimited number of vehicles and equipment.

FleetWise Lite is a fleet maintenance system designed for smaller fleets. It contains all of the essential features contained in the FleetWise VB program, but is priced for smaller fleets. Our FleetWise Lite software can be purchased for as little as \$100.00.

SafetyWise VB is industry leading **Safety System**. It includes features like Inspection Scheduling & History, Training Scheduling & History and Incident/Accident Reporting. Click on the link to the right to download a free working copy of our SafetyWise VB Safety System.

We have a Microsoft Azure version of the software which provides a **Cloud based solution**. You can access FleetWise from anywhere in the world where you have an internet connection.



FleetWise VB



FleetWise VB Fleet Maintenance Software is our flagship product. It is a full featured maintenance management system that includes vehicle and equipment information for an **unlimited**

number of vehicles, Repair Order System, Inventory Control, Fuel Management, and much more. [Download FleetWise VB](#) fleet management software now for **FREE** or click to [learn more](#).

FleetWise Lite



FleetWise Lite Fleet Maintenance Software provides the core functionality of our FleetWise VB software starting at a cost of just **\$100.00**. This software was developed specifically for smaller fleets. [Download FleetWise Lite](#) now for **FREE** or [learn more](#).

SafetyWise VB

Custom Programing



SafetyWise VB is a complete safety system including training schedules and history, inspections schedules and incident/accident management for an unlimited number of locations and employees. It includes complete documentation of any accident or incident including OSHA 300 reporting. [Download SafetyWise VB](#) Safety System now for free or click on the link to [learn more](#).

~~BOOK: PAGE:~~
Custom Programming Services are provided to industry and government. We have created software programs to track the location of portable buildings at a refinery. We have created software to manage jobs for lawn spraying businesses. We provide consulting services which can help you design software solutions specifically for your business. We specialize in developing applications which use the Microsoft SQL Server Database Engine.

Finally, we offer complete support for all our products. This includes on-site training for your employees. Our goal is to make sure you are completely successful with our software and services.

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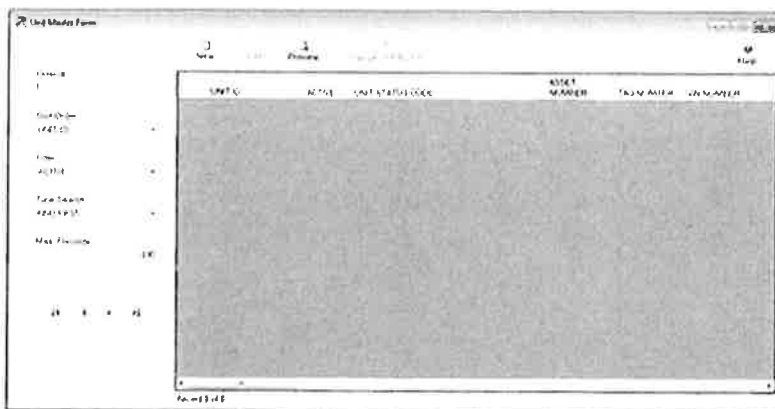
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The Unit Master Table is described below. The toolbars and processes described are used through out the FleetWise VB Fleet Maintenance Software. So the topics discussed here apply to all of the forms you will work with.

The Unit Master Table contains the information on vehicles and pieces of equipment. An unlimited number of vehicles and equipment can be entered into FleetWise. Each vehicle or piece of equipment is identified by a unique Unit ID. A Unit ID is 12 characters alpha numeric and each Unit ID must be unique. If you use numeric Unit ID's, you should pad them with zeros to make the sorting look correct. For example: 001, 002, 003, etc. Finally, the Unit ID is the only required information when adding a unit.



The Unit Master Table is displayed below from the FleetWise VB Fleet Maintenance Software. The cursor is in the Criteria Box at the top of the left toolbar. You can type in the first couple of letters of the Unit ID you are looking for in the CRITERIA box and press ENTER to display a list of Units. Or you can just press ENTER in the criteria box to display the first Unit.

You could also change the Sort Order on the toolbar to Model Code order. Then you would type in the first couple of letters of the Model Code you are looking for. The Sort Order indicates what you are searching for when you type text in the criteria box.

The existing Units are displayed below from FleetWise VB Fleet Maintenance Software. Click on the New Button to add a new Unit or click on an existing Unit and then click on the Edit Button to change the code. You can also double click on a Unit to edit it.

Unit ID	Unit Name	Unit Status Code	Unit Number	Tag Number	VIN Number
100	ACTIVE	ACTIVE	100-000	100-000	100-000
101	ACTIVE	ACTIVE	101-000	101-000	101-000
102	ACTIVE	ACTIVE	102-000	102-000	102-000
103	ACTIVE	ACTIVE	103-000	103-000	103-000
104	ACTIVE	ACTIVE	104-000	104-000	104-000
105	ACTIVE	ACTIVE	105-000	105-000	105-000
106	ACTIVE	ACTIVE	106-000	106-000	106-000
107	ACTIVE	ACTIVE	107-000	107-000	107-000
108	ACTIVE	ACTIVE	108-000	108-000	108-000
109	ACTIVE	ACTIVE	109-000	109-000	109-000
110	ACTIVE	ACTIVE	110-000	110-000	110-000
111	ACTIVE	ACTIVE	111-000	111-000	111-000
112	ACTIVE	ACTIVE	112-000	112-000	112-000
113	ACTIVE	ACTIVE	113-000	113-000	113-000
114	ACTIVE	ACTIVE	114-000	114-000	114-000
115	ACTIVE	ACTIVE	115-000	115-000	115-000
116	ACTIVE	ACTIVE	116-000	116-000	116-000
117	ACTIVE	ACTIVE	117-000	117-000	117-000
118	ACTIVE	ACTIVE	118-000	118-000	118-000

The Unit Master Table is displayed in Edit Mode below from FleetWise VB Fleet Maintenance Software.

Unit ID	Unit Name	Unit Status Code	Unit Number	Tag Number	VIN Number
100	ACTIVE	ACTIVE	100-000	100-000	100-000

You can change any of the information for the Unit. Once the changes are complete click on the Save & New Button to save the changes and add a new record, or click on the Save Button to save your changes and return to the prior window, or click on the Undo Button to lose the changes.

Under the Unit ID you can click on the "TABS" to display additional information. The General Information Tab contains the most important information this includes the VIN number or Serial number, the Manufacturer, Model and Model Year. Also you can assign a unit to a department, location and or employee.

For a complete demo of the FleetWise VB Fleet Maintenance Software, please call us at (800) 296-2609. We will be happy to walk you through all of the features of FleetWise and answer any questions you may have.

Click on the links below to learn more about FleetWise VB Fleet Maintenance Software.

- [Download FleetWise VB](#)
- [FleetWise VB Order Form](#)
- [Repair Orders](#)
- [Fuel Module](#)
- [Inventory Module](#)
- [Getting Started with FleetWise VB PDF](#)

- FleetWise VB Documentation

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Fluid Ticket Entry

Fuel costs continue to rise. FleetWise VB Fleet Maintenance Software can provide you with an easy way to track and efficiently manage fuel consumption. You can establish a minimum and maximum miles per gallon by model. Warning messages are displayed on the Fluid Ticket Entry Table as you enter the tickets.

Reports provide you with the ability to track the consumption of your entire fleet. Exception reports show vehicles where consumption is outside the parameters set by you. These reports provide both cost per mile and miles per gallon information.

Fluid tickets are not simply "Fuel" tickets. Oil, hydraulic fluid, differential fluid, brake fluid, etc. can all be added on a Fluid Ticket. Also, consumption reports are available for all of these fluids as well as simply fuel. The Fluid Ticket Entry program provides comprehensive fluid management, including fuel management in our Fleet Maintenance Software.

A new ticket is created each time a vehicle is fueled, or a fluid is added. The user inputs the current meter on the ticket. The fleet maintenance software will display the meter reading from the prior ticket. It will calculate the number of miles, hours, or other meter units since the last ticket was entered.

The information on Fluid Tickets is used to check PM schedules and provide cost per mile and cost per hour data in our maintenance software. Fuel information can be entered on fluid tickets. This information is used for fuel consumption, fuel tax, operating cost data and complete fuel management.

Fluid tickets can be entered manually, or they can be entered automatically through a pump interface. The pump interface will import all of the transactions from either an automated fuel pump system, or from a file supplied by a vendor into the Fleet Maintenance Software.

The existing Fluid Tickets are displayed below. Click on the New Button to add a new ticket or click on an existing ticket and then click on the Edit Button to change it. You can also double click on a ticket to edit it.

FLUID	QUANTITY	DATE	TIME	VEHICLE	AMOUNT	COST
FUEL	10.0	1/1/12	10:00	1000001	100.00	100.00
FUEL	10.0	1/1/12	10:00	1000002	100.00	100.00
FUEL	10.0	1/1/12	10:00	1000003	100.00	100.00
FUEL	10.0	1/1/12	10:00	1000004	100.00	100.00
FUEL	10.0	1/1/12	10:00	1000005	100.00	100.00

The Fluid Ticket Entry Table is displayed in Edit Mode below. You can change any of the information for the ticket. Once the changes are complete click on the Save & New Button to save the changes and add a new record, or click on the Save Button to save your changes and return to the prior window, or click on the Undo Button to lose the changes.

The screenshot shows a software window titled "Fluid Ticket Entry Form". It contains a form with several input fields and buttons. The fields are organized into two main columns. The left column includes fields for "Unit ID", "Tank Code", "Quantity", and "New Reading". The right column includes fields for "Ticket No.", "Fuel Type", "Current Location", "Manufacturer Code", "Model Code", "Owner Code", "Type Code", "Last Reading", "Make Per Order", "Location Code", and "Contact Code". There are also buttons for "Save", "Save & New", and "Undo". At the bottom of the form, there is a red box containing warning messages.

Normally, the user must enter the following information on a ticket.

- Unit ID
- Tank Code
- Quantity
- New Reading

The rest of the information is displayed from the Unit Master Table, the Tank Code Table or other tables. The red box at the bottom of the form displays warning messages.

Click on the links below to learn more about FleetWise VB Fleet Maintenance Software.

- [Download FleetWise VB](#)
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Policy:

Effective Date: March 1, 2024

Replaces: June 20, 2023
April 6, 2020
May 30, 2017
April 24, 2014
June 1, 2004

Reviewed: March 1, 2024

Section: Equipment and Facilities
Subject: Durable Medical Equipment

DURABLE MEDICAL EQUIPMENT**POLICY**

Durable Medical Equipment is defined as medical items that are used on the ambulance or wheelchair vans, which are continuously used for long periods of time. These items must go through some form of routine maintenance. Durable medical equipment can stay in service for an indefinite amount of time as long as it is properly tested and has been deemed safe for use by the manufacturing company.

The following are examples of Durable Medical Equipment:

Stretchers: In addition to daily crew inspections, stretchers are serviced regularly. All stretchers are tested, calibrated and repaired by a certified technician. Service and repair will be logged and documented by the technician. These services take place at Metro West Ambulance headquarters. If there is any problem or failure with a stretcher in the field that stretcher is immediately put out of service and the Maintenance Department is notified. An operable stretcher immediately replaces the failed one. The Fleet Manager is contacted, and based on the evaluation of the stretcher technician, replacement parts are installed or the stretcher is replaced entirely.

Cardiac Monitors: At the beginning of each shift the EMT/Paramedic responsible for patient care during that shift will check the cardiac monitor to assure that it functions in the correct manner. This check involves the testing of the monitor, defibrillation, and pacemaker. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled cardiac monitor will be sent for repair. Based on the evaluation of the cardiac monitor, replacement parts are installed or the monitors are sent in for repairs. Repairs, and annual preventative maintenance are performed by qualified service personnel.

Oxygen Cylinders/ Regulators: When the portable oxygen tanks require re-fill, they are taken to Metro West Ambulance headquarters. Metro West Ambulance will keep a plentiful stock of oxygen cylinders for use. If any oxygen cylinder or regulator is damaged that damage will be reported to the Department Supervisor and that piece of equipment will be taken out of service and replaced with functional equipment. Damaged equipment will be sent to the oxygen service for repair. Based on the evaluation of the manufacturing company, replacement parts are installed or the oxygen unit is replaced.

Blood Pressure Cuffs/CPAP/ Traction Devices/ Backboards/ Suction Units: Each reporting ambulance crew checks these items on a daily basis. If there are any deficiencies or damage to the equipment, the EMT/Paramedic immediately notifies their Operations Supervisor

and logs this deficiency on the supply form. The ambulance crew re-stocks with operable equipment at headquarters. If the damaged equipment is repairable, it will be sent to the proper manufacturer for repair. Based on the manufacturer's evaluation, the unit is either fixed or replaced.

Blood Glucose Meters: Each crew should check that it is present and in working order. Spare AAA batteries are found with the battery supplies and CBG strips with calibration strip will be present also. Restock of monitor will come from supplies kept in Medical Kit. All CBG meters comply with CUA standards and are tested and certified. Any problems should be reported to the department supervisor and the glucometer replaced with a new one.

Wheelchairs: In wheelchair vans the chairs are stored up against the side of the van and serviced by the shop when needed. They can consist of standard, wide or bariatric. Crews are trained and familiar with their use and limitations. Any defects are repaired or the unit is replaced. The wheelchairs should also be equipped with a safety restraint.

IV Pumps: Each crew should check that it is present and in working order. IV pumps are to be tested for proper performance annually, and also whenever damage from drops, fluid intrusion and other causes is suspected. Service, repairs, and preventative maintenance are performed by qualified service personnel. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled IV Pump will be sent for repair. Repairs, and annual preventative maintenance are performed by qualified service personnel.

Ventilators: Each crew should check that it is present and in working order. Our ventilators are to be tested for proper performance annually, and also whenever damage from drops, fluid intrusion and other causes is suspected. Service, repairs, and preventative maintenance are performed by qualified service personnel. Ensure correct connectors and circuits are in kit and in unit. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled ventilator will be sent for repair. Repairs, and annual preventative maintenance are performed by qualified service personnel.

King Vision and GlideScope video laryngoscope: At the beginning of each shift the EMT/Paramedic responsible for patient care during that shift will check the video laryngoscope device they have to assure that it functions in the correct manner. They will also check to ensure they have a range of single-use blades in various sizes, batteries and other required supplies. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled video laryngoscopes will be sent for repair. Repairs, and annual preventative maintenance are performed by qualified service personnel.

The Metro West Ambulance Services, Inc. Family of Companies Corporate Medicare Compliance Program (Medical Necessity)

(The Metro West Ambulance Family of Companies includes Metro West Ambulance, Medix Ambulance, Pacific West Ambulance, Bay Cities Ambulance, Woodburn Ambulance, Umpqua Valley Ambulance, Mid Valley Ambulance, Pioneer Ambulance, Advanced Life Systems, Olympic Ambulance, Cascade Ambulance, and Del Norte Ambulance)

The compliance and audit program for Metro West Ambulance and all of the Metro West Ambulance Family of Companies follows the recommendations by the Office of the Inspector General. [68 FR 14245; March 24, 2003.]

Metro West's Medicare compliance program will continue as the company's comprehensive strategy to ensure its business practices address all federal Medicare reimbursement billing requirements. Metro West's compliance program contains the following highlights:

- Written policies and procedures designed to prevent the occurrence of fraud and abuse in its operations, along with a management structure to implement those safeguards
- Procedures for education of managers and employees on the laws and standards of compliance in the ambulance industry. Initial familiarization and education of compliance is accomplished in new employee orientation.
- Procedures by which the company evaluates and measures the effectiveness of its compliance program.
- Procedures by which the company will identify and promptly remedy compliance problems and issues. Procedures include ongoing education, enforcement, and disciplinary measures by the company to guarantee that employees understand and take seriously their obligations to maintain full compliance with all laws, rules, and regulations.

We follow national standards

Metro West's Medicare Compliance program follows the American Ambulance Association's Medicare compliance manual for:

- Daily operations management of the business office to assure compliance to standards and procedures
- Daily management and organization review for compliance
- Ongoing employee education and training
- Employee review and screening of charts to guarantee billing practices for compliance
- Assuring compliance standards through education, enforcement, and disciplinary guidelines
- Internal monitoring and compliance audits by managers
- Compliance problem recognition program for identification, investigation, response, and correction
- Meeting all Medicare requirements for ambulance services
- Precise claim development and submission process procedure and oversight
- Documentation review of all charts
- Record retention and maintenance program
- Patient confidentiality and HIPAA compliance program

External Oversight

In addition to daily compliance activities, an annual independent external audit of Metro West's Medicare billing practices is performed by Werfel & Werfel PLLC, a New York based law firm specializing in Medicare issues related to the ambulance industry. Kept on retainer for MWA, by Werfel & Werfel PLLC constantly oversee the company's business practices to ensure compliance. To date, there have been no violations whatsoever for any of our companies. Representatives from all Metro West Family of Companies are required to attend.

Medicare and Medicaid Compliance

All charts are reviewed to ensure that they meet Medicare billing standards. We check for medical necessity, whether transport was emergent, and if the patient meets Medicare's bed-confined rule or should have been transported by other means. All claims are double-checked by a separate person from the original reviewer.

All billing offices have a copy of the AAA Medicare Reference Manual. Most billing questions can be answered through this manual.

All Business Office managers attend a Medicare seminar at least annually. The Medicare compliance officer sits on the AAA Medicare regulatory committee that meets once a month, and attends the AAA convention, which also has a Medicare update seminar and meets once a year for a Medicare round table meeting with other ambulance companies. All information received at any conferences or seminars is shared with office staff.

Every year we perform an internal audit by an outside firm. Medicare claims are randomly selected and reviewed by Werfel & Werfel PLLC to determine weaknesses and strengths and develop corrective action plans if needed. We also review Medicare updates and discuss the effect it will have on us. One month after the meeting we are provided a written recap of the meeting, which we discuss internally.

All Medicare claims from our Laramie County patients will also be audited.

Metro West utilizes the American Ambulance Association's Medicare Compliance Manual to assist all field and business office personnel with proper documentation of patients' contacts as well as fully complying with billing and collecting ambulance services reimbursement from federal programs [Medicare], state assistance [Medicaid], and other third-party payors [private insurance/managed care membership programs].

Werfel & Werfel PLLC provide Metro West ongoing advice on federal compliance practices.

Brian S. Werfel, Esq. is a partner in Werfel & Werfel, PLLC who also serves as legal counsel for the American Ambulance Association. Metro West regularly participates in Mr. Werfel's client group meetings, collectively sharing the best practices in EMS billing and collections and securing the compliance advice of a highly qualified attorney.

SCorporate Compliance Program

Introduction

This HIPAA Compliance Plan contains Metro West's policies, procedures, and standards of conduct designed to ensure our compliance with applicable federal laws and regulations. Failure to abide by the rules, policies and procedures established by this Plan or behavior in violation of any HIPAA law, regulation or rule may result in disciplinary action. Willful failure by any employee to comply with the policies and procedures contained in this Plan, will result in employee dismissal. Additional information can be obtained by consulting the Personnel Policy Manual or contacting our HIPAA Compliance Personnel.

Compliance Mission Statement

Metro West strives at all times to maintain the highest degree of integrity in its interactions with patients and the delivery of quality health care. Metro West and its employees will at all times strive to maintain compliance with all laws, rules, regulations, and requirements affecting the delivery of medical treatment and the handling of patient information. The protection of the privacy of an individual's health information is of utmost concern to this company.

Compliance Personnel

Due to the size of our company, one individual has been identified to fulfill both the role of Privacy and Security Officer. The responsibilities of this role are detailed as follows:

Privacy Officer

Metro West has appointed Gene Frye as our Privacy Officer to oversee the privacy of patient information for all of our companies and that will include our company in Laramie County. The Privacy Officer will be appointed by the President of Metro West and serve until the President replaces him/her or until such time as s/he resigns from the position. While there is a specific job description for the Privacy Office, generally s/he is charged with the following responsibilities:

- Oversee and monitor implementation of the Privacy components of the HIPAA Compliance Plan.
- Prepare and present regular reports to the executive committee and other management groups as a whole or in part on the companies' compliance.
- Develop and implement a training program focusing on the privacy components of the HIPAA Compliance Program and ensure that training materials are appropriate for all company employees.
- Ensure that independent contractors who furnish services to Metro West are aware of the privacy requirements of the company's HIPAA Compliance Plan.
- Coordinate our privacy compliance efforts within the company and establish methods both to improve the efficiency and quality of services and to reduce the vulnerability to privacy policy abuse.
- Revise the HIPAA Compliance Program periodically, in light of changes in the needs of the company or changes in the law of Government and private payor's health plans.
- Develop mechanisms to receive and investigate reports of privacy abuse and monitor subsequent corrective action and/or compliance.

Security Officer

Metro West has appointed Gene Frye, Director of Information Technologies, as our Security Officer to oversee and protect the confidentiality, integrity, and availability of protected healthcare information, PHI, and the technology it is contained within.

The Security Officer will be appointed by the President of Metro West and serve until the President replaces him/her or until such time as s/he resigns from the position. While there is a specific job description for the Security Office, generally s/he is charged with the following responsibilities:

- Oversee and monitor implementation of the Security components of the HIPAA Compliance Plan.
- Prepare and present regular reports to the executive committee and other management groups as a whole or in part on the companies' compliance.
- Develop and implement a training program focusing on the security components of the HIPAA Compliance Program and ensure that training materials are appropriate for all company

employees.

- Ensure that independent contractors who furnish services to Metro West are aware of the security requirements of the HIPAA Compliance Plan.
- Coordinate our security compliance efforts within the company, and establish methods such as periodic audits, both to improve the efficiency and quality of services and to reduce the company's vulnerability to security abuse.
- Revise the HIPAA Compliance Program periodically, in light of changes in the needs of the company or changes in the law of Government and private payor's health plans.
- Develop mechanisms to receive and investigate reports of noncompliance and monitor subsequent corrective action and/or compliance.
- Develop policies and programs that encourage employees to report non-compliance without fear of retaliation.

Metro West Employee Expectations

Every employee of Metro West is expected to be familiar with our company's commitment to maintaining the confidentiality and integrity of protected healthcare information. All employees are encouraged to cooperate and comply fully with all reasonable requests made by the Compliance Officers to this end. Failure to comply fully may result in disciplinary action appropriate to the noncompliance.

Training and Education

Metro West will conduct periodic training on an ongoing basis with the dual goals that: [1] all employees will receive training on how to perform their jobs in compliance with the standards of the company and any applicable regulations; and [2] each employee will understand that HIPAA compliance is a condition of continued employment.

Further, HIPAA training at a heightened level on the Federal requirements may be necessary for certain members of the company, depending on their responsibilities. Individuals directly involved in these areas will receive additional training specifics to their responsibilities.

Positions Affected

While all employees are required to meet the dual goals addressed above, the following employees are deemed to be subject to a heightened level of scrutiny by virtue of being involved in the areas of operation, which are subject to HIPAA laws, rules, and regulations.

- EMT
- Paramedic
- Customer Reimbursement Specialists
- Billing Clerk
- Field Supervisor
- Billing/Collections and Account Receivable Personnel
- Front Desk
- Dispatcher
- Training Coordinator
- Department Managers

Mandatory Attendance

All Affected Employees are required to attend at least one HIPAA Compliance Program 2 hours per calendar year. The office manager, in conjunction with HIPAA Compliance Personnel, shall maintain a list of "approved" compliance education/training programs. Attendance at HIPAA

compliance education and training by all affected employees will be documented on the approved attendance forms and maintained in each employer's personnel file. All educational and training materials received by an employee at approved programs shall be the property of the company and shall be maintained in a designated location for periodic review by employees.

Communication and Reporting

Dissemination of Material

All information obtained including manuals, changes in regulations and the like shall be promptly made available to all employees. Employees, who receive information which they believe to be relevant to the HIPAA compliance efforts, are required to provide such information to Compliance Personnel. Except as otherwise noted, Compliance Personnel shall be responsible for disseminating relevant materials to employees. Metro West employees shall also maintain all relevant materials in designated location for periodic review.

Questions and Concerns

All employees, as a condition of their employment, are expected to read this HIPAA Compliance Plan and understand its principles. The company recognizes, however, that HIPAA regulations are complicated and may need further clarification beyond the materials contained in this plan. Therefore, all employees with questions regarding this plan or compliance in general are strongly encouraged to seek answers to and/or clarification of any such questions or regulation from Compliance Personnel. A request for answers and/or clarification may be submitted in writing to Compliance Personnel: [1] in person, by appointment with Compliance Personnel or [2] confidentially, as described in Section 4 below.

Reporting of Violations or Suspected Violations

Any employee who is aware of any actual or suspected violation of any compliance policy is required immediately to report such violation to Compliance Personnel for investigation.

Violations may include:

an actual or suspected violation of Federal or State legislation, regulations, or requirements pertaining to the security, integrity, or confidentiality of individually identified health information. If Compliance Personnel are not immediately available or the reporting employee is concerned that Compliance Personnel are or have been involved in the violation[s], the employee shall report the violation[s] to any member of the Executive Committee

Confidentiality

It is the policy of Metro West that no retaliatory action will be taken against an employee who makes a report, if that report is made based upon a good faith belief that a violation has occurred, is occurring, or is likely to occur in the near future, and the employee follows the procedures required herein.

In addition, whenever possible the company will make all reasonable efforts to keep confidential the identity of the reporting employee.

Employees who wish to make an anonymous report of violations may submit a written report to Compliance Personnel.

Investigation and Remedial Action

Compliance Personnel shall consult with legal counsel with respect to any reported violation to ascertain the most appropriate means of investigating and responding to such report. Compliance Personnel and/or legal counsel, as appropriate shall conduct investigations in a timely manner. Based upon the findings of such investigation, Compliance Personnel, with legal counsel, as appropriate, will take such remedial action to ensure [1] that the violation ceases immediately

and [2] that the violation will be prevented from occurring in the future. All reports of violations suspected or deemed actual after investigation], investigative findings, and remedial actions taken shall be documented and maintained by Compliance Personnel.

Disciplinary Action

Any Employee who is found to have committed an actual violation[s] shall be subjected to immediate disciplinary action. The level of such disciplinary action shall be determined by the employee's direct supervisor and Compliance Personnel, and shall be based upon a number of factors including, but not limited to, the following:

- The nature of the violation[s]
- The employee's level of intent in committing such violation[s] [e.g., negligence, willful misconduct]
- Special circumstances surrounding or contributing to the violation[s].
- The disciplinary action[s] that may be taken against an employee who is found to have committed a violation are spelled out in the Personnel Policy Manual and generally include:

Admonishment

- Written reprimand [which shall be included in the employee's personnel file]
- Suspensions
- Employment termination.

In addition to the disciplinary action[s] set forth above, and on the advice of legal counsel, the company may turn an employee who has committed a violation over to the appropriate authority for criminal prosecution, as appropriate or as required by law.

Auditing and Monitoring

To ensure ongoing HIPAA compliance, Compliance Personnel shall conduct regular auditing of functions and operations subject to HIPAA laws and regulations. Those functions/operations include, but are not limited to, the following:

- Protection of patient information
- Security measures for information systems

Audits will include a complete evaluation of procedures, a detailed examination of randomly selected transactions, and a report of the findings for Compliance Personnel records. In addition, Compliance Personnel, in conjunction with the department supervisors, will regularly monitor the performance of all employees to ensure compliance with all applicable compliance standards and policies. If, based upon an audit, Metro West Ambulance is found to be non-compliant with any HIPAA law or regulation, Compliance Personnel, in conjunction with the legal counsel, as appropriate, shall take prompt remedial action.

Responding to Inquiries

If any employee receives an oral or written inquiry regarding the company's compliance with any HIPAA law or regulation or private payor requirement, from any source, whether governmental or private, the employee shall immediately notify Compliance Personnel prior to responding in any way to the inquiry.

Compliance Personnel shall:

1. Identify the person or entity making the inquiry.
2. Verify their authority for the inquiry.
3. Ascertain the nature of the inquiry.

Compliance Personnel shall then immediately notify legal counsel to assist in responding to the inquiry.

Policy:

Effective Date: June 1, 2004
Replaces: N/A
Reviewed: April 6, 2020

Section: Clinical Standards**Subject: Record keeping, Falsification and Patient Confidentiality****RECORDKEEPING, FALSIFICATION AND PATIENT CONFIDENTIALITY****POLICY**

Employees must accurately complete all personnel records, incident reports, patient information, and communications information as required by federal, state, county, local and / or Company policies. Inaccurate or untimely completion of records will not be tolerated. The information in these records may not be inspected, amended or removed without the express written permission of the management. Furthermore, this information is confidential and will not be relayed to other employees or the public without written permission of management in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Records are to be completed and submitted no later than the end of the employee's assigned shift. At no time shall official records of any kind be removed from company property. Official records include but are not limited to: Patient Care Records, Company Run Invoices, face sheets, transportation prescriptions, or other information related to any given patient or employee.

Patients receiving care, employees and the general public have a definite right to expect that the confidential nature of identifiable medical and personal information obtained by Metro West Ambulance be reasonably preserved.

Therefore:

1. No person employed by Metro West Ambulance shall disclose medical or personal information regarding a patient, fellow employee, or member of the general public without first obtaining an authorization from the party or the party's legally authorized representative except when such disclosure is permitted and/or required by law.
2. Radio communications shall be limited to that information which is relevant to the field care of the patient. If the patient's name is necessary, the paramedic shall landline the hospital with the required information.

Pre-hospital care providers transporting patients to hospitals shall disclose all relevant information to health care professionals at the hospital as required by our local governing medical authorities.

Medical information refers to any patient-identifiable information possessed by a health care provider regarding a patient's medical history, mental or physical condition, or treatment, or the specific circumstances surrounding a specific patient-identifiable incident, (e.g. suspected child/elder abuse).

Records Maintenance-Patient Records

All employees shall maintain strict confidence on all patient records.

Patient records are retained for a minimum period of seven years. Patient care reports are stored electronically, backed-up, and archived.

Records are kept electronically for a minimum of seven years thereafter they are purged as needed or appropriate.

Release of EMS Report Forms:

Metro West Ambulance shall utilize the following policy related to Release of EMS Reports:

METRO WEST AMBULANCE shall only release copies of Records, to include medical or billing information, in accordance with HIPAA regulations.

In the event Metro West Ambulance is unable to locate a copy of a particular EMS Report, a Release of Medical Records request will be submitted to the EMS Agency to obtain the required document.

Retention of Pre-hospital Records:

Metro West Ambulance shall utilize the following policy related to Retention of Pre-hospital Care Records:

Pre-hospital Care Records shall be retained as outlined below:

1. All records related to either suspected or pending litigation shall be held for an indefinite period of time.
2. Metro West Ambulance shall retain the patient care records of all patients other than un-emancipated minors for a minimum of seven (7) years.
3. The records of un-emancipated minors shall be kept for at least one (1) year after such minors have reached the age of eighteen (18), but in no event less than seven (7) years following the provision of service to the minor.

Records affected by this policy are:

1. Copies of the original EMS Report Form.
2. Patient Information Sheet / Run Ticket.
3. Copies of medical insurance cards or authorizations.

All records are stored on Metro West Ambulance property under the direct supervision of the Business Office Manager.

Records Maintenance & Retention – other records

Vehicle and equipment maintenance records will be stored at the Dawson Creek Headquarters throughout the life of the vehicle and will be transferred to the new owner of the vehicle.

Quality improvement, training, and certification and credentialing will be maintained and stored at the Dawson Creek Headquarters for a minimum of twenty-four months, according to local rules, and/or the term of employment of the employee.

Incident reports and unusual occurrence reports will be stored at the Dawson Creek Headquarters for a minimum of twenty-four months, according to local rules, and/or the term of employment of the employee.

Customer comments will be maintained and stored at the Dawson Creek Headquarters for a minimum of twenty-four months or according to local rules.

Employee health records, including exposures, and safety records (including vehicle crashes) will be maintained permanently at the Dawson Creek Headquarters.

Compliance program documentation will be maintained and stored at the Dawson Creek Headquarters for a minimum of twenty-four months.

Destruction Method

All records will be shredded or purged at the Dawson Creek Headquarters.

Policy Suspension

In some instances, this Policy may be temporarily suspended, specifically if an investigation, litigation, or audit is anticipated. In some instances, this policy's disposal schedule may conflict with the need to produce documents relevant to the aforementioned legal or regulatory procedures. If this is the case, then the need to comply fully with the law and/or regulation will override this policy, causing this policy to be temporarily suspended until the matter in question is satisfactorily resolved. Suspension of this policy will take form of no business documents being disposed of whatsoever for a period of time.



METRO WEST FAMILY OF COMPANIES

EMPLOYEE BENEFITS GUIDE

JANUARY 1, 2024 - DECEMBER 31, 2024

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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 41 for more details.

WELCOME TO OPEN ENROLLMENT FOR 2024!

Metro West Family of Companies recognizes the important role employee benefits play as a critical component of an employee's overall compensation. We strive to maintain a benefits program that is competitive within our industry.

This benefits guide, together with other enrollment materials, are provided to help you understand your benefit choices and navigate through the Open Enrollment/New Hire enrollment process. Before you enroll, please read this guide to become familiar with the benefit options.

HIGHLIGHTS FOR 2024!

Below is a brief outline of your benefits. For more detailed plan information, review this guide and refer to the carrier plan summaries (electronic copies are available online via Metro West's intranet).

Medical/RX

Our Medical/Rx plans are through Regence. We will continue to offer a choice of two plans "Base" and "Buy-Up". Please see page 5 and 8 for more details.

Health Savings Account

Our HSA account will continue with KeyBank. Please see page 6 and 7 for more details.

Dental

Our Dental plan will continue with Delta Dental. Please see page 10 for more details.

Life Insurance

We will continue to provide Basic Life coverage for all full-time employees. See page 11.

Employee Assistance Program

Our EAP program is through Providence. Please see page 11 for more details.

OPEN ENROLLMENT DATES:

December 1 -
December 15, 2023

QUESTIONS?

Please contact your
Supervisor or Payroll
for assistance!

ENROLLMENT AND ELIGIBILITY

ELIGIBILITY

If you are a full-time employee at Metro West Family of Companies, you are eligible to enroll in benefits once you have met the 60-day waiting period. Full-time employees are those who work at least 30 hours per week. In addition, you may enroll your legal spouse or domestic partner and legal child(ren) up to age 26.

HOW TO ENROLL

If you are a new hire, your Supervisor will provide you with the necessary enrollment forms to sign-up or opt-out of benefits. If you are enrolling or making changes during Metro West's Annual Open Enrollment, you will need to complete a new enrollment form with your 2024 elections. Reminder, you only need to complete an enrollment form if you are making changes to your current elections. **NOTE:** Have you experienced a recent life change, such as marriage/divorce or birth of a child? If so, be sure to verify your personal information and make any necessary changes with Payroll.

WHEN TO ENROLL

This year's Open Enrollment will begin on December 1, 2023 and run through December 15, 2023.

The benefits you choose during open enrollment will become effective on January 1, 2024. If you are a new hire, benefits with Metro West will begin on the first of the month after 60 days of full time employment.

MID-YEAR ENROLLMENT CHANGES

Once you enroll in benefits, you will not be allowed to make changes to your benefits until our next annual open enrollment period, unless you experience a "qualifying life event". Qualifying events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Medicare Eligibility
- Change in employment status or change in coverage under another employer-sponsored plan

Important Reminder: You must report a qualified life event to HR within 30 days of the event if you wish to make changes to your benefit elections. If you are enrolling yourself and/or a dependent due to a qualified life event, coverage will begin on the first of the month after the event. **If you have any questions or concerns, please contact your Supervisor or Payroll.**

Exhibit B

BOOK _____ PAGE _____

COLUMBIA COUNTY
Public Health



ST. HELENS, OR 97051

230 Strand St.
Direct (503) 397-7247
columbiacountyor.gov

October 29, 2024

Columbia County Board of Commissioners
230 Strand Street
St. Helens, OR 97051

Dear Commissioners:

This letter contains my recommendations of franchise awards for ambulance services in my position as the Ambulance Service Area Administrator. I submit these recommendations to you for your consideration pursuant to Columbia County Ordinance 2024-1, the Columbia County Ambulance Service Area (ASA) Plan and RFP #S-C00055-00010854.

Between July 1 – September 2, 2024, Columbia County conducted a public notice application process to solicit applications to provide ambulance services. Columbia County regulates ambulance services through its Ambulance Service Area Plan.

Seven Ambulance Service Areas (ASA's) are defined in the Plan with franchises to be established for six of them. Pursuant Ordinance 2024-1, I must submit my recommendation to the Board within 90 days after the applications have been received.

Applications were received from five entities. Applications were submitted by all current ASA franchise holders. I, as the Columbia County Ambulance Service Area Administrator, along with a review committee, reviewed all applications and determined that the applications were responsive to the terms of the procurement. There were no contested (more than one applicant) applications for any Ambulance Service Area.

After reviewing the six applications and taking into account the recent performance of the applicant agencies in providing ambulance services in their ASA within the terms of their current franchises, I recommend the following:

1. I recommend that the Columbia County Board of Commissioners approve a new five-year franchise (with two additional five-year renewals upon satisfactory performance) for the following five entities:

Columbia County Board of Commissioners
October 29, 2024
Page 2 of 2

Agency	ASA #
Scappoose Rural Fire District	2
Columbia River Fire & Rescue	3
Columbia River Fire & Rescue	4
Clatskanie Rural Fire Protection District	5
Mist-Birkenfeld Rural Fire Protection District	6
MetroWest	7

These entities completed the application process and have demonstrated the ability to provide consistent ambulance services as proposed in their application. I recommend as a condition of the franchises above that each applicant be required to enter into a franchise agreement in the County's format.

Sincerely,



Jaime Aanensen
Director of Public Health
Columbia County ASA Administrator