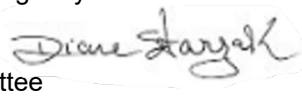


MEMORANDUM

DATE: August 23, 2022

TO: Ventura County EMS Agency

FROM: Diane Starzak, Chair 
EMS Advisory Committee

RE: All Town Ambulance Application

Committee members include William Gallaher, Diane Starzak, Craig Stevens, Robert Brooks, Michael O'Malia, Audra Strickland and Dr. Daniel Shepherd. Staff representatives include Steve Carroll and Chris Rosa.

The EMS Advisory Committee was requested to review a non-emergency ambulance licensure application from All Town Ambulance. EMS Agency staff provided summary information to the committee for review. Information reviewed included the All Town Ambulance application packet and summary, financial review from Ventura County Auditor/Controller, insurance review from Ventura County Risk Management and the report from the Prehospital Services Committee, which recommended approval at the BLS level only. Discussions involved the EMS Agency administrative evaluation, financial review by the Auditor/Controller, current system demographics including hospital delays and ongoing issues with mental health transports, and concerns from the current ambulance provider regarding uncompensated transports.

Based upon the information reviewed, the EMS Advisory Committee finds the following:

1. All Town Ambulance has satisfactorily complied with all provisions of Policy 111.
2. Applicant has demonstrated performance in Los Angeles and Orange Counties and is likely to adequately serve the public in Ventura County.
3. Applicant is expected to provide ambulance services which will enhance the current system and level of services.
4. Applicant has met the minimum requirements for issuance of an ambulance license.

Therefore, the EMS Advisory Committee recommends approval of the All Town Ambulance Non-Emergency Ambulance application for the BLS level only at this time.

Feel free to contact me should you have any questions.

MEMORANDUM

DATE: June 9, 2022

TO: Ventura County EMS Agency

FROM: Heather Ellis, Chair
Pre-Hospital Services Committee

RE: All Town Ambulance Application

The Pre-Hospital Services Committee (PSC) was requested to review a non-emergency ambulance licensure application from All Town Ambulance. EMS Agency staff provided summary information to the committee for review. Information reviewed included the All Town Ambulance application packet and summary, financial review from Ventura County Auditor/Controller, and insurance review from Ventura County Risk Management. Committee discussions included current delays experienced by hospitals and other medical entities for non-emergency interfacility transports, ongoing issues with mental health transports, concerns from the current ambulance provider regarding uncompensated transports, interfacility transports impacting the 911 transport system in Ventura County and the level of requested licensure (BLS, ALS, CCT).

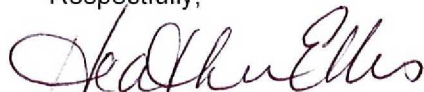
Based upon the information reviewed, the Pre-Hospital Services Committee finds the following:

1. All Town Ambulance has substantially met all elements of the ambulance licensing procedure described in Policy 111 for licensure at the BLS level.
2. There is demonstrated need and necessity for another Non-Emergency BLS Ambulance Provider in Ventura County.
3. All Town Ambulance has demonstrated experience and past performance that appears to meet the standards in the VCEMS Policies and Procedures Manual.

Therefore, the Pre-Hospital Services Committee recommends approval of the All Town Ambulance Non-Emergency Ambulance application for the BLS level only at this time. PSC recommends that All Town Ambulance reapply with additional information should they desire to increase service above the BLS level.

Feel free to contact me should you have any questions.

Respectfully,




Heather Ellis, BSN, NR-Paramedic
PSC Chair

MEMORANDUM

DATE: June 8, 2022

TO: EMS Advisory Committee and
Prehospital Service Committee Members

FROM: Steve Carroll, EMS Administrator 

RE: All Town Ambulance Application

The Ventura County Emergency Medical Services Agency (VCEMS) has received an application from All Town Ambulance LLC requesting a license to provide Basic Life Support, Advanced Life Support and Critical Care Transport non-emergency ambulance transportation within the County of Ventura. All Town Ambulance is a non-emergency ambulance provider currently based in Los Angeles and Orange Counties.

Per Ventura County Ordinance 4099 and VCEMS Policy 111, an ambulance provider requesting to provide service within the County of Ventura will apply to VCEMS. According to the procedure outlined in Policy 111, applications will be reviewed by VCEMS staff, the Pre-Hospital Services Committee (PSC), and the EMS Advisory Committee. If approval is recommended by EMS staff, the PSC and the EMS Advisory Committee, the application along with reports and/or recommendations from the reviewing entities will be presented to the Board of Supervisors for final action of approval or denial of the application.

VCEMS conducted an administrative review of the All Town Ambulance application and several areas were noted as deficient. Following notification, All Town Ambulance provided satisfactory responses to all areas which were noted as deficient during the initial administrative review. The application was determined to be materially complete and further evaluation commenced. VCEMS contacted Los Angeles County EMS Agency and Orange County EMS Agency to review ambulance provider performance and compliance. Both counties advised that they have experienced compliance issues with All Town Ambulance in the past, however, all issues have been resolved and All Town Ambulance is in good standing in both counties at this time. Appropriate sections of the application have also been reviewed by the Ventura County Auditor/Controllers Office and the Ventura County Risk Management Division and no major concerns were noted.

The All Town Ambulance application appears to meet all required elements of Policy 111. The attached application checklist summarizes each of the application sections.

Feel free to contact me at 805-981-5305 should you have any questions.

Topic	Date Received and/or Reviewed	Complete Yes/no (Y/N)	Comments
License Information			
Application Packet Received by VCEMS	2/4/22		Application and 5 copies received
1. a. Letter of Interest b. Company Information, history, background, trade name c. Name, Address, Date of birth, height, weight, eye color, hair color of ambulance company owner and applicant	2/18/22	Y	ALS, BLS & CCT Confirmed Business Address
2. Owner Live Scan	2/18/22	Y	Clear
Applicant Live Scan	N/A		
Trade or Fictitious Name	2/18/22	Y	All Town Ambulance LLC
3. Training/experience of Applicant and managers in transportation and care of patients. Evidence shall include application and managers resume showing type of duration of transportation experience, including at least 5 years of increasingly responsible experience in the operation or management of a basic or ALS service	3/1/22 4/6/22	N Y	Need signed statements from Aram Grigoryan and Dr. Drew Hood Received statements
4. The location and descriptions of the place or places from which ambulances are intended to operate.	2/18/22	Y	2747 Sherwin Ave #B7 Ventura
5. Number, type, age and patient capacity of each ambulance proposed to be operated by the applicant.	2/18/22	Y	Two 2020 Mercedes Sprinter Ambulances
Mileage of proposed ambulances	2/18/22	Y	
Policy 504 compliance	2/18/22	Y	
Policy 905 Radio System compliance	2/18/22	Y	
Unit Identifiers	2/18/22	Y	

Topic	Date Received and/or Reviewed	Complete Yes/no (Y/N)	Comments
AVL compliance	2/18/22	Y	
6. Any facts which the applicant believes tend to prove that public convenience and necessity require the granting of a license for that ambulance territory. Facts shall include written statements or other evidence of either inadequate response times or inadequate care from existing providers	2/18/22	Y	Statement provided – No business plan submitted
7. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to Item 4 above. If the applicant has no previous business experience, a personal financial statement shall be required.	3/11/22	N	Missing financial and tax documentation.
	4/6/22	N	Need 2021 or 2018 records, 3 months of recent bank statements and any unpaid judgments.
	4/11/22	Y	Provided requested info.
8. EMT AED Provider Program compliance	4/16/22	Y	Provided Policy 803 application
9. Applicant must meet requirements of VCEMS Policy 120 and shall agree to fully participate in VCEMS CQI projects and committees.	2/18/22	Y	
10. Applicant shall provide copies of dispatch policies and procedures and must submit dispatch logs for 30 day period and qualifications of dispatchers.	3/10/22	N	Dispatch manual submitted but 30-day dispatch records not legible.
	4/6/22	Y	
Letter of agreement to use the approved VCEMS Dispatch Call Entry Form.	3/10/22	N	Need statement of agreement.
	4/6/22	Y	Provided requested info.

Topic	Date Received and/or Reviewed	Complete Yes/no (Y/N)	Comments
11. Description of accounts receivable management system.	3/1/22	Y	
12. Proof of insurability as required by Policy 111.	3/1/22	Y	
13. Applicant shall provide written statement of intent to comply with the MCI Response Plan.	3/1/22	Y	
14. The applicant shall provide a written statement of intent to comply with the requirement of the Emergency Medical Services Agency Policies and Procedures Manual and the standards and policies set by the Medical Director of the Ventura County EMS Agency.	3/1/22	Y	
15. Three written statements of support.	3/1/22	Y	
16. Application packet received	2/4/22		
5 copies of application packets	2/4/22		
Procedure for Processing Application for Ambulance Company License:			
<i>The Administrator of the Ventura County EMS Agency shall commence processing the application within fifteen (15) calendar days from the date the completed application is filed as follows</i>			
Any application deficiencies noted and applicant advised.	3/17/22		Email letter for deficiencies sent to D. Orca
Application determined to be complete.	4/11/22	Y	
Notify all ambulance companies licensed by the County, members of the Prehospital Services Committee, EMS Advisory Committee of the receipt of the application and the name and address of the applicant.	4/15/22	Y	Email notifications sent to ambulance providers, PSC and EMS Advisory.

Topic	Date Received and/or Reviewed	Complete Yes/no (Y/N)	Comments
VCEMS staff will thoroughly investigate the conditions and requirements in Policy 111 (except III.A.7, III.A.11 and III.A.12) to the extent that the information investigated relates to the applicant's ability to provide ambulance service.	5/27/22	Y	
Verify that the applicant is in possession of a valid California Highway Patrol license for each ambulance proposed to be operated.	4/15/22	Y	
2. Specific Ventura County departments will review sections of the application that are pertinent to their area of responsibility.			
a. The County Auditor shall be requested to review and comment on the financial statement as it relates to the applicant's ability to meet the financial obligations of the business	4/15/22	Y	Received report from ACO 5/19/22
b. County Risk Management Division will be requested to verify that the applicant has the required insurance or will be able to carry the required insurance.	4/15/22	Y	Received approval from Risk Mgmt 5/31/22 Need County of Ventura added as "Additional Insured" to policy upon approval.
3. The Administrator of the Ventura County EMS Agency shall conclude evaluation of the application and prepare an administrative report that summarizes each of the application sections and verifies the applicants compliance with all required elements of this policy. Present all information received regarding the application to the Prehospital Services Committee to review the materials. The committee shall regard the information as	5/27/22	Y	Scheduled for PSC June 9, 2022

Topic	Date Received and/or Reviewed	Complete Yes/no (Y/N)	Comments
<i>privileged and shall use discretion in its handling of the application materials.</i>			
4. VCEMS will present the administrative report and all information received regarding the application to the PSC within one hundred twenty (120) days of the date the application was determined to be complete. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials. PSC members from current Ventura County licensed ambulance providers will be excused during the review process.	6/9/22	Y	Prehospital Services Committee recommends approval at the BLS level only.
a. PSC shall review the application and develop a written report of its findings to submit to the EMS Advisory Committee. b. The findings shall include: (1) Whether the applicant has substantially met all elements of the ambulance licensing procedure described in this policy. (2) Whether or not public convenience, safety and necessity requires the issuance of an ambulance license. (3) Whether the applicant's experience and past performance meets the	6/9/22	Y	

Topic	Date Received and/or Reviewed	Complete Yes/no (Y/N)	Comments
standards in the VCEMS Policies and Procedures Manual. (4) Any other pertinent information.			
5. The EMS Advisory Committee shall convene; within ninety (90) days from the date PSC completes its review, to evaluate the application packet, the VCEMS administrative report and the PSC report.	8/23/22	Y	EMS Advisory Committee recommends approval at the BLS level only.
The EMS Advisory Committee will develop a written report recommending approval or denial of the application and shall include: a. Whether the applicant has complied with all provisions of this policy. b. Whether the applicant is, under normal conditions, serving or likely to serve the public adequately. c. Whether the applicant has submitted a "business plan" or "statement of work" which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services. d. Whether the applicant meets the minimum requirements to have an ambulance license. e. Whether additional information is needed.	8/23/22	Y	

Topic	Date Received and/or Reviewed	Complete Yes/no (Y/N)	Comments
An approval recommendation by the EMS Advisory Committee is required before proceeding with the application process.			
If the EMS Advisory Committee issues an approval recommendation, the Director of the Health Care Agency, Director of the Public Health Department and the Administrator of the EMS Agency and/or their designee(s), shall take the application, the VCEMS administrative report, the Prehospital Services Committee and EMS Advisory Committee reports and recommendations to the Board of Supervisors for final action of approval or denial of the application			Scheduled for October 11, 2022
The EMS Agency Administrator shall notify the Auditor of approved applications and shall indicate the service area for which the license is valid.			
Upon payment of the established license fee by the applicant, the EMS Agency shall issue the license.			
The license shall be valid until surrendered by the licensee, until sale of the company, or until revoked or suspended according to the provision of the Ventura County EMS policy and procedure manual.			

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title AMBULANCE COMPANY LICENSING PROCEDURE		Policy Number 111	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: December 1, 2018	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2018	
Origination Date: June 1, 1997		Effective Date: December 1, 2018	
Date Revised: May 8, 2014			
Date Last Reviewed: September 13, 2018			
Next Review Date: September 30, 2021			

- I. Purpose: All ambulance companies conducting business within Ventura County shall be licensed to operate in the County of Ventura.
- II. Authority: Ventura County EMS Agency (VCEMS) Policy 110, Ventura County Ordinance No. 4099.
- III. Policy:
 - A. License Application:

Every applicant for an ambulance company license shall submit the application fee, if any, along with an ambulance license application packet, containing the following elements:

 1. Letter of interest on company letterhead, labeled as "Attachment I", stating at minimum:
 - a. Company's interest in providing services in Ventura County.
 - b. Brief statement of your company's service history and background, including the trade or other fictitious name, if any, under which the applicant does business and/or proposes to do business.
 - c. The name, address, date of birth, height, weight, and color of eyes and hair of the applicant and of the owner of the ambulance(s).
 2. The applicant and owner shall complete a California Bureau of Criminal Identification, Department of Justice background check via Live Scan Service. The applicant shall contact VCEMS for the fingerprinting procedure. A copy of the completed Live Scan form(s) shall accompany the application labeled as "Attachment II".
 3. Documentation of the training and experience of the applicant and managers involved in the transportation and care of patients, labeled as "Attachment III". Evidence shall include applicant and manager resumes showing type and duration of transportation experience, including at least five (5) years of increasingly

responsible experience in the operation or management of a basic or advanced life support service. Each applicant and/or manager must complete, sign, and submit a written statement, (1) identifying all licenses and franchises held during the last ten (10) years, (2) disclosing whether the applicant or the principals of the applicant have ever been investigated by any governmental agency, the nature of the investigation, and the results of the investigation, including revocation or denial of licenses applicant previously held or applied for, and (3) describing the applicant and/or manager's prior conviction of any misdemeanor or felony, and/or any pending criminal proceedings at the time of application.

4. The location and descriptions of the place or places from which ambulances are intended to operate, labeled as "Attachment IV". Prior to approval of an ambulance license, applicant must establish at least one ambulance station within Ventura County, with the capability of supporting ambulance operations on a continuous 24-hour-per-day basis.
 - a. All such locations will comply with all applicable zoning, building, and occupational health and safety regulations and shall be sufficient for all personnel in accordance with all local, state and federal regulations.
 - b. Each ambulance station will be adequate to house the ambulance crew(s) required for the ambulance(s) based at that location. Each ambulance based at that location must be available as a disaster resource within one hour of VCEMS request.
 - c. Ambulance stations are subject to announced or unannounced VCEMS inspection.

Upon approval and issuance of an ambulance license, applicant will provide a minimum of one on-duty ambulance on a continuous 24-hour-per-day basis within the County of Ventura. Additionally, applicant must have a supervisor on duty 24 hours per day who will be available in Ventura County within one hour of a request from VCEMS.

5. Description of each ambulance proposed to be operated by the applicant, labeled as "Attachment V". Provide a color photograph or drawing which clearly shows the color scheme and insignia for your ambulances and a description of the total number of vehicles operated by applicant and the number of ambulance licenses that applicant is requesting. For each ambulance listed for licensure, provide the unit number, license number, vehicle identification number (VIN), make, model

year, model type, mileage, projected vehicle life, and patient capacity of each vehicle. Attach copies of the current vehicle registration issued by the Department of Motor Vehicles (DMV), the California Highway Patrol (CHP) emergency vehicle license and the results of the most recent CHP inspection for each vehicle to be licensed. Prior to approval of an ambulance license, all ambulances proposed to operate in Ventura County will be inspected and shall meet the following:

- a. Primary ambulances assigned to Ventura County must be less than six (6) years old and have less than 250,000 miles at time of initial licensure. Ambulances exceeding these maximums may be authorized for use in a reserve capacity following an annual inspection.
- b. BLS transport unit equipment and supply requirements as established in VCEMS Policy 504.
- c. Radio communication capabilities as provided in VCEMS Policy 905.
- d. Radio identification number shall be clearly marked on all four sides of ambulances assigned to Ventura County.
- e. All ambulances authorized to operate within Ventura County will be required to install and continuously operate automatic vehicle location (AVL) equipment compatible with the Ventura County Fire Department's regional communications system. Applicant shall contact VCEMS for AVL requirements and procurement procedure.

Any costs for procurement, installation and the continuous operation of the equipment/supplies, radio and AVL requirements are the sole responsibility of the ambulance provider. Only ambulances equipped as described above will be permitted to operate in Ventura County. Ambulances will be subject to announced and unannounced inspection by VCEMS.

6. A statement listing any facts which the applicant believes tend to prove that public convenience, safety and necessity require the granting of a license, labeled as "Attachment VI". Facts shall include written statements or other evidence of either inadequate response times or inadequate care from existing providers. To establish public convenience, safety, or necessity, the applicant shall demonstrate to the satisfaction of the VCEMS Administrator that it has complied with each of the following requirements:

- a. The applicant has complied with all provisions of this policy.
 - b. The applicant is, under normal conditions, serving or likely to serve the public adequately.
 - c. The applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
 - d. The applicant meets the minimum requirements to have an ambulance license.
7. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm, labeled as “Attachment VII”. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to documentation provided in response to Section III.A.3 above. The financial statements shall demonstrate that the applicant has adequate financial health, based on liquidity, profitability, and sustainability, to maintain ambulance service operations. All applicants must also submit current bank statements for the most recent three (3) months and data showing the estimated average cost of operating one trip, and the number of trips per day a vehicle must run to be profitable (the costs per trip should be itemized, you may use break-even formulas), and describe any unpaid judgments against the applicant, as well as the nature of transactions or acts giving rise to said judgments. All liabilities must be clearly defined and disclosed. If approved, applicant will submit annual financial statements to VCEMS within three (3) months of the end of the applicant's fiscal year.
8. Applicant shall establish a VCEMS approved EMT AED Service Provider program which, at a minimum, meets all requirements of VCEMS Policies 802 and 803. Documentation of EMT AED Service Provider program and VCEMS approval shall be labeled as “Attachment VIII”.
9. Applicant shall provide verification of a VCEMS approved Continuous Quality Improvement Program (CQIP), labeled as “Attachment IX”. Applicant's CQIP must meet the requirements of VCEMS Policy 120 and applicant must agree to fully participate in VCEMS CQI projects and committees.

10. Applicant shall provide copies of its medical dispatch policies and procedures, labeled as "Attachment X". Applicant must submit copies of dispatch logs for the thirty (30) day period immediately prior to the date of the application and a description of the qualifications for dispatchers. Applicant must also submit a letter of agreement to use the VCEMS approved "Dispatch Call Entry Form" for any Ventura County based ambulance requests.
11. Applicant shall provide a description of the company's accounts receivable management system, labeled as "Attachment XI". Documentation should include the location of the closest physical billing office to Ventura County and the training and experience of billing staff and billing management. If the location is not in Ventura County, applicant must provide staff specifically trained and available to address billing inquiries from Ventura County patients.
12. A list of insurance and liability coverage, including certificates of insurance or other evidence of coverage, labeled as "Attachment XII". The minimum insurance coverage types and limit requirements for ambulance companies include general liability insurance with limits of not less than \$1 million each occurrence and \$2 million aggregate; automobile liability insurance with limits of not less than \$1 million each accident covering all vehicles used by the applicant; worker's compensation and employers' liability insurance, or an equivalent program of self-insurance coverage which complies with California Labor Code requirements; and professional liability insurance covering applicant's errors and omissions with limits of not less than \$1 million per each claim and \$2 million aggregate. Such insurance shall be provided by insurer(s) satisfactory to VCEMS and upon licensure approval, the general and auto liability insurance policies shall name the County of Ventura as an additional insured.
13. Applicant shall provide a written statement, labeled as "Attachment XIII", of intent to comply with the Multi-Casualty Incident Response plan as addressed in VCEMS Policy 131. During multi-casualty incidents (MCIs), the capability of the 911 ambulance providers to provide necessary prehospital emergency care and transportation may be insufficient for the number of casualties. Therefore, it is necessary that all non-911 ambulances operating in Ventura County be available to assist during an MCI. For this reason, each ambulance provider will make available, and place into service, all available licensed units upon VCEMS request. All ambulance providers, in the event of an MCI, will:

- a. Provide immediate ambulance resource availability within Ventura County when requested by VCEMS.
- b. Have an emergency response plan which includes a personnel call-back plan.
- c. Have all management and field personnel trained for compliance with VCEMS Policy 131 within 6 months of licensure.
- d. Provide, within reason, immediate response to any polls or surveys from VCEMS.
- e. Provide, within reason, equipment, facilities, and personnel as requested by VCEMS.
- f. When funding is available, the County of Ventura may assist the participating providers in seeking reimbursement for its costs from any disaster relief funding. The County of Ventura will have no financial responsibility for these costs or charges.

When requested by VCEMS, the licensed ambulance provider will participate in a Ventura County organized disaster exercise by assigning a minimum of one (1) fully staffed ambulance and one (1) supervisor. VCEMS will request participation from licensed providers with a minimum of thirty (30) days written notice. All costs associated with participation in the disaster exercise will be the sole responsibility of the licensed provider.

14. The applicant shall provide a written statement, labeled as "Attachment XIV", of intent to comply with the requirements of the VCEMS Policies and Procedures Manual and the standards and policies set by the Medical Director of VCEMS.
15. Attach evidence of support for applicant and label as "Attachment XV". Applicant must provide a minimum of three (3) written statements of support, on letterhead, from responsibly positioned, Ventura County-based, residents, institutions, or users of the service.
16. Submit the completed application packet and payment, if any, and five (5) copies of the entire application (including all attachments) to:
EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd. #130
Oxnard, CA 93036

The original and all copies of the application packet must be submitted in a 3-ring loose leaf binder, with labeled dividers for each attachment identified above. Do

not place documents or pages of the application in page protectors or covers. Two sided copies are encouraged, whenever possible. Applications determined to be incomplete will be returned to the applicant and will not be processed.

B. Procedure for Processing Application for Ambulance Company License:

1. VCEMS shall commence processing an application within fifteen (15) calendar days from the date the application is filed and determined to be complete. Application packets will initially be reviewed by VCEMS staff for compliance with the application requirements in Section III.A of this policy. Once all sections of the application have been reviewed for compliance, the VCEMS Administrator will determine if the application is complete or if the application is deficient in any area. If the application is determined to be deficient, the application will be denied and the applicant will be notified in writing. The applicant will have thirty (30) calendar days in which to respond. Failure to provide the requested information within thirty (30) days will result in the abandonment of the application and the complete application process, including fees, must be restarted in order to be considered for licensure. If the application is determined to be complete, the review process will continue as follows:
 - a. VCEMS Administrator will notify all ambulance companies licensed by the County, members of the Prehospital Services Committee (PSC), and EMS Advisory Committee of the receipt of the application and the name and address of the applicant.
 - b. VCEMS staff will thoroughly investigate the conditions and requirements listed in Section III.A (except for Sections III.A.7, III.A.11 and III.A.12) of the application packet to verify the information submitted as they relate to the applicant's ability to provide ambulance service in compliance with the standards of this policy.
2. Specific Ventura County departments will review sections of the application that are pertinent to their area of responsibility as follows:
 - a. The Ventura County Auditor/Controller's Office shall be requested to review and comment on the financial statement and accounts receivable documents provided in response to Sections III.A.7 and III.A.11, as they relate to the applicant's ability to meet the financial obligations of the business.

- b. The Ventura County Risk Management Division shall be requested to review the insurance and liability documents provided in response to Section III.A.12, as they relate to the minimum coverage requirements.
3. The VCEMS Administrator shall conclude evaluation of the application and prepare an administrative report that summarizes each of the application sections and verifies the applicant's compliance with all of the required elements of this policy.
4. VCEMS will present the administrative report and all information received regarding the application to the PSC within one hundred twenty (120) days of the date the application was determined to be complete. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials. PSC members from current Ventura County licensed ambulance providers will be excused during the review process.
 - a. PSC shall review the application and develop a written report of its findings to submit to the EMS Advisory Committee.
 - b. The findings shall include:
 - (1) Whether the applicant has substantially met all elements of the ambulance licensing procedure described in this policy.
 - (2) Whether or not public convenience, safety and necessity requires the issuance of an ambulance license.
 - (3) Whether the applicant's experience and past performance meets the standards in the VCEMS Policies and Procedures Manual.
 - (4) Any other pertinent information.
5. The EMS Advisory Committee shall convene; within ninety (90) days from the date PSC completes its review, to evaluate the application packet, the VCEMS administrative report and the PSC report. The EMS Advisory Committee will develop a written report recommending approval or denial of the application and shall include:
 - a. Whether the applicant has complied with all provisions of this policy.
 - b. Whether the applicant is, under normal conditions, serving or likely to serve the public adequately.

- c. Whether the applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
- d. Whether the applicant meets the minimum requirements to have an ambulance license.
- e. Whether additional information is needed.

An approval recommendation by the EMS Advisory Committee is required before proceeding with the application process. Failure to receive an approval recommendation from the EMS Advisory Committee will result in an administrative denial of the application.

- 6. A denial recommendation from the EMS Advisory Committee may be appealed to the Ventura County Board of Supervisors by following the appeal provisions in Ventura County Ordinance No. 4099.
- 7. If the EMS Advisory Committee issues an approval recommendation, the Director of the Health Care Agency, Director of the Public Health Department and the VCEMS Administrator and/or their designee(s), will take the application, the VCEMS administrative report, the PSC report and the EMS Advisory Committee recommendation to the Ventura County Board of Supervisors for final action of approval or denial.
- 8. The VCEMS Administrator shall notify the Ventura County Auditor/Controller of approved applications and shall indicate the service area for which the license is valid.
- 9. Upon payment of the established license fee by the applicant, VCEMS shall issue the license.
- 10. The license shall be valid for two (2) years from the date of issue or until surrendered by the licensee, until sale of the company, or until revoked or suspended in accordance with the provisions of the VCEMS Policies and Procedures Manual.
- 11. The Director of the Health Care Agency or designee(s) shall deny, suspend or revoke an ambulance license in accordance with Sections 2424-1 and 2424-2 of Ventura County Ambulance Ordinance No. 4099.
- 12. Application for ambulance license renewal, and license renewal fee, if any, shall be received by VCEMS at least sixty (60) days prior to the expiration of the current ambulance license.

13. Ambulance providers that contract with the County to provide emergency ambulance service and which are required by contract to meet all the required conditions for license applicants, may be deemed by the VCEMS Administrator to meet the qualifications for a license and for ongoing license renewals. In such cases, the providers will not be required to comply with the application and re-application procedure described in Section III.A.

March 17, 2022

Daniel Orca
General Manager
All Town Ambulance
7755 Haskell Ave.
Van Nuys, CA 91406

Mr. Orca,

The Ventura County Emergency Medical Services Agency has completed the administrative review of your application for a non-emergency ambulance permit for the County of Ventura. At this time, we have determined the following sections of your application to be incomplete as it relates to the requirements of Policy 111. We are unable to proceed with further evaluation of your application until these findings are addressed.

1. *Policy 111, Section III.*

Documentation of the training and experience of the applicant and managers involved in the transportation and care of patients, labeled as "Attachment III". Evidence shall include applicant and manager resumes showing type and duration of transportation experience, including at least five (5) years of increasingly responsible experience in the operation or management of a basic or advanced life support service. Each applicant and/or manager must complete, sign, and submit a written statement, (1) identifying all licenses and franchises held during the last ten (10) years, (2) disclosing whether the applicant or the principals of the applicant have ever been investigated by any governmental agency, the nature of the investigation, and the results of the investigation, including revocation or denial of licenses applicant previously held or applied for, and (3) describing the applicant and/or manager's prior conviction of any misdemeanor or felony, and/or any pending criminal proceedings at the time of the application.

A. Please submit the necessary written statements from Aram Grigoryan and Dr. Drew Hood to comply with this section.

2. *Policy 111, Section VII.*

A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm, labeled as "Attachment VII". If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to documentation provided in response to Section III.A.3 above. The financial statements shall demonstrate that the applicant has adequate financial health, based on liquidity, profitability, and sustainability, to maintain ambulance service operations. All applicants must also submit current bank statements for the most recent three (3) months and data showing the estimated average cost of operating one trip, and the number of trips per day a vehicle must run to be profitable (the costs per trip should be itemized, you may use break-even formulas), and describe any unpaid judgments against the applicant, as well as the nature of transactions or acts giving rise to said judgments. All liabilities must be clearly defined and disclosed. If approved, applicant will submit annual financial statements to VCEMS within three (3) months of the end of the applicant's fiscal year.

- A. Financial statements from a recognized accounting firm were submitted for two years (2019 and 2020), however, the policy requires three years. **Please submit statements for another year, preferably for calendar year 2021, or if those are not yet available, please submit statements for calendar year 2018.**
 - B. There were no bank statements submitted as required in this section. **Please submit current bank statements for the most recent three (3) months and data showing the estimated average cost of operating one trip, and the number of trips per day a vehicle must run to be profitable.**
 - C. Application does not indicate if there are any unpaid judgments against the applicant. **Please submit a statement with any information on unpaid judgments, as well as the nature of the transactions or acts giving rise to said judgments. All liabilities must be clearly defined and disclosed.**
3. *Policy 111, Section VIII.*
Applicant shall establish a VCEMS approved EMT AED Service Provider program which, at a minimum, meets all requirements of VCEMS Policies 802 and 803.
- A. Policy 802 became obsolete and has recently been deleted, however, Policy 803 is still active. **Please submit an application for EMT AED Service Provider Approval (Page 5 of Policy 803).**
4. *Policy 111, Section X.*
Applicant shall provide copies of its medical dispatch policies and procedures, labeled as "Attachment X". Applicant must submit copies of dispatch logs for the thirty (30) day period immediately prior to the date of the application and a description of the qualifications for dispatchers. Applicant must also submit a letter of agreement to use the VCEMS approved "Dispatch Call Entry Form" for any Ventura County based ambulance requests.
- A. The dispatch logs that were submitted are out of order, difficult to read and have many areas that have the data fields blocked. **Please resubmit legible logs for a thirty-day period sorted by date of service.**
 - B. The Dispatch Call Entry Form is designed to ensure that any requests that need an emergency response are handled appropriately by the closest first responder and/or contracted exclusive emergency ambulance provider. **Please submit a letter of agreement to use the VCEMS approved "Dispatch Call Entry Form" for any Ventura County based ambulance requests.** A copy of the form is provided with this letter for your convenience.

Lastly, we noted in multiple areas of the application, there is mention of an address at 13812 Saticoy St. #A, Panorama City, CA 91402. **Please advise the current status of this address in relation to the All Town Ambulance operations.**

Please provide the requested information within 30 days to continue the application review process. If desired, information may be submitted electronically to steve.carroll@ventura.org. Feel free to contact me at 805-981-5305 should you have any questions.

Sincerely,



Steve Carroll, Paramedic
EMS Administrator



7755 Haskell Ave
Van Nuys, CA 91406
(818) 787-8737

January 18, 2022

EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd. #130
Oxnard, CA 93036

All Town Ambulance LLC is seeking a license in Ventura county to provide BLS, ALS, and CCT ambulance transportation services. All Town Ambulance is headquartered at 7755 Haskell Ave. Van Nuys, CA 91406. All Town Ambulance also has a Ventura County deployment center and station in the city of Ventura located at 2747 Sherwin Ave #7 Ventura, CA 93003. This location is a 1000 sqft office and living quarters meeting the zoning and occupancy for 24 hour services purchased specifically for the county operations. All Town Ambulance currently provides ALS BLS and CCT within Los Angeles County and is a BLS provider in Orange County.

The company is owned by Aram Grigoryan who resides at 23303 Happy Valley Dr., Newhall CA 91321. Mr. Grigoryan's Date of birth is January 24, 1972. He is 6'2" tall weighs 220 pounds has brown eyes and brown hair.

All Town Ambulance is seeking a license in Ventura County for a number of reasons, the first and most poignant is to better serve and facilitate our clients that operate there. Kaiser Permanente has been a client of All Town Ambulance since 2014 and has several locations located within Ventura County and the surrounding jurisdictions of Ventura County EMS Agency. As such, we hope to provide Kaiser and all those that we do business with the very best that we have to offer, not only in professionalism and patient care, but also in the equitable and transparent business practices that we put into action every day

All Town Ambulance, LLC has also secured a service agreement with Regal Medical Group to transport its members within the boundaries of Ventura County

Sincerely,

Aram Grigoryan
Member/Manager



Please treat this as a confirmation of our address. The new address as stated is:

7755 Haskell Ave Van Nuys, CA 91406

***This supersedes all prior documents including any previous address as mentioned within documents submitted*

All Town Ambulance Application

Attachment 2

Background Check Application for Aram Grigoryan

Redacted for Confidentiality

Aram Grigoryan

23303 Happy Valley Dr, Newhall, CA 91321

Cell (818)335-0342

Objective: Provide leadership to position the company at the forefront of the industry. Develop a strategic plan to advance the company's mission and objectives and to promote revenue, profitability and growth as an organization.

Education:

1996-1997 Sep- May	Armenian State University of Economics Bachelors Degree
1988-1992 Sep- May	Armenian Agricultural Academy Bachelors Degree
1978-1988 Sep- May	Yerevan 175 th School High School Diploma

Work Experience:

Dec. 2011-Present	All Town Ambulance, LLC (Managing Member) <ul style="list-style-type: none">• Managing Employees• Entering and updating Payroll• Oversee company operations to insure production efficiency, quality, service, and cost-effective management of resources.
Jun. 2003-Present	All Town Transport, Inc (President) <ul style="list-style-type: none">• Managing Employees• Entering and updating Payroll• Oversee company operations to insure production efficiency, quality, service, and cost-effective management of resources.
Feb. 2001-Dec. 2002	ACC Contractors (Supervisor) <ul style="list-style-type: none">• Opening job sites• Meet with contracting companies• Supervise Employees
May. 1999-Feb. 2001	ACC Contractors (Carpenter) <ul style="list-style-type: none">• Designs, constructs, retrofits, and repairs cabinets, tables, shelves, doors, and window frames, and other types of furniture.

Drew Hood MD

14500 Surrey Place, Pine Grove Ca 95665

(877) 881-8144 x 23

dhoo@fieldsaver.com

EMS RELATED PROFILE

- EMS Base Physician, Amador County, 1987 – present
- EMS Physician of the Year, Mountain Valley EMS Agency, 2000
- EMS Regional Advisory Committee Member 1989 - present
- Medical Director Sutter Amador Emergency Department 1989 - 2000
- Founder and owner of FieldSaver EMS Documentation system 1999 - present

EMPLOYMENT HISTORY**Emergency Room Physician**

1987-current

Sutter Amador Hospital, Jackson, CA

- Full time emergency physician
- Chief of Staff Sutter Amador Hospital 1998
- Also worked for our physician group as a "road warrior" physician at; Dameron Hospital in Stockton, St. Elizabeth Hospital in Red Bluff, Mark Twain Hospital in San Andreas

Medical Director**Emergency Medical Direction and Compliance (EMDC)**

- *All Town Ambulance, Panorama City, CA* 2014-current
- *Lifeline Ambulance, Montebello, CA* 2014-current
- *Premier Medical Transport, CA* 2013-Current
- *American Professional Ambulance, Van Nuys, CA* 2011-2018

Board Member Valley Emergency Physicians

2001 - 2005

Oakland, CA

- Board responsibilities of financial oversight, hiring a CEO, and restructuring the company.
- Responsible for design of company stock and physician financial data computer system

EDUCATION**B.S Evolutionary Zoology**

1977 – 1981

*U.C. Davis, Davis, CA***M.D.**

1981 - 1985

U.C. Davis, Davis CA

1986 – 1987

Medical Internship*Kaiser Oakland, Oakland CA***Emergency Medicine Board Certification**

1998

AAPS

DANIEL ORCA

1450 Ponderosa Ave

Fullerton, CA 92835

orca@alltownamb.com

ph: (310) 462-5697

Professional Summary

Dedicated and driven in the career of emergency medical services with management experience and training. Versed in emergency response, human resources, communications center operations, team leadership and training, marketing, quality improvement programs and field operations. Experience in 911 and IFT for nearly 20 years for Los Angeles County in the emergency medical services field.

Management Experience

General Manager

All Town Ambulance – Van Nuys, CA

April 2016 to Present

Oversight of daily operations, supervision of field employees, coordination with dispatch, hiring and orientation of new hires, training, unit/fleet management, etc

Operations Manager

Enova Medical Response - Los Angeles, CA

January 2012 to May 2014

Responsibilities

Management, human resources, training, and marketing.

Accomplishments

Developed efficient service and professional care with management and marketing growth.

Skills Used

EMT, training, management, dispatching, etc.

Operations Manager

South Bay Ambulance - Redondo Beach, CA

March 2010 to December 2011

Responsibilities

Management and human resources. Inter facility ambulance transportation.

Accomplishments

Developed safe and professional service for patient transportation.

Skills Used

Management and training in addition to oversight of daily operations.

Emergency Medical Technician - Field Training Officer

AMT Ambulance - Reseda, CA

June 2014 to April 2016

Responsibilities

Basic Life Support patient transportation, station maintenance and supplies management, review patient care records and performs management duties at substation.

Accomplishments

Education, training and promotion to Field Training Officer FTO.

Skills Used

Basic life support, patient transportation, continuing education, management, daily operation oversight

Emergency Medical Technician

Hollywood Set Medics - Los Angeles, CA

March 2012 to Present

Responsibilities

First responder and safety support on filming productions.

Accomplishments

Safety and preventative presence on location or studios for filming.

Skills Used

First aid and safety

Emergency Medical Technician

Affordable Services Agency - Hollywood, CA

October 2002 to June 2007

Responsibilities

Filming productions safety and first aid response.

Accomplishments

Provided safety and first aid for cast and crew.

Skills Used

First aid and stunt safety.

Emergency Medical Technician

Gerber Ambulance Service - Torrance, CA

March 2002 to May 2006

Responsibilities

911 BLS ambulance response, interfacility and ALS transportation. EMT, training, ambulance operations,

Accomplishments

Develop training program and support in area contracted in.

Skills Used

Ambulance operator and educator.

Emergency Medical Technician

MEDREACH AMBULANCE - Torrance, CA

December 2000 to February 2002

Basic Life Support ambulance transportation & training.

Education

Certificate in Emergency Medical Technician

Los Angeles Harbor Community College - Wilmington, CA

2000 to 2004

FEMA ICS

2013

Skills

Management, human resources, marketing, scheduling, fleet management, education and training, CEVO instructor, ,
LA DOT permit

Certifications/Licenses

California Emergency Medical Technician

May 2021 to June 2023

Emergency Medical Technician California Registry

American Heart Association BLS

January 2021 to January 2023

American Heart Association BLS Provider

Los Angeles Department of Transportation Permit

LA DOT ambulance permit

Orange County Accreditation

April 2016 to Present

Certification with OCEMS

California Ambulance Drivers Certification

**COUNTY OF LOS ANGELES EMS AGENCY
AMBULANCE OPERATOR LICENSE APPLICATION
AFFIRMATION**

Pursuant to County Code, Chapter 7, Section 7.16.050, this is to provide affirmation that

I, Daniel Orca, as the General Manager
(Print Name) (Company Position)
of All Town Ambulance, LLC
(Full Name of Business)

- ☐ have NOT ever been investigated by any governmental agency
- ☒ have been investigated by a governmental agency for the following: (provide the name of the investigating agency(ies), the date(s), a complete description of the nature of the investigation(s) and the outcome(s) of the investigation)

01/21/2006 11350 MISD; 04/04/2008 11364 MISD both convictions dismissed 1203.4 - Previously involved with a female who suffered from addiction of a controlled substance that I attempted to help. I have completed required court program and successfully fulfilled the 1203.4 diversion and charges were dismissed.
04/3/2014 DUI alcohol MISD - on the evening of my birthday I made the mistake of getting behind the wheel and performed an illegal u-turn and was pulled over while under the influence of alcohol. I was charged with misdemeanor DUI and have paid all fines and completed all court orders.

(Attach Additional Pages if Needed)

- ☐ have NOT ever been convicted of a misdemeanor or a felony
- ☒ have been convicted of a misdemeanor and/or a felony as follows: (provide the date(s) of each conviction, identify whether each conviction was a misdemeanor or felony, identification of the specific conviction(s) and a complete description of the circumstances)

04/3/2014 DUI alcohol MISD - on the evening of my birthday I made the mistake of getting behind the wheel and performed an illegal u-turn and was pulled over while under the influence of alcohol. I was charged with misdemeanor DUI and have paid all fines and completed all court orders.

Signed,  on 01/14/2019
(Date)



Daniel Orca <orca@alltownamb.com>

RE: Dan Orca

2 messages

Phillip G. Santos <psantos@dhs.lacounty.gov>

Wed, Feb 20, 2019 at 9:55 AM

To: Gio Chiarella <gchiarella@republic-ems.com>

Cc: Christopher Rossetti <crossetti@dhs.lacounty.gov>, Nnabuike Nwanonenyi <nwanon@dhs.lacounty.gov>, Ofelia Rodriguez <ofrodriguez@dhs.lacounty.gov>, Daniel Orca <orca@alltownamb.com>

Gio,

I just received Daniel Orca's Live Scan results and he is good to go to be All Town's General Manager. I will update our internal database here at EMS and will notify the staff.

Sincerely,

Phillip G. Santos, MSN, RN, MICN
Ambulance Licensing Manager
Los Angeles County Emergency Medical Services Agency
10100 Pioneer Blvd. Suite 200
Santa Fe Springs, CA 90670
(562) 378-1674
psantos@dhs.lacounty.gov

-----Original Message-----

From: Gio Chiarella [mailto:gchiarella@republic-ems.com]

Sent: Tuesday, February 19, 2019 9:49 AM

To: Phillip G. Santos <psantos@dhs.lacounty.gov>

Subject: Dan Orca

Phil

Any news on Dan Orca's background?

Gio

Sent from my iPad

Gio <gchiarella@republic-ems.com>

Wed, Feb 20, 2019 at 11:07 AM

To: "Phillip G. Santos" <psantos@dhs.lacounty.gov>

Cc: Christopher Rossetti <crossetti@dhs.lacounty.gov>, Nnabuike Nwanonenyi <nwanon@dhs.lacounty.gov>, Ofelia Rodriguez <ofrodriguez@dhs.lacounty.gov>, Daniel Orca <orca@alltownamb.com>

Phil

Thanks for your help on this.

Regards,

Giovanni Chiarella

[Quoted text hidden]

ALICIA K. BRAVO, MSN, FNP-C

3205 Long Beach Boulevard ▪ Long Beach, California 90807 ▪ Cel: 562.618.0160 ▪
klaanyene@yahoo.com



PROFESSIONAL FAMILY NURSE PRACTITIONER

The character of the nurse is just as important as the knowledge she possesses. ~ Carolyn Jarvis.

Family Nurse Practitioner since 2017. Critical Care Nurse Coordinator.

Family Nurse Practitioner-2017, Currently providing care through Regal care Connector for about a year ago.

Registered Nurse with eight years experience in Intense Care Unit, critical care transport nurse, Step Down Unit, medical surgical/Telemetry floor. 10 years experience as a Licensed Vocational Nurse in nursing home and home health settings with culturally diverse clients. Approval for statewide Director of staff Development in a skilled nursing facility or as a school instructor in a state approved nurse aide training program in California by the California Department of Public Health. Clinical instructor for graduate/undergraduate students at California Baptist University. Highly accountable, detail-focused, and compassionate. Devoted to quality-driven and patient-centered care with emphasis on delivering efficient care to patients in need of emergent, trauma, and intensive surgical interventions.

Objective:

An experienced family Nurse practitioner with critical care transport skills since 2016.

HIGHLIGHT OF NURSING QUALIFICATIONS

COMPREHENSIVE TRAINING IN NURSING:

Master of Science, Family Nurse Practitioner Course- California Baptist University May 6, 2017

Registered Nurse Degree -AZUSA PACIFIC UNIVERSITY, Azusa, CA, (2008-2010)

CRITICAL CARE SKILLS TRAINING/CONTINUE EDUCATION

-FLEX ED, Critical Care Nursing course and Vent/Trach care (2012)

Respiratory Emergency (2015)

Chest Tube (2015)

Interpretation of ABG (2015)

LICENSE & CERTIFICATIONS:

- California, Family Nurse Practitioner License # 95010177
- California, Registered Nurse License # 788658, 2020
- California, Public Health Nurse License #79540, 202020
- FNP-C # F05180357
- CSII #01985
- BLS, PAL, ACLS, 2021

EDUCATION & PROFESSIONAL DEVELOPMENT

- **California Baptist University-MSN-FNP –Completed May 6, 2017**
- **Approval For Statewide Director of Staff Development Instructor (6/16/2015)**
- **Bachelor of Science in Nursing, Azusa Pacific University, Azusa, CA (2010)**
- **Bachelor of Science in Biology, CALIFORNIA STATE UNIVERSITY DOMINQUEZ HILLS, CARSON, CA (2006)**
- **American Career College, Los Angeles, CA Licensed Vocational Nurse (1999)**
- **Director For Nursing Assistant Program, Health Science Institute of California**

Critical Care Nurse Transport-Registered Nurse provides over all care during transport.

Specialty Care Transport (SCT) Program Coordinator/ Family Nurse Practitioner-Provides high quality routine and emergency nursing care to all patients during transport with the emphasis of the

established CCT program policies, protocols, standards of care, standing orders, and under the medical control of the sending physician and/or company CCT Transport Protocols.

Critical Care Transport Nurse-All Town Ambulance-All Hospitals, transporting critical care patients.

Director for Nursing Assistant Program- Health Science Institute of California

Adjunct Faculty-California Baptist University-Clinical instructor @ Kaiser Fontana Hospital

Registered Nurse ICU— ICU and Urgent Care Silver Lake Medical Center, Medical Surgical /Telemetry as a Registry Nurse @ Southern California Hospital, Culver City, Long Beach Community Hospital, Torrance Memorial Hospital, ST. Mary hospital Long Beach, Tri-City Memorial Hospital, Whittier Hospital, Norwalk community Hospital, Coast Plaza Hospital and College Medical Hospital. Planned and implemented care for patients with critical complications Management of the unstable adult cardiac patient

- Management of the unstable patient of other etiologies
- Management of the patient requiring support from mechanical ventilation and multiple drips
- Management of the patient requiring invasive hemodynamic monitoring
- Assess patients and provide emergency care to stabilize the patient while they are being transported.
- Implementing total care which include assessing, planning, titrating medications, and evaluating the nursing care of patients. Recognizing complications in the intensive care patients.
- Displaying strong analytical skills, keen assessments, emergency response, and implementing comprehensive interventions in an intensive care unit.
- Demonstrating the ability to assess patients and identify changes in patient condition frequently.
- Responsible for teaching the assigned class in accordance with learning objectives and session plan outlines specified by California Baptist University
- Ability to work in a high-stress environment

ADDITIONAL PROFESSIONAL EXPERIENCE

- All Town Ambulance January 05, 2016- Critical Care Transport Registered Nurse
- All Town Ambulance December 26, 2018-Current-CCT coordinator/Family Nurse Practitioner
- Silver Lake Medical Center,RN, ICU and Urgent care 4/5/2016- 8/3/2017
- Southern California Hospital ,RN ICU, CCU, SICU, Step-Down Unit and Tele Flood December 15, 2014-7/01/2016
- Certified Clinical Instructor-Kaiser Fontana, January 7, 2015-05-2017
- Health Science Institute of California. Colton, CA 2011-2016
- Urgent Nursing and West-ways Registry, Working multiple Hospitals RN, ICU and Tele Flood August, 2013--2014
- Victor Valley community Hospital, Victorville,CA, RN, ICU 92395 January, 2012-2014

COMMUNITY SERVICE

- Participated in community health fairs providing community members with education on blood pressure control and cholesterol control as well as performed blood pressure/glucose and cholesterol screenings. UCLA Remote Area Medical (RAM), 2009 Volunteer.

Interacted with patients and assisted nursing staff, and RAM staff with basic patients care.

HONORS AND AWARDS

- Robert Wood Johnson Foundation Scholarship, 2008
- U*STAR scholar, Research Assistance, UCLA Biomed medical Center, 2005-2006



ALICIA K. BRAVO, MSN, FNP-C

3205 Long Beach Boulevard § Long Beach, California 90807 § Cel: 562.618.0160 §
klaanyene@yahoo.com

To whom it may concern:

My name is Alicia Bravo. I'm currently working for All Town Ambulance since 2016. since 2018, I have been working for All Town Ambulance as the Nursing coordinator. As far as I am aware, there has not been any crime or judgment against my licenses or me. Please feel free to contact me if you have any concer. I can be reach at (562) 618-0160.

Thanks

Alicia Bravo, MSN, FNP-C

CCT Coordinator

Eric Eckels

Simi Valley, CA
eeckels@alltownamb.com
8055015024

Willing to relocate: Anywhere
Authorized to work in the US for any employer

Work Experience

Paramedic Coordinator

All Town Ambulance - Panorama City, CA August
2017 to Present

Patient Care, Ambulance inventory, Station inventory, Quality Improvement, Vaccine Clinic Creation

Paramedic

Hall Ambulance - Bakersfield, CA September
2013 to March 2017

To render care to those that need it, to manage on-scene safety and any medical concerns that may affect the EMS crew, facilitate the best possible care for the patient, and practice strong work ethic to help maintain the trust of the public.

EMT-B, FTO

American Professional Ambulance - Los Angeles, CA August 2009
to February 2014

Patient Assessment, Patient Transportation, Transfer of Care, Medical Equipment Knowledge

Server/Walter, Singer

Macaroni Grill - Simi Valley, CA
November 2006 to June 2010

Customer Service, Money Handling, Food Service, Entertainment

General Manager

Game Exchange - Simi Valley, CA May
2004 to August 2006

Merchandising, Customer Service, Bank and Money Duties, Key Holder, Sales, Merchandise Procurement, Proactive Marketing

IT Assistant

American Intercontinental Trade Group - Chatsworth, CA April 2002
to January 2004

Managing Website, Computer Maintenance, Order Acceleration, Network Administration

Education

Paramedic Licensure, in Paramedicine

UCLA Daniel Freeman Paramedic Education - Los Angeles, CA January 2012 to January 2013

Philosophy

Moorpark Junior College - Moorpark, CA August 1998 to June 2004

Skills

BLS- American Heart Institute, ACLS-Postgraduate Institute for Medicine, PALS-Postgraduate Institute for Medicine (9 years), CEVO (12 years)

Certifications/Licenses

Paramedic

January 2013 to Present

Paramedic Licensure P31750

LA County Paramedic Accreditation

October 2018 to Present P12285

BLS for Healthcare Providers (CPR and AED)

August 2009 to Present

PALS

June 2017 to Present

ACLS

June 2017 to Present

PHTLS

February 2017 to Present

ACLS Instructor

February 2020 to Present

PALS Instructor

February 2020 to Present

BLS for Healthcare Providers (CPR and AED) Instructor

December 2020 to Present

Investigation Statement: To my knowledge I have never been under investigation in any criminal matters. I have no felonies or misdemeanors or any pending criminal proceedings at this time.



MICHAEL HABBESHAW

(626) 643- 6434
mhabbeshaw@alltownamb.com

SUMMARY

Certified EMT with over 14 years in the emergency medical field with experience in prehospital care, training and supervising at the managerial level

EXPERIENCE

ALL TOWN AMBULANCE

Van Nuys, CA

Operations Supervisor/EMT

05/2016 to Current

- Quality Improvement
- Taking lead on orientations and annual training classes
- Hiring and Interviewing
- Reviewing inventory for the stations and ambulances I supervise to ensure they are fully stocked and operable
- Assisting management team with preparing ambulances and stations for annual inspections
- Field Training Officer before being promoted to Operations Supervisor

SOUTHLAND AMBULANCE

Stanton, CA

EMT

01/2014 to 04/2016

- Reviewed inventory levels prior to shift and restocked ambulance to prepare for service.
- Inter-Facility Transports
- Safely transported patients while driving emergency vehicles
- Monitored vital signs
- Prepared ambulances for annual inspections

SHORELINE AMBULANCE

Huntington Beach, CA

EMT/Field Supervisor

12/2007 to 01/2014

- Field Training Officer
- Emergency Transport- Worked alongside Orange County Fire Authority on 911 medical calls
- Safely operated Ambulances while going code-3
- Prepared multiple ambulances for annual inspections
- Basic Life Support Inter-Facility Transports
- Assisted nurses on Critical Care Transports

EDUCATION AND TRAINING

FIRE ACADEMY

06/2009

El Camino College, Inglewood, Ca

- Certificate of Completion and Achievement with High Honors

EMT PROGRAM

06/2007

Rio Hondo College, Santa Fe Springs, CA

HIGH SCHOOL DIPLOMA

06/2001

California High School, Whittier, CA

SKILLS & CERTIFICATES

- Hiring and Recruiting
- Training and Development
- Inventory and Restocking
- Staff Management
- Policy/Program development
- Quality Assurance
- EMT Certified
- ICS Certified
- CPR and AED Certified
- California Ambulance Drivers Certificate

Investigation Statement: To my knowledge I have never been under investigation in any criminal matters. I have no Felonies or Misdemeanors or any pending criminal proceedings at this time.



Michael Habbeshaw
Operations Supervisor



**ALL TOWN
AMBULANCE**

Policy 111, Section III

March 22, 2022

To whom it may concern,

My name is Aram Grigoryan and owner of All Town Ambulance, LLC since 2011. In that time my company has grown and developed BLS, ALS, RT and CCT levels of service for the counties of Los Angeles and Orange County. We have held licenses in numerous cities within those counties and are an active member of the Los Angeles County Ambulance Association LACAA.

There has not been any crime or investigation against me or prior or pending convictions to my knowledge.

Sincerely,

Aram Grigoryan



ALL TOWN AMBULANCE

Policy 111, Section III

To whom it may concern,

My name is Dr. Drew Hood and am the Medical Director of All Town Ambulance, LLC.

There has not been any governmental investigation against me nor prior or pending convictions. I have no felonies or pending criminal proceedings at this time. I have not had any revocation or denial of licenses previously held or applied for.

Drew Hood

Medical Director



Attachment IV

All Town Ambulance has purchased a location in Ventura County at 2747 Sherwin Ave Suite B7 in the city of Ventura. This location is approx. 1000 sq ft with a crews quarters, shower, administrative area, and installed with security cameras.

This location will comply with all applicable zoning, building, and occupational health and safety regulations and shall be sufficient for all personnel in accordance with all local, state and federal regulations.

Our station will be adequate to house the ambulance crew(s) required for the ambulance(s) based at this location. Each ambulance based at that location will be available as a disaster resource within one hour of VCEMS request.

We understand we are subject to announced or unannounced VCEMS inspection.

Upon approval and issuance of an ambulance license, we will provide a minimum of one on-duty ambulance on a continuous 24-hour-per-day basis within the County of Ventura. Additionally, we will have a supervisor on duty 24 hours per day who will be available in Ventura County within one hour of a request from VCEMS.

BUSINESS TAX CERTIFICATE # 130018653

COMPANY/OWNER: ALL TOWN AMBULANCE LLC

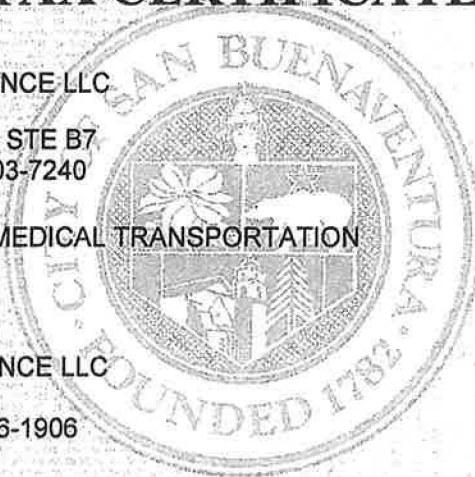
BUSINESS LOCATION: 2747 SHERWIN AVE STE B7
VENTURA, CA 93003-7240

BUSINESS DESCRIPTION: NON EMERGENCY MEDICAL TRANSPORTATION

DBA: ALL TOWN AMBULANCE LLC

MAILING ADDRESS: 7755 HASKELL AVE
VAN NUYS, CA 91406-1906

EXPIRATION
06/30/2022



CITY OF
VENTURA

501 Poll St. Rm 107, Ventura CA 93001
(805) 658-4715

This certificate is not transferrable or assignable in any manner by the holder. POST IN A CONSPICUOUS PLACE.



Attachment V

Total number of vehicles operated by applicant: 28

Number of ambulance licenses requesting: 2

Unit number: 040

License number: 92372D3

VIN: W1W4EBHY9LP210900

Make: Mercedes

Model year: 2020

Model type: Sprinter

Mileage: 3780.0

Projected vehicle life: 2026

Patient capacity of each vehicle: 2

Unit number: 041

License number: 92373D3

VIN: W1W4EBHY9LP210919

Make: Mercedes

Model year: 2020

Model type: Sprinter

Mileage: 3072.0

Projected vehicle life: 2026

Patient capacity of each vehicle: 2

- BLS transport unit will be equip and supplied the requirements as established in VCEMS Policy 504
- Radio communication will be compatible as ordered in VCEMS Policy 905.
- All ambulances authorized will have installed and continuously operate automatic vehicle location (AVL) equipment compatible with the Ventura County Fire Department's regional communications system.
- We understand authorized ambulances will be subject to announced and unannounced inspection by VCEMS.





AMBULANCE



040

ALL TOWN



AMBULANCE
LLC

California
92372D3
LBMV-CA.DOV.F

HOW IS MY DRIVING!
877.599.4282

MIL-LETT





STATE OF CALIFORNIA - DEPARTMENT OF MOTOR VEHICLES

VALIDATED REGISTRATION CARD

TYPE VEHICLE USE COMMERCIAL	REGISTRATION VALID FROM 02/24/2021 TO 02/28/2022	TYPE 31	LICENSE NUMBER 92372D3	ENGINE NUMBER			
VEHICLE IDENTIFICATION NUMBER W1W4EBHY9LP210900	MAKE MERZ	VLF CLASS WX	*YR 2020	YR MODEL 31V	DATE ISSUED 03/11/2021		
BODY TYPE MODEL VN	YEAR FIRST SOLD 2021	MP D	AXLE 2	WC D	UNLADEN/G/CGW 04888	TOTAL FEES PAID \$ 914.00	CC/ALCO 19
STICKER ISSUED U0301117	PRIOR HISTORY	PIC 4	DATE FEES RECEIVED 03/11/2021	OFFICE/TECH ID/SEQ V75H9 0041	MISC/EQ NO		

STICKER INSTRUCTIONS

- 1) CLEAN SURFACE - SCRAPE OFF ACCUMULATED STICKERS (WILL NOT STICK IF WET OR DIRTY).
- 2) PEEL STICKER FROM BACKING BY BENDING SHEET AT "PEEL HERE" LINE.
- 3) PLACE STICKER ON REAR PLATE AS SHOWN BELOW.

EXCEPT: TRUCK TRACTORS AND COMMERCIAL VEHICLES WITH A DECLARED GROSS VEHICLE WEIGHT OF 10,000 LBS. OR MORE-MUST APPLY STICKER TO FRONT PLATE.

REGISTERED OWNER
ALL TOWN AMBULANCE LLC
13812 SATICOY ST STE A

PANORAMA CITY CA 91402
LIENHOLDER
MERCEDES BENZ FINSERVUSALLC
PO BX 279319

#040



W 00080
R 00061
L 00538

A00 031121 31 92372D3 900

YEAR: _____
In Top Right Corner

MONTH: _____
In Top Left Corner



ACRAMENTO CA 95827

(Important Instructions on Reverse Side)



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 580

CHP Certificate/Permit Number: **2029- 17175**

ISSUED: **10/11/2021**

EXPIRES: **6/22/2022**

AREA:

☒ INITIAL

☐ DUPLICATE

☒ EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☐ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: **20 MERCEDES SPRIN**

VEHICLE LICENSE NO. **92372D3**

VIN: **W1W4EBHY9LP210900**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

ALL TOWN AMBULANCE, LLC

21

**7755 HASKELL AVE
VAN NUYS, CA 91406-**

#040

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

#040

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 10-18) OPI 061

INSPECTION
☒ INITIAL ☐ ANNUAL ☐ COMPLIANCE

LEGAL BUSINESS NAME All Town Ambulance, LLC	COMPANY LICENSE NUMBER 2029	VEHICLE YEAR, MAKE, AND MODEL 2020 Mercedes Benz Sprinter
SERVICE ADDRESS (number and street) 7755 Haskell Ave		VEHICLE IDENTIFICATION NUMBER (VIN) W1W4EBHY9LP210900
(city, state, and zip code) Van Nuys, CA 91406		VEHICLE LICENSE PLATE NUMBER AND STATE 92372D3 CA
		VEHICLE CERTIFICATE NUMBER 2029-

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement		
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
1. Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
10. One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					

VEHICLE INSURANCE CARRIER'S NAME Pennsylvania Manufacturers Association	POLICY NUMBER 152101-9679549	POLICY EXPIRATION DATE 05/12/2022
---	--	---

REMARKS
Roslyn Malin 158032 Ph by me

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE 08/23/2021
--	---------------------------

☒ **TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER 19715	LOCATION CODE 9580	DATE 8-23-21
--	---------------------------	------------------------------	------------------------

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

12262

COMPANY NAME AND ADDRESS

**Pennsylvania Manufacturers
Association
225 State Str.
Harrisburg, PA 17101**

POLICY NUMBER

152101-9679549

EFFECTIVE DATE EXPIRATION DATE

05/12/2021 05/12/2022

THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2020 MBZ/ SPRINT

VAN

W1W4EBHY9LP210900

AGENCY/COMPANY ISSUING CARD

**ULTIMATE INSURANCE & FINANCIAL SERVICES
303 N GLEN OAKS BLVD 240
BURBANK, CA. 91502**

INSURED

**ALL TOWN AMBULANCE LLC.
13812 SATICOY STR. #A
PANORAMA CITY, CA. 91402**

040

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**



AMBULANCE



041

ALL TOWN



AMBULANCE
LLC

FEB California
92373D3
SUNNYVALE, CA 94086

HOW IS MY DRIVING!
877.599.4282

MILLER





STATE OF CALIFORNIA - DEPARTMENT OF MOTOR VEHICLES

VALIDATED REGISTRATION CARD

TYPE VEHICLE USE COMMERCIAL	REGISTRATION VALID FROM 02/24/2021 TO 02/28/2022	TYPE 31	LICENSE NUMBER 92373D3	ENGINE NUMBER			
VEHICLE IDENTIFICATION NUMBER W1W4EBHY9LP208919	MAKE MERZ	VLF CLASS WX	*YR 2020	YR MODEL 31V	DATE ISSUED 03/11/2021		
BODY TYPE MODEL VN	YEAR FIRST SOLD 2021	MP D	AXLE 2	WC D	UNLADEN/G/CGW 04888	TOTAL FEES PAID \$ 914.00	CC/ALCO 19
STICKER ISSUED U0301132	PRIOR HISTORY	PIC 4	DATE FEES RECEIVED 03/11/2021	OFFICE/TECH ID/SEQ V75H9 0042	MISC/EQ NO		

STICKER INSTRUCTIONS

- 1) CLEAN SURFACE - SCRAPE OFF ACCUMULATED STICKERS (WILL NOT STICK IF WET OR DIRTY).
- 2) PEEL STICKER FROM BACKING BY BENDING SHEET AT "PEEL HERE" LINE.
- 3) PLACE STICKER ON REAR PLATE AS SHOWN BELOW.

EXCEPT: TRUCK TRACTORS AND COMMERCIAL VEHICLES WITH A DECLARED GROSS VEHICLE WEIGHT OF 10,000 LBS. OR MORE-MUST APPLY STICKER TO FRONT PLATE.

REGISTERED OWNER
ALL TOWN AMBULANCE LLC
13812 SATICOY ST STE A

PANORAMA CITY CA 91402
LIENHOLDER
MERCEDES BENZ FINSERVUSALLC
PO BX 279319



#041

W 00080
R 00061
L 00538

A00 031121 31 92373D3 919

YEAR: _____
In Top Right Corner

MONTH: _____
In Top Left Corner



SACRAMENTO CA 95827

(Important Instructions on Reverse Side)



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 580

CHP Certificate/Permit Number: **2029- 17176**

ISSUED: **10/11/2021**

EXPIRES: **6/22/2022**

AREA:

☒ INITIAL

☐ DUPLICATE

☒ EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☐ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: **20 MERCEDES SPRIN**

VEHICLE LICENSE NO. **92373D3**

VIN: **W1W4EBHY9LP208919**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

ALL TOWN AMBULANCE, LLC

7755 HASKELL AVE

VAN NUYS, CA 91406-

041

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

#041

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 10-18) OPI 061

INSPECTION

☒ INITIAL ☐ ANNUAL ☐ COMPLIANCE

LEGAL BUSINESS NAME All Town Ambulance, LLC	COMPANY LICENSE NUMBER 2029	VEHICLE YEAR, MAKE, AND MODEL 2020 Mercedes Benz Sprinter
SERVICE ADDRESS (number and street) 7755 Haskell Ave		VEHICLE IDENTIFICATION NUMBER (VIN) W1W4EBHY9LP208919
(city, state, and zip code) Van Nuys, CA 91406		VEHICLE LICENSE PLATE NUMBER AND STATE 92373D3 CA
		VEHICLE CERTIFICATE NUMBER 2029-

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
1. Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION					
	YES	NO			
9. Company principals verified					
10. One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					

VEHICLE INSURANCE CARRIER'S NAME
Pennsylvania Manufacturers Association
REMARKS

POLICY NUMBER
152101-9679549

POLICY EXPIRATION DATE
05/12/2022

Schmerz US8025

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE
08/23/2021

☒ **TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

DATE

19715

9580

8-23-21

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

12262

COMPANY NAME AND ADDRESS

Pennsylvania Manufacturers
Association
225 State Str.
Harrisburg, PA 17101

POLICY NUMBER

152101-9679549

EFFECTIVE DATE EXPIRATION DATE

05/12/2021 05/12/2022

THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2020 MBZ/SPRINTER VAN

WD3PE7CC7B5601405

AGENCY/COMPANY ISSUING CARD

**ULTIMATE INSURANCE & FINANCIAL SERVICES
303 N GLENOAKS BLVD 240
BURBANK, CA. 91502**

INSURED

**ALL TOWN AMBULANCE LLC.
13812 SATICOY STR. #A
PANORAMA CITY, CA. 91402**

#041

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



Attachment VI

To the extent to which we are able, we will demonstrate our company's dedication to customer service, efficiency and timely transport of those in need including equitable treatment to our patients and staff, and will provide a level of professionalism and competence that will greatly benefit the Ventura County EMS system. This will include an analysis of our expectations of service and the steps we will take in order to maintain complete compliance to VCEMS policies.

We have a business plan that incorporates All Town Ambulance's vision for the future as well as stated goals for each endeavor we undertake. With our successful collaboration with Ventura, we have immediate goals to improve the interaction of Ventura County residents and their interaction with the Hospital and EMS system. Our goals are as follows:

1. To alleviate the burden on the community regarding overbilling due to non-contracted rates with other providers.
2. Drastically improve the delayed intra-facility transport times being experienced currently by adding additional resources and option for patients.
3. Fully engage in the VCEMS CQI process through rigorous engagement in the applicable projects and committees.

With the recent transition through the COVID-19 pandemic, there has been an increased burden placed on EMS systems and hospitals. As such, Ventura will have increased need for specific focus on maintaining appropriate response times and maximizing ambulance utilization. With All Town Ambulance, we have hundreds of calls this year already transferring patients from Ventura facilities to outside hospitals and Kaiser locations. With our contracted rates from Kaiser, we will not need to burden the patients needing to be transferred to or from Kaiser facilities with any form of overbilling. Having that contract enables us the flexibility to offer top of the line patient care with the expediency that a patient would expect from Kaiser. We have thousands of transports with Kaiser from numerous levels of care outside of Ventura. This ranges from simple wheelchair transports to BLS care, ALS and higher acuity CCT and doctor transfers. This experience and significant history gives us confidence that within Ventura County we will be a powerful asset for patients needing BLS transfers to their respective care centers.

Continual improvement amidst turbulent times is essential for maintaining efficiency and professionalism. All Town Ambulance boasts a vigorous and thorough QI system that involves an active collaboration with all aspects of the company and provides continuing movement towards improving patient-focused metrics. This collaboration has allowed us unprecedented improvements to patient care, staying current with EMS trends and improvements, and maintaining strong relationships with the QI needs of the counties we service. We are fully prepared to provide any metrics needed to fully incorporate the needs of Ventura County EMS in regards to QI and be an active contributor to the County's projects for the continued improvement in efficiency and efficacy of patient care.

All Town Ambulance Application

Attachment 7

Financial Records

Redacted for Confidentiality

Reviewed by Ventura County Auditor/Controller's Office – See attached document

County of Ventura
AUDITOR-CONTROLLER
MEMORANDUM

To: Steve Carroll, EMS Administrator

Date: May 19, 2022

From:  Jill Ward, Deputy Director Auditor-Controller, Financial Reporting Division

Subject: Analysis of All Town Ambulance, LLC Financial Statements

At your request, we reviewed the financial information provided by All Town Ambulance, LLC (All Town Ambulance), as part of, and in accordance with HCA Policy 111 Section III.A.7 and Section III.A.11 for Ambulance Company Licensing (Policy). The following are our comments regarding the review:

- The Policy requires financial statements prepared by a recognized accounting or bookkeeping firm. We normally expect them to be prepared in accordance with Generally Accepted Accounting Principles (GAAP) and include a balance sheet, income statement, statement of cash flows and note disclosures. We would also expect them to be audited or reviewed in order to provide a level of assurance regarding the accuracy of the financial statements.
- Instead of financial statements, federal tax returns for 2018, 2019 and 2020 were provided, although they were prepared by an accounting firm. It should be noted that the company presented the financial information on cash basis which is not in accordance with GAAP.
- Our office performed analysis based on the financial information provided, which was not in accordance with GAAP, nor audited or reviewed. Therefore, we cannot provide assurance regarding the accuracy of the financial information or our analysis.
- The accounts receivable information used in the Daily Sales Outstanding ratio is not included in the comparative financials since All Town Ambulance operates on a cash basis.
- As required by the Policy, All Town Ambulance's billing staff specifically trained and available to address Ventura County patients is Beatriz Mejia.
- We received a memo from All Town Ambulance stating they do not have any unpaid judgements.
- All Town Ambulance stated their average cost per ambulance run is \$181 and the minimum number of trips per day to be profitable is 3.4.

Based on the three years of financial information provided, we prepared a business ratio analysis. Service industry standard ratios from <http://www.creditguru.com> were used for comparison purposes in measuring the company's financial performance.

1. Cash increased by \$1,068,906 or 1,336% from 2019 to 2020. This is primarily attributed to a Paycheck Protection Program (PPP) loan funds of approximately \$879,000, and net income.
2. The current ratio (current assets to current liabilities) is 40.28:1. A current ratio of 1.29:1 is the service industry average.
3. Total liabilities increased by \$50,286 or 20%. This is mainly due to the non-forgiven portion of the PPP loan of \$89,900.
4. The company's debt to equity ratio in the year 2020 is 0.21:1. The service industry average is 0.75:1. In general the closer to 1, the better the company's financial leverage.
5. Total other assets increased by \$297,611 or 324%. This is mainly due to a loan of \$340,000 to a third party.

If you have any questions regarding this review, please contact Erica Nakamura at 805-654-3193.



Policy 111, Section VII

All Town Ambulance has no unpaid judgments, as well as transactions or acts giving rise to any said judgments. Nor are there any pending or outstanding liabilities.



Attachment VIII

The All Town Ambulance training program uses full AHA certified training protocols for the education of its providers. This includes a comprehensive training on the correct use and application of an AED.

The QI of all cardiac arrest patients is such that all aspect of the call will be reviewed. All elements of Policy 803 section 7 are stored electronically in All Town Ambulance's AngelTrack data and is submitted with the call. Specific QI in regards to cardiac arrest and any use of AED will be submitted according to Ventura County Policy 803 and documented following Ventura County Policy 1000.

All Town Ambulance will utilize the CAM training and will have a CAM trainer in staff in order to facilitate appropriate training and utilization of CAM principles.



Attachment IX

All Town ambulance has a comprehensive QI program that overlaps with Ventura County's own required QI programs. The attached document shows a comparison of the QI requests put forth by Ventura County and a comparison the current QI programs that All Town is involved in. All Town Ambulance fully agrees to engage in rigorous QI that is both those sanctioned and requested by Ventura County EMS Policy 120 and those that we feel best relate to our operations overall.

Ventura County Emergency Medical Services Agency Emergency Medical Technician AED Service Provider

APPROVAL REQUEST

General Information

Program/Agency Name: All Town Ambulance

Address: 7755 Haskell Ave. City: Van Nuys Zip: 91406

Phone: (877) 599-4282 Fax: (818) 787-1854 Email: Orca@alltownamb.com

Date Submitted: 03-19-22



Requirements

(All items below refer to Ventura County EMS Policy 803 and Title 22 Regulations)

1. Program Eligibility

Eligible Programs <ul style="list-style-type: none">Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc.)	Name of Program All Town Ambulance
Written request for EMT AED Service Provider Approval	<input type="checkbox"/> Attached

2. Records and Quality Improvement

Agree to maintain all records for a minimum of four years.	Signature: 
Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.	Signature: 

VCEMS Office Use Only

All Requirements Submitted:	Date:
EMT AED SERVICE PROVIDER Application Approved:	Date:
Approval Letter Sent:	Date:
Re-Approval Due:	Date:
Signature of person approving EMT AED SERVICE PROVIDER	Date

All Town Ambulance



QA / QI PROGRAM / PLAN **Manual**

REVISED January 19, 2022

Dr Drew Hood

Medical Director

Table of Contents

1. Mission Statement
2. Structure and Organization
3. QI Committee Members
4. Program Goals and Objectives
5. Quality Improvement
6. QI Committee / Methods used for Documentation
7. Quality Indicators
8. Medical Director / General Manager Review
9. QA / QI Program Integration
10. PCR Review Process
11. Protocol Audit
12. Prospective
13. Continuing Education
14. Concurrent
15. Retrospective
16. Field Care Report
17. Dispatch "Request for Service" Audit Form
18. Customer Satisfaction Survey
19. Customer Satisfaction Survey Investigation Form
20. Customer Satisfaction Survey Mailing List

MISSION STATEMENT

- Our mission at All Town Ambulance is to provide the best, fastest, and most reliable levels of medical care and transportation in the industry.
- We are a team of professional medical providers dedicated to providing the highest levels of healthcare and customer service to the patients, facilities, other healthcare professionals, and patient's family members that we serve.
- We are committed to being a leader in the medical transportation industry, maintaining and promoting the highest levels professionalism.
- We will continually strive to exceed the challenges of an ever changing EMS healthcare system.
- We will continually strive to exceed the EMS Industry standards of care.
- We will consistently and diligently promote the belief that individual responsibility and accountability can and will achieve major improvements to the organization.
- We will consistently and diligently strive to set a standard for honest and reliable response times for our customers.
- We will ensure the highest quality care through effective recruitment, training, orientation, and ongoing education of our employees.
- We will preserve the rights and dignity of all our patients.
- We will assure that every employee in our company promotes a professional and equitable work environment.

Structure and Organization

All Town Ambulance operates a non-emergency Basic Life Support, Critical Care and Advanced Life Support ambulance transportation business in the City of Los Angeles, California, County of Los Angeles.

All Town Ambulance plans to promptly respond to all requests for service from medical facilities and or Private/Public Agencies in all counties of service.

The company will also be available to back up the County's EMS system and will train personnel for competency in responding to 9-1-1 calls, a natural disaster or act of terrorism.

The company owner, provides vision and oversight for All Town Ambulance. The Day-to-day operations are entrusted to the General Manager, who will lead the company's field and support staff employees.

Company leaders will also facilitate field training, human resources/payroll, accounts receivable and accounts payable.

All Town Ambulance maintains an open door policy to encourage and ensure communication between all employees at all levels of the company.

Frequent staff meetings and electronic policy updates will keep everyone involved and informed.

QI Committee Members

Aram Grigoryan /Owner

Dr. Drew Hood / Medical Director

Daniel Orca / General Manager

Alicia Bravo / Nurse Coordinator

Eric Eckels / Paramedic Coordinator

Michael Habbeshaw / Operations Supervisor

Program Goals and Objectives

- 1.** Focus on areas of overall system and performance improvement. This will be accomplished through the prioritization and resolution of suspected issues that directly affect patient care and transportation.
- 2.** Ensure clinical quality through effective training, hiring, orientation, and ongoing education of company personnel.
- 3.** All Town Ambulance will continually monitor and review all QI clinical indicators for the highest reasonable accuracy.
- 4.** All Town Ambulance at a minimum, ninety (90%) to one hundred percent (100%) of all Ambulance transports will be documented for overall compliance and individual charts will be reviewed as well as data collected for Los Angeles County Department of Health Services.
- 5.** All Town Ambulance will develop and improve its QA/QI programs based on Patient/Employee Information.
- 6.** All Town Ambulance will employ positive reinforcement/incentive programs for employees that are consistently meeting or exceeding established standards of care and documentation. Additionally, those employees that demonstrate improvement based on performance standards and thresholds shall be recognized.
- 7.** When remedial actions are required, All Town Ambulance will regularly assess the overall effectiveness of those actions.
- 8.** The General Manager or his designated company representative will attend Los Angeles County Department of Health Services QA/QI meetings regarding EMT's and or Communications QA/QI.
- 9.** All Town Ambulance will update its QA/QI indicators quarterly for field and Communications personnel.
- 10.** The Communications Supervisor will conduct quarterly mandatory Dispatch meetings.
- 11.** Field personnel (EMT) meetings will be held bimonthly or as needed.
- 12.** All Town Ambulance will use data and information gathered from its various committees and will disseminate such information to all participants.

Program Goals and Objectives (Cont'd)

13. All Town Ambulance will evaluate industry standards to patients while maintaining consideration for socioeconomic, psychological and physical needs.

14. All Town Ambulance will evaluate industry standards and new techniques on an ongoing basis for incorporation into our clinical program.

15. All Town Ambulance will review and revise our organizational QA/QI program to reflect the current QA/QI process and submit it annually to the applicable EMS agencies.

16. All Town Ambulance will take immediate and appropriate action to address issues based on improving patient care.

Quality Improvement

Industry standards for monitoring quality of care, operational efficiency and personnel actions have changed dramatically in recent years.

From the original incident-driven Quality Assurance (QA) mechanisms viewed as a punitive process, quality methods have evolved to ensure continuous improvements and innovation through active management and peer- review.

All Town Ambulance, recognizes that the Continuous Quality Improvement program (CQI) is not a linear means to an end but rather a continuous loop of establishing and monitoring measurable goals and objectives throughout the organization.

The nature of the services provided by All Town Ambulance requires that public confidence in the professionalism of our staff be maintained. Therefore, it is the responsibility of All Town Ambulance and each employee to continually strive to make the service provided the highest possible quality.

All Town Ambulance shall develop and maintain a Quality Improvement Program administered through All Town Ambulance's Clinical Department. All management, field and dispatch employees must be familiar with the components of that program.

All Town Ambulance has designed and implemented a thorough Quality Improvement program that consists of prospective, concurrent and retrospective evaluation process for continuous quality improvement.

Our Medical Director, at All Town Ambulance is responsible for overseeing all aspects of the clinical program and is assisted in this process by a team comprised of the General Manager, Communications Supervisor, Field Training Officers and QI committee.

All Town Ambulance will utilize two basic components in order to ensure optimal patient care. Those two components consist of:

- A.** Clinical Quality Improvement
- B.** Medical Director over-sight.

The Clinical Quality Improvement process involves managerial leadership implementing and monitoring the QI Committee and its connection to the peer review process. This process will ensure that employee skills are upgraded and maintained.

The Medical Director over-sight is crucial to assuring that all components of the

system are working in conjunction, in order to meet our patient's needs. This will also allow for research and development of new protocols and procedures and will assist in monitoring and reviewing of outcome studies

All Town Ambulance QI Committee

All Town Ambulance's QI Committee is comprised of a group of medical professionals, from multiple departments within the organization including, but not limited to Management, Communications, Training Department and Field employees.

The responsibilities of this committee will be to oversee the quality improvement for the health care services provided to our patients.

These responsibilities include identifying, studying and educating and, as necessary: provide corrective action or positive reinforcement as deemed appropriate.

Methods Used to Document the Process

All Town Ambulance's QI Committee will meet on a quarterly basis. In the course of these meetings, the committee will review and audit findings related to patient care, customer service, performance, and influence financial and overall long-term benefits. Pertinent information from the committee meeting will be distributed to all participants.

All Town Ambulance's quarterly organizational staff meetings where QI is a standing agenda item, communications books and/or posting memos relating to the QI process or recognition of improvement.

The General Manager, with the assistance of the Quality Assurance Committee, shall provide administrative and operational staff members with monthly, quarterly and annual reports related to Indicator compliance, as well as focused audit review statistics.

All Quality Assurance information shall be maintained for review or research as indicated. Minutes from all meetings will be distributed to the committee members and one to one education will be utilized as needed. Tracking and trending methods will be used for all indicator performances and all accommodations or corrective actions will be documented.

Additional methods of documentation will include forms provided by the EMS agency. These forms will be utilized to document all applicable data and will then be submitted on a regular basis or as requirements dictate.

The Quality Improvement Committee will use data generated from patient's charts, the Communications Department, EMS agency forms and the complaint process in order to make recommendations for changes within the organization.

Quality Indicators

Quality Indicators are specific, measurable standards that All Town Ambulance's QI Committee will use to identify patients, groups of patients and procedures that require further study.

Quality Indicators may have positive or negative characteristics that are considered crucial to patient care outcome. Quality indicators may be deviations away from accepted practices, protocols or times or may be specific high risk, low frequency events that require closer scrutiny.

It is the responsibility of the QI Committee to set proven, measurable standards in addition to quality indicators in order to gauge performance. In some cases, indicators may be different from the organizations standard, or they may be specific to patient outcome standards that require further evaluation.

Individual (or sentinel) indicators are often identified in the chart review. Indicators not captured in the initial chart review can be identified using summary reports from All Town Ambulance's QI data base.

All Town Ambulance will implement training programs to address sentinel or frequency based problems. All Town Ambulance's Quality Indicators will include, but are not limited to the following nine categories:

1. Personnel
2. Equipment and Supplies
3. Documentation
4. Clinical Care and Patient Outcome
5. Skills Maintenance/Competency
6. Transportation/Facilities
7. Public Education and Prevention
8. Risk Management
9. Other (if not applicable to any of the other eight categories)

Medical Director / Operations Manager Review

The Medical Director and/or General Manager will randomly audit a minimum of ninety (90%) to one hundred percent (100%) of all PCR's and a minimum of of ninety (90%) to one hundred percent (100%) of all Dispatch Lead Sheets. The Medical Director with the assistance of the General Manager and Communications Supervisor shall provide and review the results of all activities related to the Quality Improvement process at least quarterly or as needed. The Medical Director, and Management staff of All Town Ambulance will be responsible for developing and encouraging the principles of Quality Improvement throughout the organization. The Quality Assurance process instituted shall incorporate the principals of the

FOCUS-PDCA cycle.

Find
Organize
Clarify
Understand
Select

F- FIND

Find a process that needs improvement. Define the process and its customers. Decide who will benefit from the improvement. Understanding how the process fits within the system and priorities.

O- ORGANIZE

Select a team who is knowledgeable in the process. Determine team size, members who represent various levels in the organization, select members, and prepare to document their progress.

C- CLARIFY

Clarify the current knowledge of the process. Define the process as it is and as it should be. Team reviews current knowledge and then must understand the process to be able to analyze it and differentiate the way it actually works and the way it is meant to work.

U- UNDERSTAND

Understand the causes of variation. Team will measure the process and learn the causes of variation. They will then formulate a plan to data collection, collecting the data, using the information to establish specific, measurable, and controllable variations.

S- SELECT

Select the potential process improvement. Determine the action that needs to be taken to improve the process (must be supported by documented evidence.)

FOCUS-PDCA cycle

Plan
Do
Check
Act

The P-D-C-A phase allows the team to pursue that opportunity and review it's outcome.

P- PLAN

Plan the improvement/data collection. Plan the change by studying the process, deciding what could improve it, and identifying data to help.

D- DO

Do the improvement/data collection/data analysis. Execute the plan on a small scale or by simulation.

C- CHECK

Check the data for process improvement. Observe the results of the change. Document the results of the change. Modify the change, if necessary and possible.

A- ACT

Act to hold the gain/continue improvement. Implement the change if it is working. If it fails, abandon the plan and repeat the cycle.

QA / QI Program Integration

The General Manager or designee will represent All Town Ambulance by attending any L.A. County EMS QI Committee meetings. Sources of potential QI and system wide Studies / indicators may be instituted as a direct result of participation in the EMS related committees and meetings. In addition, All Town Ambulance will cooperate with L.A. County EMS in the implementation, monitoring, data collection and evaluation of State EMS required indicators.

Technical Advisory Group (TAG)

The Technical Advisory Group will meet quarterly and is responsible for the implementation of All Town Ambulance's QI plan. This group will report directly to the general manager of All Town Ambulance. The general manager will disseminate the information discussed at the TAG meetings to all participants in the QI process. The TAG members are as follows:

Aram Grigoryan- Owner
All Town Ambulance
7755 Haskell Ave.
Van Nuys, CA 91406
(818) 787 8737

Dr. Drew Hood-Medical Director
(209) 304-9258

Daniel Orca-General Manager
All Town Ambulance
7755 Haskell Ave.
Van Nuys, CA 91406
(818)787-8737

Alicia Bravo-Nurse Coordinator
All Town Ambulance
7755 Haskell Ave.
Van Nuys, CA 91406
(818)787-8737

Eric Eckels-Paramedic Coordinator
All Town Ambulance
7755 Haskell Ave.
Van Nuys, CA 91406
(818)787-8737

Michael Habbeshaw- Operation Supervisor
All Town Ambulance
7755 Haskell Ave.
Van Nuys, CA 91406
(818)787-8737

Patient Care Report Review Process

A Ninety (90%) to One Hundred Percent (100%) retrospective Patient Care Record (PCR) by the Clinical Department will be done using All Town Ambulance approved chart audit criteria.

Data Collection

Accurate data collection and the ability to analyze performance based on that data are key elements for any CQI process. All Town Ambulance will collect and record data on a weekly basis.

Components Evaluated

All Town Ambulance will regularly evaluate performance quality including, but not limited to, non-emergency services access and dispatch, text addressing dispatch QI and time standards. Time spent on scene performing interventions will be evaluated. Statistics on clinical interventions will be reviewed on a monthly basis.

Chart Review

All reports involving oxygen administration, suctioning or other unusual non-emergency transports will be identified for automatic review. Additional categories may be selected for automatic review based on the recommendations of the General Manager and/or Medical Director.

Recognition of Improvement

During All Town Ambulance's Company meetings, employees will be recognized for improvement in performance as well as outstanding performance and excellent Patient Care. Recognition will be in the form of an accommodation and a gift certificate presented at bi-monthly company meetings.

Discipline Related to Quality Improvement

The Quality Improvement process is designed to be an educational tool and therefore any discipline that arises out of this process shall be referred to the General Manager. Any recommendations for discipline that arise from the Quality Assurance process shall be provided to the General Manager.

Protocol Audit

The General Manager or Assigned F.T.O. with the assistance of the Quality Assurance Committee shall audit PCR's for medical and protocol compliance in accordance with existing regulations.

Customer Comments

Customer comments receive a high priority at All Town Ambulance whether they originate internally or externally. All Town Ambulance believes strongly in providing the customer complete and accurate information to the best of the company's ability and will always conduct a thorough review of every customer issue, even those problems solved through immediate intervention.

All complaints regarding service to the counties and contracted service areas will be immediately investigated by All Town Ambulance's Management team and QI committee.

All Town Ambulance initially approaches complaints in an effort to identify whether a problem lies with a system component or an individual employee and then makes operational or personnel adjustments as necessary.

For clinical issues, the Medical Director or designee will review the medical care delivered and make recommendations regarding equipment, procedure or educational changes that will prevent repetition of an identified problem. The Medical Director is responsible for the resolution of any repeated performance problems associated with an individual. When personnel action is necessary, All Town Ambulance institutes measures consistent with the seriousness of the incident as appropriate to the employee's work history.

Surveys

Surveys are a valuable data collection tool. All Town Ambulance utilizes a comprehensive customer survey designed to answer the following:

- Were the patient's needs met?
- Were All Town Ambulance's employees courteous and professional?
- Did the patient/customer receive good quality care?
- How would the patient/customer rate the value of the service they received?
- Did they find the service to be reliable?
- Does the customer/patient have any suggestions for improvement?
- Was the information that the caregivers provided accurate?
- Was the customer/patient satisfied with the Communications Department?

Prospective

The quality improvement process begins with recruiting qualified personnel, a selection process that includes written testing, skills testing and an oral interview and the contacting of previous employers.

When it is necessary to make changes within the organization, those changes will be based on the QI Committees established standards and the monitoring of those standards against predetermined quality indicators.

When change has been determined to be a necessity, those same quality indicators will be monitored to ensure that the desired outcome has been achieved.

Skills Testing

As part of All Town Ambulance's ongoing commitment to quality excellence, we will be incorporating a skills testing procedure into our new hire selection process.

This process will not be used as a sole determinant as to whether or not an employee is selected.

This process will be used to give All Town Ambulance in-house educators the opportunity to determine a prospective employee's baseline skills knowledge.

Skills testing will include the following categories:

1. Vital Signs
2. Nasopharyngeal Airway
3. Oropharyngeal Airway
4. Bag Valve Mask Ventilations
5. Suctioning
6. Spinal Immobilization
7. Traction Splint Application
8. Emergency Child Birth
9. Cardio Pulmonary Resuscitation (CPR)

Continuing Education

The information obtained and lessons learned through the Quality Improvement Program shall be incorporated into the education process and provided to the appropriate employees where indicated in order to appropriately complete the Quality Improvement feedback loop.

Continuing education that results from this process may be done individually or on a company-wide basis, depending on the needs as identified by the Quality Assurance Director.

EMT's and EMD's are responsible for their continuing education requirements and appropriate licensure including, but not limited to:

1. State Licenses
2. County Licenses
3. City Permits
4. CPR/AED
5. Emergency Medical Dispatcher (NAEMD)
6. Ambulance Driver Certificate
7. Medical Examiner Certificate (DL-51)
8. County Certifications

Concurrent

Orientation and FTO Evaluation

After a successful candidate has been selected, they go through an extensive orientation process that entails crucial information on All Town Ambulance's customer service goals, philosophy, clinical standards, PCR documentation, HIPAA, safe equipment use, monitoring/evaluation process, operations, blood borne/air borne pathogens, sexual harassment, communications and general training.

All drivers are given the CEVO course and on the road training before being cleared to drive an All Town Ambulance. After completion of the orientation program, a new employee is placed with a Field Training Officer.

While in training with an FTO, the employee is evaluated on a shift by shift basis. This daily evaluation covers at least 14 different categories including but not limited to Patient care, customer service, professionalism, PCR documentation, teamwork and clinical expertise.

This period of time allows for evaluation of the employees retention skills, EMT abilities and customer service potential. If necessary, this probationary period can also be used as a remedial period to address any issues that have arisen.

In-Services

All Town Ambulance provides bi-monthly in-services dependent on QA / QI findings to all of our personnel. The topics that are covered in these in-services have included the following subject matter:

- 1.** Oxygen Safety
- 2.** HIPAA Compliance
- 3.** Vehicle and Equipment Safety
- 4.** Attendant and Driver Check outs
- 5.** PCR Review

All Town Ambulance will continue to hold these bi-monthly in-services and utilize subject matter brought to our attention through the QI Committee. The QI Coordinator on a weekly basis will review forms. The forms will be checked for accuracy, completion and correct documentation.

Retrospective

Quality Improvement Goals and Objectives

Continue to recognize, reward and reinforce positive behavior. Positive behavior will be recognized in company meetings. Gift cards will be issued and certificates will be awarded and placed in employee personnel file for reviews and promotional opportunities.

Define Standards, evaluate QI tools and utilize data gathered for continuous improvement.

Operations and Communications S.O.P. Manuals will continue to be updated on an ongoing basis. Information gathered in trending and tracking will be used for research in addition to internal company quality improvement.

Continuous updating of patient care policies and procedures

All Town Ambulance's General Manager or designee will attend EMS meetings. EMT's will continue to attend Company Meetings.

The General Manager, Communications Supervisor, or other company representative assigned by the General Manager will attend L.A. County DHS meetings.

Conduct ongoing in-house monitoring of patient care procedures and provide education and training for medical personnel.

Establish performance standards and indicators related to specific aspects of care. Organize and collect data.

Assess and reassess effectiveness of remedial actions.

Take action to continuously improve patient care, inter-facility communications and employee morale.

Ventura EMS Indicator	Indicator percentage	All Town Ambulance Indicators	Indicator percentage	Differences or considerations
EMD % Call entry	>96%	% Call Back numbers	100%	
EMD correct card chosen	>96%	No Equivalent	n/a	No 911 calls taken
EMD Treatment questions asked	>96%	No Equivalent	n/a	No 911 calls taken
EMD Pre arrival instructions	>96%	No Equivalent	n/a	No 911 call taken
ALS Rhythm recognition (A-fib vs SVT)	>100%	No Equivalent	n/a	No productive significance due to IFT transfers
ALS paperwork %	100%	% completion on paperwork	>90%	Variation due to increased requirements by company
ALS % Medical arrest intubations	100%	Intubation procedure examination QI	100%	We have an overarching QI for all intubations (including King-LTSD)
ALS % Traumatic arrest intubations	100%	Intubation procedure examination QI	100%	We have an overarching QI for all intubations (including King-LTSD)
ALS % Respiratory Extremis	100%	Intubation procedure examination QI	100%	We have an overarching QI for all intubations (including King-LTSD)
ALS Correct parameters for intubation	100%	Intubation procedure examination QI	100%	We have an overarching QI for all intubations (including King-LTSD)
Base Hospital CQI %Medication Errors	0 %	Narcotic evaluation percentage	100%	We have an in depth QI for all controlled medications

Ventura EMS Indicator	Indicator percentage	All Town Ambulance Indicators	Indicator percentage	Differences or considerations
Base hospital % Correctly administered Versed	100%	Narcotic evaluation percentage	100%	We have an in depth QI for all controlled medications
Advisory Team CQI Time study	8 minutes	No Equivalent	n/a	Our calls are scheduled by the hospitals/patients
Advisory Team Trauma Study	Proper assessment in trauma situations	Evaluation for all assessments	90% assessment score	PCR's are evaluated for accuracy in assessment.
Advisory Team % indicated procedures performed	100%	Diversion QI, complete call analysis	100%	All diversions are rigorously reviewed
Advisory Team % Correct medications given	100%	Diversion QI, complete call analysis	100%	All diversions are rigorously reviewed
Advisory Team %Vital Signs taken	100%	Vital signs and transfer vital signs	90%	We have a long standing QI with vital signs for all calls
Unusual Occurrences	Varies	Incident reporting system	100%	All occurrences out of the ordinary are required to have incident reports to evaluate according to our policy



Attachment X

All Town Ambulance agrees to use the Dispatch Call Entry Form for any Ventura based ambulance requests. A copy of this form will be kept at hand for all dispatchers to have complete access to. Any calls that need an emergency response will be handled appropriately by the closest first responder and/or contracted exclusive emergency ambulance provider.

ALL TOWN AMBULANCE

Communications Manual

DISPATCH PROTOCOLS



Dr. Drew Hood
Medical Director

TABLE OF CONTENTS

	<u>Page</u>
1. Start/End of Shift Procedures	1
2. Certifications	1
3. Shift Availability	1
4. Communications Center Staffing Policy	2
5. Clock In/Out Procedures	2
6. Shift Trade and Subs.....	2
7. Communication Systems	3
a. Dispatch Center.....	3
b. Radio Systems.....	3
c. Med-9 Radio	3
d. ReddiNet	3
e. Requests for Service.....	3
f. Phone System.....	4
g. Nextel and Cellular Phone Capabilities.....	4
8. Telephone Protocol.....	4
9. Transport Request and Response Levels	5
10. Call Types.....	6
a. Request by a 911 provider agency	6
b. Request by a health Facility	6
c. Non-Emergency Response Request- Request by a Health Facility or Private Citizen	6
d. DNR.....	6
e. Still Alarm.....	6
f. BLS-Non Emergency/Interfacility Transports.....	7
g. Returns	7
11. Pre-Scheduled Calls	8
12. Dispatching Calls.....	9
13. 5150 Calls	10
14. Wait Time	11
15. Cash Calls	12

16.	E.R. Notifications.....	12
17.	Re-Routes	13
a.	Call Cancellations	13
b.	Delay Notifications.....	14
c.	Delay of Call	14
18.	Records Completion, Confidentiality, and Falsification.....	14
19.	Complaints	15
a.	Crew Complaints	15
b.	Call Offs/Tardies.....	15
20.	Managers On Call	16
21.	Management Notifications	16
22.	Fueling Procedures	17
23.	Ambulance Activation.....	17
24.	Radio Communication	17
a.	Procedure.....	17
b.	Radio Procedure	18
c.	Operation Instructions.....	18
d.	Call Assignments.....	19
25.	Response Standards	19
a.	Posting Plan.....	20
b.	Crew Details	20
26.	Background Noise	20
27.	Clear Text Communications	21
28.	Quality Improvement Program.....	22
a.	Continuous Quality Improvement Standards	22
b.	Emergency Medical Dispatch	22
29.	Medical Direction and Oversight.....	23

1. Start/End of Shift Procedures

At the start/end of each shift the oncoming dispatcher shall receive a full report from the dispatcher ending his/her shift concerning the day's events. The oncoming dispatcher shall also read through the communications log book to make sure the off going dispatcher did not forget to relay any information. It is the on duty dispatcher's responsibility to keep the communications log book updated throughout the day. Below is a list of the information that should be logged:

1. Status of Crews/Ambulances.
2. Any Equipment Failures.
3. Any Mechanical Issues.
4. Any on Duty Accidents or Injuries to Either an Employee or Vehicle.
5. Any Employee Tardies or Call Offs.
6. Any Calls That Were placed On "Will-Call" Status and are Still Pending at the End of Shift.
7. Extended ETAs. Along With Reason Why.
8. The on call Supervisor and or Manager for that Day/Evening.
9. Any crews that are out of service for any reason.
10. Any Customer Concerns and or Complaints.

Every time a dispatcher leaves the Communications Center, he/she must notify a manager/supervisor so that they can cover the phones/radios.

2. Certifications

All Communications personnel shall maintain at all times during their employment with All Town Ambulance, LLC A minimum of:

- *First Responder C.P.R. Certification*
- Emergency Medical Dispatcher Certification or EMT Certification

New hire communications personnel have fort-five (45) days from the time of hire to obtain the required certifications or face disciplinary action up to and including termination. Failure to recertify prior to your certification expiration will result in disciplinary action up to and including termination.

3. Shift Availability

New communications center employees will be given the first available shift unless circumstances of hire call for different placement. If you have a certain shift preferences, management will attempt to place you on that shift. Your request for a shift must be in writing and submitted to your immediate supervisor. Please keep in mind that shift assignments are based on job performance and seniority. Seniority is accrued by full-time employees only. At all times, Management reserves the right to make shift changes due to operational needs. Every attempt will be made to give the dispatcher at least one weeks' notice in these rare situations.

4. Communications Center Staffing Policy

The communications center will be staffed 24 hours per day, 365 days per year with a minimum of at least one dispatcher. Additional communications staff will be added during peak call times. Administrative and management staff may answer business lines during business hours in order to relieve the dispatcher from having to answer non-critical calls.

5. Clock In/Out Procedures

Employee shall utilize the E-PRO bio clock for clocking in and out of their shifts daily. Employees who have expired certifications will be blocked by the E-PRO system and not be allowed to clock in for their shifts. Employees must update their certifications with the dispatcher before they can begin their shift. If the employee does not have updated certifications they **will not be allowed to work** and a replacement will need to be found. All employees must have original certifications with them at all times, while on duty. If applicable, the crewmembers shall not be allowed to clock out until their duty replacement clocks in. Anytime a crewmember must hold over past their scheduled end of shift, the dispatcher will notify the on duty Manager/Supervisor.

6. Shift Trade and Subs

A shift exchange is a trade of like hours within the same pay period. Shift exchange requests must be submitted through the E-PRO system. Unless both parties approve the shift will still belong to the original employee. Attempt to give the shift to a part timer with less than 40 scheduled hours/traded hours within the pay period of the give-away.

1) Attempt to give the shift to an employee that missed hours and therefore will not have 40 hours within the pay period.

2) Attempt to trade with another employee for like hours within the same pay period. All shift exchanges are subject to approval thru the EPRO system and must be approved by all employees involved and the on duty supervisor.

7. Communication Systems

a. *Dispatch Center*

The dispatch office is located next to the main lobby and is staffed 24 hours a day, 7 days a week. The dispatch center houses the MTS computer aided dispatching system along with the Teletrac system for tracking the ambulances and relaying vital information thru the MDTs. The computer system has user IDs and password that are unique to each dispatcher. The dispatch center is monitored by closed circuit cameras, at the front door, front hallways, main office area and stair case leading to upstairs billing department.

b. *Radio Systems*

The primary radio should be used only for company business traffic and is considered the "Main Radio". The main purpose for this radio is for day-to-day business including radio calls. The dispatcher has priority on all radios/frequencies. Patient info such as chief complaints can never be given over the "Main Radio". Our radio system is a closed-network digital radio system that cannot be monitored by unauthorized radio monitoring equipment, such as scanners. Each unit has a mounted Kenwood radio, Nextel phone and MDT terminal with GPS. Information such as patient names or other information that is deemed sensitive or confidential should be given via the MDT terminals in the ambulance units or via Nextel.

c. *Med-9 Radio*

All Town Ambulance will take the opportunity every quarter to participate in the County's assigned Med-9 testing plan. We use the quarterly Med-9 testing plan to ensure that our EMTs and dispatchers are familiar with radio communications procedures for communicating with the Orange County Sheriff's Communication Center (OCC) while simultaneously ensuring that each of our radios functions properly.

d. *ReddiNet*

ReddiNet is displayed at all times in the dispatch communications center. Please see ReddiNet user manual located in the dispatch center. For any other questions please contact the on duty supervisor.

e. *Requests for Service*

All requests for service are recorded on the Ambulance Service Request forms, which data is then input into the computer aided dispatching system (CAD). This system is designed specifically to assist our dispatchers in proper information gathering and documentation. All requests for service require Ambulance Service Request forms be filled out completely including any calls turned to other ambulance company's or caller cancelled calls (10-22),

which information must then be entered into the CAD system. The reason for the turning of a call to another ambulance provider or the cancellation of a call must be entered into the CAD trip notes for the call at issue. All calls referred to the jurisdictional 911 provider will be logged in the CAD with the 911 providers incident number and shall note the name of the agency, the time the call was turned over to the 911 provider and logged into the 911 ALS upgrade binder.

f. *Phone System*

The telephone system supports the company's ability to provide services to our client facilities and patients. The phone system's features include call transfer, forwarding, holding, pick-up, voice announce speakers, liquid crystal displays and automatic dialing from a preset library of phone numbers. The system includes an automated operator and allows for dedicated emergency lines in addition to lines utilized by accounts management personnel and management via direct inward lines. Furthermore, all telephone calls into the communications center are recorded via a voice log recorder to internal quality control purposes.

g. *Nextel and Cellular Phone Capabilities*

Nextel Cellular phones are maintained in both communication centers and by each Vehicle and Manager/Supervisor. This system can be utilized in and out of the vehicles and maintains their own power source. If conventional phone lines were to become inoperable, our communications center could utilize the cellular capabilities to maintain communications with the company units, supervisors and managers. This system is maintained by Nextel and is independent of our other radio systems.

8. Telephone Protocol

The initial greeting we present our customers with will have a substantial impact on how the customer sees our service level. Because of this it is important that we are friendly, efficient, and accurate. We must make the customer know that their business is important to us and that we will do everything in our power to help them. Therefore all lines will be answered, "Thank you for calling All Town Ambulance, this is (your name) how may I help you?"

Always keep in mind that any telephone call could turn out to be an emergency call. Therefore, the following is only a guideline for the order in which telephone lines should be handled. The priority for answering telephone lines is as follows:

1. *Customer calling on the emergency line.*
2. *Administrative telephone lines.*
3. *Employee phone line.*

All calls should be answered no later than the third ring. If a subsequent phone rings, the caller you are currently speaking to shall be placed on hold by asking, "May I Place you on hold for a moment while I answer the other line" Then the caller with the highest priority shall be communicated with first. If two callers with the same priority are on the line the dispatcher shall expeditiously obtain all the necessary information from the caller who called first and

immediately get back to the second caller. Phone lines should be placed on hold in the reverse order as shown above. It may be necessary from time to time to place a caller on hold in order to answer a higher priority telephone line. If you are on a telephone line when a higher priority line begins to ring, you should place your caller on hold in the following priority:

1. 1st call: Immediately advise the caller, "Please hold for just a moment while I take an emergency call. I'll be right back."
2. 2nd call for request for service. Ask your caller, "Will you please hold for just a moment while I place this caller on hold?" Answers the ringing call, "All Town Ambulance, will you please hold while I finish taking an emergency call?" Finish taking the original call and immediately return to the second caller.

9. Transport Request and Response Levels

The dispatcher must do their utmost to get all information required regarding a transport during the initial conversation with the customer. The purpose of this is to ensure that we provide the correct level of service in order to meet the needs of the patient. Dispatcher will refer to LA County protocol 1200 and 1200.2, the dispatcher should listen carefully to the customer, in order that information does not need to be repeated. When taking a call, the dispatcher will be courteous and act in a professional, businesslike manner at all times. All information will be taken and accurately written on the dispatch lead sheet. Errors in entry should be avoided as much as possible as this can drastically affect the service we are trying to provide. Call taking errors are caused mostly by the dispatcher not paying close attention to the callers request for service. Another common reason includes distractions in the Communications Center. It is up to the dispatcher to see to it that these distractions are kept to a minimum.

Calls **SHALL NOT BE ACCEPTED** originating from a private residence or licensed healthcare facility for any complaints that fall under mandatory base contact criteria, as defined in Reference #1200 and 1200.2 of the Los Angeles County Pre-Hospital Care Manual.

If a transport request is received and it is determined that the patient's condition would normally be considered an emergency 911 call for the authorized emergency transportation provider as identified in policy section (I) of reference no# 1200 or 1200.2, base hospital contact and transport criteria, the dispatcher shall immediately refer the request to the jurisdictional 911 provider under the following circumstances:

1. A private citizen requesting ambulance transportation.
2. If the patient is at a health facility but has not been evaluated and stabilized to the extent possible by a physician prior to the facility requesting transport.

If upon arrival at a health facility or private residence EMTs or paramedics find that the patient has a life-threatening emergency medical condition as identified in policy section (I) of reference No. 1200 or 1200.2, base hospital contact and transport criteria, the EMS personnel shall determine whether it is in the best interest of the patient to request the

jurisdictional 911 provider to respond or to provide rapid transport to the most accessible receiving facility. If on-scene personnel determine that immediate transport is indicated, the jurisdictional 911 provider shall be notified and justification shall be documented on the patient care record.

10. Call Types

a. *Request by a 911 provider agency*

Ambulance providers shall dispatch an ambulance within the maximum response times for emergency calls specified in the county code in response to an emergency call from a public safety agency or authorized emergency transportation provider for that geographical area, unless the caller is immediately advised of a delay in responding to the call.

b. *Request by a health Facility*

If a physician at the health facility has evaluated and stabilized the patient to the extent possible and arranged an interfacility transfer, a private ground (or air) ambulance transport may be arranged and the jurisdictional 911 provider is not ordinarily contacted.

The jurisdictional 911 provider may be contacted if the ETA of the private provider is delayed and the condition of the patient warrants a rapid response and transport. Patient destination will then be determined as outlined in the applicable patient destination policy.

c. *Non-Emergency Response Request- Request by a Health Facility or Private Citizen*

A request for transport of a patient who has, or is perceived to have a stabilized medical condition that requires transport, and the patient does not have a life threatening emergency medical condition as identified in policy Section (I) of Reference No. 1200 or 1200.2, Base hospital contact and transport criteria.

Transports are handled by a private ambulance provider with BLS, ALS, or CCT staffed units, depending upon the medical requirements of the patient and the EMS personnel's scope of practice.

d. *DNR*

Patients with valid DO-NOT-Resuscitate (DNR) form or order shall be transported as outlined in reference No. 815, Honoring Prehospital Do-Not-Resuscitate orders.

e. *Still Alarm*

Any ambulance personnel observing the scene of a traffic collision or other emergency should.

1. Contact dispatch and request that the jurisdictional 911 provider agency be notified.
2. Secure scene and render patient care until jurisdictional 911 provider arrives on scene and transfer patient care. Crew will obtain signatures on PCR of on scene 911

provider and incident number prior to clearing scene.

f. *BLS-Non Emergency/Interfacility Transports*

This includes all pre-scheduled, wheel chair and non-emergency calls. The call should be taken in no more than 90 seconds. All information should be entered into the system accurately the first time. The following information is all that is needed for most BLS transports:

1. Patient Name
2. Date of Birth
3. Pick up location and department/room number
4. Drop off location and department/room number
5. Pick up time
6. Chief complaint or admitting diagnosis (if available)
7. Insurance type and auth # or payment terms, if not going to ER
8. Callers name and call back number

On non-emergency calls ask for a chief complaint or admitting diagnosis. If the caller does not know, it is not necessary to input this.

g. *Returns*

On all convalescent/retirement home calls going to the emergency room, it is of utmost importance that the dispatcher calls back approximately one (1) hour later to check if the patient is going to be returned. It is very common for the emergency room to call another company for our returns. Usually it's because they didn't know who brought in the patient and called whomever they routinely call. By calling for our returns, whether the patient is ready or not it will put our company in the back of the nurse's mind so that if and when the patient does return, they will remember to call us. If the ER replies that the patient should be ready to be returned in about 20 minutes, try to have a unit in the area and re-contact the ER in about 20 minutes and with each new ETA given re-contact. On the dispatch log, you must document the disposition of the patient. If the patient is not ready to return or admitted, document the name and position of the person contacted and the time contacted. Any patient we take to an ER from SNF we will always return to the sending facility. When a call is received for an ambulance to return a patient from the hospital and the patient cannot be found readily in the system take the call and run the return unless we are too busy or the call is out of our service area. Do not advise the caller that "We did not take the patient in, therefore, cannot run the return them." Returns to a residence from an ER require acceptance of responsibility, completion of a Medicare PCS document, insurance authorization or payment terms.

11. Pre-Scheduled Calls

Includes the following information:

1. Patient name
2. Date of Birth
3. Pick up location, department and room number
4. Drop off location, department and room number
5. Pick up time
6. Appointment time
7. Chief complaint, admitting diagnosis or procedure to be performed
8. Insurance type and authorization number
9. Callers name and call back number

Time calls take priority over all calls. Always have a unit on scene fifteen (15) minutes before the scheduled pick-up time. Should a unit be more than ten (10) minutes late to a time call, the dispatcher should fill out an incident report explaining the delay and turn it in prior to the end of his/her shift. Prior to dispatching any call that was scheduled more than 24 hours in advance, as defined above, the dispatcher shall call the pick-up facility to confirm the call and all the call information and the destination facility to ensure they are open and expecting the patient. This includes the time of pick-up and the time of the patient's appointment. Next, if the call is not an Emergency Room call or a direct admit, call the destination facility and confirm the patient's appointment time and check to ensure the department will be open at the time we arrive with the patient. If the facility will not be open or the appointment time is different than the given appointment time, the dispatcher shall call the pick-up facility again and explain the problem. Allow the pick-up facility to decide what to do, do not tell them what we are going to do. If the pick-up facility wants the call to remain as is, we will run it as scheduled. Keep track of the times you call and the people you speak with by making the appropriate entries into the system. Early morning calls to M.R.I., X-ray, etc. should be concerned the destination is available and open. Whenever a crew is improperly dispatched on a time call or is forced to wait at the destination facility an incident report shall be filled out and turned in prior to the end of the on-duty dispatcher's shift.

12. Dispatching Calls

It is the policy of All Town Ambulance, LLC to give the best possible ETA to every customer. After deciding the most appropriate unit to assign to a call, the dispatcher will assign the call to that unit using the Radio/Nextel system. If the unit is at the station, inform the crew members they need to go available on the air, for a code one, two, or three call. If the unit is available on the air, the dispatcher will call the unit on the radio (Pre-Announce) by that unit's number and the response level of the call (e.g. Unit #, code 2). All units when called by dispatch are to respond with their unit's designation, location, and direction of travel. If there is any call in the pending mode, call the crew on the phone or over the radio and advise them to "Start towards 'X'" (location/city). An example of a Pre-announcement given by dispatch:

"All Town Ambulance Unit 1, Code 2, ABC Convalescent"

Unit is to give current location:

"All Town Ambulance Unit 1, Northbound on Main Street X of 1st"

In order to keep radio traffic to a minimum and to comply with HIPAA regulations, calls will be given to crews over the radio/Nextel with a minimum of information. Patient names and personal information is not to be given over the radio at any time unless an emergency situation that requires such information exists. Dispatch is to give the crew their call in the same manner each and every time. The crews will be given the minimum amount of information necessary to get the crew to the pickup location. The rest of the information will be given over the unit's Mobile Data Terminal (MDT) or Nextel and therefore valuable airtime is not needed for unnecessary information. The crews shall be responsible for listening to their dispatch, writing necessary information down and ensuring that they arrive at the correct location in the fastest time possible. This includes choosing the best route and mapping correctly to both the pick-up and destination locations. Unit location is to be given every time dispatch or a Supervisor/Manager contacts the crew over the radio. If the unit location is not given the dispatcher or Supervisor/Manager will transmit, "Please respond with your location. If the same unit fails to respond properly an incident report is to be submitted to the Dispatch Supervisor. The next step, following the Pre-Announce in radio dispatch, is to give the crew the call information. The first item used to let the crew know the general type of call they will be going is called the "Call Type".

TRANSPORT REASON

ER calls for service from facility, I.F.T

Direct Admit, Hospital Discharge, Return Trip, Doctors Appointment, Dental, and Dialysis.

Stand By: Special Event, Special Request

Pick-up location: Facility name & room number/department or address with city; include building/suite number.

Destination: Location and room number if applicable.

Supplemental Info: Only use when crucial to the call or a transport reason:

1. Patient combative, use caution, Dr. Miller's patient.
2. Fire Response: "with" City and Engine number, etc...
3. Direct admit, hospital discharge, return trip

Code of Call:

- Code 1 (Remember, Code 1 can only be used for calls pre-scheduled 24 hours prior to the call time).
- Code 2, Urgent, service required within 45 minutes and is non-scheduled.
- Code 3.

The following is an example of the proper procedure for dispatching a call:

The first "Com" is the Pre-Announce, it does not need to be given when a unit is going 10-8 from their station; the crew should be ready to copy the call.

Example 1

Com: All Town Ambulance Unit 1, Code 2, St. Elsewhere Convalescent
Unit: All Town Ambulance Unit 1, Northbound 405 at the 10 freeway
Com: BLS for All Town Ambulance Unit 1
ST Elsewhere Convalescent, Room 123-Alpha
Destination, County USC, ER
Dr. Smith Patient,
Code 2

13. 5150 Calls

In order to ensure patient care is delivered within the guidelines of our service counties protocols and that 5150 subjects are in a disposition in accordance with county Mental Health directives; it is necessary to define specific procedures to be followed in transporting "5150 subjects." By adhering to the following procedure, the delivery of care and rapid disposition of the subject should be enhanced and the liability of the individual field provider and All Town Ambulance, LLC will be limited. The following procedure defines responsibilities for all Dispatch Personnel involved with transport of individuals on 5150 holds. All 5150 subjects are to be treated with the same respect and care as are due non 5150 subjects.

5150 Paperwork

The crew must have a properly completed original 5150 form in their possession prior to transport of a patient against his/her will. On the 5150 form provided by a law enforcement agency or medical facility, the following items are necessary:

1. The original form must accompany the patient
2. The form must be written in ink.
3. The form must be dated with the time noted.
4. A law enforcement officer or psychiatric evaluator must sign the form.
5. The advisement on the form must be noted as to whether or not it has been read to the patient.
6. The form must state the present facts of what occurred at the time. Examples include attempted suicide, bizarre behavior, threatening to harm others etc. There are many facilities that are contracted for 5150 evaluations. 5150 patients shall be transported to the destination indicated on the 5150 form; provided the facility is located within the county the hold was written in (this restriction does not apply to holds written by law enforcement personnel).
7. Any call that requires a patient to be restrained **MUST** be logged in the L.A. County restraint tool log.

14. Wait Time

The dispatcher must keep track of chargeable wait time on calls where such a charge is applicable. Waiting time is chargeable under the following circumstances:

1. When a crew is on scene at a private residence (or private call), convalescent home, and street rescue longer than fifteen (15) minutes.
2. When a crew is forced to wait at a destination hospital with the patient due to the hospital's inability to accept care for the patient for longer than fifteen (15) minutes.
3. Wait and return transports when an ambulance is at the code pick-up location longer than 15 minutes. The wait time is chargeable as follows (15 minute increments only.):

First 15 minutes FREE/0
16 to 30 minutes 15 minutes
31 to 45 minutes 30 minutes
46 to 60 minutes 45 minutes
61 to 75 minutes 60 minutes
76 to 90 minutes 75 minutes
91 to 105 minutes 90 minutes
106 plus (etc.) 105 minutes

15. Cash Calls

In order to accurately track Cash call transports and the payments for them, the following procedures will be followed:

All Cash Calls will be entered into Trip Notes as well as into the Dispatch Comments field of the Call Taking Module. The information entered is to include the payer's name, amount to be paid, and who the call was arranged with. When dispatching a unit on a Cash Call, the crew is to be informed via radio when the call is assigned that there will be monetary payment to be picked up. All Cash Call payments are to be collected prior to transport unless approved by a Manager. If a Manager permits payment to be collected at a time other than prior to pick up a trip note must be entered into the Dispatch System stating who gave permission and when the payment will be picked up. If a trip is to be paid by credit card the card number is to be entered into the Dispatch comments field. The card is to be run prior to a unit being dispatched on the call. If the card clears, the machine will display an authorization number and a record number. Both numbers are to be entered into the Dispatch System and onto the Cash Call Log. If the card is declined, input into the Dispatch System that the card was declined. The next step is to call the ordering facility/person to advise them of the card being declined and ask if they wish to make alternate payment arrangements.

16. E.R. Notifications

Anytime a unit transports a patient to an ER the crew is to give report to the dispatcher who will in turn report to the ER. The dispatcher will input all information given into the DISPATCH COMMENTS field of the call. The information will consist of:

1. Age of patient,
2. Gender of patient,
3. Chief complaint and related information,
4. Pulse,
5. Blood Pressure,
6. Respirations,
7. Name of primary care physician and
8. E.T.A. to the hospital.

For example, the transmission would be:

Unit: "All Town Ambulance Unit 1 is en route County USC E.R."

Dispatch: "All Town Ambulance Unit 1, standing by to receive report".

Unit: "All Town Ambulance Unit 1 is transporting a 76 year old male complaining of substernal chest pain

Radiating to left arm and diaphoresis, pulse 102, B/P is 104 over 90, reps 32, PMD of Smith, ETA 9 minutes."

Dispatch: "All Town Ambulance Unit 1, Dispatch copies report"

When a unit reports an E.R. call, all other traffic should standby until the unit gives report. The dispatcher is the only person that can proceed with radio traffic when a unit requests to give report. After receiving the report from the unit and entering the information into the Dispatch Comments field of the call, the dispatcher will call and give a report to the ER. The dispatcher will enter the name of person notified and then advise the unit via radio, the E.R. has been informed and the name of the person the report was given to.

17. Re-Routes

To transfer a patient out of a Certified Nursing Facility requires a great deal of paperwork, doctor notification, and approval. This process can take as little as an hour or as long as several days. In more cases than not, the doctor will order the patient to go to the facility where he/she is on staff or where he/she has privileges. This is to the patient's advantage since his/her own Doctor is well informed with the patient's history and status. This will allow them to evaluate and make medical decisions regarding the patient. It is reasonable to assume that this facility may not always be the closest hospital; however, the doctor's orders must be honored, it is generally by far the best location for the patient. In most transfer cases, the nurse, whom the doctor ordered to transfer the patient, will call a private ambulance, not 911, to transfer the patient to the assigned hospital. Protocol states to transport a critical patient to the nearest facility able to properly care for the patient or call paramedics. If the call is made for paramedics, or if the crew decides to scoop and run, we probably will not be able to carry out the doctor's transfer order. Incidents like this will not happen often. When they do, dispatch must stay one step ahead of the process. Immediately upon reroute, first notify the new receiving hospital unless transport is with the paramedics. Next, call the original receiving facility and notify them they will not be receiving the patient. Finally, call the nurse who called us or, if not available, the nurse in charge of the patient and explain to him/her what happened. Always offer to call the patient's doctor and explain why the patient was diverted. Follow these steps and call (whether the crew has advised you they have notified the facility or not) the sending facility. However, there is one exception to the diversion of patient's policy which is when the patient has a valid DNR or POLST on file at the sending facility. Pursuant to LA County EMS policy, DNR patients SHALL NOT be diverted to a closer facility.

Anytime a crew re-routes the dispatcher will direct that crew to fill out an incident report to be turned in with the run ticket and the Dispatcher will make the appropriate notations in the Dispatch System.

a. *Call Cancellations*

It is the policy of All Town Ambulance, LLC that any request for service be input into the CAD system, which allows us to identify response time issues that may be adversely impacting our client facilities. If the request is cancelled prior to dispatch or arrival on scene, the caller's name, reason for cancellation and time of cancellation will be documented in the cancelled call section of the lead sheet. The cancellation will be designated as a Lost Call and the reason will be noted in the comments section. If a crew is cancelled on scene or the patient signs Against Medical Advise (AMA), the Dispatcher is to immediately call back the original caller that requested the transport and confirm the cancellation or AMA. The dispatcher will note in the CAD the time and name of person the confirmation was made with.

b. *Delay Notifications*

Properly notifying customers of delays in the response to a call will reduce the number of customer service complaints and promotes a reliable image despite occasional service delays. Delay notifications must be conducted as soon as a service delay is anticipated and updated every fifteen (15) minutes until the ambulance arrives on-scene. Documentation logging all delay notifications is required. Dispatch must constantly monitor the pick-up times of pending calls to determine when delay notifications may be required. Efforts to avoid delay should begin when it appears a late call may occur.

The dispatcher should attempt to send the unit with the best possible ETA to a call to avoid delays and then, if possible, send the further unit to cover the appropriate area even if it means crossing the two units. The dispatcher should keep appropriate facilities and family members of patients apprised of any changes and/or service delays that may be encountered at least 20 minutes prior to pick-up and every 20 minutes after until a unit arrives on scene. A Supervisor shall be notified if more than one notification is required. Advise the Supervisor of the situation surrounding the late call. The Supervisor should personally contact the facility during his/her shift. Try not to underestimate E.T.A.s when making delay notifications. Most people get frustrated more when they have E.T.A.s given and not met rather than the proper E.T.A. given the first time. Also, upon notification, they seem to get more upset if different reasons are given than the crew gives upon arrival.

c. *Delay of Call*

Anytime a crew takes longer than 2 minutes to go available on the air for a call, a Supervisor shall be notified immediately and the Dispatch Supervisor shall be given written notification. Anytime a crew seems unreasonably delayed or remains at a pick-up/drop-off location for longer than 20 minutes without notifying Dispatch the Dispatcher shall immediately notify a Supervisor. Crews should contact Dispatch whenever there is a delay of any kind during any phase of a call and the dispatcher will input the reason for delay into the Dispatch System. The reason is to be very detailed and should include times, locations and names of persons communicated with. Anytime a crew is delayed more than 20 minutes at either pick-up/drop-off location, a page is to be immediately sent requesting the crew to contact Dispatch and report the reason for the delay. A trip note is to be entered into the call info of the Dispatch System for that call stating that a page was sent. Any person who delays a call or is knowledgeable of a delay of call and fails to make the appropriate documentation and fails to notify the on-call manager is in violation of this policy.

18. Records Completion, Confidentiality, and Falsification

The assigned employee must accurately complete all patient information. Inaccurate or untimely completion of records may result in disciplinary action. The information in these records may not be incepted, amended or removed without the express permission of the Management. Furthermore, this information is confidential and will not be relayed to other employees or the general public without written permission of All Town Ambulance, LLC. Written documents of All Town Ambulance, LLC's records will be completed as soon as possible after occurrence.

Patient Care Reports

Patient care reports will be turned into the on duty dispatcher at the end of every shift. On the door of dispatch is a locked metal box that each crew returning for end of shift will turn in their

completed PCR's for the day. The dispatcher will then unlock the PCR lock box and compare the number of PCR's turned in by the crew to how many calls were logged into that CAD for that crew. Dispatch will confirm that there are no missing PCR's. If PCR's are found to be missing and the crew cannot locate them, dispatch will immediately notify the on duty supervisor. Dispatch will then verify each PCR has the proper run number, dispatch times are complete and that the attendant has signed the PCR. Dispatch will then remove the yellow copies for review by the QA/QI committee. The yellow copies will be stored in a file in the General Manager's office. Dispatch will then put the PCR's for the day in an envelope marked with the day and place it back into the lock box ready for the biller to receive.

Computers may not be left "LOGGED ON" unless a Dispatcher is immediately present at the computer terminal. All notes regarding patient information or other confidential information must be completely destroyed. Falsification of documentations is grounds for discipline up to and including termination of employment.

19. Complaints

As a Dispatcher, you will be privy to information, which must be held confidential. For example, any type of complaint lodged against any employee of the company must be held confidential and information regarding the complaint must be released only to the employee's Supervisor/Manager or CEO. Complaints should include all pertinent information and must be immediately entered into the Dispatch System. If the complainant requests to speak to a Supervisor the on-duty Supervisor shall be notified immediately no matter what the time of day or night.

If the Supervisor/Manager or Owner is currently on-duty, he/she shall be notified immediately regardless of whether the complainant requests or warrants such notification. Should the Dispatch System be out of service, the dispatcher must write an incident report of everything the complainant claimed and all other pertinent information as soon as possible in addition to the above steps.

a. *Crew Complaints*

If a crewmember has a complaint, it must be routed through the on-call supervisor and at no time will the dispatcher argue, be disrespectful or discourteous to the crewmember. If at any time a crewmember decides to lodge a complaint, of any kind, while they should be either on a move up, on any phase of a call, or en route to a detail rather than performing their duties, an incident report must be filled out and the O/C Supervisor advised. At no time should a crewmember be allowed to lodge a complaint during any of the mentioned situations; this includes stopping while en route to a call for any type of favor or to express any type of displeasure.

b. *Call Offs/Tardies*

A "call off" is anytime an employee calls in to give notice that he/she will not be reporting for their scheduled shift. All employees calling off must notify their supervisor prior to dispatch. If the employee is unable to reach their supervisor they must leave a message with Dispatch including the reason for calling off and a contact phone number. Dispatchers will notify the O/C Supervisor. When notified of a call off the Dispatcher will stamp the employee's time card with the time clock, write in "call off" and initial the stamp. A "tardy" is anytime an employee fails to report for their scheduled shift at or prior to the scheduled start time for that shift.

20. Managers On Call

Because situations sometimes arise that require the authority and expertise of a Manager/Supervisor, there will be a Manager/Supervisor on-call 24 hours a day, 365 days a year. This person is available to handle any questions or problems that the employees do not have the authority or knowledge to deal with. An on-call schedule is to be posted in the Communications Center with an O/C Supervisor/Manager listed for every day. Should the Dispatcher not be able to contact the O/C Supervisor/Manager listed, the next manager in the chain of command is to be contacted. Contact should be made in this order:

1. Operations Manager
2. General Manager
3. Owner

21. Management Notifications

A Manager/Supervisor will always be available by pager or phone to assist the employees in dealing with any questions, problems, or situations that may arise. The Dispatchers are responsible for notifying the O/C Supervisor whenever necessary. If the Dispatcher is unable to contact the O/C Supervisor and the situation requires an immediate Supervisor response any Supervisor or Manager shall be notified. The following situations require the O/C Supervisor to be alerted and paged, General Manager (paged), and the Operations Supervisor (paged):

1. Traffic accidents involving company vehicle.
2. Patient injury while in our care.
3. On-duty employee injuries.

The page that is sent for the previous incidents are to include who was involved, location of the incident, whether or not any injuries occurred and which manager is en route to the location.

The following require the O/C Supervisor to be paged:

1. Severe off duty injuries/illness.
2. If two or more units are dispatched to the same location for multiple patients.
3. Customer complaint.

In addition to the O/C Supervisor, the Maintenance Mechanic should be paged for vehicle breakdowns. The O/C Supervisor should handle the crew situation and the Maintenance Mechanic should handle the vehicle disposition. Should the Maintenance Mechanic be unavailable the O/C Supervisor should handle both.

22. Fueling Procedures

Upon completion of your fueling, advise dispatch the location, odometer reading, number of gallons of fuel and the total price. Dispatch will then issue an authorization number. All fuel purchases must be approved by Dispatch in advance and immediately entered into the log upon the unit fueling. All drivers must request fuel anytime the total amount of fuel is equal or less than (5/8ths) of the units total fuel capacity unless they are on a call in which case they shall request fuel at the end of that call. Should you, the dispatcher, decide to send the units directly on another call, try to keep in mind their fuel status. On average each unit will get approximately 350 to 400 miles to a tank of fuel. When a unit advises they are at 1/4 tank, the unit shall be placed out-of-service and shall be sent to the nearest fueling station for fuel. This policy is designed to avoid units running low on fuel during peak periods, by forcing the units to fill up early. All units will be fueled prior to returning the station for end-of-shift.

23. Ambulance Activation

At the beginning of each shift, the crew will contact Dispatch via the radio five (5) minutes prior to the commencement of their shift. The crew will report what pager they have, what vehicle they are assigned, that vehicles fuel status and mileage. The Dispatcher will then activate the unit in the CAD and enter the information in the Daily Tracking Log. Vehicle and crew information is to be kept current throughout the crew's shift. Any changes in staffing or vehicles must be made in the Dispatch System and on the Daily Tracking Log.

24. Radio Communication

An effective communications system will be maintained as a vital link to providing quality patient care. Proper care of this equipment is imperative. Any negligent use or malicious destruction of any radio owned by All Town Ambulance, LLC will not be tolerated. Any radio damage caused by employee's negligence or malice may be cause for disciplinary action up to and including termination.

a. *Procedure*

Basic Rules for all Channels:

1. Keep radio traffic to a minimum.
2. Hold microphone 1 to 2 inches from mouth before speaking.
3. Speak clearly and distinctly.
4. Ensure radio is on and loud enough to hear at all times.
5. Show no emotion when transmitting.
6. Make no unnecessary statements or use improper language.
7. Do not argue over the air.
8. Learn how to operate all radios.
9. Microphone must remain in the microphone clip when not in use.
10. The dispatcher must make certain the radio is open to traffic 'Open Mike' when not in use due to HIPAA regulations.
11. Emergency traffic takes top priority.
12. Communication Center may ask crews to change channels.
13. At no time should stereos be heard over the two-way radio.

b. *Radio Procedure*

The radio should be used only for company business traffic and is considered the "Primary Radio". The main purpose for this radio is for day-to-day business including radio calls. The Dispatcher has priority on all radios/frequencies. The Primary radio identifier will be the word "Com" followed by the Radio transmissions from or to a Communication Center will begin with the unit's assignment number.

1. Radio transmissions that are to be unit to unit will include first, who is being called, and secondly, who is calling. Unit to unit communication must be limited to emergency traffic only. The only exception to the above procedure is when a unit is communicating with another unit and then wishes to contact the Communication Center.
2. Units should always give their location (10-20) whenever initially called on the radio; this should include their direction of travel. The unit should give their location (10-20) at the beginning of each group of communication.
3. Anytime a long transmission has to be transmitted, always gain acknowledgment first.
4. On all routine calls, give all the information necessary to respond to, and transport the patient.

When a unit reaches any All Town Ambulance, LLC's station in which they will be off the air, the unit will notify Dispatch. The unit should always wait for acknowledgment from dispatch. The dispatcher is the single most important person to the successful completion of the ambulance call. His/her time frame, available resources, system status, and crew cooperation will determine whether or not the ambulance arrives and completes the transport process in a timely, well organized manner. Because all four factors very seldom coincide, the dispatcher's job is usually very complex and high pressure. Crew cooperation is the only factor that can be controlled. If at any time a crew member contacts you because they feel that they ran a call that they should not have or did not run a call that they should have for whatever reason, advise the crew member to submit the inquiry through the proper channels.

c. *Operation Instructions*

1. A good Dispatcher will initiate and answer radio traffic in a professional pleasant manner. Never broadcast over the air in a way to indicate impatience, impoliteness, or indecisiveness. Answer all communications in a timely manner and never simply click the microphone to answer a communication.
2. Answer both phone and radio calls quickly and courteously.
3. Use plain text communications.
4. Realize that many people can hear radio messages over many miles and transmit accordingly.
5. Do not use the phrases "over and out", "roger," "OK," or "copy." The proper response is "10-4" or "copy."

6. Long messages should be broken into phrases and a "break" should be given every 20 seconds.
7. Do not acknowledge a message as received until you are positive of what was communicated.
8. If you are on the phone and any one is attempting contact via the radio, excuse yourself momentarily, and advise "stand-by" over the radio, then immediately finish your conversation with the customer.
9. Do not forget a "stand-by" transmission. Call your unit back as soon as possible.
10. Do not guess, confirm all doubtful words.

d. *Call Assignments*

It is the policy of All Town Ambulance, LLC that, in order to give the best possible response times and shortest run time for the crew/vehicle, the closest unit will always be assigned to any immediate call. It should be understood that this policy is meant to be only a guideline. At times situations will arise that prohibit the aforementioned. In such cases the appropriate documentation is to be submitted and the Dispatch Supervisor will be notified immediately. The General Manager and the Operations Supervisor have the authority to assign calls or override a Dispatcher when assigning calls.

The Dispatcher should make the Manager fully aware of any adverse conditions that may arise from their decision and let the Manager make the ultimate decision. The Dispatcher is to submit an incident report with all facts stated to the Dispatch Supervisor at the end of his/her shift. If a unit refuses a call the crew is to be clocked out and the O/C supervisor notified immediately for further instruction. Refusal of a call is grounds for discipline up to and including termination of employment.

25. Response Standards

It is All Town Ambulance, LLC's policy to ensure that all patients receive the highest level of service in the most expeditious manner. For all requests for response received from public safety agencies or non-public agencies, it is the goal of All Town Ambulance, LLC to meet the response-time standard set by All Town Ambulance, LLC or other standards set by contractual agreement or governmental regulation/policy. If at the time of receiving the call, the Dispatcher perceives the response time to exceed All Town Ambulance, LLC's requirement for response times, the Dispatcher will advise the caller at that time and confirm the delay is acceptable. If the delay is not acceptable, the dispatcher will contact the O/C Supervisor to request direction. The following are the Response Time Standards for each call type:

Code 3 with ALS Response 10 minutes **(Future Policy)**

Code 2 with ALS Response 15 minutes **(Future Policy)**

BLS Immediate Code-2 30 minutes

BLS Pre-Scheduled 15 minutes prior to scheduled pick-up time

Non-Scheduled CCT 60 minutes **(Future Policy)**

Scheduled CCT 15 minutes prior to scheduled pick-up time **(Future Policy)**

Whenever there is a difference between the All Town Ambulance, LLC's Ambulance Response

Time Standard and a contractual response time, the shortest response time of the two will take precedent.

a. *Posting Plan*

To insure the best possible response times to municipalities and facilities contracted with All Town Ambulance, LLC a System Status Management plan will be utilized. At no time will a Dispatcher leave any service area without coverage.

b. *Crew Details*

A "detail" is any errand or assigned task other than an assigned call or stand-by that a crew takes time to do at any time during their scheduled shift. At no time shall any crew be allowed to run a "detail" during any phase of a call or when any calls are holding within that crew's service area. At no time shall any crew be allowed to run a detail, except fueling unit, while posting for coverage. Fuel should be obtained anytime a unit is low on fuel. If the unit is needed for coverage the Dispatcher will instruct the unit to proceed to a fueling location at or near the post that the unit is needed at. It is the Dispatcher's responsibility to locate the appropriate fueling location for a unit. Anytime a crew requests to go on a detail, the Dispatcher will perform a Nextel alert test by sending a test alert to that crew's Nextel(s) to insure an open line of communication. The crew's request will not be granted until the crew verifies receipt of the test alert. At no time shall any crew run a "detail" outside the boundaries of the designated posting area without the permission of the O/C Manager/Supervisor. Whenever the O/C Supervisor clears a crew to run a "detail", the Supervisor shall notify the Dispatcher that the crew has been authorized to run the "detail" when the system status allows.

The Supervisor shall also notify the Dispatcher of where the "detail" is to be run and how long the "detail" will take. Any time a crew is on a "detail", whether personal or business, that crew will remain available to run any call without delay. If during a shift a crew is on a "detail" and does not respond to a call in an appropriate amount of time a Supervisor will be notified and an Incident Report submitted. The delaying crew is not to be allowed "on pager" and one crewmember is to remain "on air" for the duration of the shift.

26. Background Noise

It is the Dispatcher's responsibility to ensure no background noise is heard over the radio when transmitting on the radio or when speaking to anyone on the phone. No crews are allowed in Dispatch or in the area of Dispatch unless they have specific company business there. In that case, they must immediately take care of their business and leave the Dispatch area. No person should be allowed, at any time, to speak loudly in or around the Dispatch area. Any person, regardless of position, that is speaking loudly or creating a disturbance in Dispatch should be asked to leave the area. It is the Dispatcher's responsibility to inform crewmembers they are not allowed in Dispatch. If they do not immediately leave a Supervisor or Manager shall be immediately notified and an Incident Report submitted. Personal cell phones are not allowed in the Dispatch Center and are not to be used within it at any time by any person. Personal cell phones are not to be left on while on duty and may be used only while on a break and out of the Communications Center. Personal phone calls or phone calls with/by employees not pertinent to company business are distracting and cause unnecessary noise in Dispatch. These phone calls or other communications are prohibited.

27. Clear Text Communications

All Town Ambulance, LLC uses the "clear text" form of radio communication.

Example:

En Route
On Scene
Transporting
At Destination
Clear From Call
Available
Landline
Return to Quarters

PHONETIC ALPHABET:

- A - Adam
- B - Boy
- C - Charles
- D - David
- E - Edward
- F - Frank
- G - George
- H - Henry
- I - India
- J - Juliet
- K - King
- L - Lincoln
- M - Mary
- N - Nora
- O - Ocean
- P - Paul
- Q - Queen
- R - Robert
- S - Sam
- T - Tom
- U - Union
- V - Victor
- W - William
- X - X-ray
- Y - Yellow
- Z - Zebra

28. Quality Improvement Program**a. *Continuous Quality Improvement Standards***

All Town Ambulance, LLC shall establish a continuous quality improvement (CQI) program. A continuous quality improvement program shall address structural, resource, and/or protocol deficiencies as well as measure compliance to minimum protocol compliance standards as established by the EMD Medical Director through ongoing random case review for each emergency medical dispatcher.

The CQI process shall:

- a. Monitor the quality of medical instruction given to callers including ongoing random case review for each emergency medical dispatcher and observing telephone care rendered by emergency medical dispatchers for compliance with defined standards.
- b. Conduct random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices that do not conform to defined policy or procedures so that appropriate training can be initiated.
- c. Review EMD reports, and/or other records of patient care to compare performance against medical standards of practice.
- d. Recommend training, policies and procedures for quality improvement.
- e. Perform strategic planning and the development of broader policy and position statements.
- f. Identify CDE needs.
- g. Dispatch QI indicators:

Population Numerator	Number of patients who meet the criteria in LA County EMS Policy Ref. #1200 or 1200.2 and should have been referred to 911.
Numerator Inclusion Criteria	Criteria delineated in LA County Policy Ref. #1200 or 1200.2.
Numerator Data Source	-Dispatch CAD Reports -Patient Care Reports

b. *Emergency Medical Dispatch*

EMD case review is the basis for all aspects of continuous quality improvement in order to maintain a high level of service and to provide a means for continuously checking the system. Consistency and accuracy are essential elements of EMD case review.

Critical components of the EMD case review process:

- 1) Each CQI program shall have a case reviewer(s) who is:
 - a) A currently licensed or certified physician, registered nurse, physician assistant, EMT-P, EMT-II, or EMT-I, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services with a basic knowledge of emergency medical dispatch, and who has received specialized training in the case review process, or
 - b) An emergency medical dispatcher with at least two years of practical experience within the last five years, and who has received specialized training in the case review process.
- 2) The case reviewer shall measure individual emergency medical dispatcher performance in an objective, consistent manner, adhering to a standardized scoring procedure.
- 3) The regular and timely review of a pre-determined number of EMD calls shall be utilized to ensure that the emergency medical dispatcher is following protocols when providing medical instructions.
- 4) Routine and timely feedback shall be provided to the EMD to allow for improvement in their performance.
- 5) The case reviewer shall provide a compliance-to-protocol report at least annually to the EMD Medical Director to ensure that the EMD Provider Agency is complying with their chosen EMDPRS minimum protocol compliance standards, and Agency policies and procedures.

For further information regarding Communications activities in QI, please see the All Town Ambulance, LLC QI Program Manual.

29. Medical Direction and Oversight

All Town Ambulance, LLC shall employ, contract, or designate the services of a physician Medical Director (which may include a Local EMS Agency (LEMSA) Medical Director), who shall provide medical oversight for all medical aspects of the dispatch program including: dispatch protocol reference system, dispatch training program, continuing dispatch education program, compliance standards, policies and procedures, continuous quality improvement program and risk management functions, and records management.

The Dispatch Medical Director shall:

- a. Be licensed as a physician in California; board certified or qualified in Emergency Medicine, and
- b. Possess knowledge of EMS systems in California and of the local jurisdiction.
- c. Be familiar with dispatching systems and methodologies.

The Dispatch Medical Director shall be responsible for ensuring that the Agency's Dispatch Program is established in accordance with these guidelines.

The Dispatch Medical Director shall be responsible for the:

- a. Approval of the Dispatch training program and participating in ongoing evaluation and review of those programs;
- b. Approval and oversight of the continuing dispatch education program;
- c. Design of medical aspects of the emergency medical dispatcher orientation and performance evaluations;
- d. Evaluation of the medical care, post-dispatch and pre-arrival instructions rendered by Dispatch personnel;
- e. Approval of the emergency medical dispatch protocol reference system to be utilized;
- f. Review of all continuous quality improvement, training and risk management functions in the Agency's CQI plan, including the establishment and monitoring of programs designed to correct identified medical quality issues; and,
- g. Participation in the local EMS system CQI process.

The Medical Director over-sight is crucial to assuring that all components of the system are working in conjunction, in order to meet our patient's needs. This will also allow for research and development of new protocols and procedures and will assist in monitoring and reviewing of outcome studies. The Medical Director will randomly audit a minimum of fifteen percent (25%) of all calls, including call recordings, PCR review, and CAD data. The Medical Director with the assistance of the Communications Manager shall provide and review the results of all activities related to the Quality Improvement process at least quarterly or as needed. The Medical Director and Management staff of All Town Ambulance, LLC will be responsible for developing and encouraging the principles of Quality Improvement throughout the organization.

Communications Staff - Ventura

Employee	Position	View	Number
Montgomery, Jocelyn	Dispatcher		E138078
Edilan. George	Dispatcher		E146590
Amirian, Shant	Dispatcher		3009085
Alvarez-Locke, Micaela	Dispatcher		2061939

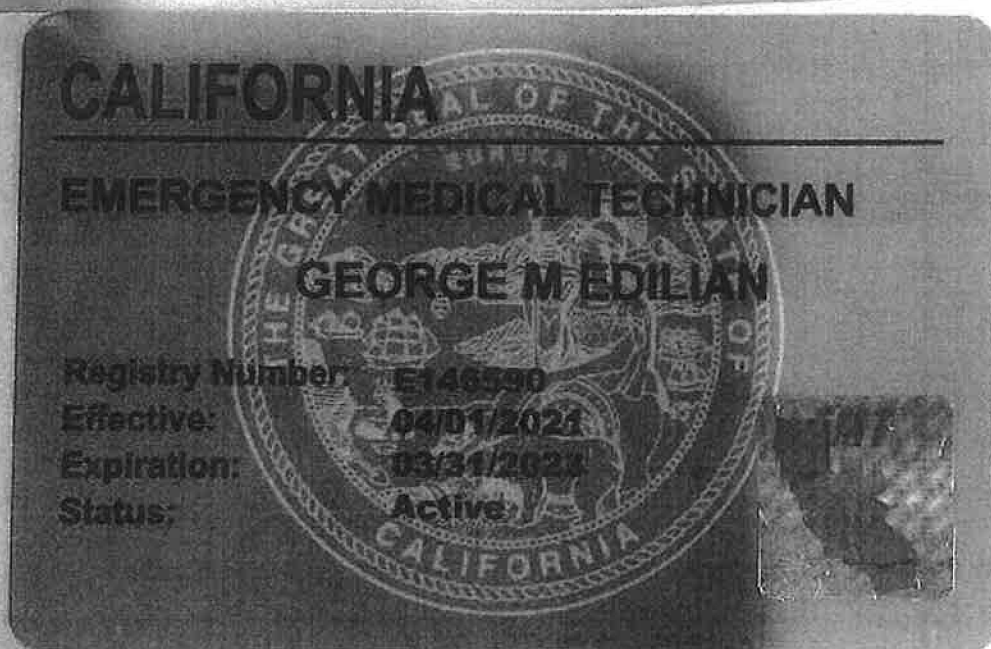
CALIFORNIA

EMERGENCY MEDICAL TECHNICIAN

JOCELYN D MONTGOMERY

Registry Number: E138078
Effective: 05/01/2020
Expiration: 04/30/2022
Status: Active





EMT Number:	E146590
Effective Date:	4/1/2021
Expiration Date:	3/31/2023
Status:	ACTIVE







Attachment XI

Our physical billing office address is:

7755 Haskell Ave

Van Nuys. CA 91406

Our assigned billing staff specifically trained and available to address billing inquiries from Ventura County patients is Beatriz Mejia.

Beatriz Mejia

9915 Woodale Ave
Arleta, CA 91331
bettymejia12@gmail.com
(310)808-5449

To secure a position in a well established organization that will allow me to grow as a professional; while providing a challenging environment and increasing my medical billing skills.

Work Experience

Medical Biller and Coder/ Accounts Receivable

Firstmed Ambulance - Sun Valley, CA
August 2018 to Present

Manage and coordinate billing for patients. Manage an active company database of patient insurance information. Ensured accuracy and date security of patient information and billing codes. Oversee daily claims to ensure they are properly being processed. Analyze denials for billing errors, verify patient demographics, and correct claims for resubmission. Accounts receivable to keep track of all services rendered. Upload and post payments into the patient's accounts and follow up with collection procedures. Delivered accurate and on time monthly financial closing. Prepare daily receipts and invoices for patients. Submit claims electronically for Insurances, Medicare and Medical. Clerical skills such as communicating by phone or by email, customer service, scheduling, filing, copies etc.

Produce Team Member – Whole Foods Market – February 2016 – August 2018

Provide excellent customer service by helping customers find products. Ensure products are fresh and at suitable temperatures. Restocking shelves. Responsible for preparing fruit and vegetables for display. Responsible for cleaning and sanitizing work area and produce sections.

Education

American Career College – July 2018

California State University of Northridge - 2012-2014

High School Diploma – Arleta High School – 2012

Skills

- Bilingual Spanish/English. Microsoft Word, Excel, PowerPoint, Computer knowledge, Medical Coding, Medical Billing, and Accounts Receivable, Traumasoft, HIPAA regulations, Office Ally, Medicare, Medical, Other major insurances, ICD 9/ ICD 10. Accounts receivable, Attention To Detail, Confident, Outgoing,

American Career College

The Administration of the College
on the recommendation of the faculty and by virtue
of the authority vested in them have conferred upon

Beatriz A Mejia

who has satisfactorily completed the prescribed courses necessary
and is therefore awarded this

Diploma in

Medical Billing and Coding
With all the rights and privileges and in recognition of successful
completion of the prescribed curriculum.

In witness thereof the signatures of the appropriate officers and the seal of the College are
hereunto affixed in the City of Los Angeles, in the State of California

This thirtieth day of July, two thousand eighteen



Chief Executive Officer



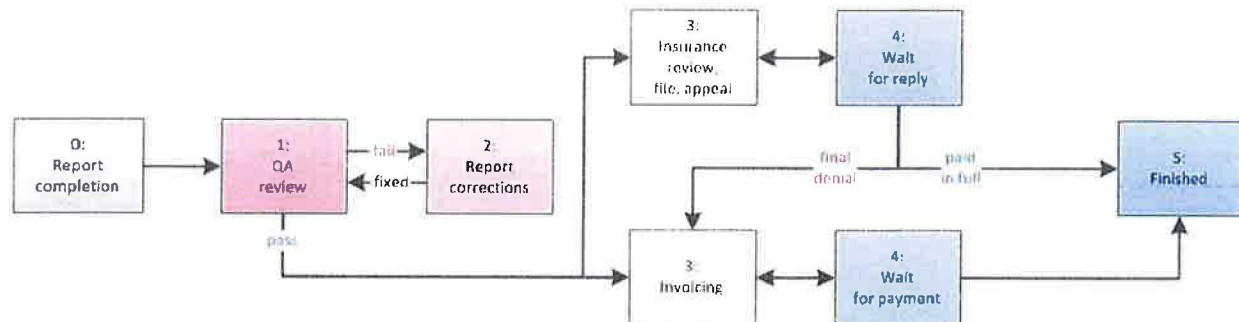
Vice President of Academics

EMS Ambulance Billing Software in the Cloud

AngelTrack's billing system is perfectly integrated with its dispatch system, its PCR, its QA review process, and its electronic document system. Your receivables flow smoothly through these systems, forward or back as necessary, until paid in full.

End-to-end automated workflow

After call completion, AngelTrack's automated workflow follows the dispatch every step of the way until all monies are collected:



Every call has its own bill-to and payor fields, partially automated, so that even complex payment arrangements can be selected. Bill it to insurance, to your contracted facilities, to the affiliates who roll you calls, and to the patients... all controlled and automated in AngelTrack.


Meanwhile there are robust statistics analyzing the workload and performance of each role, so that you can identify bottlenecks and low-performers.

Tight integration with dispatch

Billing information is integrated with call-taking and the dispatch system, allowing dispatchers to capture information that will be needed during billing and invoicing. AngelTrack's call-taking UI is loaded with smarts, automatically selecting the correct billing settings based on the dispatch settings and on your facility contracts:

Service

Requested: ☐ Car ☐ WC ☒ BLS ☐ ALS ☐ MICU ☐ Lab ☐ Telemed

Complaint: Sick person ☒ Billable 

Priority: 2 (Emergent)

Payment: ☒ Bill to: ☐ Insurance

☐ Facility: Shadey Acres Nursing Home

☐ Affiliate: AMR

☒ Patient

☐ Cash up front Price quote: \$each way

Prior auth: Not applicable [Billing help—](#)

The billing information is used to automate AngelTrack's workflow. The stream of closed dispatches passes through (or skips over) QA and then divides itself into billing queues: one queue for dispatches waiting for patient invoicing, another for facility invoicing, another for insurance filing, and so on. Each queue can be serviced by a different person, or outsourced, as you see fit.

Solves the #1 pain point

The number one pain point in the billing office, hands down, is this simple question: "What happened on this call? Do we bill it to the facility, or what?"

Spend a day in the billing office and you'll see it happen over, and over, and over: Gaps in the information from dispatch and crews requires requires your billers to send questions back and then wait for answers.

Old-fashioned EMS software systems — with separate dispatch, PCR, and billing modules — also fail to solve the problem. The billing module may be able to import data from the PCR, but too much information is lost during the imports/exports from dispatch to PCR to billing. Billers must still guess about how the call is to be billed.

AngelTrack solves this pain point using its end-to-end workflow, which gathers more and more information as each call moves from call-taking to dispatch to

PCR to billing office. Layers of software intelligence use the accumulated information to answer the question automatically, sorting all runs into queues according to how the calls should be billed.

Easy coding designed *just* for EMS

AngelTrack is coding is *only for EMS*. And so the coding process is massively simplified, compared to general medical coding applications.

Most of the information in your claim is automatically filled-in, using the dispatch, PCR, and QA records collected by the system. Billers are no longer asked to re-input, re-create, or re-type anything.

AngelTrack knows all the service codes and modifiers you might use, point-and-click so that mistakes are avoid. It also knows the entire ICD-10 code list, and provides autocomplete (type-ahead) helpers to guide billers in selecting the correct codes. It even has the Novitas suggested code list available in a handy dive-down picker.

Coding

Code set: * Outbound trip Return trip

Primary diagnosis: 3224 M8 Conductive, unspecified loss [No add-on code]

Additional codes: 302.81XB Unspecified fracture of skull, initial encounter for open fracture [No add-on code] 302.81XA Other stress-related injury with LCM [Injuries with return to pre-injury]

Proc modifier: 189.15S Pressure ulcer of sacral region, unspecified stage [No add-on code]

Title	Category	Code
B. Infections and parasitic diseases	R00: Abnormalities of heart beat	R10.10 Upper abdominal pain, unspecified
C. Neoplasms	R01: Abnormal blood-pressure reading	R10.11 Right upper quadrant pain
D. Endocrine, nutritional and metabolic diseases	R06: Abnormalities of breathing	R10.12 Left upper quadrant pain
E. Mental and behavioral disorders	R07: Pain in throat and chest	R10.13 Epigastric pain
F. Nervous system	R09: Other circulatory and respiratory	R10.2 Pelvic and perineal pain
G. Circulatory system	R10: Abdominal and pelvic pain	R10.30 Lower abdominal pain, unspecified
H. Respiratory system	R11: Nausea and vomiting	R10.31 Right lower quadrant pain
I. Digestive system	R19: Other digestive system and abdomen	R10.32 Left lower quadrant pain
J. Skin and subcutaneous tissue	R21: Other skin changes	R10.33 Perianal pain
K. Musculoskeletal system and connective tissue	R26: Abnormalities of gait and mobility	R10.811 Right upper quadrant abdominal tenderness
L. Pregnancy, childbirth, and the puerperium	R27: Other lack of coordination	R10.812 Left upper quadrant abdominal tenderness
M. Symptoms, signs and abnormal clinical and lab findings	R29: Other nervous and musculoskeletal	R10.813 Right lower quadrant abdominal tenderness
N. Injury, poisoning, and external causes	R40: Somnolence, stupor and coma	R10.814 Left lower quadrant abdominal tenderness
O. Factors influencing health status and health services	R41: Other cognitive functions	R10.815 Perianal abdominal tenderness
	R44: Other sensations and perceptions	R10.816 Epigastric abdominal tenderness

Reason for transport: For treatment not available at origin [37 characters]

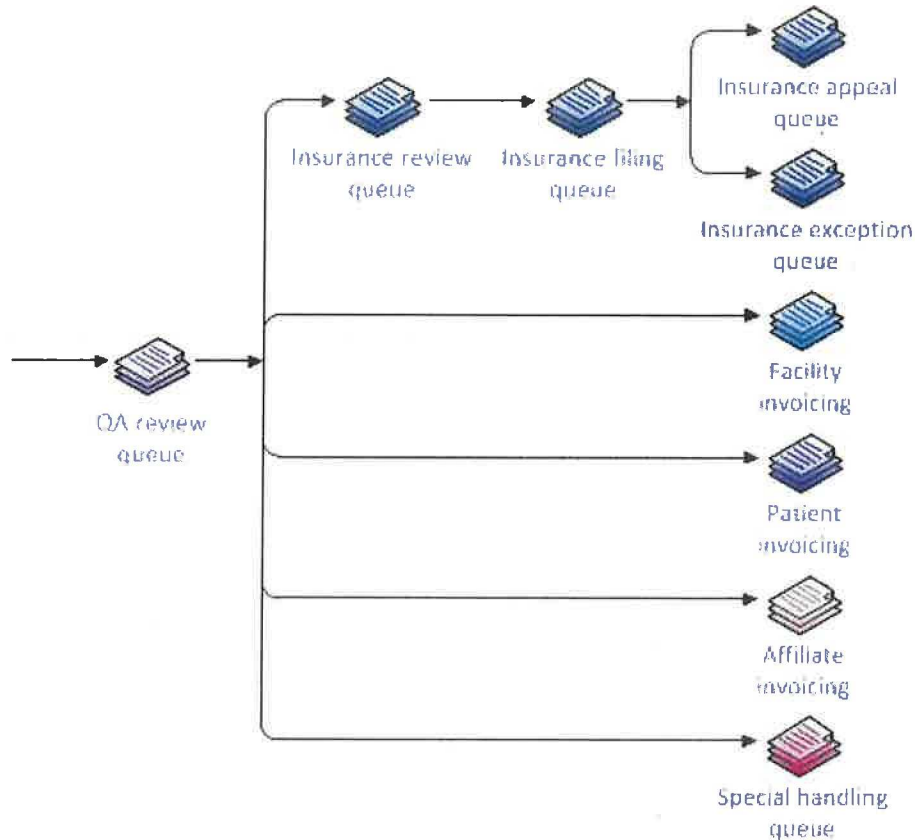
Reason for stretcher: Need for cardiac monitoring [27 characters]

Ambulance cert: 01 Going to hospital

(Loop 2300-CRC) 06 Emergent

Save

Everything is outsourceable



AngelTrack divides the many aspects of EMS billing into queues. Each queue represents a certain billing task. The queue fills with dispatches that are awaiting that task.

Queues makes it easy for multiple billers to work together without conflicts, and without anything slipping through the cracks. AngelTrack follows *every single dispatch* from call-taking to payment in full.

In smaller operations, one person can do them all. In larger operations, the more experienced billers can tackle the challenging queues (for example the insurance appeals queue), while novice billers are assigned the simpler tasks (like the insurance filing queue).

Or outsource. Any queue can be outsourced to a billing subcontractor. You can even outsource *all of them*, granting them logins to your AngelTrack server (at no charge) so that they can login from their own office to perform their assigned tasks.

Works with any billing subcontractor

AngelTrack can work with any billing subcontractor. The subcontractor can remain detached from your organization (as your current billing subcontractor is today)... or they can *integrate*, remotely accessing your AngelTrack cloud server and perform billing and bookkeeping on your behalf.

There is also a billing API that an outside biller can use to automatically pull trip data from AngelTrack just as soon as the trips pass QA review.

Lazy price quoting

AngelTrack uses lazy price quoting, where the official cost of a dispatch is not calculated until graduation from QA, during invoicing or insurance filing.

Of course dispatchers always have the option to quote a price up front, with some help from AngelTrack's electronic maps and route calculator. Cash-pay is supported too. But most of the time, price quoting should occur late in the game, after the odometer readings are in, and after QA has checked the mileage and services.

When the time finally comes to calculate the price quote, AngelTrack's clever automatic price quoter supports all popular pricing combinations:

Service	Per visit on-scene	Per transport mile	Free transport miles	Per standby minute	Free standby minutes
Car	\$25.00	\$2.00	first 0	\$1	first 20
A0130	\$30	\$3	first 0	\$1	first 20
A0428	\$250	\$5	first 0	\$2	first 20
A0429	\$300	\$5	first 0	\$2	first 20
A0426	\$400	\$6	first 0	\$4	first 20
A0427	\$450	\$6	first 0	\$4	first 20
A0433	\$500	\$6	first 0	\$5	first 20
A0434	\$600	\$6	first 0	\$6	first 20
First responder	\$50	\$2	first 0	\$1	first 30
Telemedicine	\$100	\$2	first 0	\$1	first 30

Automatic invoicing system

The screenshot shows a web application titled "Generate Invoice for a Facility" with a sub-header "or generate an invoice from all calls or from payments control". The interface is divided into several sections:

- Step 1: Select calls** - This section contains three radio button options for invoice types:
 - Differential** - all calls at Billing office and ready for invoicing or re-invoicing. This option is selected.
 - Complete** - all unfinished calls over a date range, including unreviewed calls.
 - Collections** - all unfinished calls with at least 100 unpaid invoices in a row.
 - Custom** - This option is unselected and leads to a series of colored buttons: "Finishing report" (purple), "Awaiting QA review" (pink), "Awaiting corrections" (light pink), "Billing office" (white), "Awaiting payment" (blue), and "Finished" (dark blue).
- Calendar** - Below the radio buttons are three calendar icons for JAN, FEB, and MAR, each with arrows pointing to specific dates.
- Filters** - At the bottom, there are two date pickers: "Calls on or after: 2000-01-01" and "but before: 2021-04-27". There is also a checkbox "Include calls with no balance owed" which is checked.
- Facility** - A dropdown menu showing "Westhill Plaza at 3001 Hillcroft" with an "Edit..." link.

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Electronic PCS and Medicaid-PAN forms

At long last... Medicare-compliant electronic PCS forms!

When a PCS is needed and not yet on-file, crews are prompted on-scene to collect one using their mobile devices. Any mobile device with a touchscreen and GPS can collect the PCS form while meeting Medicare requirements.

The form only takes a minute or two to fill out. It can be easily collected by one crew member while the other is prepping the patient for transfer. Here is an actual screenshot of the form on an iPad Mini.

One-shot authorizations can be signed by a nurse, LVN, discharge planner, or the like. Multi-day authorizations can be signed by a physician. The completed PCS forms then automatically appear in all applicable run reports across the range of authorized dates.

Also built-in to AngelTrack is a comparable electronic form for Medicaid, with similar automation to ensure that the crew will complete the form when necessary.

Certification of Medical Necessity (PCS)

I, Rachel Carson, certify that I have personal knowledge of the beneficiary's condition at the time ambulance transport is ordered or delivered; that the information entered into this record represents an accurate assessment of the patient's medical condition. AND that in my medical opinion the named patient cannot be safely transported by any means other than an ambulance with medically-trained personnel.

Authorization for Doe, Rachel born 1964-02-04, to travel from 2015-03-01 through 2015-03-31, from Shadey Acres Rest Home at 3001 Hillcroft to Memorial Hermann TIRR Kirby Glen Outpatient at 2455 South Braeswood for CAT scanner not available at origin. This authorization includes a return trip to the origin after services have been rendered.

This patient needs medical necessity for ground ambulance transportation because the patient:

Requires monitoring and elevation of a lower extremity due to DVT.

Requires isolation precautions due to MRSA and CDIIF.

Electronically signed by:



Name: Rachel Carson

Title: Physician - M.D.

Signed: 2015-04-18 18:36:00

Location: [29.7604274749756, -95.3698043823242]

This is a handwritten signature, given in person and captured electronically via touchscreen or stylus.

It is not an electronic stamp, scan, duplicate, or reproduction.

Automatic service charges for labs, medications, and oxygen

If you charge for on-scene labs performed, for medications administered, and for oxygen given, AngelTrack automatically levies the appropriate service charges. The service charges appear as line items in any subsequent invoice.

During the QA review process, your QA reviewer can easily add additional service charges for other items and services, which are then automated during the billing process.

Automatic paperless organization of PCS and prior auths

Finally you can tame the paperwork tornado required to maintain prior authorizations and PCS documents for your stretcher calls. Because patient (PCR) data, billing data, and dispatch data are united, AngelTrack knows which upcoming dispatches require prior authorization, as well as PCS documents... and it keeps track of when your dispatchers or billers notified the patient, nurse, or facility that a form must be filled out and faxed in.

Of course AngelTrack can optionally store images of those documents... or it can simply remember for you that a prior authorization was filed, along with the resulting authorization number.

When the day of transport arrives, if the PCS document is still missing, AngelTrack prompts the crew (via their tablet computer or other mobile device) to get one while on-scene, using the touchscreen to collect the signature.

Later, at billing time, AngelTrack seamlessly includes all appropriate documents in the final run report... including dispatch-level documents scanned in by crews, patient-level documents (like multi-day prior authorizations) scanned in by dispatchers and billers, and any other relevant documents attached to the dispatch or to the patient. It is even smart enough to share documents between both legs of a round-trip, so that papers need be scanned in only once.

Print Authorizations On File - AngelTrack - Windows Internet Explorer

Crew Home - [kdray](#) - Logout

Print Authorizations On File [Here does this work?](#)

☐ Hide expired documents
☒ Hide deleted documents
[Export](#)

ID	Patient	Type	Destination	Comments	Valid On	Valid Through	Content	Attached	Status
2938 Edit	Doc. Jane	PAN	DaVita Sagemeadow Dialysis 10921 Scarsdale Blvd	3-month medical preapproval	2014 Feb 01	2014 May 01 (90 days)	1 pages +	2014 Feb 23 Karllyn Hanks	Active
2939 Edit	Doc. Jane	PCS	Radiance Services Inc 5395 Wisconsin St	10 day preauth for radiation treatments	2014 Feb 23	2014 Mar 04 (10 days)	1 pages +	2014 Feb 23 Karllyn Hanks	Active
2937 Edit	Doc. John	PCS	Memorial Hermann Medical Center Hospital 6411 Fannin St	30-day PCS from doctor	2014 Feb 25	2014 Mar 24 (30 days)	1 pages +	2014 Feb 23 Karllyn Hanks	Active
2940 Edit	Doc. John	PAN	Spring Branch N-Ray 8830 Long Point Rd	PAN 3/8/2155	2014 Feb 23	2014 Feb 23 (1 day)	1 pages +	2014 Feb 23 Karllyn Hanks	Active

Keep the same clearinghouse, or switch

You can keep the same clearinghouse after switching to AngelTrack. We will review your clearinghouse's *837P Companion Guide* and work with you on trial submissions until AngelTrack's 837P output is compatible. Every clearinghouse has their own fiddly requirements, but the adjustments are usually very minor and can be completed by the next AngelTrack update (i.e. within two weeks).

We recommend OfficeAlly and we are guaranteed compatible with them out-of-the-box. If you wish to switch your clearinghouse to OfficeAlly, we will walk you through it and stay with you until it's all running smoothly.

We also guarantee compatibility with Noridian, the west-coast MAC, for those customers who upload claims directly instead of using a clearinghouse.

Keep the same clearinghouse, or switch



AngelTrack participates in the Emergency Triage, Treat, and Transport [ET3] program run by CMS. If your agency joins the program too, then using AngelTrack you will be able to bill Medicare for treatment-in-place and telehealth services provided via your ambulances, as well as for transports to alternate destinations not normally covered by Part B.

The ET3 program's data upload requirement will automatically be fulfilled by AngelTrack. You can simply run your calls and file your claims as normal.

Everything is tracked

Everything anybody does in AngelTrack is tracked and timestamped. Every record in AngelTrack — be it dispatches, patients, vehicles, stations, employees, timeclock punches, QA objections, or anything else — remembers who created it, when it was created, who last modified it, and when it was last modified.

Dispatch records and invoice records are tracked in even finer detail. Each record is fully journalled, showing a detailed log of every change, along with who changed it and when they changed it. If there is a mistake, you will always know who needs retraining.

Manage your billing operation by the numbers

AngelTrack gathers mountains of data, and offers a variety of useful reports showing different aspects of your organization's performance. All reports are instantly available and all make use of live data. Available reports include:

- Postprocess status of all calls at all stages, from dispatch through QA through billing through payment, grouped by age.
- Postprocess delays (QA, billing, collections).
- Revenues by zone and payor type, over any date range, segmented by any interval.
- Bill-to mix (insurance, facility, affiliate, and/or patient) by facility, service level and date range.
- Payor mix (percent Medicare, Medicaid, private, etc.) by facility, optionally weighted by call volume.
- PCS document coverage by date range and by responsible facility.
- Write-offs by facility and date range.
- Non-billable call rates by zone, facility, and date range.
- Balances owing by facilities, affiliates, and patients.
- Ages of outstanding receivables.
- Ages of open invoices.
- Pricing combinations explorer (adjust cost per pickup, cost per mile, and first miles free) for any facility's billing history.
- Call volume heatmap, filterable by service level, date range, and priority.
- Revenue analyzer, calculates each contract's month-over-month revenues by service level, including average revenue per call.
- Commission calculator, for salespeople who earn commissions based on call volume originating at a facility.



One-click access to NSure



The billing and dispatch areas of AngelTrack offer one-click access to NSure, which provides live queries for eligibility, insurance discovery, and demographic verification. (An NSure account is required for this feature.) These queries can find insurance policies that patients have forgotten to tell you they have, and therefore can dramatically increase your insurance collections and decrease your chargeoffs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2021

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 Ultimate Insurance & Financial Services 303 N GLENOAKS BLVD STE 240 Burbank CA 91502		CONTACT NAME: Andrew PHONE (A/C, No, Ext): 8184246917 E-MAIL: ultimateinsgroup@gmail.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Pennsylvania Manufacturers' Assoc Ins Co NAIC #: 12262 INSURER B: Pennsylvania Manufacturers' Assoc Ins Co NAIC #: 12262 INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED ALL TOWN AMBULANCE LLC 13812 SATICOY STR #A PANORAMA CITY CA 91402			

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	ADDL INSR	SUBR WVR	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	302101-9679549	05/12/2021	05/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	152101-9679549	05/12/2021	05/12/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMRI \$ 100,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$:						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> 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	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROF. LIABILITY	Y		ORAAPL-000119-00	05/12/2021	05/12/2022	OCC/AGG 1M/2M
A	SEXUAL ABUSE AND MOLES	Y		302101-9679549	05/12/2021	05/12/2022	OCC/AGG 1M/2M

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

County of Ventura is included as additional insured with regard to commercial general liability policy as required by written contract. General liability coverage includes blanket contractual liabilities and sexual abuse and molestation.

CERTIFICATE HOLDER

CANCELLATION

County of Ventura 2220 E. Gonzales Rd #200 Oxnard CA 93036	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 Andrew
--	---

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CERTIFICATE OF LIABILITY INSURANCE

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2022

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. 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 TMJ INSURANCE AGENCY 2001 W Magnolia Blvd Ste C BURBANK, CA 91506		CONTACT NAME: Alex Zenjiryan PHONE (A/C, No. Ext): (818)846-5550 FAX (A/C, No): (818)846-5551 E-MAIL ADDRESS: alex@tmjinsurance.com		
INSURED All Town Ambulance, LLC 7755 Haskell Ave Van Nuys, CA 91406		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: State Compensation Insurance Fund		35076
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	Y	1934688	9/3/2021	9/3/2022 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Waiver of subrogation applies to policy on blanket basis.

CERTIFICATE HOLDER**CANCELLATION**

County of Ventura
2220 E Gonzales Rd #200
Oxnard, CA 93036

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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ENDORSEMENT AGREEMENT



WAIVER OF SUBROGATION
BLANKET BASIS

REP 01
1934688-21
RENEWAL
SC
5-44-27-36
PAGE 1 OF 1

HOME OFFICE
SAN FRANCISCO

EFFECTIVE SEPTEMBER 3, 2021 AT 12.01 A.M.
AND EXPIRING SEPTEMBER 3, 2022 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

ALL TOWN AMBULANCE, LLC
7755 HASKELL AVE
VAN NUYS, CA 91406

WE HAVE THE RIGHT TO RECOVER OUR PAYMENTS FROM ANYONE
LIABLE FOR AN INJURY COVERED BY THIS POLICY. WE WILL
NOT ENFORCE OUR RIGHT AGAINST THE PERSON OR
ORGANIZATION NAMED IN THE SCHEDULE.

THIS AGREEMENT APPLIES ONLY TO THE EXTENT THAT YOU
PERFORM WORK UNDER A WRITTEN CONTRACT THAT REQUIRES YOU
TO OBTAIN THIS AGREEMENT FROM US.

THE ADDITIONAL PREMIUM FOR THIS ENDORSEMENT SHALL BE
2.00% OF THE TOTAL POLICY PREMIUM.

SCHEDULE

<u>PERSON OR ORGANIZATION</u>	<u>JOB DESCRIPTION</u>
ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER	BLANKET WAIVER OF SUBROGATION

NOTHING IN THIS ENDORSEMENT SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND
ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY
OTHER THAN AS ABOVE STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR
LIMITATIONS IN THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

SEPTEMBER 3, 2021

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



Attachment XIII

All Town Ambulance LLC intends to comply with the Multi-Casualty Incident Response plan as addressed in VCEMS Policy 131. During multi-casualty incidents (MCIs), the capability of the 911 ambulance providers to provide necessary prehospital emergency care and transportation may be insufficient for the number of casualties. Therefore, it is necessary that all non-911 ambulances operating in Ventura County be available to assist during an MCI. For this reason, each ambulance provider will make available, and place into service, all available licensed units upon VCEMS request.

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

DANIEL D ORCA

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.b

Introduction to Incident Command System

ICS-100

Issued this 17th Day of April, 2014



Jeffrey D. Stern, Ph.D.
Superintendent
Emergency Management Institute
Federal Emergency Management Agency

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

DANIEL D ORCA

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00200.b
ICS for Single Resources and
Initial Action Incident, ICS-200**

Issued this 17th Day of April, 2014



0.3 IACET CEU

Jeffrey D. Stern, Ph.D.
Superintendent
Emergency Management Institute
Federal Emergency Management Agency

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

ERIC D ECKELS

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.c

Introduction to Incident Command System, ICS-100

Issued this 15th Day of January, 2022



Jeffrey D. Stern, Ph.D.
Superintendent
Emergency Management Institute
Federal Emergency Management Agency

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

ERIC D ECKELS

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200.c

Basic Incident Command System for Initial Response



Issued this 15th Day of January, 2022



Jeffrey D. Stern, Ph.D.
Superintendent
Emergency Management Institute
Federal Emergency Management Agency

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

MICHAEL HABBESHAW

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.c

Introduction to Incident Command System, ICS-100



Issued this 19th Day of January, 2022



Jeffrey D. Stern, Ph.D.
Superintendent
Emergency Management Institute
Federal Emergency Management Agency

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

MICHAEL HABBESHAW

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200.c

Basic Incident Command System for Initial Response

A handwritten signature in blue ink, appearing to read "Jeffrey D. Stern".

Issued this 19th Day of January, 2022



Jeffrey D. Stern, Ph.D.
Superintendent
Emergency Management Institute
Federal Emergency Management Agency



Attachment XIV

All Town Ambulance LLC intends to comply with the requirements of the VCEMS Policies and Procedures Manual and the standards and policies set by the Medical Director of VCEMS.



Administration

2975 N. Sycamore Drive
Simi Valley, CA 93065
805-955-6200

AdventistHealthSimiValley.org

8/19/2021

To Whom It May Concern:

I am requesting approval of the application for All Town Ambulance to be licensed to operate in Ventura County. Many of our patients are managed by Heritage Provider Network (HPN), who has a close relationship with All Town Ambulance. We rely on our partners in care to assist in the timely discharge of patients, and one of our partners relies on All Town Ambulance.

Adventist Health Simi Valley has on average over 20 discharges per day. It is always expected that these numbers will increase during typical periods of higher admission rates, such as fall and winter. In anticipation of the increased demand for transportation, I am requesting your assistance in the approval of another transportation company to assist with meeting our demand for hospital transport.

Please feel free to reach out to me with any additional questions you may have in order to approve the All Town Ambulance application.

Respectfully,

A handwritten signature in black ink, appearing to read "John Dingilian", followed by a long horizontal line extending to the right.

John Dingilian, MD
Medical Officer

August 6, 2021

Re: All Town Ambulance

To Whom It May Concern:

I am writing this letter in support of the All Town Ambulance application for operational license in Ventura County. All Town is the Heritage Provider Network's (HPN) preferred transportation provider in the north region of our operations due to their reliability and strong communication.

HPN is responsible for 484,644 members in Southern California. 113,966 of these members belong to our San Fernando Valley and Simi Valley populations; populations that may admit to a Ventura County facility while under the care of our organization.

Currently, our discharges from Ventura County facilities average around 138 discharges per month. As we are presently operating in our summer months, we anticipate that this number will increase as we get into the fall and winter months and flu season is upon us. We are also concerned about the possible increase in admissions due to the still uncertain conditions surrounding Covid-19. Having an additional reliable transportation company to assist with timely discharges would be a great asset in the endeavor to assure timely patient care by helping to keep facility beds open to patients in urgent need.

I respectfully request your consideration in the approval of this application for All Town Ambulance.

If you have any other questions or concerns, please contact me via email at: jgluck@heritagemed.com.

Thank you for your consideration.


Jonathan Gluck, General Counsel & COO
/ek

Gil Bender, MD
Medical Director, Simi Valley and Ventura County
Regal Medical Group
Lakeside Community Healthcare
Phone: 805-210-7286
Cell: 562-508-9667

To Whom It May Concern:
RE: All Town Ambulance

August 17, 2021

I would like to recommend All Town Ambulance for a license to operate in Ventura County. The north region of Regal Medical Group / Lakeside Medical Group (RMG/LMG) has had great success in our relationship with All Town Ambulance in the San Fernando Valley campus and we would like to extend that relationship to the Simi Valley campus.

As the medical director of the Simi Valley campus, I oversee up to 10 discharges per day from Ventura County facilities. These numbers are expected to increase in the fall and winter months. In preparation for this expected increase in admissions and discharges I would like to request your consideration to approve a license for All Town Ambulance to operate in Ventura County. There is a great need for another ambulance company in Ventura County to assist with patient discharges from hospitals and transferring of patients to medical care.

If you have any questions regarding the All Town Ambulance application please feel free to call me on my cell at 562-508-9667 or email me at gbender@regalmed.com.

Thank you for your consideration.

Sincerely,

Gil Bender, MD