
**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: RFI-600219-07/BJC - Aeromedical Helicopter Services

DEPARTMENT: Administrative Services

DIVISION: Purchasing and Contracts

AUTHORIZED BY: Frank Raymond

CONTACT: Betsy Cohen

EXT: 7112

MOTION/RECOMMENDATION:

Award RFI-600219-07/BJC - Aeromedical Helicopter Services to Air Methods Corporation's, Wholly Owned Subsidiary: Rocky Mountain Holdings LLC d/b/a LifeNet, Englewood, CO.(No County Subsidy).

County-wide

Ray Hooper

BACKGROUND:

Seminole County issued a Request for Information as defined in s. 287.012(21), Florida Statutes with the intention of evaluating the feasibility for the acquisition of Aeromedical Helicopter Services. The services will include an Emergency Medical Services helicopter to primarily be used for emergency scene response within Seminole County and to agencies outside of the County during mutual aid requests. On rare occasions, the helicopter may be utilized for hospital interfacility transport. SCFD is one of the largest fire/rescue departments in Central Florida, responding to over 25,000 emergency calls per year from 15 County fire stations. Also located within Seminole County are six (6) municipal fire departments that operate from an additional 15 fire stations.

The County advertised the project and received two (2) submittals in response to the solicitation. The submittals were evaluated based on the following criteria:

Equipment: Type of aircraft proposed, pictures or sketches of Medical Interior, breakdown of communications equipment to be installed in aircraft, confirmation to meet all Florida Department of Health requirements for an Air Ambulance.

Qualifications of Staff: Minimum hiring requirements for pilots and maintenance personnel, initial and recurrent training, number of staff that will be dedicated to the SCFD program.

History of Firm: Number of years in EMS Air Medical services, references and overall safety record for the last five years.

Support Services: Approach of how the aircraft will be serviced; locations of regional service centers to be used and locations of back-up or substitute aircraft and how they will be utilized for the SCFD program. Billing processes that the firm intends to handle to include location of billing center and intended method of reporting revenue generation and patient billing data to the County.

Insurance coverage: Company insurance coverages to include: Workers' Compensation, General Commercial Liability, Business Automobile Liability, and Professional Aviation Liability.

Technical Approach: Staffing of the aircraft's pilot and medical crew, proposed location of the aircraft's base of operation, proposed flight mission profiles (scene, interfacility, regional response, rescue, etc.), Proposed Service area, approach to coverage for Seminole County in the event the aircraft leaves the County including options and costs for dedication to Seminole County, back-up aircraft usage (including maximum guaranteed down times), coverage by network aircraft (including the locations of these aircraft and estimated response time to arrive on scene in Seminole County), the need for any logistical usage of Seminole County assets such as: Dispatching, flight following, crew equipment, and uniforms, medical staffing and medical director coverage, intended handling of medical quality assurance and records.

Fees: Patient billing rate structure, any program subsidy funds expected from the County, any fees to the county for non-medical usage of the aircraft (Aerial observation, Command/Control, and Crew Training).

Term of Agreement: Intended timeframe for the term of the agreement.

The Evaluation Committee which consisted of Lieutenant Bryon Chaney, EMS/Fire/Rescue; Timothy Nicholson, Battalion Chief, EMS/Fire/Rescue; Fire Chief Leeanna Raw, EMS/Fire/Rescue; and Tad Stone, Director, Public Safety Department, evaluated the responses.

All fees are assessed via patient billing and no County subsidy is required. The County intends to issue a Certificate of Necessity for a total period of five (5) years for this service.

STAFF RECOMMENDATION:

Staff recommends that the Board award RFI-600219-07/BJC - Aeromedical Helicopter Services to Air Methods Corporation's, Wholly Owned Subsidiary: Rocky Mountain Holdings LLC d/b/a LifeNet, Englewood, CO. (No County Subsidy).

ATTACHMENTS:

1. Evaluation
2. Tabulation Sheet
3. Air Method's methodology and qualifications

Additionally Reviewed By:

County Attorney Review (Ann Colby)

RFI-600219-07/BJC – Aeromedical Helicopter Services

Evaluation Criteria used to evaluate the responses:

1. **Equipment**
 - A. Type of aircraft proposed
 - B. Pictures or sketches of Medical Interior
 - C. Breakdown of communications equipment to be installed in aircraft
 - D. Confirmation to meet all Florida Department of Health requirements for an Air Ambulance.
2. **Qualifications of Staff**
 - A. Minimum hiring requirements for pilots and maintenance personnel
 - B. Outline of initial and recurrent training
 - C. Minimum number of staff that will be dedicated to the SCFD program
3. **History of Firm**
 - A. Include number of years in EMS Air Medical services
 - B. Include up to three references that the firm has provided similar services to in the past.
 - C. Overall safety record for the last five years
4. **Support Services**
 - A. Include thorough explanation of how the aircraft will be serviced; include locations of regional service centers to be used and locations of back-up or substitute aircraft and how they will be utilized for the SCFD program.
 - B. Include any patient billing processes that the firm intends to handle and an explanation of the intended billing process to include: location of billing center and intended method of reporting revenue generation and patient billing data to the County.
5. **Insurance coverage**
 - A. Insurance coverages to include: Workers' Compensation, General Commercial Liability, Business Automobile Liability, and Professional Aviation Liability.
6. **Technical Approach**
 - A. Provide a thorough explanation of the proposed operational structure/model for the program. This must include the subjects of:
 1. Staffing of the aircraft's pilot and medical crew (include any provisions for utilizing Seminole County Fire Dept. Flight Paramedics)
 2. Proposed location of the aircraft's base of operation (include provisions for crew quarters)
 3. Proposed flight mission profiles (scene, interfacility, regional response, rescue, etc.)
 4. Proposed Service area. (if applicable, include an estimation of time that the aircraft will be out of Seminole County and not available for scene responses)
 5. Firm must address coverage for Seminole County in the event the aircraft leaves the County. This should include:
 - a1. options and costs for dedication to Seminole County
 - b1. back-up aircraft usage (including maximum guaranteed down times)
 - c1. coverage by network aircraft (including the locations of these aircraft and estimated response time to arrive on scene in Seminole County)
 6. Firm must address the need for any logistical usage of Seminole County assets such as: Dispatching, flight following, crew equipment, and uniforms.
 7. Firm must address medical staffing and medical director coverage.
 8. Firm must address intended handling of medical quality assurance and records.
7. **Fees**
 - A. Firm should address patient billing rate structure
 - B. Firm should address any program subsidy funds expected from the County
 - C. Firm should address any fees to the county for non-medical usage of the aircraft (Aerial observation, Command/Control, and Crew Training)
8. **Term of Agreement**
 - A. Firm should address the intended timeframe for the term of the agreement

Based on these criteria the Committee recommends Air Methods. The Committee based their recommendation on the following:

- Proposed aircraft is larger and it is equipped with the enclosed tail rotor for added safety.
- Proposed a future maintenance facility in the Orlando Area.
- Considerations for Seminole County's Medical Director involvement.
- Considerations for Fire administration involvement in operations, safety and business revenue review.
- Negotiable language on the make-up of the program.

B.C.C. - SEMINOLE COUNTY, FL TABULATION SHEET

Project: RFI-600219-07/BJC – Aeromedical Helicopter Services

Date: August 1, 2007

Time: 2:00 P.M.

ALL SUBMITTALS ACCEPTED BY SEMINOLE COUNTY ARE SUBJECT TO THE COUNTY'S TERMS AND CONDITIONS AND ANY AND ALL ADDITIONAL TERMS AND CONDITIONS SUBMITTED BY THE PROPOSERS ARE REJECTED AND SHALL HAVE NO FORCE AND EFFECT. RFP DOCUMENTS FROM THE PROPOSERS LISTED HEREIN ARE THE ONLY SUBMITTALS RECEIVED TIMELY AS OF THE ABOVE OPENING DATE AND TIME. ALL OTHER DOCUMENTS SUBMITTED IN RESPONSE TO THIS SOLICITATION, IF ANY, ARE HEREBY REJECTED AS LATE

Proposers:

<p>Air Methods Corporation's, Wholly Owned Subsidiary: Rocky Mountain Holdings LLC d/b/a LifeNet</p> <p>7301 S. Peoria Englewood, CO 80112 (800) 433-3555 – Phone (303) 792-7568 – Fax David L. Dolstein</p>	<p>Omniflight Helicopters, Inc.</p> <p>16415 Addison Road Addison, Texas 75001 (972) 776-0130 – Phone (972) 776-0135 – Fax Brian J. Burrell</p>
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Status:

- Tabulated by Betsy J. Cohen, Procurement Supervisor (Posted 8/03/2007 at 12:00 PM)
- Evaluation Committee Meeting: August 21, 2007 @ 2pm, CSB, 1101 E. 1st St., Rm. 3223, Sanford, FL
- Award Recommendation: TBD

Air Methods, LifeNet Letters of Interest to Seminole County



**Aeromedical Helicopter Service
RFI-600219-07BJC**

JULY 31, 2007

Request for Letters of Interest – Direct Responses

Answers in blue

A. REQUIRED SUBMITTALS:

1. Request for Information – Page #1 of Package

- **Name of Individual, Partnership, Company, Corporation submitting a response;**
- **Signature(s) or representative(s) legally authorized to bind the Respondent.**
- **Address, Telephone Number, Fax Number and all required information.**

SEE ATTACHMENT 1 FOR REQUEST FOR INFORMATION AND RESPONDENT ACKNOWLEDGEMENT FORM

2. Summary of Litigation:

Air Methods and Rocky Mountain Helicopters have been in business for a combined period of over 50 years. During this time there has been litigation that has included labor, regulatory, accident and medical issues. It would be difficult to produce such a list. We can state that there is no current litigation that jeopardizes the corporation's financial stability, insurance limits or ability to meet any of the conditions of this proposal. We will be happy to discuss any of these areas during oral presentations.

3. License Sanctions: List any regulatory or license agency sanctions within the past 5 years.

None

4. Conflict of Interest Statement: Complete the "Conflict of Interest Statement" included in this RFI documents as indicated.

See ATTACHMENT 2

5. Compliance with the Public Records Law: Complete form included in this package.

See ATTACHMENT 3

B. QUALIFICATIONS / FEE STRUCTURE:

The Firm must present information addressing each of the following areas or clearly indicating that they will not be part of the proposed program model.

1. Equipment

A. Type of aircraft proposed

Eurocopter EC 130. AMC operates the largest fleet of aircraft in the US and other options are available and open for discussions.

B. Pictures or sketches of Medical Interior

See ATTACHMENT 4

C. Breakdown of communications equipment to be installed in aircraft.

Aircraft will have radios capable of communicating on any frequency or system required. Our standard radio complement include two aviation radios, two navigation radios, satellite tracking, and a Technosonic radio which is configurable to operate on any 800 system and in all frequency bands.

D. Confirmation to meet all Florida Department of Health requirements for an Air Ambulance.

Air Methods has a license in good standing with the Florida Department of Health. See ATTACHMENT 5.

2. Qualifications of Staff

A. Minimum hiring requirements for pilots and maintenance personnel.

See ATTACHMENT 6

B. Outline of initial and recurrent training

See ATTACHMENT 7

D. Minimum number of staff that will be dedicated to the SCFD program

5 Nurses

5 Paramedic

1 mechanic

4 Pilots

3. History of Firm

A. Include number of years in EMS Air Medical services

Air Methods Corporation was established in Colorado in 1982 and now serves as the largest provider of air medical emergency transport services and systems throughout the United States of America. We provide air medical emergency transport services under two separate operating models: the Community-Based Model (CBM) and the Hospital-Based Model (HBM). In October 2002, we acquired 100% of the membership interest of Rocky Mountain Holdings, LLC (RMH), which conducted both CBM and HBM operations. RMH, Mercy Air Service, Inc. (Mercy Air), and LifeNet, Inc. (LifeNet) operate as wholly-owned subsidiaries of Air Methods.

B. Include up to three references that the firm has provided similar services to in the past.

Director Raymond Chatlos, Polk County EMS (863) 519-7400

Chief Jim Judge, Lake-Sumter EMS, (352) 516-1532

Timothy Cook, CEO, Osceola Regional Hospital, (407) 846-7951

C. Overall safety record for the last five years

We have one of the highest safety records in the industry today. Air Methods logs over 100,000 a year of flight time. Our accident rate is a fraction of the national average. One of the best indicators of safety and true evaluations of safety would be to look at insurance rates and coverage. Air Methods still can carry \$50,000,000. We have an in house safety Department that reports directly to the CEO of the Company.

4. Support Services

A. Include thorough explanation of how the aircraft will be serviced; include locations of regional service centers to be used and locations of back-up or substitute aircraft and how they will be utilized for the SCFD program.

We have regional service centers in Jacksonville, Griffin Georgia and plan one for Orlando area.

We operate with a 7:1 spare to in-service aircraft ratio. Maintenance is performed on a continuous basis to minimize out of service time. Any time scheduled maintenance is done, a spare is provided. We have one dedicated spare for the Orlando area. We also have back up aircraft in North Florida, South Florida and Georgia.

Should we be out of service for an extended period, we would either use our back-up aircraft or move another system aircraft to cover. We actively manage our fleet in much the same way as you would do move ups. We would move Leesburg to a location that would meet the "Standard of Response Coverage" that we collectively develop.

We developed other systems using this active approach. It is based on the Commission on Fire Accreditation International's "Standard of Response Coverage" principals. How this translates into reliability is remarkable. In one County alone, one year, where we shared the County equally with another provider we only missed 3 flights that year and the other provider missed 300 flights.

The main idea is to determine what our standard benchmarks will be and then measure by zone response time performance. With this measurement we can determine if coverage is adequate in amount of concentration, distribution and location.

Ideally we would an additional aircraft in the Orlando area to create a net of coverage. It may be necessary at some point to add another base in the middle

of the system. We are currently working with other Counties in the Orlando area.

- B. Include any patient billing processes that the firm intends to handle and an explanation of the intended billing process to include: location of billing center and intended method of reporting revenue generation and patient billing data to the County.

Our billing process would include patient data gathering from the county's EMS/FD agencies as well as the county hospitals. All billing would be directly to the patients and their guarantors. The information would be gathered by our flight crews and sent to our billing specialists in our national communications center in Omaha Nebraska. The billing division would be responsible for initial invoicing, insurance process and collections. We would propose to have a relationship between our billing departments and share billing and collections information as appropriate and permitted by law. If possible, we would provide the county quarterly reports on revenue generation and patient billing data.

5. Insurance coverage
See Attached 8

6. Technical Approach

- A. Provide a thorough explanation of the proposed operational structure/model for the program. This must include the subjects of:

1. Staffing of the aircraft's pilot and medical crew (include any provisions for utilizing Seminole County Fire Dept. Flight Paramedics)

Each aircraft is staffed with one pilot, one critical care nurse, and one paramedic.

To accomplish this 24/7:

- Each of our aircraft is assigned 4 pilots. Relief pilots are available from other programs if needed.
- The medical crews work 24/48 hour shifts with a "Kelly" day. This requires 3 full time and 2 part time personnel in each position. Part time nurses and paramedics cover Kelly days, vacation and other staffing needs. For our Paramedic coverage we are willing to provide a stand alone program hiring Seminole County Fire Department's Paramedics directly on their off time or contract with the County for Paramedic Coverage.
- Each aircraft is assigned 1.5 FTE of mechanic coverage and each aircraft has one permanently assigned mechanic.

2. Proposed location of the aircraft's base of operation (include provisions for

crew quarters)

TBD. We utilize a variety of locations to operate an aircraft base. This includes hospitals, airports, fire district substations, EMS substations. Crew quarters would be determined by the agreement/location of the operation. These may be provided through a lease agreement or provided by Air Methods/LifeNet through our standard modular building.

3. Proposed flight mission profiles (scene, interfacility, regional response, rescue, etc.)

The primary flight mission for Seminole county would be scene response. This aircraft would also be utilized for inter-facility transfers as well as a mutual assist aircraft in our system model.

4. Proposed Service area. (if applicable, include an estimation of time that the aircraft will be out of Seminole County and not available for scene responses)

We would respond to any request in Seminole County. Utilizing a type of system status approach, we would develop benchmarks for response times and reliability. Initially we would propose 90% of the time we are on scene within 15 minutes and 99% of the time within 20 minutes. Flight times for our aircraft including the Orange County aircraft are:

- Seminole Aircraft 0-5 minutes
- Orange County 10 minutes
- Lake County aircraft 20 minutes.
- Osceola County aircraft 20 minutes.

Similar to a Fire Department if resources become depleted in one area we would move up aircraft to a central location. Our Bartow base is 30 minutes flight time but if all the north east bases were not available we would move up to Orlando as a central location. Additionally we have agreements with Bayflite, who operates 4 aircraft to move up and cover our base when we move up.

5. Firm must address coverage for Seminole County in the event the aircraft leaves the County. This should include:

- a1. options and costs for dedication to Seminole County.

We could discuss this option but we believe this gives less coverage and more cost. An estimate would be 1-2 million per year in subsidy.

- b1. Back-up aircraft usage (including maximum guaranteed down times)
See #4

- c1. Coverage by network aircraft (including the locations of these aircraft and

estimated response time to arrive on scene in Seminole County)

See #4 above and see ATTACHMENT 11 for map of Florida Air Methods or CJ systems aircraft. On July 31st, 2007 Air Methods announced a definitive agreement to acquire 100% of the outstanding common stock of FSS Airholdings, Inc. (parent company of CJ Systems Aviation Group, Inc. or "CJ"). CJ is one of the largest private companies providing air medical transport services in the country and provides these services under both the community-based and hospital-based service delivery models, utilizing a fleet of over 113 helicopters and fixed-wing aircraft. Headquartered near Pittsburgh, PA, CJ has a significant maintenance and overhaul facility located on site. Press release is ATTACHMENT 12.

6. Firm must address the need for any logistical usage of Seminole County assets such as: Dispatching, flight following, crew equipment, and uniforms.
No need for any county assets.

7. Firm must address medical staffing and medical director coverage.

Medical staffing would be accomplished in accordance with 6A1 above.

LifeNet would contract under separate agreement with Medical Director. In each program surrounding Seminole County, LifeNet contracts with local EMS medical director as follows:

- Lake County Dr Geeslin
- Polk County Dr White
- Osceola County Dr Dalton

8. Firm must address intended handling of medical quality assurance and records.

See LifeNet standard for QA and medical record handling in ATTACHMENT 9

7. Fees

A. Firm should address patient billing rate structure

Currently LifeNet's Lift off fee is \$8,979.02 and \$83.61 a loaded mile.

B. Firm should address any program subsidy funds expected from the County
No county subsidy would be requested.

C. Firm should address any fees to the county for non-medical usage of the aircraft
(Aerial observation, Command/Control, and Crew Training)

Any flight time that we could relate to LifeNet, would be at no cost
(Landing Zone Training, crew training, etc...) Our goal would be to work
with the County to determine an amount of time that would meet any of

the County's needs with a nominal charge to offset our "costs" and then place that amount of time into the contract. An estimate would be \$1,250 an hour.

8. Term of Agreement

- A. Firm should address the intended timeframe for the term of the agreement
5 years

0447

STATE OF  FLORIDA

DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
AIR AMBULANCE SERVICE LICENSE

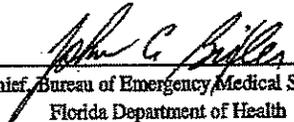
This is to certify that ROCKY MOUNTAIN HOLDINGS L.L.C. DBA LIFENET
Name of Provider

7301 SOUTH PEORIA STREET, ENGLEWOOD, CO 80112
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64E-2, Florida Administrative Code, and is authorized to operate as an
INTERFACILITY/PRE-HOSPITAL

Air Ambulance Service Type of Service
subject to any and all limitations specified in applicable Certificate(s) of Public Convenience and
Necessity and/or Mutual Aid Agreements for the County(ies) listed below:

BAKER, CLAY, COLUMBIA, DUVAL, GILCHRIST, JACKSON, LEON, NASSAU, OKALOOSA, OSCEOLA, POLK, ST. JOHNS,
SUMTER, SUWANNEE, WALTON
County(ies)


Chief, Bureau of Emergency Medical Services
Florida Department of Health

Date 07/02/2007 Expires 03/30/2008

This certificate shall be posted in the above mentioned establishment

ATTACHMENT 5 - Florida License

 Air Methods





ATTACHMENT 6 – Job Description

AIR METHODS CORPORATION
LifeNet Subsidiary

POSITION TITLE: Flight Paramedic
LOCATION / DEPT: LifeNet Subsidiary
DATE APPROVED: 01/15/04
DATE REVIEWED/REVISED: 10/10/05

NUMBER: 0200
TITLE CODE: OPSFLTPMC

SUMMARY: Provides high quality pre-hospital advanced life support including assessment, triage, and treatment utilizing standards and guidelines established by LifeNet Medical Director(s) within scope of practice; assesses the nature and extent of illness and injury to establish and prioritize care needed for safe transport of the critical patient to the appropriate facility working in collaboration with flight nurse partner; is qualified to provide care for patients across the life-span in assigned clinical area; responsible for carrying out the mission and goals of LifeNet assuring that safety remains the highest priority throughout the transport continuum.

ESSENTIAL DUTIES & RESPONSIBILITIES:

- Provides pre-hospital advanced life support care from the initial contact until patient care is relinquished to the accepting medical facility; maintains thorough patient care documentation.
- Practices within his/her scope of practice as defined by the states regulating each base and LifeNet.
 - Maintains competency in knowledge and psychomotor skills by participating in ongoing laboratory and clinical experiences. Communicates educational needs to the Medical Base Supervisor and Medical Education Coordinator.
 - Maintains documentation of required licensure, certifications, continuing education, aviation and safety training, OSHA and HIPAA training, clinical rotations, and advanced procedures.
 - Attends minimum of six educational programs per year pertinent to his/her practice.
- Knowledgeable in use and routine maintenance of all equipment and supplies used by LifeNet. Responsible for reporting medical equipment failures and taking initial steps to insure repair of equipment as directed. Maintains adequate supplies onboard aircraft to deliver patient care. Keeps aircraft clean and orderly to insure rapid response to all transport requests.
- Maintains positive interpersonal relationships with colleagues, EMS representatives, hospitals and the public.
 - Participates in patient and referring institution follow-up.

- Participates in planned outreach marketing and education activities.
- Functions as a medical flight member.
 - Attends pre-mission briefings and mission debriefings and completes necessary documentation.
 - Assists in pre-mission liftoff checklist and assists pilot as requested, i.e., radio, navigational, and visual observation activities. Complies with safety standards to assure safety of self, medical personnel, patient, and equipment.
 - Serves as a flight resource to neonatal/pediatric personnel when transporting specialty patients by helicopter.
- Performs advanced skills and procedures as approved by LifeNet Medical Director(s).
- Serves as a role model, educator and clinical resource.
 - Acts as a preceptor and/or participates in orientation of new employees and students as assigned.
 - Acts as a liaison and communicates program goals and objectives.
 - Participates in continuing and outreach education programs.
 - Conducts aircraft safety briefings as needed.
 - Maintains awareness of current issues related to pre-hospital care through participation in professional activities, i.e., national, state legislative--elected or appointed.
- Participates regularly in departmental activities, projects and committees.
 - Attends and participates in meetings according to established departmental guidelines.
 - Develops standards and guidelines related to the flight program as assigned.
 - Participates in departmental quality improvement activities as assigned.
 - Undertakes and maintains projects as assigned (to include research and publishing opportunities).
- Other duties as assigned.

QUALIFICATIONS: The qualifications listed are representative of those required to successfully fulfill job responsibilities, but may include program-specific qualifications not listed. Contact local program representative for additional requirements.

Required:**Education:**

High School Diploma

Experience:

Minimum three years experience in a busy 911 system

Licenses & Certificates:

Registered EMT-P licensed in state(s) served

National Certification may be required to meet state licensure requirements

Current certifications in BLS/CPR; ACLS; BTLS or PHTLS; and PALS or equivalent

Advance trauma course: auditing of (1) of the following is acceptable TNCC, ATLS, or TNATC within 6 months of hire (Please note a skills lab must accompany all of the above mentioned advanced trauma courses)

NRP if program provides high-risk OB and/or neonatal transports within 6 months of hire

Preferred:**Education:**

Bachelor's degree in health-related field

Experience:

Previous critical care transport experience

Flight Experience

License & Certificates:

Specialty certification: FP-C is required within two years of hire

RELATIONSHIPS:**Reports To:**

Medical Base Supervisor, Medical Manager

Interfaces To:

Medical Director

Supervisees:

None

COMPETENCIES: Competency in advanced practice skills as defined by Medical Director(s) and Medical Standards and Guidelines.

SKILLS: Skills as required to practice as a paramedic as defined by assigned state scope of practice and advanced practice skills as defined by Medical Director(s) and Medical Standards and Guidelines.

PHYSICAL DEMANDS: Physical demands described here are representative of those that must be met by an employee to successfully perform essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing duties of this job, the employee is regularly required to use hands to perform medical procedures and assessments, reach with hands and arms, and speak and hear. The employee is frequently required to sit. The employee is required to stand, walk, climb or balance, stoop, kneel, crouch or crawl, and smell. The employee is required to maintain adequate physical conditioning to be able to perform job duties. Job duties are often performed at high stress levels requiring employee to function effectively and independently while maintaining good working relationships with partners, patients, and customers.

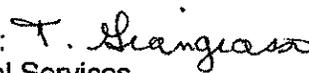
The employee must frequently lift and/or move up to 80 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT: Work environment characteristics described here are representative of those an employee encounters while performing essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

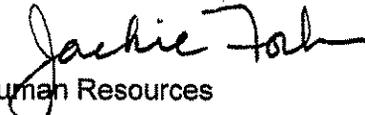
While performing duties of this job, the employee frequently works near moving mechanical parts and in outside weather conditions; and is frequently exposed to blood-borne pathogens or airborne particles, fumes and gases, electrical and chemical hazards, and vibrations/turbulence. Pre-employment and annual physicals will be provided to include appropriate immunizations as required, back screening, and a PPD skin test for tuberculosis.

The noise level in the work environment is usually loud, requiring hearing protection while in-flight, and at a moderate level when in the hospital environment. Pre-employment and annual audiograms will be provided to monitor for hearing loss. Noise attenuation devices will be provided to all employees, but it is the employee's responsibility to utilize these devices to prevent hearing loss.

FLSA STATUS:

LifeNet
Approved By: 
Title: Medical Services

Air Methods
Approved By: 
Title: Senior VP LifeNet Subsidiary

Air Methods
Approved By: 
Title: VP of Human Resources

AIR METHODS CORPORATION
LifeNet Subsidiary

POSITION TITLE: Flight Nurse
LOCATION / DEPT: LifeNet Subsidiary
DATE APPROVED: 01/15/04
DATE REVIEWED/REVISED: 10/10/05

NUMBER: 0100
TITLE CODE: OPSFLTNR

SUMMARY: Provides high quality nursing care including assessment, triage, and treatment utilizing standards and guidelines established by LifeNet Medical Director(s); assesses the nature and extent of illness or injury to establish and prioritize the care needed for safe transport of the critical patient to the appropriate facility; is qualified to provide care for patients across the life span in his/her assigned clinical area; responsible for carrying out the mission and goals of LifeNet assuring that safety remains the highest priority throughout the transport continuum.

ESSENTIAL DUTIES & RESPONSIBILITIES:

- Provides nursing care from the initial contact until patient care is relinquished to the accepting medical facility; maintains thorough patient care documentation.
- Practices nursing within his/her scope of practice as defined by the states regulating each base and LifeNet.
 - Maintains competency in knowledge and psychomotor skills by participating in ongoing laboratory and clinical experiences. Communicates educational needs to the Medical Base Supervisor and Medical Education Coordinator.
 - Maintains documentation of required licensure, certifications, continuing education, aviation and safety training, OSHA and HIPAA training, clinical rotations, and advanced procedures.
 - Attends continuing education programs pertinent to his/her area of practice.
- Knowledgeable in use and routine maintenance of all equipment and supplies used by LifeNet. Responsible for reporting medical equipment failures and taking initial steps to insure repair of equipment as directed. Maintains adequate supplies onboard aircraft to deliver patient care. Keeps aircraft clean and orderly to insure rapid response to all transport requests.
- Maintains positive interpersonal relationships with colleagues, EMS representatives, hospitals and the public.
 - Participates in patient and referring institution follow-up.

- Participates in planned outreach marketing and education activities.
- Functions as a medical flight member.
 - Attends pre-mission briefings and mission debriefings and completes necessary documentation.
 - Assists in pre-mission liftoff checklist and assists pilot as requested, i.e., radio, navigational, and visual observation activities. Complies with safety standards to assure safety of self, medical personnel, patient, and equipment.
 - Serves as a flight resource to neonatal/pediatric personnel when transporting specialty patients by helicopter.
- Performs advanced skills and procedures as approved by LifeNet Medical Director(s).
- Serves as a role model, educator and clinical resource.
 - Acts as a preceptor and/or participates in orientation of new employees and students as assigned.
 - Acts as a liaison and communicates program goals and objectives.
 - Participates in continuing and outreach education programs.
 - Conducts aircraft safety briefings as needed.
 - Maintains awareness of current issues related to pre-hospital care through participation in professional activities, i.e., national, state legislative-elected or appointed.
- Participates regularly in LifeNet activities, projects and committees.
 - Attends and participates in meetings according to established departmental guidelines.
 - Develops standards and guidelines related to the flight program as assigned.
 - Participates in departmental quality improvement activities as assigned.
 - Undertakes and maintains projects as assigned (to include research and publishing opportunities).
- Other duties as assigned.

QUALIFICATIONS: The qualifications listed are representative of those required to successfully fulfill job responsibilities, but may include program-specific qualifications not listed. Contact local program representative for additional requirements.

Required:**Education:**

Graduate of an accredited School of Nursing

Experience:

Minimum three years critical care/emergency nursing experience

Licenses & Certificates:

Current RN license(s) for states of practice

EMS or MICN certification/licensure as required by state regulations

Current certifications in BLS/CPR; ACLS; TNCC/BTLS/PHTLS; and PALS or equivalent

Specialty certification (CFRN, CCRN, CEN) required within two years of hire

Advance Trauma Course requirement: (1) of the following certifications are acceptable: TNCC, ATLS, or TNATC within 6 months of hire. (Please note a skills lab must accompany all of the above mentioned advanced trauma courses)

NRP if program provides high-risk OB and/or neonatal transports within 6 months of hire

Preferred:**Education:**

BSN or Bachelors degree in health-related field

Experience:

Pre-hospital experience

Flight Experience

License & Certificates:**RELATIONSHIPS:****Reports To:**

Medical Base Supervisor, Medical Manager

Interfaces To:

Medical Director

Supervisees:

None

COMPETENCIES: Competency in advanced practice skills as defined by Medical Director(s) and Medical Standards and Guidelines.

SKILLS: Skills as required to practice nursing as defined by assigned state scope of practice and advanced practice skills as defined by Medical Director(s) and Medical Standards and Guidelines.

PHYSICAL DEMANDS: Physical demands described here are representative of those that must be met by an employee to successfully perform essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing duties of this job, the employee is regularly required to use hands to perform medical procedures and assessments, reach with hands and arms, and speak and hear. The employee is frequently required to sit. The employee is required to stand, walk, climb or balance, stoop, kneel, crouch or crawl, and smell. The employee is required to maintain adequate physical conditioning to be able to perform job duties. Job duties are often performed at high stress levels requiring employee to function effectively and independently while maintaining good working relationships with partners, patients, and customers.

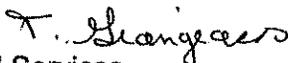
The employee must frequently lift and/or move up to 80 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and the ability to adjust focus.

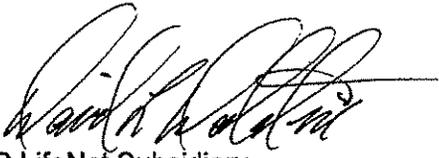
WORK ENVIRONMENT: Work environment characteristics described here are representative of those an employee encounters while performing essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing duties of this job, the employee frequently works near moving mechanical parts and in outside weather conditions; and is frequently exposed to blood-borne pathogens or airborne particles, fumes and gases, electrical and chemical hazards, and vibrations/turbulence. Pre-employment and annual physicals will be provided to include appropriate immunizations as required, back screening, and a PPD skin test for tuberculosis.

The noise level in the work environment is usually loud, requiring hearing protection while in-flight, and at a moderate level when in the hospital environment. Pre-employment and annual audiograms will be provided to monitor for hearing loss. Noise attenuation devices will be provided to all employees, but it is the employee's responsibility to utilize these devices to prevent hearing loss.

FLSA STATUS:

LifeNet
Approved By: 
Title: Medical Services

Air Methods
Approved By: 
Title: Senior VP LifeNet Subsidiary

Air Methods
Approved By: 
Title: VP of Human Resources

AIR METHODS CORPORATION
LifeNet Subsidiary

POSITION TITLE: Medical Base Supervisor
LOCATION / DEPT: LifeNet Subsidiary
DATE APPROVED: 01/15/04
DATE REVIEWED/REVISED: 09/29/05

NUMBER: 0300
TITLE CODE: MEDBASSPVR

SUMMARY: Responsible for oversight of daily operations of assigned base(s); supervises personnel and coordinates activities of LifeNet medical personnel; assists management team in implementation and enforcement of new and existing LifeNet standards; performs duties of active flight crew member.

ESSENTIAL DUTIES & RESPONSIBILITIES:

- Coordinates daily activities of LifeNet medical staff.
 - Provides duty schedule and assures proper medical coverage for all shifts at assigned base(s) (monthly schedule, ill call coverage, vacation coverage, approves schedule changes).
 - Reviews payroll for accuracy and overtime issues, submits ERPA forms for ill and vacation times.
 - Receives feedback related to flight issues/concerns; resolves issues/concerns and/or refers to appropriate person for resolution.
 - Recommends and implements changes to improve efficiency and effectiveness of program performance.
 - Assigns responsibilities and projects to medical crew members.
- Supervises LifeNet medical staff.
 - Serves as a role model for provision of advanced level medical care.
 - Maintains and monitors medical crew licensure, certifications, clinical requirements, OSHA training and testing, and advanced procedures tracking.
 - Insures medical crew members receive appropriate medical attention and follow-up for work-related injuries and exposures utilizing occupational health provider, submits appropriate worker's compensation paperwork to Medical Manager.

- Interviews candidates and provides input for hiring decisions in collaboration with the interview committee.
- Assists in completion of new employee orientation in collaboration with Medical Education Coordinator.
- Prepares and collaborates with Medical Manager and Medical Education Coordinator to complete annual employee evaluations.
- Initiates initial disciplinary action (verbal warning with appropriate documentation) for administrative and behavioral deficiencies in collaboration with Medical Manager and HR. Refers ongoing deficiencies requiring further disciplinary action to Medical Manager. Refers all clinical deficiencies to Medical Manager and/or Medical Education Coordinator.
- Delegates assignments and holds medical employees accountable for project completion.
- Functions as a resource for dissemination of new information and problem resolution.
- Assures proper use, maintenance, and repair of equipment and supplies. Participates in the evaluation of new equipment/supplies. Oversees inventory and supplies at base level.
- Assists Medical Manager in developing and revising standards.
- Participates in Quality Assurance and Improvement through systematic problem identification, and collaborates with the Medical Manager to correct deficiencies and to evaluate implemented change. Assists with chart review and QA/QI data collection as assigned.
- Actively seeks Public Relations and Outreach Education opportunities for assigned base(s) service area. Participates in local EMS/hospital/advisory committees as LifeNet representative.
- Oversees maintenance and organization of crew quarters. Assures that assigned base(s) meets regulatory agency requirements, safety standards, and infection control policy.
- Administers Ride-Along program, if applicable.
- Maintains all requirements and fulfills all essential functions of a flight crew member.
- Other duties as assigned.

QUALIFICATIONS: The qualifications listed are representative of those required to successfully fulfill job responsibilities, but may include program-specific qualifications not listed. Contact local program representative for additional requirements.

Required:

Education:

Meets qualifications of Flight Nurse or Flight Paramedic, as applicable

Position Title: Medical Base Supervisor

Title Code: MEDBASSPVE

Experience:

One year previous flight experience

Licenses & Certificates:

Meets qualifications of Flight Nurse or Flight Paramedic, as applicable

Preferred:**Education:**

Bachelor's degree in business or health-related field

Experience:

Previous management/supervisory experience

Excellent communication, public relations, computer, and staff development skills

License & Certificates:

Specialty certification (CFRN, CCRN, CEN, CF-P, CCEMT-P)

RELATIONSHIPS:

Reports To: Medical Manager

Interfaces To: Medical Education Coordinator, Medical Operations

Coordinator, Aviation staff & manager

Supervisees: Medical personnel

COMPETENCIES: Competency in advanced practice skills as defined by Medical Director(s) and Medical Standards.

SKILLS: Skills as required to practice nursing or paramedicine (as applicable) as defined by assigned state scope of practice and advanced practice skills as defined by Medical Director(s) and Medical Standards. Strong leadership and supervisory skills.

PHYSICAL DEMANDS: Physical demands described here are representative of those that must be met by an employee to successfully perform essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing duties of this job, the employee is regularly required to use hands to perform medical procedures and assessments, reach with hands and arms, and speak and hear. The employee is frequently required to sit. The employee is required to stand, walk, climb or balance, stoop, kneel, crouch or crawl, and smell. The employee is required to maintain adequate physical conditioning to be able to perform job duties. Job duties are often performed at high stress levels requiring employee to function effectively and independently while maintaining good working relationships with partners, patients, and customers.

The employee must frequently lift and/or move up to 80 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and the ability to adjust focus.

Position Title: Medical Base Supervisor

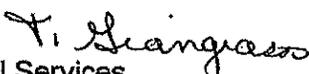
Title Code: MEDBASSPVF

WORK ENVIRONMENT: Work environment characteristics described here are representative of those an employee encounters while performing essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing duties of this job, the employee frequently works near moving mechanical parts and in outside weather conditions; and is frequently exposed to blood-borne pathogens or airborne particles, fumes and gases, electrical and chemical hazards, and vibrations/turbulence. Pre-employment and annual physicals will be provided to include appropriate immunizations as required, back screening, and a PPD skin test for tuberculosis.

The noise level in the work environment is usually loud, requiring hearing protection while in-flight, and at a moderate level when in the hospital environment. Pre-employment and annual audiograms will be provided to monitor for hearing loss. Noise attenuation devices will be provided to all employees, but it is the employee's responsibility to utilize these devices to prevent hearing loss.

FLSA STATUS:

LifeNet
Approved By: 
Title: Medical Services

Air Methods
Approved By: 
Title: Senior VP LifeNet Subsidiary

Air Methods
Approved By: 
Title: VP of Human Resources

Line Pilot Job Description:

Hospital or Community based VFR Helicopter EMS Operations

Requirements:

- Commercial & Instrument License in category.
- ATP rating in category preferred.
- Medical Certificate – Class I or II per contract requirements.
- 24 months recency of flight experience is preferred.
- Proficient in VFR programs.
- College degree from an accredited institution is preferred.
- Excellent interpersonal skills.
- Ability to work respectfully and collaboratively with others.
- Desire to be part of a team.
- Must live within the geographical location of the base (i.e., an approximate driving time of one hour).
- Ability to conduct activities requiring lifting, carrying, pushing or pulling on a frequent basis up to 80 pounds.

Flight Hour Requirements (all in category):

- 2000 hours total time (with a minimum of 1500 hours in category - "rotor wing").
- 1000 rotor wing PIC hours.
- 50 rotor wing instrument hours (**actual or hood**).
- 500 rotor wing turbine hours.
- 100 rotor wing unaided night hours.

Aircraft: AS-350

A training contract will be required.

We are proud to be an EEO/AA employer M/F/D/V. We maintain a drug-free workplace and perform pre-employment substance abuse testing.

Line Pilot Job Description:

Hospital or Community based VFR Helicopter EMS Operations

Requirements:

- Commercial & Instrument License in category.
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- 24 months recency of flight experience is preferred.
- Proficient in VFR programs.
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- 1000 rotor wing PIC hours.
- 50 rotor wing instrument hours (**actual or hood**).
- 500 rotor wing turbine hours.
- 100 rotor wing unaided night hours.

Aircraft: AS-350

A training contract will be required.

We are proud to be an EEO/AA employer M/F/D/V. We maintain a drug-free workplace and perform pre-employment substance abuse testing.

Job Description:

AIRCRAFT = BK-117

A Line Mechanic is responsible for ensuring program aircraft are maintained to airworthiness standards prescribed by applicable regulations, airworthiness directives, company policies, and good practices.

Qualifications:

- Ensures aircraft is maintained in an airworthy condition.
- Ensures aircraft, ground support equipment, and work areas are maintained to company standards of cleanliness and appearance.
- Ensures all required maintenance manuals and documents are in order.
- Coordinates with Field Maintenance Supervisor(s) to ensure timely acquisition of parts and tooling.
- Ensures efficient scheduling of field maintenance.
- Ensures all maintenance records are accurate and in accordance with applicable FARs and company policies.
- Ensures company maintenance records are submitted to the principal business office in a timely manner.
- Ensures program parts and supplies inventory is accurate and sufficient.
- Ensures accountability for all expendable items.
- Ensures all used core parts, unneeded new parts, and support equipment is returned to the proper departments in a timely manner.
- Attends monthly company staff meetings.
- Attends program meetings.
- Assists program marketing efforts.
- Performs other duties as assigned by the Aviation Service Manager or Field Maintenance Supervisor

Requirements:

- FAA Airframe and Powerplant certificate as prescribed by FAR 65.
- High school diploma or GED.
- Associates degree preferred.
- Must meet recent experience requirement of FAR 65.83.
- At least 2 years experience maintaining turbine powered aircraft.
- Factory or equivalent training on the assigned make and model aircraft preferred.
- Must be knowledgeable of FARs, General Operations Manual, Safety Program, and assigned aircraft maintenance manuals.
- Maintain harmonious and cooperative relations with the program members, other company members, patients and guests.
- Maintains confidentiality of information deemed confidential.
- Communicates effectively with pilot and medical teams.
- Effective oral and written communication skills.
- Sound judgment and objectivity in decision-making.
- This position requires the ability and/or willingness to work days, nights, weekends, scheduled days off, overtime and to be on-call.

Environment:

The assigned work environment may include hospitals and/or airports. The expected environment includes outdoor operations in most all weather condition during all times of the day or night.

We are proud to be an EEO/AA employer M/F/D/V. We maintain a drug-free workplace and perform pre-employment substance abuse testing.

ATTACHMENT 7 – Medical Crew Training

AIR METHODS CORPORATION
LifeNet Subsidiary

ADMINISTRATIVE STANDARD: Initial & Continuing Medical Education **NUMBER:** 2400
LOCATION / DEPT: LifeNet Subsidiary **CODE:** ADMCONTMEDEDU
DATE APPROVED: 11/23/04
DATE REVIEWED/REVISED: 10/10/05

PURPOSE: To establish minimum standards for initial and continuing medical education which will assist in ensuring clinical preparedness and competency.

STANDARD: In addition to the Air Methods/Life Net Subsidiary job descriptions, LifeNet views the following as the minimum initial and continuing education requirements for all full-time and part-time medical transport personnel that deliver direct patient care aboard a company aircraft. These requirements are in alignment with CAMTS standards.

PROCEDURE:

All medical personnel will successfully complete an initial comprehensive orientation program that will consist of the following:

DIDACTIC COMPONENT

1. Advanced airway management
2. Altitude physiology /stressors of flight
3. Aircraft fundamentals and safety to include radio communications for aircraft and EMS and crew resource management
4. Cardiac emergencies to include acute coronary syndrome (ACS), cardiogenic shock, twelve lead ECG interpretation, arrhythmia recognition, valvular dysfunction, aortic emergencies, hypertensive emergencies, and pericardial tamponade
5. Environmental emergencies to include hyper/hypothermia, near drowning, and electrical injuries
6. Hazardous materials recognition and response
7. Hemodynamic monitoring, pacemakers, automatic implantable defibrillator (AICD), intra aortic balloon pump (IABP), central lines, pulmonary and arterial catheters, ventricular assist devices (VAD), and extracorporeal membrane oxygenation (ECMO)
8. High risk obstetrical emergencies to include preterm labor (PTL), pregnancy induced hypertension (PIH), placenta previa, abruptio placenta, HELLP syndrome and emergency childbirth
9. HIPPA training
10. History of air medicine, philosophy and indications for transport

Administrative Standard: Initial and Continuing Medical Education

Code: ADMCONTMEDEDU

11. Infection control
12. Industry associations and standards to include CAMTS
13. Medical protocol test
14. Metabolic and endocrine emergencies to include diabetic ketoacidosis (DKA)
15. Multi-trauma to include maxillofacial, neurological (head and spine), thoracic, abdominal and orthopedic)
16. Neonatal emergencies (respiratory distress, cardiac and surgical anomalies)
17. Neurological emergencies to include intracerebral hemorrhage, subarachnoid hemorrhage, seizures and cerebral vascular disease
18. OSHA training
19. Pediatric medical emergencies to include seizures, meningococemia, croup, and epiglottitis
20. Pediatric trauma
21. Pharmacology
22. Quality Management
23. Radiographic interpretation (chest)
24. Respiratory emergencies to include acute respiratory distress syndrome (ARDS), reactive airway disease (RAD), pulmonary embolism, pneumothorax, acid base balance, arterial blood gas interpretation, mechanical ventilation and capnography interpretation
25. Scene management to include safety, disaster management/ triage, rescue/ extrication
26. Stress recognition and management
27. Survival training
28. Thermal, chemical and electrical burns
29. Trauma systems and trauma scoring
30. Trauma in pregnancy
31. Toxicology

The above didactic topics may be taught by several different methods: traditional lecture with discussion, self-directed learning tutorial, web-based or case-scenario teaching, etc. Methodology for completing didactic training will be at the discretion of the program. However, there must be documentation that ensures competency through written objectives and examination testing prior to independent practice.

CLINICAL COMPONENT

Measurable objectives need to be developed and documented for each clinical experience listed below, reflecting either hands-on or scenario-based practical training utilizing a human patient simulator capable of demonstrating physiological changes resulting from treatments and therapies performed.

1. Adult critical care (cardiac, medical, surgical)
2. Pediatric critical care
3. Neonatal intensive care
4. Labor and delivery
5. Emergency care

6. Prehospital care
7. Tracheal intubations (minimum of 5 successful live or cadaver intubations)
8. Invasive procedure lab (mannequin, cadaver or animal)

Following the didactic and clinical components, the new medical employee needs to successfully complete an internship or preceptorship. This allows for further role definition, recognition of the need for additional training and an opportunity to put into practice all previous training.

On annual basis, the following continuing education requirements must be met:

DIDACTIC COMPONENT

1. Aviation safety
2. Altitude physiology and stressors of flight
3. Critical care courses
4. Emergency care courses
5. Hazardous material recognition and response
6. Infection control
7. Medical protocol test
8. OSHA (company modules)
9. State EMS rules and regulations regarding ground transport
10. Stress recognition and management
11. Survival training

CLINICAL COMPONENT

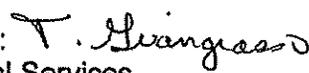
Measurable objectives need to be developed and documented for each clinical experience listed below, reflecting either hands-on or scenario-based practical training utilizing a human patient simulator capable of demonstrating physiological changes resulting from treatments and therapies performed.

1. Adult critical care (cardiac, medical, surgical)
2. Pediatric critical care
3. Neonatal intensive care
4. Labor and delivery
5. Emergency care
6. Prehospital care
7. Tracheal intubations (1 per quarter in each patient age category infant, pediatric and adult as per mission profile)
8. Invasive procedure lab (mannequin, cadaver or animal)
9. Skills maintenance program must be documented and comply with the number of skills required in a set period of time according to the policy of each program.

In addition please refer to Air Methods / Life Net Subsidiary job descriptions for Flight Nurse (Code: OPSFLTNR) and Flight Paramedic (Code: OPSFLTPMC) for required licensure and certifications.

It is also the responsibility of individual transport members to recognize their own educational needs independent of any requirements. Each medical team member has a professional responsibility to maintain and continue to gain knowledge in their respective professions.

FORMS: None

Life Net
Approved By: 
Title: Medical Services

Air Methods
Approved By: 
Title: Senior VP LifeNet Subsidiary

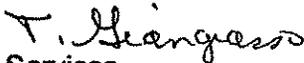
ATTACHMENT 9 – Quality Assurance

- individual inbox. The Medical Manager will have three options at this point:
- a. If the patient care record requires no further action or comments, the Medical Manager marks the call as "Completed" and clears it to Final Review.
 - b. If the Medical Manager determines the need, comments are added by the Medical Manager. The Medical Manager can then mark the call as "Completed" and clear it to Final Review.
 - c. If the Medical Manager determines the call requires review by the Medical Director, the call is left open and moved to the Medical Director.
5. Medical Director Review – There are two methods of routing charts to the Medical Director for review. If the duty crew wants the Medical Director to have immediate access to the patient care record following a flight, they have the option of indicating this in the Field Data record. In Outcome, select "Yes" under "Notify Med. Dir." To send a copy of the patient care record directly to the Medical Director. This does not supercede QA/QI routing. The other method for routing calls to the Medical Director is for the Medical Manager to move the call to them. These calls will route to the Medical Directors' individual inboxes for review and an e-mail notification will be sent to the Medical Director. Upon completion of the review, the Medical Director should mark the call as "Complete" and clear it to Final Review.
6. Final Review – When the QA/QI review is marked "Complete" by either the Medical Manager or Medical Director, the patient care record is routed to Final Review. This gives the medical crew members that participated in the flight the opportunity to review all comments made during the QA/QI review process.
7. Archive – Following Final Review, the patient care record and QA/QI review is routed to Archive where it stays for a predetermined length of time. Following this period of time, the QA/QI review separates from the patient care record. The patient care record is kept in Archive for the length of time determined by legal regulations.

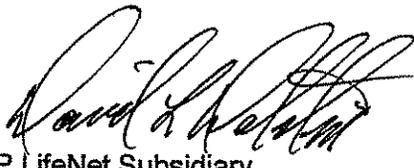
In addition to this standardized QA/QI process, programs may audit areas identified within their program that require additional monitoring and/or action to promote improvement.

FORMS: QA/QI Review, Field Data Records (both electronic)

LifeNet

Approved By: 
Title: Medical Services

Air Methods

Approved By: 
Title: Senior VP LifeNet Subsidiary

Administrative Standard: Quality Assurance/Quality Improvement Process **Code:** ADMQUALASSPROC

AIR METHODS CORPORATION
LifeNet Subsidiary

ADMINISTRATIVE STANDARD: Quality Management
LOCATION / DEPT: LifeNet Subsidiary
DATE APPROVED: 10/10/05
DATE REVIEWED/REVISED:

NUMBER: 4100
CODE: ADMQLTYMNGT

PURPOSE: To ensure that all Life Net programs have an active Quality Management program.

STANDARD: Each program will have an on going Quality Management (QM) program that is designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care and safety of the transport service provided by the program.

PROCEDURE:

1. The QM program should be integrated and include activities related to patient care, (including customer satisfaction), safety, communications and all aspects of transport operations.
2. The program must have established patient care guidelines that are reviewed annually.
3. The Medical Director is responsible for ensuring timely review of patient care, utilizing the medical record and pre-established criteria.
4. The QM program must be linked to risk management:
5. There must be a process to identify, document and analyze sentinel events, and adverse medical events or potentially adverse events with specific goals to improve patient safety and/or quality of care.
6. There will be regularly scheduled multi-disciplinary QM meetings providing a forum for all disciplines involved in the program to present their needs and areas for improvement.
7. The monitoring and evaluation process should include the following characteristics:
 - a. Evidence of annual goals established prospectively for the QM program that provide direction for work groups and that are quantitative. Emphasis must be on loop closure and resolution of the problems within a finite time period.

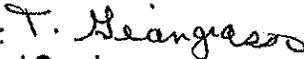
b. Quarterly review should include criteria based upon the important aspects of the transport program. The following examples are encouraged:

- Reason for transport
- Mechanism of injury or illness
- Medical interventions: time performed, appropriateness of interventions and patients response to the intervention
- Patient's outcome and any change in condition during transport
- Timeliness of transport
- Safety practices (these can be handled through the safety committee) with resolutions of issues with findings and actions plans reported back to the QM Committee
- Operational issues (number of completed transports, aborted and cancelled flights due to weather, aborted and cancelled flights due to maintenance, aborted and cancelled flights due to patient condition, and use of alternative modes of transport).

8. The written QM plan should include the following components:

- a. Responsibility/assignment of accountability
- b. Scope of care
- c. Important aspects of care, including clinical outcomes
- d. Operational processes such as financial outcomes and customer needs
- e. Indicators
- f. Thresholds for evaluations
- g. Methodology (process of tools utilized)

FORMS: None

LifeNet
Approved By: 
Title: Medical Services

Air Methods
Approved By: 
Title: Senior VP LifeNet Subsidiary

- III. Billing Clerk: Intake forms from Dispatch; PCR's; billing claim forms; remittance advice statements; other patient records from facilities. May access only as part of duties to complete patient billing and follow-up and only during actual work shift.
- IV. Pilots: Information necessary for manifest completion. Pertinent patient information pertaining to transport; may access only as part of completion of a patient event and post-event activities while on duty.
- V. Dispatchers: Intake forms, preplanned CAD information on individual patient transports; may access only as part of completion of an incident from receipt of information necessary to dispatch a call to the closing out of the incident and QA and only during actual work shift.
- VI. Medical Education Coordinators: Dispatch flight logs, PCR's; may access only as a part of training and QA/QI activities. All individually identifiable patient information should be redacted prior to use in training and QA/QI activities.
- VII. Medical Managers: Dispatch flight logs, PCR's; may access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel and QA/QI activities.

Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based upon the company's reasonable determination of the persons or classes of persons who require access to PHI, and the nature of the health information they require, consistent with their job responsibilities. Access to a patient's entire file will not be allowed except when expressly permitted by company policy or approved by the Privacy Officer.

Disclosures to and Authorizations from the Patient

Medical staff is not required to limit disclosure to the minimum amount of information necessary when disclosing PHI to other health care providers for treatment of the patient. This includes doctors, nurses, etc. at the receiving hospital, any mutual aid provider, fellow crew members involved in the call, and any other person involved in the treatment of the patient who also needs to know that patient's PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by the Company.

Authorizations received directly from third parties, such as Medicare, or other insurance companies, which direct you to release PHI to those entities, are not subject to the minimum necessary standards. For example, if we have a patient's authorization to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, Air Methods Corporation is permitted to disclose the PHI requested without making any immune necessary determination. All requests for release of PHI by third parties are to be directed to the Custodian of Records (Mark Keene). No PHI is to be released to third party requestors at the program level.

For all other rules and disclosures of PHI, the minimum necessary rule is likely to apply. An example of the minimum necessary rule is when Air Methods Corporation conducts QA/QI activities. In most situations it is not necessary to disclose certain patient information such as the patient's name, address, social security number or all PHI of the treated patient, in order to conduct QA/QI review. This sensitive information should be redacted or blacked out from the PCR being used for QA review.

Air Methods Corporation Requests for PHI

If Air Methods Corporation needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only reasonable necessary information needed for the

intended purpose, as described below. For requests not covered below, make this determination individually for each request and consult supervisor for guidance.

Hospitals:

Purpose of Request: To have adequate patient records to determine medical necessity for service and to properly bill for services provided. To obtain follow-up information regarding patient condition.

Reasonable necessary information: Patient face sheets, discharge summaries, physician statements and statements of medical necessity, patient diagnosis, treatments and condition.

Ambulance or Paramedic Services:

Purpose of Request: To have adequate patient records to conduct joint billing for patients mutually treated/transported by the Air Methods.

Reasonable necessary information: PCR's for all other requests, determine what information is reasonably necessary for each on an individual basis.

Incidental Disclosures

Air Methods Corporation understands there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common health care practices that are essential in providing medical care to the individual. Incidental disclosures are inevitable, but these will typically occur by radio or face-to-face conversation between health care providers, or when patient care information is left out for others to access.

The fundamental principle is that staff needs to be sensitive about the importance of maintaining the confidentiality and security of all material created or used containing patient care information. Coworkers and other staff members should not have access to information that is not necessary for the staff member to complete his or her job.

All personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to access PHI. Be attentive to bystanders when making verbal statements about a patient's health information and follow these procedures for avoiding accidental or inadvertent disclosures:

Verbal Security: Staff members should only discuss patient care information with those who are involved in the care of the patient, regardless of physical location. Be sensitive to the level of speech and to bystanders in the area where conversations are occurring. When possible, move conversations to private area to prevent inadvertent disclosures.

Physical Security:

Patient Care and Other Patient or Billing Records: Patient care reports (PCR's) should be stored in safe and secure areas. PCR's should not be left in open bins or on desktops unless in remote base not accessible to the public. Only those with a need to access PHI for the completion of their job duties should have access to PCR's. All original PCR's and accompanying forms will be forwarded to the billing office on regular intervals for long-term storage.

Computers and Data Entry Devices: Computer access terminals and other remote entry devices such as laptops should be kept secure. Access to any computer device should be by password only. Staff members should be sensitive to who may be in viewing range of

the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices, such as laptops, should remain in the physical possession of the individual to whom it is assigned at all times. Passwords may not be shared with anyone.

Penalties for Violation

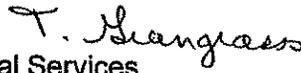
Air Methods takes their responsibility to safeguard patient information very seriously. There are significant legal penalties against companies and individuals that do not adhere to the laws that protect patient privacy. Staff members who do not follow policies on patient privacy will be subject to disciplinary action, up to and including verbal and written warning, suspension and/or termination. Air Methods will provide remedial education and training of policies and procedures when there is a first time violation of policies.

Questions about this Policy or any Privacy Issues

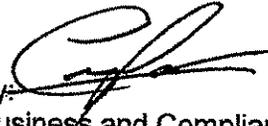
Air Methods has appointed a Privacy Officer (Craig Yale) to oversee policies and procedures on patient privacy and to monitor compliance. The Privacy Officer is available for consultation on any issues or concerns related to protected health information. Contact the Privacy Officer with questions or concerns. Air Methods will not retaliate against any staff member who expresses a good concern or complaint about any policy or practice related to the safeguarding of patient information and the Company's legal obligations to protect patient privacy.

FORMS: Notice of Privacy Practices

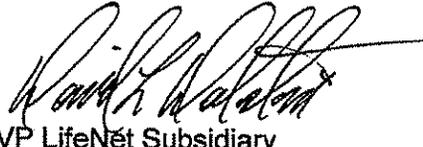
LifeNet

Approved By: 
Title: Medical Services

LifeNet

Approved By: 
Title: VP Business and Compliance

Air Methods

Approved By: 
Title: Senior VP LifeNet Subsidiary

ATTACHMENT 10 – Map of Florida Aircraft

