



**RESPONSE TO CITY OF NOVI REQUEST FOR
PROPOSALS FOR EMERGENCY MEDICAL SERVICES**



June 1, 2023

City of Novi
Finance Department
ATTN: Tracey Marzonie
45175 Ten Mile Road
Novi, MI 48375-3024

Ms. Marzonie and Honorable City Leaders,

On behalf of the 900 EMTs, paramedics, and support staff at Medstar, I am happy to provide the attached response to the City's Request for Proposals of EMS Service. Medstar has served communities throughout Southeast Michigan since its inception in 1993. During that time, Medstar provided service well above the contractual specifications, has received continuously positive feedback from patients and residents, community leaders, and public safety professionals.

As a non-profit joint venture of the Henry Ford Health, Ascension-Michigan, and McLaren Health Care Corporation, Medstar is committed to providing the highest level of care, service, and organizational integrity throughout our service area. Our dedication is demonstrated by our commitment to external, transparent validation of clinical quality and service, and ongoing investments in advanced clinical, education, and safety systems.

To enhance our service to our stakeholder health systems, and very much to the benefit of the city of Novi should we be selected, Medstar is in the process of securing a lease for a 10,000sf deployment facility, with offices and public education space, on Heslip Drive in the city.

Medstar is committed to providing quality care, safe service, and appropriate financial engagement for our services. As such, we participate through provider contracts with all major health insurance companies in the region, including Health Alliance Plan, Blue Cross/Blue Shield, and Blue Care Network. Through this participation, we minimize patient out of pocket expense. In addition, we offer various arrangements for patients who may be unable to pay for services.

In 2022, Medstar is investing \$4.2 million into advanced fleet, safety, clinical, and training equipment to best serve the residents and visitors to our service area, and continues to invest at a consistent level in 2023. We are proud of the compassionate clinical care we provide in the communities we serve, and stand behind our commitment to excellence in all aspects of our delivery model and community partnerships.

Medstar is prepared to serve the city at the specified implementation date of January 23, 2024, or earlier if so requested. If there is additional information or supporting documentation you require, please do not hesitate to ask.

Respectfully,

A handwritten signature in black ink, appearing to read "Kolby Miller", written in a cursive, flowing style.

Kolby Miller EMT-P, MBA,
Chief Executive Officer

380 North Gratiot Avenue: Clinton Township, Michigan 48036
586.468.6510
www.medstarambulance.org



ECONOMY OF PREPARATION

Medstar acknowledges and agrees.

SAFETY DATA SHEETS

Medstar acknowledges and agrees.

INDEPENDENT PRICE DETERMINATION

Medstar acknowledges and agrees.

SPECIFICATIONS

SECTION I: OVERVIEW

Medstar understands all components of section I, and agrees to all components, as required.

SECTION II: OPERATIONAL REQUIREMENTS

Medstar's responses to the items in section II are as follows:

- A. Response time –** The City standard will be seven and one-half (7.5) minutes after the receipt of the call for 90% of Priority 1 responses or seven (7) minutes for 90% of Priority 1 responses depending upon the Alternate that is chosen.

Medstar will provide 7.5 minute response time at 90% reliability.

A demand analysis for the city's EMS volume for 2022 has been provided as attachment 1.

- B. Deployment and Transition plan –**

The Medstar transition plan for the city of Novi is to dedicate 4 ambulances during day hours and three at night to our new Novi deployment site to be distributed throughout the city based on call volume demand. Medstar utilizes the MARVLIS deployment modeling AI software and system, which uses historic demand to allocate resources, maximizing the efficiency of resources while minimizing response times. Because of the utilization of this technology, response time will improve as additional call volume data collects in the system.

After the system is fully engaged, Medstar will provide the required number of

units based on MARVLIS deployment planner recommendations, but never less than the three required by the agreement.

Because the marvelous system does not use standard "posts," the deployment plan to be utilized for service to the city of Novi is dynamic. Posting locations will change throughout the day, and may be different for different days of the week and months of the year, based on historical demand, and real time traffic impedance (historically tracked through GPS histories in the system.) We are happy to provide a real time demonstration of this system.

Medstar will assign senior operations leadership directly to the Novi deployment site for the first 180 days of the contract to ensure appropriate engagement with local leadership, appropriate direction for EMS crews assigned to the Novi site, and daily monitoring of response time and clinical performance within the service area.

Because of our current resource deployment for owner health systems facilities, including Ascension Providence Novi and Henry Ford West Bloomfield, Medstar has the ability to allocate additional resources to the City of Novi when needed during the early implementation phases (and beyond) to ensure appropriate coverage, service levels and response time. Additionally, Medstar has additional resources active throughout Southwest Oakland County, and can allocate additional resources into Novi as needed.

The Novi deployment site will be a "hub" for Medstar, which means it will be utilized for regional deployment of resources to serve health systems and communities. As such, there will be multiple units coming and going from the city throughout the day, further enhancing service to the city.

Medstar will have its staff and equipment ready to begin service at 12:01 a.m. on January 23, 2024, or before, if requested by the city.

Medstar looks forward to meetings with City Fire, Police and 9-11 staff to learn their operations and discuss the particular geography of the City.

- C. Licensure** –A copy of Medstar's State of Michigan license to provide services in Michigan is included as attachment 3.
- D. Advanced Life Support** – All ambulances utilized by Medstar and personnel licensure shall be capable of providing advanced life support with the required equipment in accordance with Michigan Department of Health and Human Services and the Oakland County Medical Control Authority.
- E. Vehicles** –Specific information for the vehicles Medstar will utilize is included in Attachment 4. Maintenance logs are maintained for each vehicle and available for inspection. Medstar's preventative maintenance policy is included as Attachment 5. Medstar ambulances are equipped with a GPS mapping system and mobile data terminals.

- F. Reports** – Medstar will provide the City with response time summaries, by participating entity and by other geographic zones as may be designated, including the listing of all response time exceptions, shall be reported at least monthly. These reports shall include: compliance with response time standards in a format prescribed by the City including the ability to sort by entity, and other geographic zones as may be designated; incidents of unit breakdowns, listing of calls referred to other agencies, "Level-O" time, mutual aid response times, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed.

In addition to hard copies as required, data shall be submitted to the City each month in primarily electronic format. Medstar will also submit required information to the City in a manner and format prescribed by the City (i.e., compatibility with an information system prescribed by the City). A sample of the community report currently provided by Medstar to our partner communities is included as attachment 6.

Medstar utilizes an independent patient satisfaction survey, administered by EMS Survey Team. Medstar will provide the city with quarterly patient satisfaction survey results for patients from within the city, as well as comparison of Medstar performance for patients within the city to the national benchmarks (national averages.) A sample of the patient satisfaction survey summary is included as attachment 7

- G. Monthly meetings** – A supervisory member of Medstar's staff shall participate in a monthly in-person meeting with the Fire Chief or designee to assess the effectiveness of the program and jointly review and address any issues or concerns.
- H. Personnel** – Medstar will perform a Career Criminal History on all of its Paramedics and Emergency Medical Technicians prior to the individual providing service to the City. The Contractor shall not allow employees with a conviction for Criminal Sexual Conduct or violation of the Controlled Substances Act to perform services to the City. Additionally, Medstar will not allow employees with a conviction for theft or larceny within the last five (5) years to perform services for the City.

Medstar performs a Complete Driving History on all of its Paramedics and Emergency Medical Technicians at the outset of employment, and ongoing through employment via subscription service to the Michigan Secretary of State. Employees with two or more convictions for Operating Under Influence of Liquor, Unlawful Blood Alcohol Level, Operating While Intoxicated, Operating While Visibly Impaired, Operating While Under the Influence of Narcotic, or any two or more convictions of any combination thereof, shall not be allowed to perform services to the City. Employees with a conviction for Operating Under Influence of Liquor, Unlawful Blood

Alcohol Level, Operating While Intoxicated, Operating While Visibly Impaired, Operating While Under the Influence of Narcotic, in the last five years shall not perform services to the City. Medstar background check policy is included as attachment 8.

Medstar personnel are screened for motor vehicle operator and criminal history through the process described in attachment 9. All Medstar vehicle operators attend VFIS drivers training course upon hire, and each year thereafter, as part of our annual safety process. All Medstar vehicles have active monitoring systems on board that record speed, location, g-force application, lights and siren use, and a host of other information available to the city in the case of a complaint or inquiry.

Medstar will notify the Oakland County Medical Control Authority and the Michigan Department of Health and Human Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

Medstar agrees to remove for cause an employee performing services to the City upon written request of the City Fire or Police Chief.

Medstar will deliver within 30 days of execution of the agreement a list of all personnel who will or may be assigned to this agreement. The list shall include each person's full name, position, title, or the function they will be performing, and a copy of any licenses required by the State of Michigan. This same information shall be provided to the City within 10 days of any new hires of personnel who will provide services to the City.

I. **Drug Testing** – Medstar has a random and probable cause drug- testing program for all personnel operating in the City area. The policy is included as attachment 10.

J. **Quality Assurance Program** – Medstar employs full time clinical quality managers who review patient care reports for protocol compliance, medication administration, patient assessment, and proper documentation of care provided.

All data is reported quarterly to the Physicians Leadership Committee (PLC) and ultimately our Board of Directors and stakeholder health systems. Retrospective Quality Assurance is provided through summary and aggregated clinical data and benchmarked against published national datasets. Comparative findings are reported to Physicians Leadership Committee and Operations Leadership.

Education and training programs for specific personnel or groups of personnel may be recommended, with follow up data monitoring continuing after training. Prospective quality assurance is provided through

direct physician oversight through Physician Leadership Committee and on-scene supervisor monitoring. Physician Leadership Committee clinical quality metrics reported to board of Directors each quarter.

Key clinical quality and safety metrics are reported to PLC and medical control authorities as required

Sample reports generated through the quality assurance program are included as attachment 11.

- K. Complaint Resolution** – In the event a complaint arises over the provision of emergency medical care, the procedure shall be as follows:

- (1) The complaint shall be referred to Medstar for investigation and review. A written report shall be submitted to the City within 14 days of receipt of the Complaint. An extension may be granted on case-by-case basis.
- (2) In the event the complaint is not resolved, the City shall be referred to the Quality Improvement committee of the Oakland County Medical Control Authority.

Medstar's policy for non-clinical complaint resolution is attached as appendix 12.

- L. Incident Command System** – Medstar will provide training on at least an annual basis for all of its ambulance employees providing services to the City on their role and responsibilities within the framework of the Incident Command System.
- M. Hazardous Materials Training** – All Medstar employees are trained to the hazmat first responder awareness level as designated by the Michigan Firefighters Training Council. Medstar will submit documentation of this training upon request.
- N. Insurance** – The selected provider must provide a certificate of insurance naming the City of Novi, its elected and appointed officials, employees, and agents as an additional insured prior to commencement of work. A current certificate of insurance meeting the requirements as specified in the contract is to be provided to the City and will remain in force during the entire contract period.

The cost of the additional insurance coverage must be included in the prices quoted for the services to be provided. No additional cost for insurance will be accepted by the City.

A Certificate of Insurance on an ACORD Form showing present coverage is included as attachment 13.

Medstar's insurance carrier has provided a letter that indicates we will meet insurance specification if awarded the contract, included as attachment 14.

Medstar warrants that by signing the proposal document, the "additional insured endorsement" will be included in the insurance coverage supplied to the City if it is awarded the bid.

- O. Public Safety Training** – Medstar employees will participate in training with the Public Safety (fire/police departments, and emergency management) of the City. This shall include, but not limited to continuing education, emergency management, Incident Command System, active assailant exercises, and other related trainings.
- P. Mutual Aid and Mass Casualty Preparedness** – Medstar deploys a greater number of resources into the communities we serve than the historic demand calls for. Because the additional resources are deployed throughout our service area, peak periods are generally handled within acceptable time limits and with safe responses. Medstar generally deploys >12 ALS units into the Southwest Oakland County service area each day, with another 40 available in our system. As such, we are able to accommodate peak demands and mass casualties.

Medstar will have the ability to deploy supervisor and manager staffed ambulances from our Novi deployment site within five minutes during peak periods or unusual events. Because Medstar serves our stakeholder health systems in and around the City of Novi, we are able to allocate additional resources from within our critical care and interfacility operations to the city should there be extraordinary events.

In a recent multi-patient school tragedy, Medstar provided 16 ambulances on scene within 11 minutes, and an additional 7 ambulances within 19 minutes. During the event, response times through the remainder of the Medstar service area remained consistent and within contractual specifications. Of note, the school where the incident took place is NOT in Medstar's primary service area.

In 2019, prior to the upheaval of the pandemic, Medstar responded to more than 88,000 911 emergency requests for service, and requested mutual aid from other ambulance agencies on 11 occasions, 8 of which due to the proximity of the other provider. During the same period, Medstar was requested by neighboring communities on more than 260 occasions.

A specific mutual aid plan/policy will be submitted within 30 days after execution of the agreement that identifies specific resources available to the city of Novi, method of request, and response time expectations. Medstar maintains mutual aid agreements with two other transport EMS agencies in Oakland County.

- Q. Incident Standby** – Medstar will provide ambulance units as requested to standby at the scenes of fires, police incidents, hazardous materials incidents, and fire training incidents, as requested. These units shall not leave the incident unless released by the incident commander. The ambulance units shall assist in medical evaluation of emergency personnel, as required.

Medstar also provides a 24-passenger bus with water, blankets, and other rehab equipment for extended fireground operations and evacuations. The busses also serve as warming and cooling centers for police and fire personnel during extended scenes in extreme weather conditions.

- R. Communications** – Medstar ambulances are equipped with mobile and portable 800 MHz radio communications equipment allowing them to communicate with local medical first responders and fire units, as well as Novi 911 Communications.

Medstar has a fully redundant back up system of communications through the use of ATT Sonim devices on every ambulance and in Medstar communication centers. The ATT system is on the nationwide Firstnet system, insuring near 100% uptime.

Medstar follows the Oakland County Medical Control Authority policies regarding approved methods for ALS units to hospital notifications/communications. Medstar will notify and communicate "priority" or "non-priority" status after screening 911 calls using Emergency Medical Dispatch.

Medstar will provide the City's Communication Center with access to Automatic Vehicle Locator (AVL) Systems to track their ambulances. Global Positioning System Technology will increase accountability and promote greater awareness of the level of service provided by service areas throughout the City. The AVL systems may be used to review vehicle positioning histories, identify locations of existing assets to improve dispatch efficiency, monitor appropriate vehicle usage, and report vehicle movements to pass on information to our Public Safety Team. The AVL technology will be used to improve the efficiency of emergency medical service delivery in the City.

- S. Recording Capability** – Medstar will record all telephone and radio communications and retain the recordings for a minimum of 3 years. Medstar utilizes Amazon web service for cloud storage of all data, voice, and CAD information.
- T. E-911 Interface** – If selected in this process, Medstar will provide an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the City to allow the transfer of E-911 calls

including ANI/ALI information to minimize the time required to initiate a response, as well as a computer aided dispatch system providing optimal system deployment.

- U. Emergency Medical Dispatch** – Medstar utilizes the Emergency Medical Dispatch system provided by the International Academy of Emergency Dispatch. All dispatch employees are certified Emergency Medical Dispatchers, and able to provide pre-arrival emergency care instructions to the calling party when appropriate.
- V. Blood Borne Pathogen Decontamination Facility** – Medstar will provide a decontamination facility for City police and fire personnel at the Novi Deployment site, and will be available 24 hours a day – 7 days a week with a 15-minute advance notification. The facility will have showers and commercial laundry equipment.
- W. Disposal of BioHazard Contaminated Waste** – Medstar will provide disposal service for any contaminated materials generated by the police or fire departments related to EMS responses involving Medstar. Waste will be bagged and tagged with appropriate labels by City personnel and may be delivered to Medstar's Novi location for disposal.
- X. Base of Operations** – Medstar's current headquarters is 380 N. Gratiot Avenue in Clinton Township, but is currently in the process of securing a ~10,000 sf facility in the city of Novi to serve our owner health systems (Ascension Providence Novi, and Henry Ford West Bloomfield.) The location is on Heslip Drive in Novi, however, at the time of the bid, the lease is not formalized. It is anticipated that the lease will be formalized by June 30, and Medstar will be operational in the space by July 30. This will serve at the base of operations for the Novi contract, and will include a deployment hub, supervisor office, and public education facility (EMT, CPR, AED, stop the bleed training, etc.) Fleet maintenance will be performed in current fleet hubs in Clinton Township and Mundy Township, with light maintenance being shifted to Novi after the deployment site is fully functioning.
- Y. Restocking of Medical Supplies** – An authorized representative from the Novi Fire Department may submit a list of supplies used in the prior month (indicating specific supplies used on specific responses.) Medstar's medical supply agency will ship the supplies to the fire department within 15 days of the request.
- Z. Charges** – Medstar will specify what ambulance user charges are to be assessed and include a current schedule of charges. The City shall not be billed, nor will they be financially responsible for medical services rendered by Medstar. A request for increased rates must be made at least thirty (30) days prior to the proposal effective date of the rate change.

Rates may not be increased during the contract terms unless specified in the Contract or approved by the City in advanced of the increase. Charge schedule is included as attachment 15.

- AA. Staffing Coverage and Back-Up Ambulances** – Deployment plans specifying staffing coverage to meet the performance requirements for advanced life support (ALS) ambulances shall be included in the proposal.
- BB. Novi Police Department Requested Blood Draws** – The service Medstar will have a qualified paramedic provide this service upon request by the Novi Police Department to perform a blood draw on a criminal suspect, in accordance with the terms and conditions set forth in MCL 257.625a(6)(c), MCL 333.16215, MCL 333.16109, the Novi Police Department Blood Draw protocol, as may be amended from time to time , and the Oakland County Medical Control Authority's Evidentiary Blood Draw protocol, as may be amended from time to time. The cost for this service will be paid by the Police Department. The service provider will provide a cost on the Fee Proposal Form.
- CC. Commission on Accreditation of Ambulance Services-** Medstar has been CAAS accredited since 1996, and is one of the first agencies in Michigan to gain accreditation. We will remain accredited during the entire term of the agreement.
- DD. Contracted Ambulance Services-** Medstar has a contractual relationship with Blue Cross/Blue Shield of Michigan, Health Alliance Plan, Blue Care Network, and Priority Heath. Copies of each agreement are available upon request.

EMS TRAINING/MATERIALS

When requested by the City, Medstar will assist in providing EMS training of City employees and the public. Medstar will pass the agreed upon cost of mandated instructor fees, course cost, books and training materials to the City. Medstar is a CoAEMSP Accredited Paramedic Training site, and is a Michigan Licensed Proprietary School for EMT training.

CONTRACT CANCELLATION DUE TO POOR PERFORMANCE

Due to the emergency nature of the services to be provided, and in the event that Medstar does not or cannot perform to mutually decided criteria, the City reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel, as necessary.

FINANCIAL REPORT

As a non-profit entity, Medstar uses Plante and Moran for a full scope annual

audit. Audits are available to the city upon request.

FEE PROPOSAL FORM

We the undersigned, as proposer, propose to furnish to the City of Novi according to the specifications, terms, conditions, and instructions attached hereto and made a part of the response:

ADVANCED LIFE **SUPPORT/AMBULANCE/PARAMEDIC**

Prices listed will be the **monthly subsidy** required by the service provider to maintain the required service level at the response time indicated.

ALTERNATE #1 –Required Response Time Standard: 7 minutes 30 seconds for 90% of Priority 1 Service.

Initial Contract	Number of Ambulances Proposed	Cost per month
Year 1	3+	\$ 0
Year 2	3+	\$ 0
Renewal Options		
Year 3	3+	\$ 0
Year 4	3+	\$ 0
Year 5	3+	\$ 0
Year 4	3+	\$0
Year 5	3+	\$0

ALTERNATE #2 –Required Response Time Standard: 7 minutes 0 seconds for 90% of Priority 1 Service.

Initial Contract	Number of Ambulances Proposed	Cost per month
Year 1	4+	\$ 20,000
Year 2	4+	\$ 21,000
Renewal Options		

Year 3	4+	\$ 22,200
Year 4	4+	\$23,300
Year 5	4+	\$ 24,400
Year 4	4+	\$25,500
Year 5	4+	\$26,600

CHARGES:

Description	Fee
Novi Police Department - Requested Blood Draws	\$150
Novi Resident – Maximum ALS Charge not to exceed amount after insurance/ Medicare/Medicaid.	as determined by payor*
Novi Resident – Maximum BLS Charge not to exceed amount after insurance/Medicare/Medicaid.	as determined by payor*
Maximum Sign and Release Charge (Resident/Non-Resident). Not to exceed amount after insurance Medicare/Medicaid.	\$ as determined by payor*

Medstar participates with all payors in the region. Out of pocket expense is limited to only what payors require as a co-pay or deductible. Medstar does not require out of pocket expense any greater than what they payor (insurance company) requires, and the amount required from a patient would never exceed charges as indicated in attachment XXX.

Medstar can not provide a specific limit on out of pocket expense for patients, as those expenses are determined by the health insurance companies (payors.) If a patient has a \$500 deductible or a \$1000 deductible, Medstar is required to collect the deductible from the patient, or risk losing provider status with the payor.

For patients without health insurance (who contact us to make arrangements,) Medstar offers charge discounting to the average net payment by payors, and allows patients to arrange payment plans.

For patients who demonstrate financial hardship (as required by state and federal payors,) Medstar has a hardship policy that reduces and frequently eliminates patient payment responsibility.

Patients who do not contact us for insurance information or to engage in payment discussion are submitted to a third party collection agency.

Does the proposer plan to utilize the three City of Novi facilities (Station No. 5, Fire Stations 2 & 3)? If not, what is the deployment plan and facility locations?

Medstar is in the process of securing a commercial lease space in the City of Novi that is large enough to accommodate the vehicles needed to serve the 911 community to the city, as well to provide BLS, ALS, and Critical Care services to our owner hospital Ascension Providence Novi. Once the location of the hub is determined, the deployment plan will be developed around the hub. Medstar uses MARVLIS®, and AI based demand monitoring and deployment development system. The final location of the hub space will also determine whether or not we will need the fire station space.

INSURANCE:

- ☒ (X) We can meet the specified insurance requirements.
- ☐ () We cannot meet the specified insurance requirements.
- ☐ () We do not carry the specified limits but can obtain the additional insurance coverage.
- ☒ (X) We have included the required copy of our current insurance certificate with our proposal submission.

REFERENCES:

Proposers shall submit a complete reference list consisting of agencies to which it has provided services similar to those requested by the City of Novi (attach and mark REFERENCES for identification). List the three largest clients (by volume of runs) below. Communities served is included as attachment 16.

AGENCY:	Clinton Township		
ADDRESS:	40700 Romeo Plank Road, Clinton Township, Michigan		
PHONE:	586-723-8092	CONTACT:	Bob Canon, Supervisor
Ambulance Service: (☒) Yes (☐) No MFR: (☐) Yes (☒) No			

AGENCY:	Chesterfield Township		
ADDRESS:	47275 Sugarbush Drive; Chesterfield, Michigan		
PHONE:	810-250-8196	CONTACT:	Brad Kersten, Supervisor
Ambulance Service: (☒) Yes (☐) No MFR: (☒) Yes (☒) No			

AGENCY:	Mundy Township		
ADDRESS:	3478 Mundy Avenue, Swartz Creek, Michigan		
PHONE:	810-655-4631	CONTACT:	Tonya Ketzler, Supervisor
Ambulance Service: (☒) Yes (☐) No MFR: (☐) Yes (☒) No			

EXCEPTIONS TO SPECIFICATIONS (all exceptions must be noted here or included on an additional sheet:

1. Exception to maximum patient out of pocket expense set as a fixed number:
Please see notes in specific section.
2. Exception to response time standards: Medstar submitted bid at 7.5 minutes, 90% reliability. Medstar will meet standards as bid. However, we believe the city should evaluate the basis for its response time standards, considering the well-trained and effective medical first responders at the Novi Fire Department. The response time standard of 7.5 minutes / 90% reliability creates unnecessary risk to residents and visitors in the city of Novi, as well as EMS providers involved in the response.

We are very interested in meeting with city leadership to demonstrate the national efforts currently underway to reduce risk, injury, and death attributed to response time standards, and the lack of clinical support or outcome data to require historic time standards.

OPTIONAL SERVICES PRICING FOR CITY BUSINESSES:

Description	Hourly Rate
First Aid – Paramedic with equipment	\$ 100
First Aid – EMT-Basic with equipment	\$ 75
Advanced Life Support Ambulance – Fully Staffed	\$ 200
Basic Life Support Ambulance – Fully Staffed	\$ 150

CERTIFICATIONS INCLUDING NON-IRAN LINKED BUSINESS:

By signing below, I certify and agree on behalf of myself and the company submitting this proposal the following: (1) that I am duly authorized to legally bind the company submitting this proposal; and (2) that the company submitting this proposal is not an "Iran linked business," as that term is defined in Section 2(e) of the Iran Economic Sanctions Act, being Michigan Public Act No. 517 of 2012; and (3) That I and the company submitting this proposal will immediately comply with any further certifications or information submissions requested by the City in this regard.

**INDEMNIFICATION AND HOLD HARMLESS
CLAUSE**

If selected to provide services to the City, Medstar agrees to have the following language in the contract between the City and Medstar:

Medstar, Inc. agrees to defend, pay in behalf of, indemnify and hold harmless the City of Novi, its City Council, all elected and appointed officials, employees, volunteers, and others working on behalf of the City of Novi against any and all claims, demands, suits, or loss,

including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Novi, its elected and appointed officials, employees, volunteers or others working in behalf of the City of Novi members for any and all claims including personal injury, bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the services performed by provider under this contract.

Signature of Authorized Representative



THIS PROPOSAL SUBMITTED BY:

Company (Legal Registration): Medstar Inc.

Address 380 N. Gratiot Avenue

City Clinton Township

State Michigan

Zip 48843

Telephone 586-468-6510

Fax: n/a (no longer utilize)

Authorized Representative's Name: Kolby Miller

Authorized Representative's Title: Chief Executive Officer

Signature



E-mail: kmiller@medstarambulance.org Date: 06/01/2023

Superior Air-Ground Ambulance Service of Michigan

EMERGENCY MEDICAL SERVICES

FEE PROPOSAL FORM

We the undersigned, as proposer, propose to furnish to the City of Novi according to the specifications, terms, conditions, and instructions attached hereto and made a part of the response:

ADVANCED LIFE SUPPORT/AMBULANCE/PARAMEDIC

Prices listed will be the **monthly subsidy** required by the service provider to maintain the required service level at the response time indicated.

Proposed Service Required Response Time Standard: 7 minutes 00 seconds for 90% of Priority 1 Service

Initial Contract	Number of Ambulances Proposed	Cost per month
Year 1	3 Advanced Life Support Ambulances	\$20,833.34
Year 2	3 Advanced Life Support Ambulances	\$20,833.34
Renewal Options		
Year 3	3 Advanced Life Support Ambulances	\$21,875.00
Year 4	3 Advanced Life Support Ambulances	\$22,968.75
Year 5	3 Advanced Life Support Ambulances	\$ 24,117.19

CHARGES:

Description	Fee
Novi Police Department - Requested Blood Draws	\$85.00
Novi Resident – Maximum ALS Charge not to exceed amount after insurance/ Medicare/Medicaid.	\$800.00
Novi Resident – Maximum BLS Charge not to exceed amount after insurance/Medicare/Medicaid.	\$800.00
Maximum Sign and Release Charge (Resident/Non-Resident). Not to exceed amount after insurance Medicare/Medicaid.	\$450.00

Deployment Facilities and Locations

Superior Air-Ground Ambulance Service of Michigan, Inc. plans to continue to use the spaces at Station No. 5, Fire Station No. 2 and Fire Station No. 3

INSURANCE:

- (X) We can meet the specified insurance requirements.
() We cannot meet the specified insurance requirements.
() We do not carry the specified limits but can obtain the additional insurance coverage.
(X) We have included the required copy of our current insurance certificate with our proposal submission.

REFERENCES:

Proposers shall submit a complete reference list consisting of agencies to which it has provided services similar to those requested by the City of Novi (attach and mark REFERENCES for identification). List the three largest clients (by volume of runs) below.

AGENCY:	City of Detroit Fire Department Emergency Medical Services		
ADDRESS:	1301 3rd Ave, Detroit, MI 48226		
PHONE:	313.596.5188	CONTACT:	Chief Sean Larkins
	Ambulance Service: (X) Yes () No MFR: () Yes () No		

AGENCY:	North Park Fire Protection District		
ADDRESS:	600 Wood Ave. Machesney Park, IL 61115		
PHONE:	815.299.2117	CONTACT:	Chief Joel Hallstrom
	Ambulance Service: (X) Yes () No MFR: () Yes () No		

AGENCY:	City of Elmhurst, Illinois		
ADDRESS:	209 N. York St. Elmhurst, IL 60126		
PHONE:	630.530.3010	CONTACT:	James Grabowski, Manager
	Ambulance Service: (X) Yes () No MFR: () Yes () No		

OPTIONAL SERVICES PRICING FOR CITY BUSINESSES:

Description	Hourly Rate
First Aid – Paramedic with equipment	\$ 90.00
First Aid – EMT-Basic with equipment	\$ 75.00
Advanced Life Support Ambulance – Fully Staffed	\$ 180.00
Basic Life Support Ambulance – Fully Staffed	\$ 150.00

CERTIFICATIONS INCLUDING NON-IRAN LINKED BUSINESS:

By signing below, I certify and agree on behalf of myself and the company submitting this proposal the following: (1) that I am duly authorized to legally bind the company submitting this proposal; and (2) that the company submitting this proposal is not an "Iran linked business," as that term is defined in Section 2(e) of the Iran Economic Sanctions Act, being Michigan Public Act No. 517 of 2012; and (3) That I and the company submitting this proposal will immediately comply with any further certifications or information submissions requested by the City in this regard.

INDEMNIFICATION AND HOLD HARMLESS CLAUSE

If selected to provide services to the City, Superior Air-Ground Ambulance Service of Michigan agrees to have the following language in the contract between the City and the Company:

Superior Air-Ground Ambulance Service of Michigan, Inc.

agrees to defend, pay in behalf of, indemnify and hold harmless the City of Novi, its City Council, all elected and appointed officials, employees, volunteers, and others working on behalf of the City of Novi against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Novi, its elected and appointed officials, employees, volunteers or others working in behalf of the City of Novi members for any and all claims including personal injury, bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the services performed by provider under this contract.

Signature of Authorized Representative



We acknowledge receipt of the following Addenda: No. 1 _____

(Please list addenda numbers)

THIS PROPOSAL SUBMITTED BY:

Superior Air-Ground Ambulance Service of Michigan, Inc.

Address: 25400 W. Eight Mile Rd

City: Southfield

State: MI

Zip: 48033

Telephone: 877.832.8558 (Main) Fax: 586.757.7295

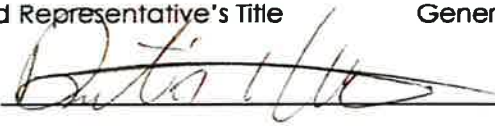
Authorized Representative's Name

Dustin Hawley

Authorized Representative's Title

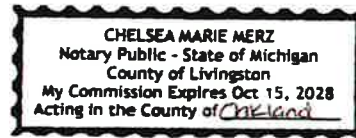
General Manager

Signature



E-mail dhawley@superiorambulance.com

Date 6/14/2023



Chelsea Marie Merz 6/14/23

Superior Air-Ground Ambulance Service of Michigan
Novi EMS Deployment Plan

Novi EMS units are stationed at the following locations in the City of Novi.

Superior 1

25804 Beck Rd. (Station 5)

Superior 2

1919 Paramount St. (Novi FD Station 2)

Superior 3

42785 9 Mile Rd. (Novi FD Station 3)

Status 3 (All Units Available) ★
All Units remain at their stations

Status 2 (0800-2000) □

Units moved to posting:

- 10 Mile Rd. & Novi Rd.
- 12 Mile Rd. & Novi Rd.

No Status 2 posting during hours of 2000-0800

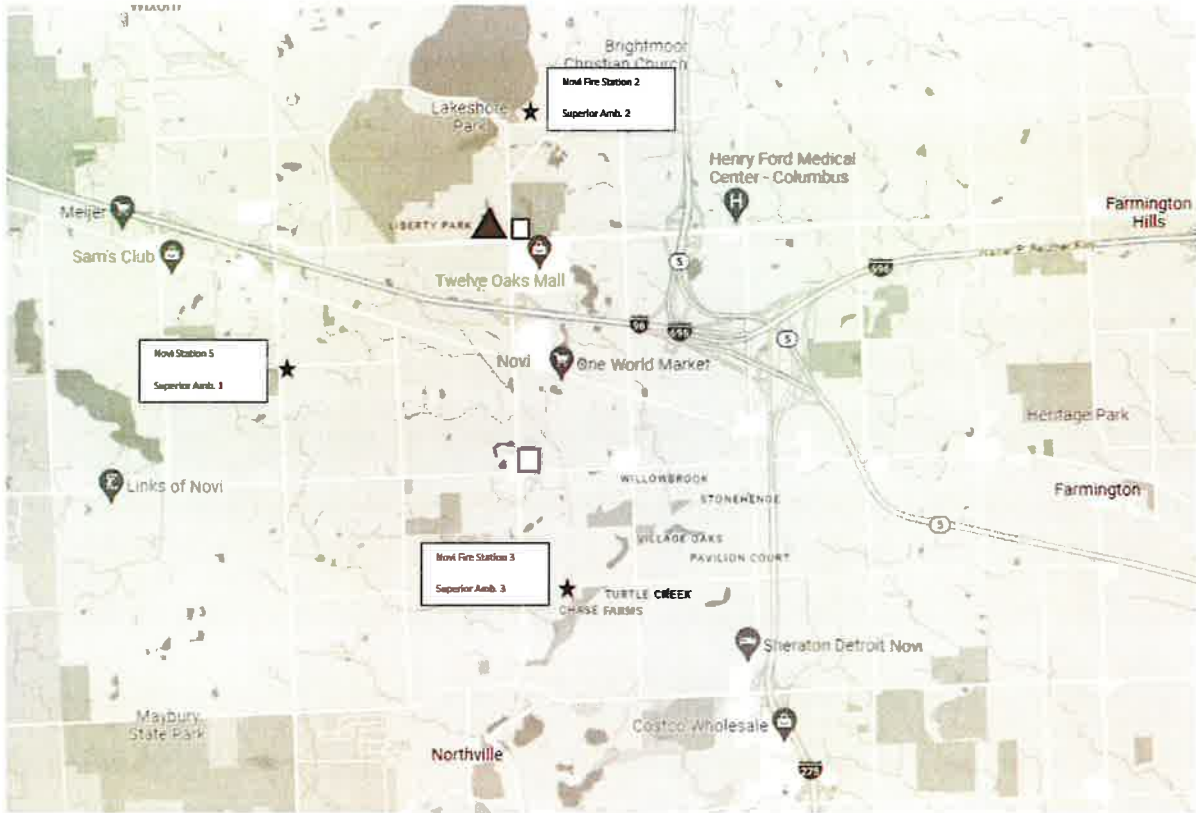
Status 1 (All Hours) ▲

Remaining Unit moved to post:

- 12 Mile Rd. & Novi Rd.

Additional ALS unit requested from Superior dispatch to be sent to 10 Mile Rd. & Novi Rd.

Superior Air-Ground Ambulance Service of Michigan
Novi Posting Map
(key on preceding page)



Superior Air-Ground Ambulance Service of Michigan
Novi EMS Mass Casualty Plan

In the event of a Mass Casualty Incident, the following plan is to be established to ensure EMS resources are available to the City of Novi.

Initial Responding ALS Ambulance

- Establish Triage and request additional resources, with oversight by Novi Incident Commander.

Additional Ambulances to be requested by the initial ambulance crew or Novi Incident Commander.

Additional Ambulances will come from the following sources in order:

- Superior Primary Novi Ambulances
- Superior-Michigan operations ALS Ambulances within a 15-minute response
- Huron Valley Ambulance-ALS Mutual Aid
- Star EMS-ALS Mutual Aid

Superior Air-Ground Ambulance Service of Michigan has a deployment of approximately 25 ALS ambulances and 50 BLS ambulances daily. These units will be directed to Novi for assistance if requested Individually or in groups of 5.

Requests can be made directly to the Superior Dispatch Center via radio or Push-to-Talk communications. Phone number for dispatch is: 877-832-8558.

Superior Air-Ground Ambulance Service of Michigan

Michigan Life Support Agency License

 Michigan Department of Health & Human Services	STATE OF MICHIGAN Division of EMS and Trauma	 Bureau of EMS, Trauma & Preparedness
Pursuant to Act 368 of 1978, as amended, this license to operate a Life Support Agency in the State of Michigan is issued to: <i>SUPERIOR AIR-GROUND AMBULANCE SERVICE OF MICHIGAN</i>		
Effective Date 04/01/2023	Expiration Date 03/31/2024	Highest Level Advanced Life Support
Service Type Ambulance Operation	EMS Agency ID 501040	Licensed Vehicles See Attached Vehicle List
Service Area(s): Detroit East MCA, Macomb County MCA, Oakland County MCA, Wayne County MCA		
THIS LICENSE IS VALID FOR 60 DAYS PAST THE LISTED EXPIRATION DATE		PLEASE POST IN A PROMINENT PLACE

Reporting Example

2022 Running Total Response Time Breakdown

PRIORITY 1							PRIORITY 2					
	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 12 Min	12 - 20 Min	> 20 Min	Total > 12 Min
Raw	90.9%	3623	3293	307	23	330	95.4%	1669	1593	41	35	76
With Explanations	92.4%	3623	3347	259	17	276	96.5%	1670	1612	36	22	58

2022 Monthly Total Response Time Breakdown

PRIORITY 1							PRIORITY 2					
January	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	89.5%	313	280	33	0	33	94.6%	147	139	4	4	8
With Explanations	91.4%	313	286	27	0	27	96.6%	147	142	3	2	5
February	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	89.7%	281	252	26	3	29	90.7%	129	117	8	4	12
With Explanations	92.9%	281	261	19	1	20	90.7%	129	117	8	4	12
March	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	91.3%	309	282	24	3	27	98.6%	141	139	1	1	2
With Explanations	93.2%	309	288	19	2	21	98.6%	141	139	1	1	2
April	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	94.4%	338	319	19	0	19	95.9%	121	116	3	2	5
With Explanations	96.4%	338	326	12	0	12	97.5%	121	118	2	1	3
May	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	90.2%	336	303	30	3	33	97.6%	169	165	2	2	4
With Explanations	91.1%	336	306	28	2	30	98.2%	169	166	2	1	3
June	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	90.5%	274	248	24	2	26	96.5%	144	139	2	3	5
With Explanations	90.9%	274	249	23	2	25	96.5%	144	139	2	3	5
July	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	90.4%	314	284	29	1	30	97.5%	157	153	2	2	4
With Explanations	91.1%	314	286	27	1	28	99.4%	157	156	1	0	1
August	Comp %	Priority 1	Total < 7 Min	7 - 12 Min	> 12 Min	Total > 7 Min	Comp %	Priority 2	Total < 10 Min	10-12 Min	> 12Min	Total > 10 Min
Raw	90.3%	352	318	30	4	34	97.1%	171	166	0	5	5

Superior Air-Ground Ambulance Service of Michigan

Preventative Maintenance Schedule

Primary Checklist PM(A) (Every 5000 Miles)

- Change Engine Oil
- Change Oil Filter
- Assess Tire wear
- Check Tire pressure
- Check Air Filter (Change if Needed)
- Lube all points
- Horn/Siren test
- Ignition Function check
- Shift Lever Function Check
- All Gauges working properly
- All Pedals Function Properly
- Condition of Pedal Pads
- Backup Alarm Check
- Wipers Function
- Wipers Condition
- Wash Nozzles Function
- All Windows operate properly
- Check all Glass
- Hinges are all working and meet acceptable wear limits
- All seat belts function correctly
- Headlights function correctly - High and Low Beams
- All parking lights function correctly
- License plate in good condition
- License plate light functioning
- Turn Signals and Hazards Working
- All Brake Lights working correctly
- All mirrors in good condition

PM(C)(Every 30,000 Miles)

- Perform Road Test
- Change Transmission Fluid and Filter
- Lube Transmission Linkage
- Check Charging System
- Load Test Batteries
- Remove and Balance tires
- Inspect all Brakes
- Check Emergency Brake cable and operation
- Check Heat and Air Conditioning in all compartments
- Complete PM(A)

PM(D) (Every 60,000 Miles)

- Complete PM(A) and PM(C)
- Clean and Flush Cooling system
- Drain Differential Fluid. Inspect Ring Gear All Rear-Wheel-Drive Vehicles
- Check Fuel Filter Life Meter

Superior Air-Ground Ambulance Service of Michigan

Novi Personnel Schedule

This schedule is the baseline deployment for Superior's Novi EMS units.

All units are fully staffed.

MI-NOV-24-A-6002	RESCUE	0600 - 0600	Racicot, Troy	Helman, Sarah	Schoke, Lexa	Szczotka, Gregory	Helman, Sarah	Schoke, Lexa	Racicot, Troy	Helman, Sarah	Schoke, Lexa	Racicot, Troy	Szczotka, Gregory	Schoke, Lexa	Racicot, Troy	Szczotka, Gregory	Schoke, Lexa
		0600 - 0600	DeSou, Troy	Serra, Amanda	Biffle, Aprile	DeSou, Troy	Serra, Amanda	Biffle, Aprile	Szczotka, Gregory	Serra, Amanda	Biffle, Aprile	DeSou, Troy	Helman, Sarah	Biffle, Aprile	DeSou, Troy	Serra, Amanda	Biffle, Aprile
MI-NOV-24-A-6003	RESCUE	0600 - 0600	Burkart, Megan	Blaszyk, Jordan	George, Jeffrey	Auston, Edwin	Blaszyk, Jordan	George, Jeffrey		Blaszyk, Jordan	George, Jeffrey		Auston, Edwin	George, Jeffrey		Auston, Edwin	George, Jeffrey
		0600 - 0600		Mckinney, Carl	Yamarino, Jana	Burkart, Megan	Mckinney, Carl	Yamarino, Jana	Auston, Edwin	Mckinney, Carl	Yamarino, Jana	Burkart, Megan	Blaszyk, Jordan	Yamarino, Jana	Burkart, Megan	Mckinney, Carl	Yamarino, Jana
MI-NOV-24-A-6001	RESCUE	0600 - 0600	Heppner, Eric	Goodwin, David	Busch, Patrick	Heppner, Eric	Goodwin, David	Busch, Patrick	Schnute, Kristin	Goodwin, David	Busch, Patrick	Heppner, Eric	Goodwin, David	Busch, Patrick	Heppner, Eric	Schnute, Kristin	Busch, Patrick
		0600 - 0600	Goulette, Michael	Heppner, Andrew	Thompson, Kristen	Schnute, Kristin	Heppner, Andrew	Thompson, Kristen	Goulette, Michael	Heppner, Andrew	Thompson, Kristen	Goulette, Michael	Schnute, Kristin	Thompson, Kristen	Goulette, Michael	Heppner, Andrew	Thompson, Kristen



Superior Air-Ground Ambulance Service of Michigan Inc.
Policies & Standard Operating Procedures
Michigan Operations Manual

Title:	Performance (Clinical) – Clinical Performance Improvement Program
Policy Number:	P(C)-001
Effective:	November 2016
Revised:	March 2020, December 2020
Reviewed:	March 2020, December 2020
CAAS Reference:	103.01.01, 201.06.01

PURPOSE

This policy will improve service with diligent monitoring of delivered clinical care and systems operations so that exemplary care can be maintained, and challenges addressed for continuous quality improvement purposes.

SCOPE

This policy applies to all EMS employees at Superior Air-Ground Ambulance Service of Michigan Inc. ("Superior").

POLICY

The process of the Clinical Performance Improvement Program ("CPIP") involves measurement of treatment, charting and tracking of trends. Feedback will be given to stakeholders (providers and managers) to be more aware of patient/customer outcomes and issues. Superior will maintain a Professional Standards Review Committee ("PSRC") that will function with confidentiality and sensitivity to growth, education and professional improvement, rather than discipline. The PSRC values recognition of outstanding care and operations. If trends are realized that need improvement, appropriate educational remediation may be recommended to accomplish system improvements.

PROCEDURE

I. General Guidelines:

- A. Superior shall maintain a Clinical Performance Improvement Program ("CPIP") to monitor, review, evaluate and improve the delivery of care. The program shall involve, but not be limited to, the following activities:
 - i. Prospective analysis – designed to prevent potential problems.
 - ii. Concurrent analysis – designed to identify problems or potential problems during patient care/transportation or during call intake/dispatching.
 - iii. Retrospective analysis – designed to identify potential or known problems and prevent their recurrence.
 - iv. Reporting/Feedback – all CPIP activities will be reported to all appropriate management personnel.

B. Superior shall maintain a Professional Standards Review Committee ("PSRC"). Membership of the PSRC Committee shall consist of (at minimum):

- i. EMS Coordinator (administrative member)
- ii. Critical Care Coordinator (administrative member)
- iii. Accreditation Director (administrative member)
- iv. Warren Operations Manager (administrative member)
- v. QA Analyst (administrative member)
- vi. Education Coordinator
- vii. Operations Compliance Liaison
- viii. One (1) Critical Care Paramedic and one (1) alternate
- ix. Two (2) Paramedic and one (1) alternate
- x. Three (3) EMT-B and one (1) alternate
- xi. General Manager (ex officio member)
- xii. Agency Medical Director(s) (ex officio member/ad hoc administrative member)
- xiii. Station Managers (ex officio members)
- xiv. Operations Managers (ex officio members)

C. The Superior PSRC shall meet quarterly or ad hoc at a designated date and time.

D. All proceedings of the PSRC and any of its sub-committees are confidential pursuant to the provisions of MCL 333.21513, MCL 333.20175, MCL 333.21515, MCL 333.531 and other state and federal laws.

E. Any and all patient data transmitted or conveyed to the PSRC is for the express purpose of peer review/analysis by members of the PSRC and must comply with all aspects of HIPAA.

F. All physical PSRC Clinical CPIP records shall be stored in a locked cabinet designated for CPIP documentation and clinical personnel CPIP files at Superior in Warren, Michigan.

G. All electronic PSRC Clinical CPIP records/files will be protected and only PSRC administrative members and appropriate management will be allowed access.

II. Prospective Analysis:

A. Comply with Federal, State and County rules, regulations, laws and codes applicable to Superior.

B. Plan, implement and evaluate the Clinical Performance Improvement Program.

C. Establish policies and procedures to assure compliance with medical control authorities, which may include, but not be limited to, basic life support, advanced life support, critical care transport, patient destination, patient care guidelines, education, safety, and CPIP requirements.

D. Design systems for reporting, monitoring, and identifying problems and/or trends analysis.

E. Monitor the effectiveness of remedial training and/or corrective action plans for isolated and trend deficiencies with personnel and recommend changes to remedial training and/or corrective action plans, if warranted.

III. Concurrent Analysis:

A. Management may conduct field site visits for clinical reviews to monitor and evaluate all aspects of patient care, scene management, and safety using a CPIP Field Auditing Checklist.

B. Education Department may conduct individual or agency-wide mandatory skills competency courses or modules with management approval, with or without CE credits, based on CPIP findings. CPIP Competency Skills Checklist will be utilized.

IV. Retrospective Analysis:

- A. Evaluate individual clinical providers for retrospective analysis of general documentation compliance, which will include **bi-weekly audits** of a percentage of run reports for specified documentation indicators that include:

- i. Missing documentation
- ii. Narrative compliance (missing or incomplete)
- iii. Signature compliance (missing or incomplete)

Documentation Indicators (A.) will be analyzed for a minimum expectation threshold of 100% individual provider compliance for every run. This data will be communicated to individual clinical providers, PSRC and management as described in the reporting and feedback section.

- B. Evaluate individual clinical providers for retrospective analysis of clinical care/treatment compliance, which will include **quarterly audits** of a percentage of run reports for specified indicators outlined in the Clinical Performance Monitoring policy and the bases of:

- i. appropriate treatment/intervention indication (assessment)
- ii. appropriate treatment/intervention provided
- iii. appropriate documentation of treatment/intervention provided

Clinical indicators (B.) will be analyzed for a minimum expectation threshold of 90% average individual provider compliance per audited runs. This data will be communicated to individual clinical providers, PSRC and management as described in the reporting and feedback section.

- C. Evaluate agency for retrospective analysis of established clinical indicators based on priority conditions which will include **annual audits** of a percentage of run reports for specified clinical indicators that include:

- i. Oxygen Administration Rate
- ii. Aspirin Administration Rate
- iii. Narcan Administration Rate
- iv. 12 Lead ECG Performance Rate
- v. STEMI Triage to Specialty Center Rate
- vi. Stroke Triage to Specialty Center Rate
- vii. Pain Intervention Rate
- viii. Advanced Airway Success Rate
- ix. Intraosseous (IO) Success Rate

Clinical indicators (C.) will be analyzed for a minimum expectation threshold of 90% annual agency compliance. This data will be communicated to individual clinical providers, PSRC and management as described in the reporting and feedback section.

V. Professional Standards Review Committee:

The PSRC will evaluate identified trends in the quality of care delivered based on A., B. and C. audits. If analysis reveals isolated providers or cases of negative treatment/care, specific remediation may be conducted. If data analysis suggests negative trends in patient care, specific mandatory training or advisory acknowledgement will be conducted for all clinical personnel.

- A. PSRC will recommend continuing education based on problem identification and trend analysis.
- B. PSRC will vote and recommend changes in internal policies and procedures based on trend analysis and present to management for approval.
- C. PSRC administrative members will assist with clinical incidents raised by means other than measured indicators.
- D. PSRC will present an "Effectiveness of the Clinical Performance Improvement Program" report annually.

VI. Reporting/Feedback:

- A. Evaluate data submitted and make changes/recommendations as necessary.
- B. Determine severity level of clinical incidents, **Major vs. Minor**. Major clinical incidents include:
 - i. Detrimental patient care
 - ii. Increased liability to the provider
 - iii. Any imminent threat to public health and safety
- C. Provide feedback to clinical personnel and appropriate management personnel via the following methods:
 - i. Clinical Personnel:
 - a. Memos/Reports/Advisories posted on designated bulletin boards or video screens
 - b. Private individual communication
 - c. Any other appropriate form of communication
 - ii. Management/Executive:
 - a. PSRC minutes distribution
 - b. Management meetings
 - c. Secure e-mail, telephone, or direct conversation
 - d. Any other appropriate form of communication

VII. Record Keeping:

- A. Patient Care Reports (PCRs): Electronic (ePCRs) or paper PCRs are generated by crews, selected and reviewed by designated CPIP personnel/analysts through ZOLL Rescue-Net Reporting. If hard copies are used, original hard copies of PCRs are sent out for billing. A carbonless copy of each PCR is stored at Superior in Warren, Michigan until confirmation is received that off-site archiving is completed.
- B. CCIP Auditing and Competency Forms/Tools: Paper or electronic forms or tools will be stored in secure file cabinets or password protected/limited access electronic file folders. Forms/tools include:
 - i. CPIP Field Auditing Checklist.
 - ii. CPIP Competency Skills Checklist

- iii. Bi-Weekly Audit Forms/Tools
- iv. Quarterly Audit Form(s)/Tool(s)
- v. Annual Audit Form(s)/Tool(s)

- C. Confidentiality: PCRs and CPIP documentation (auditing and competency forms/tools) will remain strictly confidential, in compliance with all applicable federal, state, and local laws and regulations, including HIPAA.

VIII. Tracking and Trending:

- A. All analysis will be tracked and trended for appropriate actions, which may include:
- i. Individual: e.g., education, counseling, competency review, discussion, etc.
 - ii. Agency: e.g., training and education, advisory memos, etc.
 - iii. System: e.g., clarification or rewriting policy, training, etc.

IX. Clinical Incidents/Incident Reporting/Handling:

- A. Incident inquiries/reports can be initiated by any stakeholder via contact of any Superior employee, who directs the stakeholder to their station manager or the operations manager. The station manager or operations manager will notify appropriate management personnel and enter the data into the Incident Reporting/Tracking system. All clinical incidents will require an incident report ("IR") from the personnel involved. The clinical incident reports will then be reviewed and categorized into either clinical or professional conduct in nature, and fully handled/investigated by the appropriate management and/or clinical peer review personnel.
- B. Administrative members of the PSRC will convene ad hoc to investigate clinical incidents and present findings to need-to-know management, medical director and regulatory agencies, if requested.
- C. Complainants will receive written notification of the outcome of the investigation, if appropriate. An investigation summary of all CPIP investigation activities will be reported to all appropriate management and executive staff.

SPECIAL CONSIDERATIONS

- State of Michigan/Medical Control Authority (MCA) System Protocol – Incident Classification
- State of Michigan/Medical Control Authority (MCA) Treatment and Procedure Protocols
- HIPAA Compliance
- Peer Review Confidentiality
- Records Security

DISCRETION TO MODIFY POLICY

Superior periodically reviews and revises its policies. This and all other policies are subject to change at Superior's discretion and without prior notice. This policy supersedes all prior policies on this subject. If a policy is changed, employees will be notified.



Superior Air-Ground Ambulance Service of Michigan Inc.
Policies & Standard Operating Procedures
Michigan Operations Manual

Title:	Performance (Clinical) – Clinical Performance Monitoring
Policy Number:	P(C)-002
Effective:	November 2016
Revised:	March 2020, December 2020
Reviewed:	March 2020, December 2020
CAAS Reference:	103.01.01, 201.06.01

PURPOSE

To ensure that all Emergency Medical Technicians, Paramedics, Critical Care Paramedics and Registered Nurses are meeting expectations of quality while performing clinical aspects of their jobs.

SCOPE

This policy applies to all EMS employees at Superior Air-Ground Ambulance Service of Michigan Inc. ("Superior").

POLICY

Superior strives to provide service excellence to all of its clients. As a result of this effort, Superior will require all employees to meet certain clinical expectations of the job. Periodically, members of the Superior management team will assign designated peer review representatives to review run reports (retrospective) and observe on-scene treatment (concurrent) provided by road employees to review clinical performance. Performance Indicators/Quality Indicators (PI/QI) developed by the MCA's will be monitored and reported annually as required for licensure in each of the MCA's.

PROCEDURE

The following measurable indicators will be reviewed, if applicable, for each CPIP Run/Clinical Review on the bases of:

1. appropriate treatment/intervention indication (proper assessment)
2. appropriate treatment/intervention provided
3. appropriate documentation of treatment/intervention

Basic Life Support ("BLS"), Advanced Life Support ("ALS") and Critical Care Transport ("CCT") Level:

- Basic airway management

- Oxygen administration
- Protocol adherence
- CPR
- AED (BLS Units)
- Epi administration (BLS Units)
- Narcan administration
- Supraglottic airway devices
- Trauma care
- Spinal immobilization techniques
- Patient handling and safety
- LUCAS® CPR Device (BLS and ALS Rescue Units)

ALS Level:

- Advanced airway management
- IV/IO establishment
- Medication administration
- ECG/12 Lead ECG
- Cardioversion/defibrillation
- Waveform Capnography

CCT Level (in addition to ALS Level):

- Ventilator management
- Infusion management
- Medication recording
- Medication titration (TPA, sedation and pain medications)
- Arterial Line management
- CPAP/BiPAP Management

Performance feedback results may be presented to the employee upon completion of the clinical performance review. Deficiencies will be addressed with a remediation program or other as appropriate.

SPECIAL CONSIDERATIONS

- State of Michigan/Medical Control Authority (MCA) Treatment and Procedure Protocols
- HIPAA Compliance
- Peer Review Confidentiality

DISCRETION TO MODIFY POLICY

Superior periodically reviews and revises its policies. This and all other policies are subject to change at Superior's discretion and without prior notice. This policy supersedes all prior policies on this subject. If a policy is changed, employees will be notified.



Superior Air-Ground Ambulance Service of Michigan Inc.
Policies & Standard Operating Procedures
Michigan Operations Manual

Title:	Performance (Clinical) – Medical Error Reporting
Policy Number:	P(C)-003
Effective:	November 2016
Revised:	
Reviewed:	March 2020
CAAS Reference:	103.01.01, 201.05.01, 201.06.01, 202.05.03

PURPOSE

This policy provides a mechanism for EMS practitioners to self-report medical errors without penalty. The information obtained may be used for education and continuous performance improvement to promote a medical, “error-free” environment.

SCOPE

This policy applies to all EMS employees at Superior Air-Ground Ambulance Service of Michigan Inc. (“Superior”).

POLICY

Medical Errors are defined as Treatment and/or Medication Errors. They are to be reported to the Operations Management and/or administrative members of the Professional Standards Review Committee (“PSRC”) in accordance with the following procedure.

Persons reporting the error are immune from any disciplinary action by Superior under the following conditions:

- a. The event was unintentional
- b. There were no major adverse outcomes
- c. A protocol or policy has not been violated
- d. The law or a regulation has not been broken
- e. A remedial/corrective action plan is developed and carried out

No immunity will be granted in cases where knowledge of a treatment and/or medication error is intentionally omitted or not reported. If a person is unaware that they have committed a treatment and/or medication error prior to notification by Superior, they are still eligible for immunity as long as it is determined that they did not intentionally withhold reporting.

If a treatment and/or medication error is made that results in an adverse patient outcome, it is an unusual occurrence (sentinel event) and must be reported and investigated in accordance with policy P(C)-001 Clinical Performance Improvement Program policy, IX. Clinical Incidents/Incident Reporting.

DEFINITIONS

Medical errors are defined as treatment and/or medication errors. Treatment and/or medication errors include:

- a. Deviation from medical protocol
- b. Omission of a routine aspect of treatment/therapy
- c. Improper technique/skill
- d. Incorrect medication given
- e. Incorrect medication dosage given
- f. Medication calculation error
- g. Exceeding maximum medication dosage
- h. Incorrect medication administration route
- i. Medication omission
- j. Incorrect time documented

PROCEDURE

Upon discovering a treatment and/or medication error;

- a. Operations Management is to be notified immediately.
- b. The EMS practitioner will complete/submit a confidential incident report type "Medical Error Reporting" located within the electronic incident reporting system.
- a. Operations management will request additional incidents reports from all individuals involved or witness to the clinical incident, if applicable.
- b. Operations management will notify the administrative members of the PSRC for clinical review.
- c. Administrative PSRC personnel will conduct and complete the investigation within 72 hours.
- d. The agency Medical Director will be notified for input regarding the remedial or corrective action plan, as deemed necessary.
- e. The investigation report will be presented to appropriate operations management, tracked and securely filed.
- f. The EMS practitioner will receive remedial or corrective action feedback and resolution.

SPECIAL CONSIDERATIONS

- State of Michigan/Medical Control Authority (MCA) Protocols
- HIPAA Compliance
- Peer Review Confidentiality

DISCRETION TO MODIFY POLICY

Superior periodically reviews and revises its policies. This and all other policies are subject to change at Superior's discretion and without prior notice. This policy supersedes all prior policies on this subject. If a policy is changed, employees will be notified.

Superior Air-Ground Ambulance Service of Michigan

Insurance Documents



SUPEAIR-04

TWATSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/13/2023

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 License # 100101891 Kansas City, MO-Truss LLC-Hub International Mid-America 9200 Ward Pkwy Suite 500 Kansas City, MO 64114	CONTACT Cindy Johnson PHONE (AC, No. Ext): (918) 712-5282 FAX (AC, No): E-MAIL ADDRESS: cindy.johnson@hubinternational.com INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A: Liberty Mutual Fire Insurance Company</td> <td>NAIC # 23035</td> </tr> <tr> <td>INSURER B: Lloyd's Syndicate #2623/623</td> <td></td> </tr> <tr> <td>INSURER C: Liberty Insurance Corporation</td> <td>42404</td> </tr> <tr> <td>INSURER D: SiriusPoint Specialty Insurance Corporation</td> <td>16820</td> </tr> <tr> <td>INSURER E: Mercer Insurance Company</td> <td>44478</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Liberty Mutual Fire Insurance Company	NAIC # 23035	INSURER B: Lloyd's Syndicate #2623/623		INSURER C: Liberty Insurance Corporation	42404	INSURER D: SiriusPoint Specialty Insurance Corporation	16820	INSURER E: Mercer Insurance Company	44478	INSURER F:	
INSURER A: Liberty Mutual Fire Insurance Company	NAIC # 23035												
INSURER B: Lloyd's Syndicate #2623/623													
INSURER C: Liberty Insurance Corporation	42404												
INSURER D: SiriusPoint Specialty Insurance Corporation	16820												
INSURER E: Mercer Insurance Company	44478												
INSURER F:													
INSURED Superior Air-Ground Ambulance Service of Michigan, Inc. 395 W. Lake Street Elmhurst, IL 60126													

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	ADDITIONAL INSURER (IND. W/O)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ EACH ☐ LOC ☐ OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMMOD AGG \$ COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	X	AS2641444725023	3/1/2023	3/1/2024	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coil Ded \$ 5,000
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ RETENTION \$	X	W1DE4B2230701	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in MI) Y/N ☒ N/A	N/A	WA764D444725033	3/1/2023	3/1/2024	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Auto Layer 1	X	TSX00037023	3/1/2023	3/1/2024	Limit 1,000,000
E	Excess Auto Layer 2	X	20000000401	3/1/2023	3/1/2024	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Excess Auto Liability Layer 3- \$3,000,000
 General Insurance Company
 Pol #GVE100288802
 3/1/2023-3/1/2024

General Liability and Professional Liability are Self-insured for first \$500,000. General Liability and Healthcare Professional Liability are included in Excess Liability policies above.
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER City of Novi 45175 Ten Mile Road Novi, MI 48375	CANCELLATION 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 Todd Storer
--	--

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



AGENCY CUSTOMER ID: SUPEAIR-04

TWATSON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Kansas City, MO-Truss LLC-Hub International Mid-America		License # 100101891	NAMED INSURED Superior Air-Ground Ambulance Service of Michigan, Inc. 395 W. Lake Street Elmhurst, IL 60126
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

The City of Novi, its City Council, all employees, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or volunteers thereof are hereby named as Additional Insured on the Excess Liability policies above when required by written agreement and signed by the insured, subject to policy terms and conditions. In addition, at least 30 days written notice will be provided in the event of cancellation by all reasons except nonpayment of premium. In the event of nonpayment of premium, at least 10 days notice will be provided.

Superior Air-Ground Ambulance Service of Michigan

Insurance Documents (Duplicate)



SUPEAIR-04

TWATSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/13/2023

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 License # 100101891 Kansas City, MO-Truss LLC-Hub International Mid-America 9200 Ward Pkwy Suite 500 Kansas City, MO 64114		CONTACT Cindy Johnson PHONE (A/C, No, Ext): (918) 712-5282 FAX (A/C, No): E-MAIL: cindy.johnson@hubinternational.com															
INSURED Superior Air-Ground Ambulance Service of Michigan, Inc. 395 W. Lake Street Elmhurst, IL 60126		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td>INSURER B: Lloyd's Syndicate #2623/623</td> <td></td> </tr> <tr> <td>INSURER C: Liberty Insurance Corporation</td> <td>42404</td> </tr> <tr> <td>INSURER D: SiriusPoint Specialty Insurance Corporation</td> <td>16820</td> </tr> <tr> <td>INSURER E: Mercer Insurance Company</td> <td>14478</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: Liberty Mutual Fire Insurance Company	23035	INSURER B: Lloyd's Syndicate #2623/623		INSURER C: Liberty Insurance Corporation	42404	INSURER D: SiriusPoint Specialty Insurance Corporation	16820	INSURER E: Mercer Insurance Company	14478	INSURER F:	
INSURER	NAIC #																
INSURER A: Liberty Mutual Fire Insurance Company	23035																
INSURER B: Lloyd's Syndicate #2623/623																	
INSURER C: Liberty Insurance Corporation	42404																
INSURER D: SiriusPoint Specialty Insurance Corporation	16820																
INSURER E: Mercer Insurance Company	14478																
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	ADOL SUBR (IND, W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ CIRC ☐ LOC ☐ OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMING AGO \$ \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	X	AS2641444725023	3/1/2023	3/1/2024	COMBINED SINGLE LIMIT (EA accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Compl/Coil Ded \$ 5,000
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE COI RETENTION \$	X	W1DE4B2230701	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N N	WA764D444725033	3/1/2023	3/1/2024	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Auto Layer 1	X	TSX00037023	3/1/2023	3/1/2024	Limit 1,000,000
E	Excess Auto Layer 2	X	20000000401	3/1/2023	3/1/2024	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Excess Auto Liability Layer 3- \$3,000,000
 General Insurance Company
 Pol #GVE100288802
 3/1/2023-3/1/2024
 General Liability and Professional Liability are Self-Insured for first \$500,000. General Liability and Healthcare Professional Liability are included in Excess Liability policies above.
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER City of Novi 45175 Ten Mile Road Novi, MI 48375	CANCELLATION 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 <i>Todd Stover</i>
--	--

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



AGENCY CUSTOMER ID: SUPEAIR-04

TWATSON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Kansas City, MO-Truss LLC-Hub International Mid-America		License # 100101891	NAMED INSURED Superior Air-Ground Ambulance Service of Michigan, Inc. 395 W. Lake Street Elmhurst, IL 60126
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

The City of Novi, its City Council, all employees, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or volunteers thereof are hereby named as Additional Insured on the Excess Liability policies above when required by written agreement and signed by the insured, subject to policy terms and conditions. In addition, at least 30 days written notice will be provided in the event of cancellation by all reasons except nonpayment of premium. In the event of nonpayment of premium, at least 10 days notice will be provided.

Superior Air-Ground Ambulance Service of Michigan

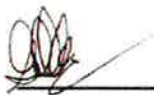
Commission on Accreditation of Ambulance Service Certificate

The Commission on Accreditation of Ambulance Services ***Certificate of Accreditation***

Superior Air-Ground Ambulance Service of Michigan, Inc.
Southfield, Michigan

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

Issued: February, 2022



Gerald Beltran, DO, Chair
Panel of Commissioners



Expires: November 30, 2023



Jon Howell, Chair
Board of Directors

Superior Air-Ground Ambulance Service of Michigan

References

City of Detroit Fire Department Emergency Medical Services

1301 3rd Ave, Detroit, MI 48226

Chief Sean Larkins, Superintendent of Emergency Medical Services

Phone: 313.596.5188

North Park Fire Protection District

600 Wood Ave. Machesney Park, IL 61115

Chief Joel Hallstrom

Phone: 815.299.2117

City of Elmhurst, Illinois

209 N. York St. Elmhurst, IL 60126

James Grabowski, Manager

Phone: 630.530.3010