



Rescue Inc. (501c3)

Request For Proposal - Brattleboro, VT

Emergency Medical Services

Date	29, August, 2023
Revision	E
Proposal Type	III (Shared) Hybrid Model
Prepared By (Authorized Representative)	Drew Hazelton - Chief of Operations 541 Canal St. - Brattleboro, VT 05301 office@rescueinc.org 802-257-7679
Authorized By	Board of Directors, Rescue Inc.
Tax ID Number	03-0220925 (501c3)

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Cover Letter

**APPENDIX A
PROPOSAL COVER LETTER**

EMERGENCY MEDICAL SERVICES

PROPOSER'S NAME: Rescue Inc.

PROPOSER'S ADDRESS: 541 Canal St.

Brattleboro, VT 05301

TAX IDENTIFICATION NUMBER: 03-0220925 (501c3)

AUTHORIZED REPRESENTATIVE: Drew Hazelton

TITLE: Chief of Operations

TELEPHONE: 802-257-7679

EMAIL: office@rescueinc.org

SIGNATURE: _____

DATE: 28 August, 2023

Entity Statement

Rescue Inc is a non-profit 501(c)3 established in Brattleboro in 1966 to provide the greater Brattleboro area with ambulance service. Rescue Inc has a rich history of EMS innovation, quality care and reliability in the region. Rescue Inc is licensed by the Vermont Department of Health as a critical care service, our current fleet of eleven ambulances are licensed at the paramedic level. The Vermont EMS Academy, a branch of Rescue Inc, provides public and professional education for our region. We are Commission on Accreditation for Prehospital Continuing Education (CAPCE) accredited and a National Registry Approved testing site. Service to the town of Brattleboro will be performed using Rescue Inc assets without the need for subcontractors. Existing and long-standing relationships for mutual aid will support all aspects of our operation during times of surge or mass casualty incidents as needed.

Technical Proposal

Abstract

Rescue Inc understands what is required to provide high quality EMS to the citizens and visitors of Brattleboro. Residents deserve a comprehensive EMS system that focuses on evidence based practices and modern medicine. Our community-based nonprofit has significant history providing EMS in Brattleboro and during the past 56 years Rescue Inc has responded to tens of thousands of calls with skill and compassion.

Our service proposal is quite simple, we intend to return Brattleboro to the level of service that was being provided prior to July of 2022. Our expanded services developed in the last year will also be available. Services include comprehensive coverage from our staff of 86 medical professionals, and access to 11 paramedic licensed ambulances, support for community events, response to technical rescue events and management of mass casualty incidents. In addition, we propose managing EMS for the town including development and maintenance of modern risk appropriate dispatch and response algorithms. We will operate the EMS system for the town without additional assistance from municipal services to the extent possible. Rescue Inc is recognized as a leader in EMS delivery and as such will continue to work with our local hospital to improve out of hospital care.

Our expectation is that Emergency Response planning will be done in collaboration with municipal officials with mutually agreed upon plans based on best practice, these plans will clearly articulate resource needs and deployment strategy.

Rescue Inc now operates VEMSA which is a state of the art training and education facility in Newfane as well as our mobile education center. This center has already expanded access to education for the public and professionals.

Conflict of Interest Statement

Rescue Inc does not have any conflicts of interest (COI) to disclose in reference to the proposed services to the Town of Brattleboro.

Information Regarding the Scope of Work by RFP Section

1. Introduction

1.1. Rescue Inc acknowledges and stipulates the information presented by the Town of Brattleboro.

2. Call Volumes

2.1. Rescue Inc acknowledges and stipulates the information presented by the Town of Brattleboro.

3. Response Times

- 3.1. The Proposal Response Checklist suggests that response times are an important metric when deciding on an appropriate contractor for EMS services. This is a nuanced issue requiring scrutiny to ensure that both the Town and the Contractor understand and agree about the parameters used to develop the measurement and its link to the program's intended goals. Rescue Inc interprets the emphasis on response times as an indicator that the Town is seeking to maximize, to the extent possible, the following outcome goals:
 - 3.1.1. Improved patient outcomes
 - 3.1.2. Improved system-wide efficiency and operational readiness
- 3.2. In addition, the checklist compels proposers to offer alternative key performance indicators if we feel that response times in and of themselves are not sufficient or appropriate to achieve the outcome goals of the program. We will first address the issue of response times ("RTs" or "intervals") as they are commonly used in literature and then move on to metrics we feel are better suited to determining the overall effectiveness of an EMS system.
- 3.3. The checklist refers to some of the following statistics regarding the performance of the current EMS provider:
 - 3.3.1. "Over the past 12 months, 90% of all calls in Brattleboro were responded to in 8:07 or less..."
 - 3.3.2. This statistic is imprecise as it fails to properly identify all the separate components of response times. A response time consists of several separate pieces and could be used to mislead the public if not properly separated. For instance, NFPA 1710 (Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments) separates RTs into several components including: Alarm answering time, alarm processing time, turnout time, first company arrival, second company arrival, and full response. We understand the reference to response times (per the most recent addendum) to disinclude the turnout time which is referenced separately. There is no further mention of the other components of response time.
 - 3.3.3. "Emergent Response calls involving lights and sirens were responded to in 6:24 or less..."
 - 3.3.4. This statistic suffers from the same problems regarding precision, but also simply suggests that the use of lights and sirens will decrease the amount of time it takes for the response to be considered complete. If all proposers adopt similar postures and policies regarding the use of emergency warning equipment, it should be expected that RTs to "emergent" events would be similarly reduced as compared to all responses in total.
- 3.4. Some issues with focusing on RTs alone:
 - 3.4.1. RTs do not indicate whether the resource that responded to the incident is the appropriate resource. E.g., if a fire engine were to respond to a call for

- service when an ambulance was not immediately available, they may be able to achieve the response time goals but there is no way to ensure that sufficient and appropriate care was delivered in the temporary absence of the ambulance crew. This practice, while potentially advisable, clouds the RT data as it relates to the delivery of EMS services.
- 3.4.2. When calls are coded by the dispatch center in a way that indicates the patient may benefit from advanced life support (ALS) services, in some cases a basic life support ambulance may be able to respond more quickly. Like the fire engine scenario, this may achieve a more rapid response, but it remains unclear if the reduced RT will positively impact the patient outcome as compared to the delivery of appropriate ALS services.
 - 3.4.3. RT misses the question of how to use EMS resources most efficiently across an entire prehospital system during times of surge or high call volume in a way that ensures appropriate access to ALS resources even if there is a slight reduction in RTs. This is especially important in suburban and rural settings.
 - 3.4.4. RT emphasis can encourage contracted agencies to rush or focus on time metrics that are less likely to improve patient outcomes as compared to meaningful steps like training/education, clinical review, increasing resource allocation, etc.
 - 3.4.5. Incentivising RTs can increase the likelihood that services will over-utilize emergency modes of response (lights and sirens) when they are not shown to improve patient outcomes. This can directly impact the safety of responders and the public. Services that are incentivized to use emergency modes of response unjustifiably can introduce the opportunity for motor vehicle and pedestrian accidents to a large degree.
- 3.5. Medical literature has been dubious, and in some cases contradictory, as it relates to the effectiveness of reducing response times to improve patient outcomes. Some references are provided below for your review, but in summary the following synopsis holds true. Simply reducing response times of EMS units as a method to improve patient outcomes is unlikely to result in a measurable, repeatable, or appreciable difference. In some specific instances, such as witnessed cardiac arrest, there is potential benefit to reducing EMS response times, but this is trumped by early initiation of CPR and defibrillation as well as intervention by *any* CPR trained first responder until the arrival of appropriate EMS resources. In addition, there appears to be a maximum number of minutes which can elapse from the onset of injury or illness where this reduced response time may be of some statistical benefit. After this 'cap' there are diminishing returns as they relate to improving outcomes by simply moving faster and are in many cases impossible or extremely difficult to achieve for any EMS system.
- 3.5.1. <https://www.dovepress.com/the-effects-of-ambulance-response-time-on-survival-following-out-of-ho-peer-reviewed-fulltext-article-OAEM>

3.5.2. <https://www.sciencedirect.com/science/article/abs/pii/S0196064409012840>

3.5.3. <https://www.tandfonline.com/doi/abs/10.1080/10903120902935363>

3.6. With that said, no one can argue that patient satisfaction and subjective experience have a role to play and should be considered when adopting or creating system wide policy. RTs should be reduced to the extent feasible, and we should expect that patients who receive services quickly will be subjectively more satisfied than those who experience any kind of delay. Our duty as program administrators is to work towards increased levels of satisfaction but also balance this against the obligation to provide excellent clinical care regardless of the pressure to reduce RTs. This is in part why a robust EMS system deploys first responder networks as necessary and engages in public relations and education campaigns that alleviate fear and uncertainty. Rescue Inc and the Vermont EMS Academy have specifically championed these kinds of programs in our unprecedented commitment to excellence. No one interacts with or educates more lay people or public safety and health professionals in all of Vermont and the wider New England region. A large body of educated and trained citizens is one cornerstone of a healthy EMS system.

4. Alternative Key Performance Indicators

4.1. Mutual-Aid Ratio (MAR)

4.1.1. Every EMS system will experience times of surge or overload. During these times, we rely on a system of mutual-aid, whereby trusted partner agencies provide additional EMS resources as needed, understanding that reciprocal services could be provided in kind. A healthy EMS system should not be overusing or abusing its trusted mutual-aid partners. A high ratio of aid received as compared to aid given could indicate the system is not properly configured.

4.2. Comprehensive Quality Assurance/Quality Improvement (QA/QI) or Quality Management Plan (QMP)

4.2.1. All EMS services dedicated to providing high-level clinical care take quality assurance and quality improvement seriously. The Town should look for proposers who can demonstrate a robust QA/QI process with multi-level involvement. In addition, they should be able to articulate their process to deal with identified clinical care issues. They should have the ability to educate, remediate, and iterate when issues are encountered. Ideally this should be supported by a robust education division with the ability to provide high fidelity simulation and comprehensive assessment.

4.3. Emergency Response Policy

4.3.1. Proposers should have, or make available, a comprehensive safety policy regarding modes of response. This is not intended to rob responders of appropriate discretion but to justify using lights and sirens. With motor vehicle accidents being one of the leading causes of death and injury to public safety professionals the need for a sensible response policy cannot be overstated. This policy should be rooted in fact and reason and not

one constructed to meet the needs of a contract proposal which too often penalizes services for a lagging response time metric which is not supported by scientific rigor.

4.4. Clinical Key Performance Indicators

4.4.1. Examples include but are not limited to: Time to 12 lead acquisition in cases of acute coronary syndrome (ACS), CPR compression fraction, 1st pass intubation success rate, number of identified protocol deviations, etc.

5. Service Required

5.1. Rescue Inc acknowledges and stipulates the items listed under the Service Required section of the RFP.

5.2. Rescue Inc interprets this section of the RFP to mean that it shall, at all times, comply with all requirements of the laws and regulations of The Federal Government and The State of Vermont as it pertains to public health and the execution of its duties pertaining to the delivery of emergency medical services.

6. Answers to Questions Regarding the Type III (Shared) Hybrid Proposal

6.1. Municipal employees would serve as first responders on what type of calls?

6.1.1. Manpower intensive high acuity calls such as cardiac arrest or impending cardiac arrest.

6.1.2. For manpower and lifting at known bariatric addresses or by special request for manpower and lifting as needed.

6.1.3. Calls for service requiring special access credentials or in order to force entry when required into a locked or obstructed residence.

6.1.4. Multi-unit response types such as car accidents, HAZMAT events, discovery of fires and explosions, or specific technical rescue incidents.

6.1.5. By special request for unanticipated needs or special circumstances.

6.1.6. Police would be specifically requested to respond when any dispatch information is suggestive of a crew or patient safety issue. Also, any calls related to suspected drug use or other potential violations of the law or situations where no contact with the victim has been made or can be secured, to ensure to the extent possible, crew and patient safety.

6.2. Address how you would propose that relations between municipal first responders and proposer's employees be managed and optimized.

6.2.1. Joint training opportunities to better manage multi-agency response emergencies such as motor vehicle accidents, fire standbys, HAZMAT incidents, etc.

6.2.2. Quarterly meetings of an EMS delivery committee with participation from Rescue Inc, District 13 Medical Advisor, and Brattleboro Fire Department. Topics should include at minimum: Operational concerns, administrative concerns, clinical practice and case review.

6.2.3. Conflicts or disputes which arise during the course of the contract that are the result of personnel management or routine operations that cannot be resolved in real time by on scene personnel, or administratively through the respective human resources and administrative staff of each party shall be addressed first by mediation and then in a binding, third party

arbitration. Costs for either or both processes will be divided evenly between Rescue Inc and the Town.

- 6.3. Identify the number of ambulances (including age) in the proposer's ambulance fleet and the total service area to be served by this fleet.
 - 6.3.1. See Appendix 1A
- 6.4. Identify the total personnel complement that proposer would use for the service area that includes Brattleboro including the number of paramedics, AEMTs, EMT-certified providers, supervisors, and administrative staff by function?
 - 6.4.1. See Appendix 1B
- 6.5. Location(s) of proposer's base of operations.
 - 6.5.1. 541 Canal St. - Brattleboro, VT 05301
- 6.6. Do you propose to use Town of Brattleboro central dispatch services or not?
 - 6.6.1. We do not intend to use the dispatch services of the Town of Brattleboro to execute the scope of work.
- 6.7. How would you propose the Town should evaluate proposer performance, including customer service, under the anticipated contract?
 - 6.7.1. See Section 4
- 6.8. Over the past 12 months, 90% of all calls in Brattleboro were responded to in 8:07 or less, and 90% of Emergent Response calls involving lights and sirens were responded to in 6:24 or less. Describe whether your proposal would guarantee these response times or not. If you cannot guarantee these response times, please explain why and/or what other response metrics you would propose.
 - 6.8.1. See Section 3
- 6.9. Describe your approach to billing and collections including how rates would be set and adjusted.
 - 6.9.1. See Cost Proposal

7. Miscellaneous

- 7.1. Rescue Inc has reviewed the Emergency Management Plan (EMP) Provided in the most recent Addendum.
- 7.2. If awarded the contract to provide EMS services to the Town of Brattleboro, we would require the following adjustments or stipulations regarding the EMP:
 - 7.2.1. To be included in the list of agencies under the "Operational Organization" section.
 - 7.2.2. To be included in the list of "Potential EOC Staff".
 - 7.2.3. To be included in the list of agencies under the "Organization and Assignment of Responsibilities" section. Within that section we would be assigned responsibilities commensurate with our capabilities and experience in a way that would best serve the Town in the case of a major emergency so that all our resources could be brought to bear in a coordinated effort if needed.
 - 7.2.4. During multi-disciplinary events that may include the widespread deployment of EMS resources, we reserve the right to serve as a member of the unified command staff.

- 7.2.5. Update of contact information to include essential personnel from Rescue Inc.

Statement of Qualifications

Business and Financial References

Brattleboro Memorial Hospital

Christopher J Dougherty, CEO
802-257-8243
cdougherty@bmh.org

City of Keene, NH

Don Farquhar - Chief, Keene Fire Department
603-757-1899
dfarquhar@keeenh.gov
Elizabeth Dragon - City Manager
603-357-9804
edragon@keeenh.gov

Town of Putney, Fire Department

Thomas "Tom" Goddard, Chief
802-579-9526
chief@putneyvt.org

Airgas USA, LLC

1159 Bernardston Rd - Greenfield, MA 01301
413-773-5436

Everdixie USA EMS Supply Company

Scott Tech
724-216-8006
stech@dixieems.com
300 Liberty Ave - Brooklyn, NY 11207

Bound Tree Medical Supplies

Charlie Adams
518-879-6710
charie.adams@boundtree.com
5000 Tuttle Crossing Blvd. - Dublin, OH 43016

Financial Statements

Please see "Fair Competition Statement" in the Cost Proposal section for information other than what is available as part of our public 990 501c3 filings.

Similar Work Examples

Rescue Inc serves over 500 square miles of Southern Vermont and Southwestern New Hampshire. In that footprint we answer over 6,000 calls for service annually with a record of servicing 100% of those requests without a need for mutual aid over the last 7 years. Below you will find a list of towns served in whole or in part, listed by the Division (Station) that services that area.

Division I	Brattleboro Memorial Hospital, Vernon, Guilford, Marlboro, Dummerston, Putney, Chesterfield, Hinsdale, Halifax
Division II	Grace Cottage Hospital, Newfane, Brookline, Townshend, Jamaica, Wardsboro, Stratton
Division III	Keene, Sullivan, Nelson, Spofford, Chesterfield, Roxbury

Organizational Chart

See Appendix 1B

Key Personnel

See Appendix 1B

Acknowledgement of Addenda

Rescue Inc hereby acknowledges receipt of all posted addenda as of the most recent update on 22 August, 2023 at 1600hrs. Inserted from FRP as Appendix D you will find the form provided as part of the above referenced update where the specific dates of each of the addenda has been signed and dated.

APPENDIX D

ACKNOWLEDGMENT OF ADDENDA

EMERGENCY MEDICAL SERVICES

DIRECTIONS: Complete Part I or Part II below, whichever is applicable.

PART I: LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS RFP:

ADDENDUM #1, DATED: 22 August, 2023

ADDENDUM #2, DATED: N/A

ADDENDUM #3, DATED: N/A

ADDENDUM #4, DATED: N/A

ADDENDUM #5, DATED: N/A

PART II:

 NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP

PROPOSER'S NAME: Rescue Inc.

SIGNATURE: _____ **DATE:** 28 August, 2023

Cost Proposal & Contract

Ambulance billing and reimbursement is complicated as a result of federal and state rules and fee schedules. Every year we care for patients that are insured by dozens of different federal programs as well as many private insurers that include health insurance, workers compensation and auto liability. Each of these programs has different requirements for claims submission and reimbursement formulas. Despite Vermont's efforts to make medical insurance affordable to every Vermonter we continue to treat patients that are uninsured or underinsured. The following is a summary of our billing practices that is updated and accompanies all of our town agreements at renewal. It is important to note that a large percentage of patients in the Brattleboro area are without insurance or have extremely high copay and deductible amounts which increases compassionate bill requests and bad debt. Our income based compassionate billing program is consistent with Brattleboro Memorial Hospital.

Executive Summary - Notice of Billing Practices

Fundamental Premise

Rescue Inc is committed to a Guarantee of Service. No patient will ever be denied access to emergency medical care and medically necessary transportation due to the inability to pay. The agency is furthermore committed to providing the highest quality of care in a fiscally responsible manner.

Fee Schedule

The agency will traditionally update in the first quarter of each year, based on the current federal ambulance fee schedule, a matrix of billable charges for services rendered. The fee schedule may also be adjusted at any time at the discretion of the Board of Trustees. For federally sponsored programs, the agency accepts assignments concerning allowable amounts in exchange for services rendered.

Activity	Charge
Basic Life Support – Non Emergency	\$ 770.00
Basic Life Support – Emergency	\$ 770.00
Advanced Life Support – Non Emergency	\$ 880.00
Advanced Life Support – Emergency Level 1	\$ 1,100.00
Advanced Life Support – Emergency Level 2	\$ 1,375.00

Specialty Care Transport – Interfacility	\$ 2,750.00
Paramedic Intercept (In Network)	\$ 385.00*
Paramedic Intercept (Out of Network)	\$ 500.00 + Standby Fee**
No Patient Transport – Basic Life Support Treat and Release	\$ 110.00
Event Standby Coverage – Basic Life Support Ambulance	\$ 150.00/hr
Emergency Medical Technician Personnel	\$ 70.00/hr
Loaded Mileage (Rounded to nearest integer)	\$ 22.00/mile
Defibrillation	\$100.00
IV Therapy	\$100.00
Airway	\$100.00
Oxygen	\$75.00

Note: * unless different rate negotiated **Standby Fee based on budget deficit for coverage requested

Billing Cycle

Ambulance service, from most insurance carrier’s perspective, is considered a transportation benefit. At the time of service, field personnel will collect upon the patient’s authorization, insurance information and policy numbers. At that time, the patient will additionally be informed of the agency’s privacy policy practices for protected healthcare information. Patients not reporting any insurance information shall be billed as a self-pay for services rendered.

The agency’s practice will be to bill a patient’s insurance for medically necessary transportation at 30, 60, and 90-day intervals. Additionally, during the processing cycle, the agency may contact the patient in writing and/or by telephone in order to review the billing activity in progress. After the 90-day window, as a last resort, if no terms have been arranged with the agency, the bill will be forwarded to a collection agency. After referral to the collection agency, the acceptor of service (patient) will also be subject to all collections charges and fees and will also be assessed interest at a rate of 1.5 % per month, commencing upon referral.

Compassionate Billing

The agency will work with patients in a compassionate manner to work out a plan of action or in special circumstances waive a balance completely due to hardship. The agency to review and approve in a confidential manner any terms of payment directly with the involved party.

Subscription Ambulance Program

The agency will offer on an annual basis, a subscription ambulance program, with a benefit period extending from July 01 of each year to June 30 of the following year. The enrollment fee may not be prorated or waived, and the benefit period will start on the day of enrollment going forward. The enrollment application will outline the scope of benefits for emergency ambulance service and any allowable benefit for non-emergency transportation.

Most recent financial statement

Rescue Inc is a nonprofit 501(c)3 and fully complies with federal financial reporting requirements. Our board of trustees hold the fiduciary responsibility for the organization. They are responsible for reviewing our annual audit and setting financial policy. Our annual 990 filings are available online and available to the public. The process that has been set up by the town of Brattleboro identifies a "parallel" process for a "bid" to provide EMS service by the fire department. As part of the RFP, general information section on page 7 paragraph 5 this conflict is clearly stated. A reasonable interpretation of the referenced paragraph as well as statements made by town officials over the past 18 months lead us to believe the fire department is competing for EMS. The Town/Fire Department has not yet presented to the public the total cost of EMS delivery. It appears that complete Municipal Service cost information will be provided only after the contractor proposals are reviewed.

Fair Competition Statement

It is our belief that providing the Town of Brattleboro with access to the detailed financial statements requested during this process would place us at a significant and unreasonable disadvantage as a bidder. The town has identified itself as a competitor in this process which would make the disclosure of this information an unreasonable request. Rescue Inc continues to operate a financially stable organization with more than a decade of municipal assessment increases of 1% or less and 100% response rates. This level of success, reliability and fiscal responsibility is uncommon, we consider the details of how we have been so successful proprietary business information.

We are in agreement with the town's assertion that ensuring long term financial viability of an EMS program is a critically important step in the decision-making process. In order to meet that need we are willing to meet with and go over our financial statements with an independent third party to verify our finances will support our contract proposal as an intermediate step. Should

Rescue Inc.
541 Canal St. - Brattleboro, VT 05301

2023 RFP Response
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the town award us the contract and thus not be in competition with us we will gladly meet with municipal officials to review the necessary documentation.

Appendix 1A

Fleet Information

Our current fleet consists of 11 paramedic licensed ambulances, 7 staff vehicles, 6 trailers, 6 boats and a UTV that serve as part of our regional comprehensive EMS response model. Our ambulances are currently stationed and operate out of our stations located in Brattleboro and Townshend, Vermont and Keene Central Fire station in Keene, New Hampshire with additional equipment and personnel that operate out of our VEMSA campus in Newfane. We have boats stationed at the Putney and Hinsdale Fire departments through collaborative arrangements.

For the past seven years we have utilized status systems management to achieve the 100% coverage rate that our member towns have come to expect. This model of moving resources from one area in our system to another during peak times provides response depth and helps to ensure that ambulances are always available for the 15 towns we currently serve. Brattleboro would be the 16th town in our system and would benefit by returning to the depth of resources it was previously provided. We do have great working relationships with area services that will provide mutual aid should the need arise. Our partnerships have withstood the test of time and continue to provide patients with exceptional and reliable service.

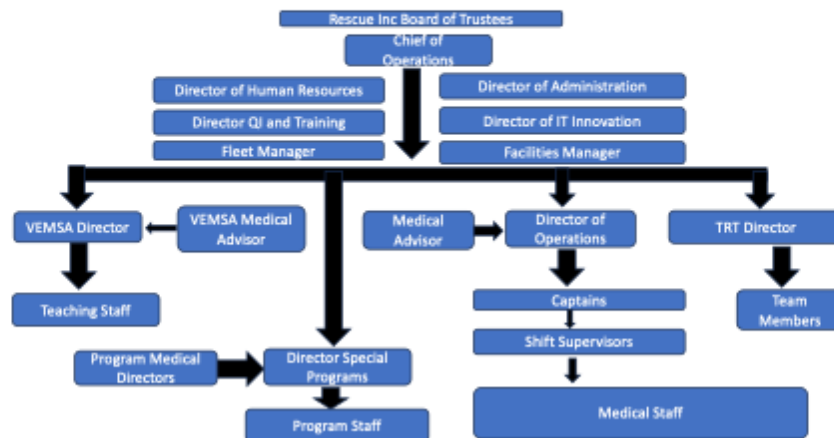
Transport Vehicle Aging Summary

A1	2019
A2	2022
A3	2019
A4	2018
A5	2019
A6	2023
A7	2021
A9	2023
A10	2018
A11	2023
A12	2013

Appendix 1B

Personnel and Certification Information

Rescue Inc. Organizational Structure



- Chief of Operations
 - Responsible for overall strategic and organizational leadership of both Rescue Inc. and VEMSA.
- Director of Administration
 - Works with the Chief of Operations to provide strategic planning on financial and administrative matters.
- Director of Human Resources
 - Works with the Chief of Operations to provide support and administration of all human resources activities to including hiring, scheduling, and counseling of employees.
- Director of Information Technology
 - Works with the Chief of Operations to support IT infrastructure needs across all Rescue Inc. and VEMSA operations.
- Director of Education
 - Serves as the Director of VEMSA which encompasses both the internal and external education mission sets.
- Operations Director/Asst. Chief
 - Takes direction from the Chief of Operations and fulfills the role of Chief in his/her absence. Responsible for the planning and execution of all EMS operations.
- Operations Captain

- Provides tactical guidance to shift commanders (lieutenants) and supervises daily EMS operations.
- Special Projects Captain
 - Responsible for all developing incipient phase programs outside of normal EMS operations such as public health, undomiciled population project, vaccination/infusion therapy and mobile integrated healthcare.
- Lieutenants
 - Serve as shift commander and are directly responsible for the daily operations of Divisions I/II/III.

Key Operations Personnel

- Drew Hazelton, Chief of Operations
 - Nationally Registered Paramedic
 - Board Certified Critical Care Paramedic
 - 28 years EMS experience
 - 10 years as Chief of Operations
 - 28 years as a firefighter
- Eric Wilson, Assistant Chief
 - Nationally Registered Paramedic
 - 9 years EMS experience
 - 2 years as Assistant Chief
 - 15 years as a firefighter
 - Rescue Captain, Newbrook Fire Department
- Eric Emerson, Captain (Operations)
 - Advanced EMT
 - 2 years as Captain
 - 10 years with Rescue Inc
 - 28 years EMS experience
 - 28 years as a firefighter
- Chris Finnell, Captain (Special Projects)
 - Advanced EMT
 - 13 years with Rescue Inc
 - 20 years EMS experience
 - 26 years as a firefighter
 - Captain, Newbrook Fire Department

Personnel Certification Breakdown by Level

Instructor (VEMSA)	4
VEFR	3
EMR	1

EMT	33
AEMT	22
Paramedic	16
Critical Care Paramedic	7
Total	86*

Note: *Does not include administrative staff, tech rescue, or non-licensed personnel