

The image shows the side of a white ambulance with a large blue and white logo. The logo features a stylized 'A' with a white Star of Life in the center. Below the 'A' is the word 'Acadian' in a bold, blue, sans-serif font, and below that is 'Ambulance Service of Texas, LLC' in a smaller, grey, sans-serif font. The ambulance is parked outdoors, and the background shows a sunset or sunrise with a bright orange and yellow sky. The ambulance's side door is visible, and the reflection of the sky is seen in the window.

**Acadian**  
Ambulance Service of Texas, LLC

**City of Pflugerville  
Request for Proposals  
Emergency Medical Services**

Acadian Ambulance Service of Texas, LLC  
September 2021

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Attachment A: Dr. Emily Kidd Medical License and Resume

# 1. COVERAGE

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**Requirements:** *The City is interested to know the methods and resources necessary to comply with the standards in this section; including staffing and placement of ALS units.*

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## KEY POINTS

- We will launch service with at least four dedicated units. Our time-tested system-status management plan will ensure contract compliance.
- We will use our depth of local and statewide resources to provide backup services, ensuring that residents always have access to care.
- We will rely on our five decades of 9-1-1 experience plus the other attributes that set our company apart.

In each of Acadian’s 9-1-1 markets, we work with various deployment models to ensure response averages meet or exceed the community’s expectations. Some rural markets present the challenge of covering large areas with lower populations, while urban markets have less ground to cover but have a density that can cause obstacles with traffic and congestion.

Because there is no “one size fits all” plan, we have learned to adapt best practices and to rely on our five decades of experience to create the best plan to begin operations. Going forward, we will strive to always improve, and we will adjust schedules, posting assignments and staffing levels as necessary to meet and exceed the expectations of the community and its residents.

In Pflugerville, we will begin operations with at least four dedicated Advanced Life Support units; of those, one will be equipped and staffed at the Critical Care Transport (CCT) level. Our service plan will include a combination of approaches to ensure response-time compliance:

- Acadian will use street-corner posting – placing ambulances near the areas of highest use – and adjust staffing and shift times to match demand.
- Acadian’s system management expertise means we can handle unexpected increases in call demand without compromising quality of care. When demand increases, extra crews are activated with a goal of being in service within 60 minutes. If necessary, units are staffed immediately by leadership team members.
- Because of our depth of resources, Acadian can quickly increase the number of units in Pflugerville by bringing in ambulances from across our Central Texas service area. We currently have 21 mainline units, 22 spares and two sprint trucks in Central Texas. Response to 9-1-1 emergencies would be our top priority; we would not divert resources to fulfill other contractual obligations. Because we also serve a number

of hospital customers in the area, there is a flow of Acadian units in and around Pflugerville around the clock. When emergency demand peaks, we can quickly insert those trucks into the 9-1-1 system. This economy of scale would allow Acadian to deploy more ALS-level units in the Pflugerville area; in turn, more strategically located units that can respond to 9-1-1 calls would lead to faster response times and better coverage.

In addition to street-corner posting, other approaches we use to ensure compliance include:

- **Station Locations:** Acadian uses substations for crew change and as a depot for supplies. This reduces the amount of time it takes to restock an ambulance and return it to service.
- **24/7 Local Supervision:** At least one operations supervisor is on duty at all times, and all members of the local management team can be contacted at any time by phone, text or email.
- **Sprint Vehicle:** At least one sprint unit is always available to provide oversight and supervision, assist with rapid response and provide quality assurance.
- **Global Positioning Tracking:** To increase efficiency, dispatchers use GPS to monitor all ambulances in the system and dispatch emergency resources.

Acadian is also an active member of the Capital Area Trauma Regional Advisory Council (CATRAC), and we are well versed in activating strike teams from across our service areas for large-scale deployments in case of natural disasters.

## **PFLUGERVILLE STATIONS**

We understand that Acadian will be responsible for securing local facilities to efficiently and effectively deploy resources.

## **BACKUP SERVICES**

Although we are confident that our depth of resources will allow us to provide backup units as needed, we understand the value of mutual aid. Securing and maintaining interlocal agreements with neighboring EMS agencies will be one of our top priorities. We also will put in place strict guidelines to make sure mutual aid is requested proactively whenever it is needed.

## **DISASTER RESPONSE**

Because of the essential role that disaster response plays in our company, we believe it deserves special mention. Acadian has a long history of dealing with disasters, both natural and manmade. Time and again, our company has been tested and, every time, we have risen to the challenge.



Acadian is an active CATRAC participant and frequently deploys assets to assist with disaster response.

Because many Acadian locations are on the Gulf Coast, we have a great deal of experience with hurricanes and their aftermath. Most recently, we faced Hurricane Ida, which hit Louisiana Aug. 29. An outline of our response follows:

- **Pre-Storm:** Two days before expected landfall, our Emergency Response Operations Center was activated. More than 200 ground units, helicopters and ambulances were deployed, and 825 patients were evacuated, either by Acadian or through our coordination with other agencies.
- **Post-Storm:** Ground operations were active six hours after landfall; full operations resumed within 12 hours. After the storm, 20 more hurricane units were activated, and 34 state units were put under Acadian control. Within 24 hours, two forward operating bases were set up in the areas hardest hit by the hurricane – in Houma and New Orleans – to provide water, shelter, showers and food for our team members.

## LONG-TERM RESPONSE

To truly serve a community, disaster response isn't limited to the initial event; long-term support is just as important. With almost 5,000 team members and decades of experience, Acadian is positioned to respond to and provide extended service to the city of Pflugerville and its residents, regardless of the situation.

Staffing is always our first concern. Medics are deployed to relieve local employees; managers are cycled in to replace supervisory staff. Cooking teams are brought in to prepare meals.

To ensure ambulances are always available, additional units are sent and fleet technicians accompany them to ensure quick maintenance and repairs. Extra equipment and supplies are brought to the area, via air if necessary.

Regardless of the length of our response, quality assurance never lessens. All QI practices, standards and policies remain in place to ensure that those who are already dealing with the effects of a disaster don't have to worry about their emergency medical care.



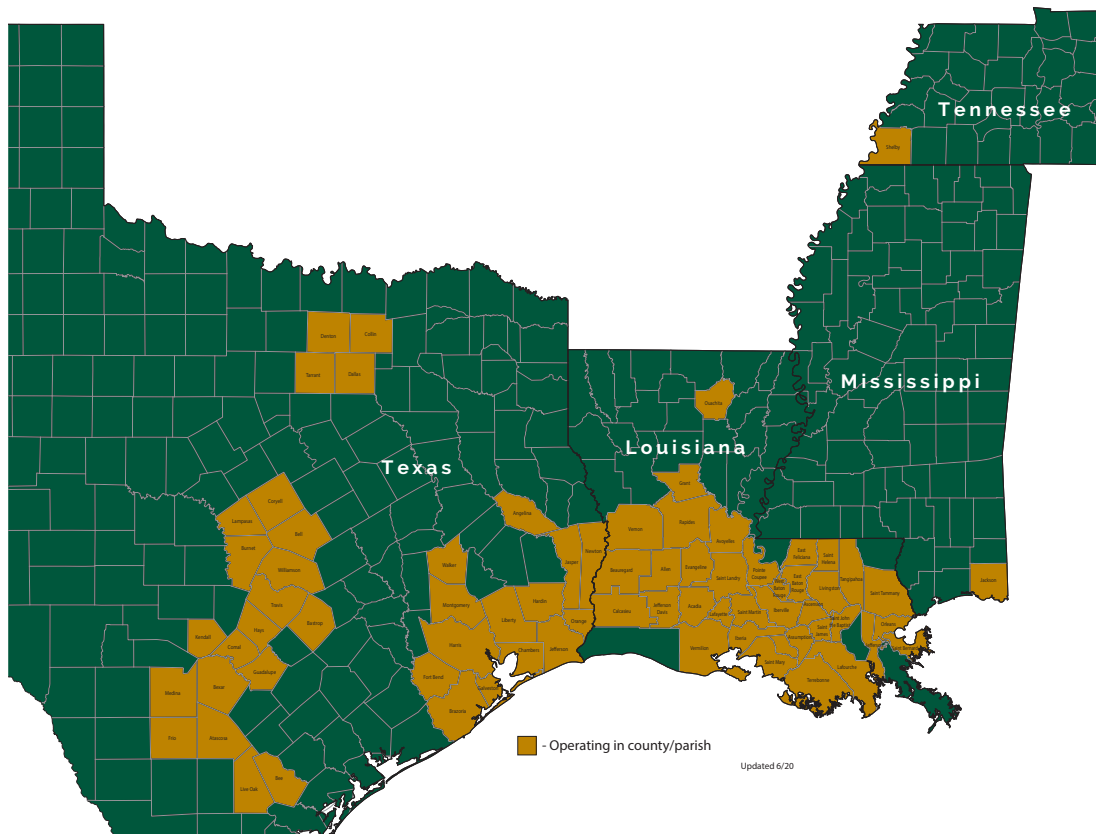
## EMERGENCY RESPONSE

In 2005, Acadian established the Emergency Response Operations Center to manage evacuations without disrupting normal operations elsewhere.

Operating 24/7, EROC is activated for disasters and other occurrences that require many patients to be transported.

Key Acadian employees staff EROC, controlling the surge ambulances from local, state and federal resources and coordinating the strike teams deployed to the region to assist.

## EXPERIENCE



Acadian Ambulance was founded in 1971 in Lafayette, Louisiana. Initially serving only one parish and operating with two ambulances and eight medics, the company steadily grew and expanded across the state.

In 2006, after 35 years of success, Acadian entered Texas and expanded to Central Texas the following year. Our company is now one of the largest ambulance providers in Texas, with more than 1,500 employees and 300 ambulances in the state.

On Sept. 1, our company, still led by one of the original founders, celebrated its 50th anniversary. We're proud of this milestone but, more important, proud that we have provided help when it is needed the most for five decades.

### 9-1-1 EXPERIENCE

Acadian has 50 years' experience managing a 9-1-1 ALS/MICU-level service. Our 9-1-1 customers are listed on the following page; please note that the oldest contract dates back to our company's founding in 1971. If you would like to speak with an official from any area, please let us know, and we will provide contact information.



<b>DATE</b>	<b>SERVICE AREA</b>	<b>STATE</b>	<b>POPULATION</b>
<b>2019-Present</b>	Ouachita Parish	Louisiana	155,874
<b>2016-Present</b>	City of Pasadena	Texas	152,735
<b>2015-Present</b>	Grant Parish	Louisiana	22,343
	Lampasas County	Texas	20,588
	City of Nolanville	Texas	4,463
<b>2014-Present</b>	Bastrop County	Texas	80,527
	City of Seagoville	Texas	15,519
<b>2013-Present</b>	City of Webster	Texas	11,006
<b>2012-Present</b>	Live Oak County	Texas	12,229
<b>2010-Present</b>	Jasper County	Texas	35,506
	City of Balcones Heights	Texas	2,849
<b>2009-Present</b>	Bexar County	Texas	1,897,753
	Hardin County	Texas	55,865
	City of Castle Hills	Texas	4,289
	City of Von Ormy	Texas	1,085
	City of Hollywood Park	Texas	3,203
	City of Somerset	Texas	1,705
	City of China Grove	Texas	1,243
	City of Fair Oaks Ranch	Texas	6,569
	City of Grey Forest	Texas	498
	City of St. Hedwig	Texas	2,224
<b>2006-Present</b>	Orange County	Texas	84,260
	City of Port Arthur	Texas	54,135
	City of Nederland	Texas	17,563
	City of Groves	Texas	15,804
	City of Port Neches	Texas	12,784
<b>2004-Present</b>	St. Bernard Parish	Louisiana	45,408
<b>2000-Present</b>	Jackson County	Mississippi	141,425
<b>1998-Present</b>	Allen Parish	Louisiana	25,683
	Beauregard Parish	Louisiana	36,462
	Calcasieu Parish	Louisiana	198,788
	Vernon Parish	Louisiana	50,803
<b>1996-Present</b>	St. Tammany Parish	Louisiana	250,088
<b>1995-Present</b>	East Feliciana Parish	Louisiana	19,696
	Rapides Parish	Louisiana	132,141
<b>1993-Present</b>	St. John the Baptist Parish	Louisiana	43,626
<b>1990-Present</b>	Avoyelles Parish	Louisiana	41,103

<b>1988-Present</b>	Iberville Parish	Louisiana	33,095
<b>1986-Present</b>	Ascension Parish	Louisiana	119,455
	Livingston Parish	Louisiana	137,788
<b>1984-Present</b>	St. James Parish	Louisiana	21,567
<b>1983-Present</b>	Lafourche Parish	Louisiana	98,325
<b>1982-Present</b>	St. Helena Parish	Louisiana	10,567
	Tangipahoa Parish	Louisiana	128,755
<b>1981-Present</b>	Assumption Parish	Louisiana	22,842
	Pointe Coupee Parish	Louisiana	22,251
	St. Landry Parish	Louisiana	83,848
<b>1974-Present</b>	Acadia Parish	Louisiana	62,577
	Evangeline Parish	Louisiana	33,743
	Iberia Parish	Louisiana	74,103
	Jefferson Davis Parish	Louisiana	31,439
	St. Martin Parish	Louisiana	53,835
<b>1973-Present</b>	St. Mary Parish	Louisiana	52,810
	Terrebonne Parish	Louisiana	113,972
<b>1972-Present</b>	Vermilion Parish	Louisiana	59,875
<b>1971-Present</b>	Lafayette Parish	Louisiana	240,098

**EMPLOYEE OWNERSHIP**

Since 1993, Acadian has been owned through an Employee Stock Ownership Plan. Today, 80% of the company is employee owned. Here’s how it works: The ESOP gives employees the opportunity to own stock in the company. Acadian then sets up a fund for each employee and makes annual contributions. The ESOP account is available upon retirement.



We believe employee ownership strengthens Acadian. As owners, we are responsible for the company. As stakeholders, we share in its future and play a direct role in its success.

**NATIONAL ACCREDITATION**

As part of our quest to be the best, Acadian maintains a number of industry accreditations, including one from the Commission on Accreditation of Ambulance Services.



Our company was accredited in 1995, one of the first to earn the CAAS designation that was established to recognize the agencies that maintain the



industry's highest standards and to promote quality patient care and transportation. In 2010, our Texas operations earned CAAS accreditation as a separate entity. That designation was renewed in 2013, 2016 and 2019.

Eleven ambulance services in Texas have earned CAAS accreditation, but several factors help set Acadian apart:

- Acadian has earned a perfect score, meaning no deficiencies were found in the documentation or during a multi-day site visit, in our past five reviews in Texas and Louisiana and Mississippi.
- Acadian is accredited in every 9-1-1 market we serve.
- Acadian has been accredited continuously since 1995. There are no gaps in our accreditation; it has never been withheld or delayed for deficiencies or other issues.

## **CUSTOMER SERVICE**

We pride ourselves on our commitment to customer service. We take a proactive approach, soliciting feedback on our service and operations through surveys, attending community meetings and visiting facilities to identify opportunities for improvement. We believe this interaction – listening to and acting on concerns – is key to fostering a long-term relationship.

Of course, we can't anticipate all issues, which is why our inquiry system is so important. When a concern is received, it is routed to the appropriate manager, who investigates the issue and contacts the caller within 24 hours to address it. A resolution is determined, put in place and presented to the caller in a timely manner.

## 2. RESPONSE TIMES

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***Requirements:** Provide information regarding response times which are a combination of dispatch operations and field operations. The City does not limit the Contractor's flexibility in the methods of providing 9-1-1 EMS service as long as the minimum coverage standard is met.*

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### KEY POINTS

- Acadian will be primarily responsible for all 9-1-1 calls within the city of Pflugerville and its ETJ.
- We will place a transport-capable ALS ambulance at the scene of each life-threatening emergency request within 8 minutes within the city limits and within 10 minutes in the ETJ within the 90th percentile.

As outlined in Section 1, we will work with various deployment models, based on our five decades of experience, to ensure response times will meet or exceed the city's needs. We will begin operations with at least four ambulances stationed in Pflugerville at all times; all would be ALS units.

Our operations and dispatch leadership teams will monitor Pflugerville operations closely to ensure compliance. Flexibility and being proactive are the keys to our success: If additional resources are needed, we will add them; if schedules or posting assignments need to be adjusted, we will change them.

### START DATE

Acadian acknowledges the January 1, 2022, start date listed in the RFP; however, we could begin service with 24 hours' notice, if needed.

### 3. COMMUNICATIONS AND DISPATCH

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**Requirements:** Provide information to show the methods and resources necessary to comply with the standards in this section. Include capabilities for proposed level of training by dispatch personnel, CAD (if any), communication infrastructure, and record keeping capabilities.

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#### KEY POINTS

- Acadian will use a computer aided dispatch system with built-in redundancies for all ambulance requests.
- EMD-certified personnel will handle and disburse all emergency and non-emergency calls.
- All units will be equipped with radios to ensure seamless communication.

#### DISPATCH PROVIDER

Emergency and non-emergency requests for Pflugerville will be dispatched by our Austin Communications Center.

All of our dispatch centers operate 24/7. To guard against system failures, backup generators provide continuous power; if electricity is lost, each operates without restrictions. If a catastrophic failure occurs, one of our other centers – in Beaumont or Lafayette, Louisiana – assumes dispatching without interruption.

#### CAD SYSTEM

Acadian’s communications centers use a Trittech CAD with separate systems in Texas and Louisiana joined by an advanced CAD-to-CAD interface. They use virtual technology with layered redundancy to ensure business continuity. Both are housed in data centers with redundant power, emergency systems and security. The Texas CAD serves as the primary resource for ambulance operations in the state and as a backup for Louisiana and vice versa. These rollovers are tested regularly.

Either CAD can become the primary resource for both areas if an incident occurs that affects either the local data center or networks supporting the systems. The continuity plan also includes the technology to allow CAD positions to be staged at any location with internet access in advance or on demand. Through Trittech



#### DISPATCH EXCELLENCE

Since 2016, our Austin Communications Center has been recognized as an Accredited Center of Excellence by the International Academies of Emergency Dispatch. This signifies that the center maintains IAED standards for staffing, response, QA/QI, case reviews and continuing education.

interfaces, Acadian also supports CAD-to-CAD communications with other agencies.

As outlined in the RFP, the CAD time-recording system includes the date, hour, minutes and seconds. To ensure access to patient information, data systems are replicated and information is shared between servers and in cloud-based systems. In 2019, we implemented a NICE Inform recording system, which holds recordings for a number of years.

## **REQUESTS FOR SERVICE**

All emergency requests for service are triaged using Medical Priority Dispatch Systems' ProQA, which guides dispatchers through the process of collecting vital information from the caller, obtaining the patient's status, choosing an appropriate dispatch level, and giving the caller instructions until the unit arrives. To help ensure high performance, we also use AQUA, a ProQA companion software package that provides quality assurance and is designed for medical directors, QI teams and dispatch supervisors.

Non-emergency transports are scheduled and triaged based on the customer's needs and the status of the system at the time of the request.

To increase the efficiency of deployment, dispatchers monitor all ambulances in the system through enhanced GPS technology; this has the added benefit of allowing responding personnel to track the quickest route through an electronic map on the unit MDT.

## **TRAINING**

Dispatchers are often the first point of contact for our customers, so we invest heavily in the training and resources needed to ensure that our communications team is the best. Employees are certified through the International Academies of Emergency Dispatch and maintain certification through internal and external continuing education. New dispatch employees undergo a comprehensive three-phase training program that includes the use of ProQA and CAD, mapping and quality assurance.

To ensure the best possible service for Pflugerville, we will ensure that dispatch personnel have initial and ongoing training, map knowledge and geographic understanding of the coverage area provided through driving tours of the jurisdiction.

## **PUSHING CALLS TO UNITS**

Acadian uses the following to communicate with crews:

- **Mobile and Portable Radios:** Each ambulance is equipped with a digital mobile radio

with a 160-channel capacity. Each medic is also issued a digital portable radio with a 160-channel capacity to communicate with the dispatch center and other crews.

As outlined in the RFP, these radios will be capable of communicating directly with City of Pflugerville Police and Travis County ESD No. 2 emergency personnel, programmed with radio frequencies from a list provided by City of Pflugerville and TCSO Communications and include the Texas Statewide Interoperability Channel Plan (TSCIP) recommended frequencies for VHF radios.

Acadian radio calls are recorded via Telstrat analog recorder. Recordings are kept for three years and one month and are a key part of our quality-improvement process.

- **Mobile Data Terminal (MDT):** Crews receive notification of assignments and notes on the response via the MDT. These on-board computers also provide GPS tracking.
- **Cellular phone:** Each unit has a designated cellular phone on which medics receive notification of the call assignment. This phone also serves as a backup to radio systems for voice communication for crews.

A Sierra Wireless MG-90 LTE Gateway on each unit provides secure, encrypted CAD connectivity and two-way CAD communication; Bluetooth connectivity for transmission of EKGs or other biometrics; wifi for ePCR connectivity to Acadian, hospital and other systems; and AVL tracking and unit location.



## 4. PERSONNEL

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**Requirements:** Capabilities to show the methods and resources necessary to comply with the standards in this section. Include number(s) and level of field staff proposed for this contract.

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### KEY POINTS

- Ambulances will be staffed with certified emergency care providers who meet all state requirements.
- All personnel will be familiar and compliant with NIMS requirements.

Dedicating at least four ambulances to Pflugerville, Acadian proposes a minimum of 12 paramedics and 12 EMT-Basics to fulfill this contract. This number would increase based on the type of shifts used to cover the city.

All ambulance services will be provided at the ALS level, at a minimum. Each medic's certification and training will meet state standards and guidelines.

### CREDENTIALS

Acadian requires these certifications for Texas clinical staff:

- **Paramedic:** Texas DSHS certification or license  
American Heart Association Healthcare Provider CPR  
AHA Advanced Cardiac Life Support
- **EMT-Basic:** Texas DSHS certification or license  
AHA Healthcare Provider CPR

Specially trained paramedics staff our Critical Care units, used for patients who require a higher level of care. They undergo 120 hours of advanced training and must re-certify each year.

### NIMS

Because disaster response is such a key part of our company, Acadian employees are required to maintain the following certifications through the National Incident Management System:

LEVEL	REQUIREMENTS
Field medics	NIMS 100, 700
Supervisors	NIMS 100, 200, 700, 800
Regional VP, department heads	NIMS 100, 200, 300, 400, 700, 800

Acadian's hiring process includes:

## RECRUITING

To deal with the national shortage of medics, Acadian has incorporated several innovative approaches to attract and retain team members. They include:

- Accelerated classes for paramedics and EMTs
- Tuition forgiveness
- High school EMT classes
- Scholarships
- Explorer programs designed to give students interested in a medical career a first-hand look at EMS. If approved by the city, we would work to expand our Central Texas post to Pflugerville.

Applicants are recruited through print and online ads, our company website, employee referrals, job fairs and presentations to EMT and paramedic programs.

It is important to note that Acadian is an equal opportunity employer that embraces and celebrates strength through diversity. Our company complies with all applicable provisions of federal, state and local laws and regulations that prohibit discrimination.

## SCREENING

Our screening process includes in-person interviews; competency assessments; a pre-employment drug screen; post-hire physical abilities testing; background checks, federal database searches, driving record searches, license and certification verification; and employment history and references.

## ORIENTATION

Orientation includes a classroom program focusing on benefits, OSHA-required and driver training, protocol reviews, billing and



## ENSURING A JUST CULTURE

In 2013, Acadian launched Just Culture, a program that ensures our company is “just” and fair with team members when human error, at-risk behavior or reckless behavior occur.

Just Culture creates shared accountability for actions and emphasizes the importance of coaching and learning from mistakes.

The Just Culture program does not eliminate punitive action; however, it is reserved for use when dealing with behavior that is repetitive or reckless or that exposes the employee or team to a substantial and unjustifiable risk.

general policies. Medical personnel continue the medic-clearance process, which includes third-party ride time, hands-on training and observation by preceptors and field training officers. The process generally is completed in about 90 days.

## BENEFITS

Benefits are offered to all full-time personnel and include:

PLAN	DETAILS
<b>401(k) Plan / Employee Stock Ownership Plan</b>	Contributions to the 401(k) are payroll deducted on a tax-deferred basis. Acadian contributes annually to the ESOP on a matching basis depending on the number of participants, the financial value of the company and the percentage of an employee's 401(k) contribution.
<b>Insurance</b>	Group medical, prescription and vision benefits offered through a nationwide provider network and life insurance. Voluntary plans include short-term disability, accident and supplemental policies.
<b>Disability Plan</b>	Addresses an employee's financial needs when he or she is away from work due to a qualifying medical condition.
<b>Flexible Spending Accounts</b>	Funded with pre-tax salary, an FSA lowers taxable income while paying toward other health-related costs.
<b>Vacation</b>	Accumulated based on schedule and service equivalent to one week after one year, two weeks after three years, three weeks after 10 years and four weeks after 20 years.
<b>Sick Leave</b>	Pays employees while away from work due to short-term illnesses. Integrates with disability insurance for longer-term illnesses.
<b>Lagniappe Days</b>	Employees may charge scheduled days off for any reason against their sick-leave accounts if the balance is sufficient to provide protection for illnesses and disabilities.
<b>Well Pay</b>	Once an employee has accumulated enough hours to address the initial period not covered by disability insurance, any excess sick time will be paid to the employee in the form of a Well Pay bonus.
<b>Referral Bonus</b>	Provides incentives to employees who refer a candidate that is hired.
<b>Employee Assistance Program</b>	Offers private counseling on personal, financial and legal issues.
<b>Wellness</b>	Understanding the importance of a healthy and fit workforce, Acadian offers a full-scale wellness program. Annual health appraisals and private counseling on health and fitness are offered to all employees.
<b>Critical Incident Stress Management</b>	To assist employees with work-related stresses, Acadian maintains an in-house CISM team available 24/7 by phone, text or email.

## CONTINUING EDUCATION

Continuing education is provided through our National EMS Academy, which has campuses in Austin, San Antonio and Beaumont. It is affiliated with the Texas A&M Engineering Extension Service (TEEX) and holds numerous accreditations, including the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

NEMSA's continuing education programs include:

- **Refresher Training:** Every two years, clinical employees attend refresher courses as required by EMS regulatory agencies.
- **Continuing Medical Education:** Classes are provided in the classroom and online, and the Texas medical director and QI staff deliver in-person clinical training quarterly.
- **Skills Courses:** These include Trauma Life Support-PHTLS or BTLS, Pediatric Care-PALS or PEPP, ACLS and BCLS.

## MEASURING QUALITY

The effectiveness of training and continuing education is measured through our QI program, which monitors medics' clinical skills and audits medical records. The Acadian Medic Performance Statistics (AMPS) program provides feedback to employees and managers on key indicators including accuracy of medical records and billing and transports vs. refusals.

An AMPS score is generated for each medic and is taken into account during his or her annual performance review; any score under 92% signals the need for more training and oversight. NEMSA also tracks the pass rate for each course and for state and national certifications.

## INCORPORATING RESULTS

The NEMSA and QI teams incorporate ongoing educational needs assessments into training programs. This is done through:

- Analysis of QI data
- Compliance with government agencies that oversee EMS, the National Registry of EMTs and CAAS. These are used to design a recertification curriculum each year.
- Consultation with and feedback from experts within EMS and our healthcare partners
- Direct oversight, including observation, audits and reports from supervisors.

## **SAFETY**

Acadian is committed to providing a safe work environment for team members and has invested in the personnel, training, equipment and supplies needed to make it a reality.

Our full-time Health, Safety and Environmental (HSE) and Risk Management departments are led by experienced directors, and a certified HSE specialist is assigned to each service area.

Our HSE Management System is based on and complies with international OHSAS 18001 guidelines. For chemical, biological, radiological and nuclear threat, team members are trained to the National Fire Protection Association 472, HazMat awareness level.

We use the latest equipment and technologies to ensure the safety of employees, patients and others. This includes powered stretchers, stair chairs, mobile lifting devices, retracting needles and personal protective equipment.

## **TRAINING**

For Acadian employees, safety training begins in orientation; current employees receive refresher training during staff meetings, boot camps and as part of mandatory computer-based training. It includes driving, hazardous materials recognition, risk assessment, blood-borne pathogen and exposure control, patient lifting, moving and handling, scene safety and stop-work authority. We also provide training on safe responses to disasters and emergencies and on the National Incident Management System (NIMS).

We monitor and measure the effectiveness of safety programs through supervisor-employee meetings, inspections, QI ride-alongs, the total recordable incident rate, transports between claims, and miles between preventable incidents. Corrective action is taken as needed and can include counseling, one-on-one training or the assignment of an online refresher course.

## **VEHICLE SAFETY**

Our driver-safety program includes classroom and obstacle-course training, behind-the-wheel coaching, annual refreshers and re-training based on incident investigations. Motor vehicle



### **HONORED FOR SAFETY**

Earlier this year, our Central Texas region was awarded the President's Cup for Safety.

The award is based on performance in a number of key areas, including preventable injuries and driving performance. In addition to Central Texas housing the President's Cup for the year, employees received individual awards in recognition of their commitment to safety.



records also are monitored.

Units have restraints in the cab and module; employees must wear seat belts at all times unless providing patient care. In these cases, employees attend to the patient then restrain themselves as soon as possible. Patients must be restrained via stretcher harnesses and a track system. Vehicles are monitored in real time via GPS.

All Acadian vehicles are equipped with SmartDrive technology that tracks routes, locations and driving performance for safety and quality assurance. Ambulances also are equipped with in-cab cameras that can be monitored in real time and used as feedback to improve driving performance.

# 5. CLINICAL

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*Requirements: Capabilities to show the methods and resources necessary to comply with the standards in this section. Include under separate cover one (1) copy of the proposed medical director certification and any negotiated conditions between the service provider and the medical director.*

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**KEY POINTS**

- Acadian operates at all times under medical direction provided by our fulltime Texas medical director, chief medical officer and CCT medical director.
- We provide ongoing clinical training and have a comprehensive QA/QI program in place.

To ensure that patients and customers always receive outstanding clinical care and to make sure that our clinical work remains at the forefront of the industry, Acadian has developed a robust QA/QI program. All aspects of the program are developed and maintained in conjunction with the chief medical officer and the Texas medical director.

## MEDICAL DIRECTION

Acadian operates at all times under medical direction, control and protocols, following Texas Department of State Health Services rules and regulations. Texas medics operate under the medical direction of Chief Medical Officer Dr. Chuck Burnell and Texas Medical Director Dr. Emily Kidd. Both are licensed to practice medicine in Texas.

Dr. Kidd, our full-time Texas medical director, joined Acadian in 2016. Double board certified in Emergency Medicine and Emergency Medical Services, she has 17 years’ experience in EMS medical direction. In 2018, she was named the Texas Medical Director of the Year for her work during Acadian’s response to Hurricane Harvey.



Dr. Kidd

Dr. Kidd is a full-time employee of Acadian and provides or delegates on-line medical direction 24 hours a day, 365 days a year. She fulfills all requirements and performs all of the duties and activities outlined in the Texas Administrative Code.

As outlined in the RFP, Dr. Kidd also will be responsible for First Responder Organizations that choose to participate, provide protocols to the programs and allow the organizations to perform medical aid while on official duty. She is in good standing with the Texas Medical Board. Her medical license and resume are included as Attachment A; however, as a full-time employee, she does not work under contract.

## QA/QI TEAM

- **Chief Medical Officer:** Dr. Charles Burnell, is based in Lafayette, Louisiana, and is board certified in emergency medicine. Dr. Burnell is a fellow of the American College of Emergency Physicians and serves as a member of the board of the organization's Louisiana chapter. Dr. Burnell has extensive experience as a staff emergency department physician and as an ED director.



Dr. Burnell

- **Critical Care Transport Medical Director:** Dr. Rosemary St. Clergy graduated from the Louisiana State University School of Medicine and is board certified in family practice and internal medicine. She oversees the operations of Acadian's Critical Care Transport program and the work of our company's specially trained CCT medics.



Dr. St. Clergy

- Acadian's QA/QI team also includes a director who oversees all QI activities across the company, a manager who provides oversight and supervision of Texas QI staff, five QI coordinators assigned to specific service areas and associate QI coordinators who assist the QICs.

These QI professionals are all critical care paramedics with many years of EMS experience. Selected through an application, interview and performance evaluation process, they assist the medical directors with credentialing, continuing education, field performance assessment, medical audit and review, clinical indicator assessment and protocol development and revision.

The chief medical officer, Texas medical director and QI director meet at least weekly to discuss QI issues and provide updates on medical investigations and the status of current or future initiatives. They also meet quarterly with the QI coordinators to address the status of current initiatives and to provide direction for improvement when necessary.

## APPROACH TO QA/QI

Acadian's QI program complies with all relevant Texas DSHS rules and regulations and CAAS requirements. Focusing on planning, implementation, evaluation, feedback and improvement, it can be divided into three sections: prospective, concurrent and retrospective.

- **Prospective:** The QI team conducts orientation of new employees and credentials paramedics new to our company as well as those achieving paramedic status. Prerequisites include ALS orientation, airway competency and a clinical evaluation. The course includes protocol training and testing, at least five shifts with a preceptor and at least 12 shifts of additional ALS ride time with a preceptor. The employee's progress is closely monitored, and training is personally tailored if necessary.

- **Concurrent:** Acadian medics operate under delegated authority from the medical directors via clinical protocols. If real-time guidance or medical direction are required, medics have 24/7 access to multiple people who can assist, including their on-duty supervisor; QI coordinator; the delegated on-line medical director from BioTel; Dr. Kidd; Dr. Burnell and Dr. St. Clergy.

QI coordinators and associate QICs work as preceptors to provide real-time training and feedback, and also work regularly as the primary paramedic on an ambulance to ensure they maintain their skills. They also provide regular feedback for each medic.

- **Retrospective:** The QI process continues long after Acadian medics transfer patient care. Every patient encounter is documented using Sansio HealthEMS software on touch-screen tablets beginning at patient bedside. The medical record is then reviewed by Coding and Documentation Center personnel; filters controlled by the medical directors are used to detect cases that match clinical performance indicators. These cases are reviewed by chart auditors, who include EMT and paramedic peers, QI coordinators, EMS educators and the medical directors.

Auditors review charts in nearly real time, which allows timely feedback to field crews. Depending on a medic's performance, a QI coordinator can provide immediate feedback directed toward positive reinforcement, coaching and/or remediation.

## KEY PERFORMANCE INDICATORS

Key performance indicators are an essential part of our QA/QI program. The information, gathered from medical records, includes cardiac arrest management, ETCO2 compliance, capillary blood glucose compliance for seizure and stroke patients, pain scale, CPAP therapy, intraosseous and IV procedures and intubation.

## CLINICAL PROTOCOLS

Acadian's protocol manual serves as a guide to all aspects of patient care. Development of these protocols is consistent with the guidelines of Texas DSHS, CAAS and regional advisory boards.

Protocol development includes evidence-based medicine, physician experience and EMS industry standards and best practices. Protocols are reviewed regularly to ensure that they provide clear guidelines for excellent patient care.

For ease of use, the protocols are available as a free smartphone app and can be found on Apple's app store or on Google Play. A printed copy of our protocols is available on request.

## CLINICAL INITIATIVES

- **Emergency Triage, Treat and Transport (ET3):** Acadian Ambulance Service has been selected to participate in the Emergency Triage, Treat and Transport program developed by the Center for Medicare and Medicaid Innovation. This program gives EMS providers the flexibility to address patient healthcare needs in a variety of ways. They include:

- Transportation to a hospital emergency department.
- Transportation to an alternative destination such as an urgent care clinic or behavioral healthcare center.
- Treatment in place through the use of telehealth services.
- Use of medical triage lines set up within 9-1-1 dispatch centers or equivalent call centers to address low-acuity calls.

The goal of the program is to allow patients to access the most appropriate level of care at the right time and place. It also aims to improve quality and lower costs by reducing avoidable transports to emergency departments and unnecessary hospital stays.

Because ET3 is currently offered through a five-year pilot program, Acadian offers it only in the Houston area and Louisiana. Based on the outcome of the program, we hope to be able to expand it to our other Texas service areas.

- **Whole Blood Initiative:** In Bastrop and Bexar counties, Acadian carries whole blood on our supervisor sprint vehicle. The ability to transfuse whole blood in the field has been called a game-changer because it can vastly increase survival rates for those suffering traumatic injuries.

With the approval of city officials, we would launch a similar initiative in Pflugerville.

- **SMART Program:** Acadian participates in the Specialized Multidisciplinary Alternate Response Team (SMART) program, launched in 2020 in Bexar County. The program is designed to help residents seek mental-health support through the county's first-responder infrastructure of law enforcement, EMS and mental health professionals.

Program goals include:

- Making clinical resources available during the initial response to a mental health



situation.

- Providing assistance to meet the needs of a person in crisis.
- Minimizing the potential for escalation and its associated risks.
- Avoiding arrest and incarceration when possible.
- Providing follow-up and aftercare for individuals needing mental health services.
- Ensuring the service continuum is maintained to maximize the chance for a positive, long-term outcome.

# 6. AMBULANCE/EQUIPMENT AND SUPPLY

*Requirements: Capabilities to show the methods and resources necessary to comply with the standards in this section. Include the number of vehicles required and proposed for this contract. Describe your organization’s vehicle maintenance program and explain a vehicle replacement schedule.*

**KEY POINTS**

- Acadian will provide, maintain and replace all vehicles and equipment needed to fulfill this contract.
- Our company has a time-tested maintenance and replacement schedule in place for all units and equipment.

In Pflugerville, we will begin operations with at least four dedicated units; of those, one would be equipped and staffed at the Critical Care Transport (CCT) level. These would be backed up by our Central Texas fleet of 21 mainline ambulances and 22 spares.

In addition to state and federal compliance, Acadian units meet the rigorous standards set by CAAS. They receive regular and preventive maintenance and are removed from service when needed. A unit is not returned to service until it has been repaired and thoroughly inspected.

Our Fleet Maintenance department manages and maintains about 1,000 vehicles, handling preventive maintenance, repair and refurbishment for a fleet that traveled more than 40 million miles in 2020. Details include:

- **Facilities:** Acadian operates 16 maintenance facilities in Texas, Louisiana, Mississippi and Tennessee; the units dedicated to Pflugerville would be serviced by our Central Texas facility, located in Travis County.
- **Repairs:** Acadian is authorized to conduct in-house warranty work; we also perform refurbishments and remounting of ambulance bodies. Most repairs are done in-house to ensure a quick turnaround, but we use local dealerships and vendors as needed.
- **Technicians and Equipment:** Because our vehicles operate with highly technical systems, we employ only the most skilled and professional personnel. Many of our technicians are master certified by the National Institute for Automotive Service Excellence and are factory trained and certified in specific areas, including automotive electrical, emissions, diagnostics and drivetrain.

We have partnered with manufacturers and technical colleges to develop training programs. More than 50 of our technicians have been trained at the Mercedes-Benz

education facility in Houston; Chevrolet and Ford also have allowed our technicians to attend their internal training programs. We also strive to stay ahead of the industry by equipping our technicians with the latest diagnostic tools available, covering such major systems as electrical, emissions and air conditioning.

- **Fleet Monitoring:** We use Dossier Fleet Management Software, which provides 24/7 access and allows us to track maintenance, repairs and unit status.
- **Routine Maintenance:** Every ambulance is taken out of service every 5,000 to 7,500 miles for maintenance. We exceed all manufacturer-recommended service intervals and use only premium parts that meet or exceed manufacturer requirements.
- **Vehicle Replacement:** We typically retire ambulances between 250,000 to 300,000 miles; the same would apply in Pflugerville unless officials set different standards.

## SPECIALTY UNITS

In addition to our front-line MICU ambulances, we have added several specialized units:

- **Ambus:** Acadian is one of only a few private agencies in Texas to acquire patient evacuation vehicles, or ambuses. These units can transport up to 20 patients at a time and are used to respond to disasters and mass-casualty incidents, for first-responder rehab services, for training with public-safety agencies, hospitals and nursing homes, and at standbys.



- **Critical Care:** CCT units provide a higher level of care for critically ill or injured patients and are staffed with paramedics with 120 hours of specialized training and certification. Equipment includes ventilators, an extensive drug inventory and the capability for full hemodynamic monitoring.
- **Bariatric:** Acadian uses special bariatric units for patients weighing up to 900 pounds. Each includes a wider stretcher, a reinforced ramp and a winch system, designed to help medics safely load and unload patients and to maintain their comfort and dignity.
- **Neonatal Intensive Care:** Acadian provides NICU transports for a number of hospital systems. Our NICU units, staffed by specially trained medics, provide medical air and oxygen, special regulators, isolette brackets and Stryker power stretchers.

## EQUIPMENT

Medical equipment used on Acadian ambulances includes LifePak 15 monitor/defibrillators, EMV+ 731 ventilators, MedSystem III infusion pumps and SSCOR VX-2 Portable Suction Units. Our Materials Management department maintains an inventory of equipment and tracks maintenance and repairs. Maintenance and replacement schedules can be found below.

<b>EQUIPMENT</b>	<b>MAINTENANCE AND REPAIRS</b>
<b>Monitors/Defibrillators</b>	On-site service agreement includes one annual preventive maintenance inspection.
<b>Ventilators</b>	On-site agreement includes annual maintenance inspection.
<b>Pulse Oximeters</b>	Any faulty device is sent in for repair or replaced.
<b>Portable Suction Units</b>	Any faulty device is replaced.
<b>IV Pumps</b>	Service agreement includes annual maintenance inspection.
<b>Glucometers</b>	Faulty equipment is returned and exchanged for a new device.

Stryker Power-Pro XT stretchers are tracked by serial and unit numbers; specially trained technicians perform quarterly maintenance and repairs as needed. To accommodate repairs or high system demand, Acadian keeps spare equipment at main stations, including Austin.

## SUPPLIES AND LOGISTICS

Acadian policies and procedures to ensure that ambulances are properly stocked at all times meet the requirements of Texas DSHS and CAAS.

The Materials Management department uses Epicor Financials and Distribution Suite to track and control supply requisition, purchasing, inventory and distribution. Within this system, we maintain minimum levels, lead times and other key information. Keeping a minimum two-week supply of each item, we place orders twice a week and receive next-day delivery from our distributors. Due to the size and scope of our business, we easily can maintain stock for fluctuations in demand. To ensure a constant inventory, Acadian has set up main supply warehouses; supply distribution clerks then deliver the supplies to depots set up at substations.

Before each shift, a crew must inspect the supplies and equipment on its ambulance to ensure proper inventory and operation. Supply rooms are located at each station where ambulances are housed, and all supervisor vehicles carry additional inventory for urgent needs. If supplies are needed during a shift and the crew cannot make it back to their station quickly enough, the supervisor can rapidly deploy to the crew's location to reduce the amount of time it takes to restock an ambulance and return it to service.

# 7. REPORTING REQUIREMENTS

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*Requirements: Capabilities to show the methods and resources necessary to comply with the standards in this section.*

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**KEY POINT** ■ Acadian will ensure complete transparency to the City of Pflugerville, submitting all required monthly reports.

Acadian’s reporting methods provide a complete audit trail for all response times, our billing system is in strict compliance with all laws and regulations that govern our industry, and our local operations management team would always be available to Pflugerville officials to answer questions or address their concerns.

We agree to all of the points outlined in the RFP, including a meeting to determine the format for reporting. Monthly reports will include call volume, response times, call types, billing, collections and other quality assurance reporting. If other reports are requested in the future, we will be happy to provide them.

Additionally, we acknowledge that these reports will form the basis by which the Commissioners Court will validate contract compliance and confirm Acadian’s sworn statement for appropriate and proper billing.

## 8. FIRST RESPONDERS AND MUTUAL AID

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*Requirements: Capabilities to show the methods and resources necessary to comply with the standards in this section.*

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### KEY POINTS

- Acadian will develop a strong working relationship with other EMS providers and area fire departments.
- We will exchange medical supplies and provide additional benefits to ensure the best possible working relationship.

To build and maintain a strong relationship, our management team will be available to first responders 24/7. As we prepare for service, team members will visit first-responder agencies to learn more about their expectations and needs.

Work with our public-safety partners will include:

- **Provision of AEDs:** Acadian will provide, maintain and replace first-responder departments' AEDs for the length of the agreement with Pflugerville.
- **Restocking of Medical Supplies:** We will develop a system to exchange reusable orthopedic appliances and restock disposable BLS and ALS supplies used by first responders. Equipment and supplies will be exchanged on a one-for-one basis. Whenever possible, this exchange will be accomplished on scene. If patient care or circumstances prevent this, we'll make sure it is accomplished as soon as possible.
- **Clinical Experience:** Acadian is pleased to offer clinical experience to first responders through ride-alongs on our ambulances. These are provided on request at no charge.
- **In-Service Training:** Acadian will provide joint EMS training, access to in-service programs needed for continued certification and education on trauma, STEMI, cardiac arrest and stroke management, mass casualty incidents and more. We also will provide an overview of and training on Acadian protocols. Finally, we will participate in disaster and mass-casualty exercises and drills with our public-safety partners.
- **Medical Direction:** Dr. Emily Kidd, Acadian's full-time Texas medical director, will provide first-responder protocols to the programs and will allow the organizations to perform medical aid while on official duty.
- **Flu Shots, TB Screenings:** Knowing the importance of caring for those who care for

the community, we will offer free flu shots and TB screenings to Pflugerville first-responder agencies.

- **Transports:** Acadian never charges to transport injured, on-duty fire or law enforcement personnel.
- **Access to National Pricing:** Because of the size of our company, Acadian purchases many supplies in bulk. On request, we will pass national pricing savings on equipment and soft goods along to our first-responder partners.
- **Use of Facilities:** All Acadian facilities are open to first-responder organizations for training, meetings and other events.
- **Standby Coverage:** Acadian works hard to be an active, contributing member of the communities we serve. This commitment includes helping our public-safety and law enforcement partners in any way we can, including participating in planning meetings for major events and the in-kind donation of standby services for such events as National Night Out celebrations.

## COMMUNITY SERVICE

Acadian was founded on Sept. 1, 1971. That fall, we provided our first football standby – and that commitment to assisting those we serve continues today. At Acadian, community service is more than just talk; it's part of who we are and what we do.

We will partner with civic groups, first responders and schools on community events, provide standbys and participate in career and health fairs. With a focus on improving access to the 9-1-1 systems and preventive health care, we'll speak to community groups about health and safety and provide life-saving education to residents. We'll work collaboratively with public safety and EMS-related groups, such as the American Heart Association, the American Red Cross and other first responders.

You'll find Acadian ambulances at sporting events, festivals and fairs, walks and runs and other large events. We can handle crowds of any size, ranging from World Series games to small community celebrations. Our equipment includes medically configured John Deere Gators that allow medics to maneuver in situations where it would be difficult to use a full-size ambulance.

In addition to donating time, Acadian contributes hundreds of thousands of dollars to groups including the American Heart Association, the American Cancer Society, the American Red Cross and United Way.



We also know the importance of teaching children about safety and how to respond in an emergency. That's why our school outreach program begins in kindergarten and extends through high school.

Examples include:

- **Reality Exercises:** These are designed to bring the dangers of drinking and driving to life for high school students. Each year, our team members participate in a number of exercises featuring the aftermath of a mock accident that lets students see firsthand the many consequences of making bad decisions. In Pflugerville, Acadian would welcome the opportunity to work with schools, first responders and law enforcement agencies to present these potentially life-saving demonstrations to students.
- **Safety Fairs:** These events feature talks and demonstrations on topics ranging from bicycle and ATV safety to seatbelt use. Younger students are taught how and when to call 9-1-1 and what to do in an emergency.
- **Scouting Activities:** Acadian believes in the power of raising the next generation of our employee-owners. That's why we're committed to the Scouting program and have created Explorer posts in every service area. If approved, we would work to expand our Central Texas post to Pflugerville. A typical post includes meetings and training, working standby events and building relationships that will provide a platform for future success. Each year, we provide about 300 scholarships for our Explorers who choose to further their EMS career.

In addition to our work with Explorers, we also provide first-aid training and safety talks for Boy Scout and Girl Scout troops, Cub Scouts and Brownies.

- **Babysitter CPR:** We have launched a very successful CPR course for babysitters in Southeast Texas. We would be happy to launch a similar program with our public-safety partners in Pflugerville.
- **Career Options:** Geared to every level – from kindergarten touch-a-truck events to high school presentations – we welcome every opportunity to teach students more about EMS.

## 9. PRICING

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Acadian will not require or request a subsidy to provide emergency medical services for the City of Pflugerville and its ETJ.

Our company's pricing information can be found on the following page.

**ACADIAN AMBULANCE SERVICE, INC.**  
**PRICING CATALOG**

<u>Description</u>	<b>Texas</b>	
	<b>2021 Rates</b>	
	<u>Amount</u>	<u>Effective Dates</u>
<b><u>Transports</u></b>		
ALS2 Emergency	\$ 1,804.00	January 1, 2021
ALS1 Emergency	1,321.00	January 1, 2021
ALS1 Non-Emergency	1,283.00	January 1, 2021
BLS Emergency	1,321.00	January 1, 2021
BLS Non-Emergency	868.00	January 1, 2021
Specialty Care Base	2,763.00	January 1, 2021
Ambulance Response, treatment without transport	287.00	January 1, 2021
<b><u>Mileage</u></b>		
Mileage - 0 - 50 miles	\$ 26.49 per mile	January 1, 2021
51 - 100 miles	26.49	January 1, 2021
101 and over	26.49	January 1, 2021
<b><u>Standby Rates:</u></b>		
<b><u>Unscheduled (Hazardous Material Cleanup)</u></b>		
First Three Hours	\$ 1,444.00	January 1, 2021
Each Continuous Additional Hour	289.00 per hour	January 1, 2021
<i>*base is only charged once if standby is continuous : base is charged again if standby is closed out after 24 hrs and recalled next day</i>		
<b><u>Prescheduled</u></b>		
First Three Hours	\$ 723.00	January 1, 2021
Each Additional 1/2 Hour	92.00	January 1, 2021
<b>Standby Non-Profit Organization</b>	\$ 73.07 per hour	January 1, 2021
<b><u>EMT Contract Rates</u></b>		
Customary Basic	\$ 58.00	January 1, 2021
Customary Paramedic	83.00	January 1, 2021
Not for Profit Basic	35.85	January 1, 2021
Not for Profit Paramedic	51.02	January 1, 2021

# **ATTACHMENT A**

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Dr. Emily Kidd  
Medical License and Resume

# TEXAS MEDICAL LICENSE

4/13/2021

Texas Medical Board

## Physician License

**NAME:** EMILY GAYLE KIDD, MD

**LICENSE:** L2217

**INFORMATION CURRENT AS OF:** 4/13/2021

**CURRENT STATUS:** ACTIVE

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

### Verified Information

**Year of Birth:** 1972

**License Number:** L2217 Physician License

**Issuance Date:** 09/07/2001

**Expiration Date:** 02/28/2023

**Current Status:** ACTIVE as of 12/31/2001

**Disciplinary Restrictions:** NONE

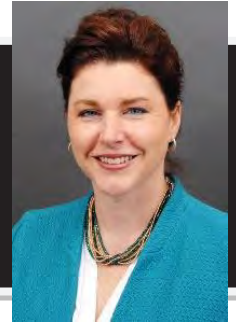
**Non-Disciplinary Restrictions:** NONE

**Specialties:**

**School of Graduation:**

MCGOVERN MED SCH AT THE UNIV OF TEXAS HLTH SCI CTR, HOUSTON, TX 1998

**EMILY GAYLE KIDD, MD, FACEP, FAEMS**  
**11127 OSGOOD STREET, SUITE 2**  
**SAN ANTONIO, TEXAS 78233**  
**210.260.0023**  
**EMILY.KIDD@ACADIAN.COM**



## WORK EXPERIENCE

**Acadian Ambulance Service, Inc.,**  
Texas Medical Director, 2016 - present

**The University of Texas Health Science Center at San Antonio,  
School of Health Professions, Department of Emergency Health  
Sciences, San Antonio, Texas**

Adjunct Assistant Professor, 2016 - present  
Assistant Professor, 2009 – 2016  
Interim Medical Director, San Antonio Fire Department, 2013– 2014  
Assistant Medical Director, San Antonio Fire Department,  
2009 – 2013, 2014-2016  
Assistant Medical Director, Bexar County First Responder Organization,  
2009– 2016  
Assistant Medical Director, Bulverde-Spring Branch EMS, 2010-2016  
Assistant Medical Director, Helotes Fire Department, 2011-2016  
Assistant Medical Director, University Health Systems EMS, 2012-2015

**Greater San Antonio Emergency Physicians. San Antonio, Texas**  
Emergency Medicine Physician, Southwest Texas Methodist  
Hospital, 2012 – 2015

**EmCare, San Antonio, Texas**  
Emergency Medicine Physician, Christus Santa Rosa Hospital – City  
Centre (closed 2012), 2008 – 2012

**Houston Fire Department - Division of EMS, Houston, Texas**  
Assistant Medical Director, 2005 – 2008

**Medical Center Emergency Physicians, Houston, Texas**  
Emergency Medicine Physician, St. Luke's Episcopal Hospital, 2004 – 2008

**Lone Star ER Docs, Hallettsville, Texas**  
Emergency Medicine Physician, Lavaca Medical Center, 2004 – 2005

**Emergency Physicians Affiliates (EPA), San Antonio, Texas**  
Emergency Medicine Physician, Baptist Health System, 2001 – 2004

**Rural Metro Ambulance, Pasadena, Texas**  
Emergency Medical Technician on Mobile Intensive Care Unit, 1994 –1996

**Texas A&M University Emergency Medical Services, College Station,  
Texas**  
Emergency Medical Technician on Mobile Intensive Care Unit, 1993 – 1994  
Emergency Care Team First Aid Provider for University Events, 1992 - 1994  
Emergency Care Team Public Relations Director, 1993 - 1994

## BOARD CERTIFICATIONS

The American Board of Emergency Medicine

- Emergency Medicine, Nov 2002
- Emergency Medical Services, Dec 2013

## LICENSURES

Doctor of Medicine

- State of Texas, L2217, Granted 2001
- State of Louisiana, 305483, Granted 2017
- State of North Carolina, 99-01520,  
Granted 1999 (expired)

## PROFESSIONAL FELLOWSHIPS

American College of Emergency Physicians  
(FACEP), Bestowed 2014  
National Association of EMS Physicians  
(FAEMS), Bestowed 2016

## EDUCATION

**Baylor College of Medicine, The University  
of Texas Health Science Center at Houston  
and the Houston Fire Department, Houston,  
Texas**  
Fellowship, Emergency Medical Services,  
July 2006

**East Carolina University, University Health  
Systems of Eastern North Carolina,  
Greenville, North Carolina**  
Residency, Emergency Medicine, June 2001

**East Carolina University, University Health  
Systems of Eastern North Carolina,  
Greenville, North Carolina**  
Internship, Emergency Medicine, June 1999

**The University of Texas at Houston Health  
Science Center, Houston, Texas**  
Doctor of Medicine, June 1998

**Texas A&M University, College Station,  
Texas**  
Bachelor of Science, Biomedical Sciences,  
May 1994

## **ADDITIONAL CERTIFICATIONS**

### **Controlled Substance Registration Certification**

- United States Drug Enforcement Administration, July 2001

### **Texas Controlled Substances Registration Certification**

- Texas Department of Public Safety, July 2001 (no longer required in Texas)

### **Basic Disaster Life Support**

- National Disaster Life Support Foundation and the American Medical Association, August 2008

### **Advanced Disaster Life Support**

- National Disaster Life Support Foundation and the American Medical Association, August 2008

## **PROFESSIONAL SOCIETIES**

### **Texas Chapter of the National Association of EMS Physicians (Tx NAEMSP)**

- Secretary, Board of Directors, 2020-present
- Chair, Program and Education Committee, 2018 – present

### **National Association of EMS Physicians (NAEMSP)**

- Women in EMS Medicine Committee, Member, 2019 – present
- Mobile Integrated Healthcare Committee, Member, 2015 – 2019

### **American College of Emergency Physicians (ACEP)**

- Disaster Section, Member, 2014 - present

### **Texas College of Emergency Physicians (TCEP)**

### **Texas Medical Association (TMA)**

### **Bexar County Medical Society (BCMS)**

## **EMS & DISASTER PREPAREDNESS EXPERIENCE**

### **STATE AND FEDERAL**

### **Federal Emergency Management Agency National Advisory Council (FEMA NAC)**

- Council Member, 2013 – 2019
- Response and Recovery Subcommittee, 2013 - 2019
- Inter-Collaborative Working Group, 2014 – 2015

### **Texas Disaster Medical System (TDMS) Steering Committee, Austin, Texas**

- Project Director, January 2011 – present
- Member, 2010 – present



### **Texas Emergency Medical Task Force (EMTF)**

- State Medical Director, Texas Emergency Medical Task Force (EMTF) Program, 2010 - present

### **Governor's EMS and Trauma Advisory Council (GETAC), Austin, Texas**

- Member, Disaster/Emergency Preparedness Committee, 2009-present
- Chair, Freestanding Emergency Department Task Force, 2015-2016
- Member, Disaster/Emergency Preparedness Task Force, 2006-2009
- Organizer, Medical Directors' Disaster Working Group, 2008-2010

### **Texas Department of Public Safety, Texas Division of Emergency Management (TDEM) - Texas Preparedness Advisory Committee (TPAC), Austin, Texas**

- Committee Member, 2006-2012

### **Texas Engineering Extension Service (TEEX) and the National Emergency Response and Rescue Training Center (NERRTC), Texas A&M University System, College Station, Texas**

- Ambulance Strike Team Leader Course Development Team Member, 2007-2008

## **REGIONAL AND LOCAL**

### **Southwest Texas Regional Advisory Council (STRAC), San Antonio, Texas**

- Executive Committee, 2013-2014
- EMS Medical Directors Committee
  - Chair, 2013 - 2014
  - Member, 2009-present
- Cardiac Committee Member, 2009 – present
- Stroke Committee Member, 2009-present
- ED Operations Committee Member, 2009-present

### **Southeast Texas Regional Advisory Council (SETRAC), Houston, Texas**

- Co-chair, Pediatric Committee, 2019 – present
- Board Member, Regional Hospital Preparedness Council (RHPC), 2007-2008

### **Houston-Galveston Area Council (H-GAC) – Emergency/Trauma Care Policy Committee, Houston, Texas**

- Board Member Alternate, 2008

### **Houston Medical Strike Team, Houston, Texas**

- Medical Operations Physician, 2005-2008
- Program Management Team Member, 2006-2008

### **Harris County Medical Society (HCMS), Houston, Texas**

- EMS Committee, 2006-2008

### **Texas Homeland Security Regional Response Planning Committee, Houston, Texas**

- Houston-Galveston Region Committee Member and Regional Planning Team Member, 2006-2008

## **Houston Metropolitan Medical Response System, Houston, Texas**

- Radiological - Medical and Health Effects Preparedness Planning Committee, 2005-2006

## **ADDITIONAL TRAINING**

### **U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA), National Incident Management System (NIMS) Courses**

- IS-100, May 2006
- IS-200, July 2006
- ICS-300, October 2007
- ICS-400, February 2013
- IS-700, June 2006
- IS-800, November 2006

### **U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA), Center for Domestic Preparedness**

- Health Sector Emergency Preparedness Course, San Antonio, Texas, February 2018

### **NDLS National Training Center of Texas, UT Southwestern Medical School, Dallas, Texas**

- Basic Disaster Life Support (BDLS), June 2008
- Advanced Disaster Life Support (ADLS), June 2008

### **State of Texas Governor's Division of Emergency Management (GDEM)**

- Mass Fatalities Incident Management Course (G-386), Houston, Texas, November 2007

### **Texas Engineering Extension Service (TEEX) and the National Emergency Response and Rescue Training Center (NERRTC), Texas A&M University System, College Station, Texas**

- Texas Multi-Agency Coordination Center (MACC) Enhanced Training Course, June 2007
- Ambulance Strike Team / Task Force Leader Course, April 2007

### **U.S. Department of Homeland Security, National Nuclear Security Administration, Counter Terrorism Operations Support, Bechtel, Nevada**

- WMD Radiological / Nuclear Course for Haz-Mat Technicians, March 2006

### **U.S. Department of Homeland Security, Office for Domestic Preparedness, New Mexico Tech Energetic Materials Research and Testing Center, Socorro, New Mexico**

- Incident Response to Terrorist Bombings Course, November 2005

### **U.S. Department of Homeland Security, Office for Domestic Preparedness, Center for Domestic Preparedness, Anniston, Alabama**

- Incident Command Course, October 2005
- Hands-On-Training (Weapons of Mass Destruction), October 2005

### **U.S. Department of Homeland Security, Office for Domestic Preparedness, National Nuclear Security Administration**

- Weapons of Mass Destruction Radiological / Nuclear Awareness Course, Houston, Texas, October 2005

### **U.S. Department of Homeland Security, Office for Domestic Preparedness, National Center for Biomedical Research and Training**

- Emergency Response to Domestic Biological Incidents Course, Houston, Texas, October 2005

## **SAMPLE OF TEACHING AND LECTURES**

### **UT Health Science Center San Antonio, EMS Fellowship Grand Rounds, San Antonio, Texas**

- "Emergency Management and ESF-8 in Texas: An Overview", Joint presentation with W. Nim Kidd, Chief, Texas Division of Emergency Management, March 2020, April 2019, April 2018, April 2017, April 2016, December 2015

### **Southwest Texas Regional Advisory Council (STRAC) Emergency Healthcare Symposium, San Antonio, Texas**

- "EMS 101: An Overview of EMS Capabilities, Structure, and Law in Texas", May 2019
- "Post IV tPA Care and Interfacility Transfer of Stroke", Joint presentation with Adam Blanchette, MD, June 2018
- "It Takes a Village: Transitions in Stroke Care", April 2017
- "Caring for Special Populations During Disasters", April 2016
- "Evacuation Challenges During Disasters in Texas", May 2015
- "San Antonio Fire Department Mobile Integrated Healthcare Program", Joint presentation with SAFD Fire Chief Charles Hood and Deputy Fire Chief Yvette Granato, May 2015
- "Field Trauma Triage: Does the CDC Have it Right?", May 2014

### **Navigating the Neches Legislative Tour: Healthcare in Southeast Texas, Lamar University, Beaumont, Texas**

- "Texas EMS Issues During Disasters: The Catastrophic and the Daily", April 2018

### **Presentation to Officials from the US Department of Defense, Department of Health and Human Services, and Veterans Administration, The Pentagon, Washington, DC**

- "ESF-8 Resources in Texas", July 2017

### **Public Health and Medical Services in Defense Support of Civil Authority (PH MED DSCA) Course, JBSA Ft. Sam Houston, San Antonio, Texas**

- "Healthcare Considerations in Disaster Response", February 2017.

### **New Braunfels High School Health Careers Practicum Classes, New Braunfels High School, New Braunfels, Texas**

- "Physical Examination of the Human Patient", November 2015 and November 2016

### **National Association of EMS Physicians and the American College of Emergency Physicians EMS Subspecialty Certification Review Course, Dallas, Texas**

- "Public Safety Answering Points", September 2, 2015
- "Provider Health and Wellness", September 2, 2015
- "Public Health", September 3, 2015
- "Diabetic and Renal Emergencies", September 3, 2015
- "Poisoning and Toxicology" Panel, September 3, 2015

- “Obstetrical and Gynecologic Emergencies”, September 3, 2015
- “Behavioral Emergencies”, September 3, 2015
- “Mass Gathering Medicine”, September 4, 2015

**State of the Science: A Gathering of Eagles Conference XVII, UT Southwestern Department of Surgery, Dallas, Texas**

- “The EMS Issue of Freestanding Emergency Centers”, February 2015
- “Three Days Later: Explosive Sequelae in West, Texas”, February 2014

## AWARDS

Texas Governor Greg Abbott – **Governor’s Official Recognition Certificate** – Given by Texas Governor Greg Abbott in recognition for receiving the 2018 Texas EMS Medical Director of the Year Award. November 2018.

Texas Department of State Health Services (DSHS) – **2018 Texas EMS Medical Director of the Year Award**. Given by the DSHS Director of the Office of EMS/Trauma Systems at the Texas EMS Conference Awards Luncheon, Ft. Worth, Texas. November 2018.

Southwest Texas Regional Advisory Council (STRAC) – **2016 Vision and Leadership Award**. Given by the STRAC Executive Director at the 3<sup>rd</sup> Annual STRAC Emergency Healthcare Conference, San Antonio, Texas. April 2016.

Texas Department of State Health Services (DSHS) – **2014 Texas Preparedness Leadership Award**. Given by the DSHS Director of Community Preparedness at the Texas EMS Conference Awards Luncheon, Ft. Worth, Texas. November 2014.

Baptist Medical Center – **Star Performer Award**. San Antonio, Texas. July 2003.

Society for Academic Emergency Medicine - **Excellence in Emergency Medicine Award**. Given by the Emergency Medicine Faculty at the University of Texas at Houston Medical School, Houston, Texas. June 1998.

## RESEARCH & PUBLICATIONS

Shadman A, Mozumder A, Stanonik M, Patterson M, Wampler D, Stringfellow M, Kidd E, et al. *Pre-hospital VAN Large Vessel Occlusion Screening Tool Predicts Larger Intracerebral Hemorrhage*. International Stroke Conference 2020 Poster Abstracts, Stroke 12 Feb 2020;51-ATP262.

Wampler D, Pineda C, Polk J, Kidd E, et al. *The Long Spine Board Does Not Reduce Lateral Motion During Transport – A Randomized Healthy Volunteer Crossover Trial*. Am J Emergency Med 2016; 34:717-721.

Wampler D, Polk J, Flores A, Kidd E, Manifold C. *Basic Life Support Personnel are Highly Successful in Establishing Intraosseous Access in Out-of-Hospital Cardiac Arrest*. Poster presentation at the National Association of EMS Physicians, Tucson AZ. January 2014.

Cunningham C, Polk J, Kidd E, Flores A, Manifold C, Wampler D. *Impact of Prehospital Intra-Arrest Therapeutic Hypothermia on Attaining Return of Spontaneous Circulation*. Poster presentation at the National Association of EMS Physicians, Tucson AZ. January 2014.

Kidd E, Pruitt J, Manifold C, Epley E, Huey D, Flood A. *Initial Review of a Regional Collaborative Stroke System Development*. Poster presentation at the Texas EMS Conference Research Forum, Austin, Texas. November 2012.

Kidd E. *EMS Drug Shortages are a Growing Concern Locally*. San Antonio Medicine Magazine. April 2012.

Kidd E, Manifold C, Jenkins D. *From Bioterrorism to Earthquakes. "The Role of the Emergency Physician" chapter*. Wiley and Sons Publishing. 2012.

Kidd E, Manifold C, Epley E, Kidd WN. *Five Lessons of the Pandemic*. EMS Magazine Online, EMSResponder.com. July 2009.

Dean E, March J. *Use of a Disaster Medical Aid Center During a Hurricane*. Poster presentation at the Society for Academic Emergency Medicine Annual Meeting, Atlanta, Georgia. May 2001.

Bacon E, Peek K. *The Influence of Female Hormonal Changes on the Symptoms of Mitral Valve Prolapse*. Sponsored by Houston Area Women's Fund for HER (Health, Education, and Research), 1995.