

**PRESIDENT'S
ANNUAL REPORT**

2013

Vincent D. Robbins, FACHE
President & Chief Executive Officer



Nationally Accredited

Our Mission:

To Improve Healthcare and Reduce Members' Costs

MONOC's Board of Trustees, 2013

Executive Committee & Officers;

John Brennan	Chairman
John Gribbin	Vice-Chairman
Frank Vozos	Treasurer
Vincent Robbins	President, CEO & Secretary

Members' Representatives;

Frank Gelormini
Jay Picerno
John Lloyd
Joseph Coyle

MONOC's Members, 2013

Voting Patron Members;

CentraState Medical Center
St. Barnabas Healthcare System
Meridian Healthcare System

Non-Voting Patron Members;

Deborah Heart & Lung Center
Palisades Medical Center

Executive Summary

Vincent D. Robbins, FACHE, President & Chief Executive Officer

MONOC is pleased to provide this annual report for the public.

MONOC is a non-profit hospital cooperative, formed in 1978 for the purpose of performing certain services for its members, on a shared basis, to reduce their cost and improve healthcare. Our membership has grown from eight in 1990 to 15 New Jersey non-profit hospitals in 2012, ten of which appoint members to our Board of Trustees. MONOC has operated many business lines over the years, but since 1984 has increasingly concentrated on emergency medical and ambulance transportation services. Our service lines include Specialty Care, Ambulance Interfacility and Air-Medical transport.

MONOC currently serves hospital members throughout New Jersey, providing ambulance transport services for most of our hospitals, paramedic operations to over 125 municipalities, as well as MedEvac services for all our members. We employ over 750 staff, own more than 100 ambulances and function within an annual budget of \$60 million without member dues or subsidy.

Our Communication Center is a state-of-the-art 9-1-1 designated facility, utilizing GPS for automatic vehicle location of our fleet, mobile data computers for voiceless communications and providing all call-intake and dispatching services for all our operations, handling over 180,000 alarms/requests a year. MONOC's Control Center also provides EMD (emergency medical dispatch) and "911 pre-arrival instructions" services. It acts as the centralized scheduling center for our members and works in close conjunction with our Transport Coordinators, whom we embed in our members' facilities. They act to expedite the process of scheduling and to ease the burden on our members' staff.

MONOC's current service lines include:

1. Medical Transportation Coordination (hospitals use MONOC as the single contact point for the scheduling of all medical transportation for their facilities)
2. Basic Ambulance Interfacility Transport (the single, largest provider in the state)
3. Specialty Care Transport (the single, largest provider in the state)
4. Basic Life Support Emergency Medical Services (emergency ambulance service provided to municipalities)
5. Regional Paramedic Services (the largest in N.J., operating over 20% of all units in the state)
6. Air-Medical Transport (providing interfacility and back-up EMS services)
7. EMS & Medical Transport Billing Services
8. EMS Educational Services (MONOC provides more than 400 courses a year to fire, ambulance and police agencies and their members/employee)

MONOC's clinical services are directed and critiqued by our very active, 14 member, Medical Advisory Board. This group of Board Certified emergency physicians meets monthly to develop treatment protocols and retrospectively audit cases, assuring the highest quality of care. Also, the company uses a standing Finance Committee, comprised of 10 member representatives, to provide fiscal oversight and assure the financial integrity of the corporation. Our overall governance is provide by a ten seat Board of Trustees, comprised of the presidents of our most participative member hospitals

As a testament to MONOC's business, operational and medical acumen, the company received, and has maintained, unconditional, full accreditation from *The Commission on Accreditation of Ambulance Services (CAAS)* since 2004. This independent and coveted recognition is considered the nation's "Gold Standard" in EMS and Medical Transportation services. MONOC is among the less than 10% highest ranked companies in this industry, in the country. In addition, MONOC is accredited by the *National Academies of Emergency Dispatch (ACE)*, the *Continuing Education Coordinating Board for EMS (CECBEMS)* and the *Commission on Accreditation of Allied Health Education Programs (CAAHEP)*.

Operations Department

Jeff Behm MBA, Senior Vice President & Chief Operating Officer

In 2013, MONOC saw a continued decline in reimbursement prompted by the Federal Sequester which resulted in a 2% reduction of our payment from Medicare, a payment that was already under paying for the services provided by MONOC. We continue to monitor the challenges expected in our industry as it relates to the Patient Protection and Affordable Care Act. However, with challenges come opportunities and in 2013, MONOC began the process of establishing a program to help our member hospitals reduce readmissions and reduce over utilizers of the emergency department. Our initial pilot program where we called patients within 24-hours of their discharge was successful and we have moved into the next phase of this program which is to train several paramedics to become Community Care Practitioners. The future of healthcare in our industry will be to work with our member hospitals in what is called Mobile Integrated Healthcare.

In 2013, through an aggressive approach to reduce the backlog of the federally required certificate of medical necessity form, we feel that we have significantly impacted the problem we have faced for years and we are on the right track to keep this requirement under control. By mid-year, MONOC reduced our overnight BLS transport staff to better match the demand for transports from our member hospitals after midnight.

The federally required narrow banding of our radio communication system that resulted in some weak areas throughout our geography began to be addressed in 2013 and will be completed in early 2014. Lastly, MONOC has seen a growth in the number of municipalities who have decided to replace or enhance their local volunteer first aid squads with paid services that bill for their services. This has resulted in more sharing of the limited reimbursement from Medicare and in some cases Medicare beneficiaries have had to receive a bill as an uncovered expense no longer paid by Medicare.

Service Lines

MONOC One

The transfer of the license from MONOC to our aviation partner Med Trans in 2012 has been successful. This transfer of licensure has taken much of the financial burden off of MONOC and moved the risk to Med Trans. MONOC continues to have a great working relationship with Med Trans and our air medical teams work in unison.

Statistically speaking, in 2013 MONOC One received 804 requests for service which is a slight increase from the previous year. The program completed 276 interfacility flights and 217 scene flights for a total of 493 flights, again an overall increase in flights from the previous year. The growth of air medical services in New Jersey in 2013 to a total of 11 programs has increased competition for inter-hospital

transfers and a reduction in coverage area for emergency scene flights outside our primary area. MONOC One's primary scene area has not been affected at this time. Air medical providers, from out of state continue to fly into New Jersey from a greater distance to transfer a critical patient out of one of our member hospitals when MONOC One is located just a few short miles away.

Specialty Care Transport

MONOC's specialty care transport service saw a continued slight increase in transport volume in 2013. However, a year over year trend shows an overall reduction in usage by member hospitals for cases other than cardiac and pediatric retrieval simply because some of the services used in the past no longer require a patient to be transferred from one hospital to another. A continued challenge in this service line is that emergency transport requests are unpredictable throughout our system for both adult and the pediatric patients. MONOC continues to provide emergent angioplasty standby services at three of our member hospitals that may need to rapidly transfer their patients to an interventional cardiac facility from their catheterization lab.

Due to the unpredictability of requests and the length of time on task, MONOC must maintain a certain level of staffing to be available for these angio standbys which has resulted in an increase in the standby cost to our member hospitals. In 2013, the MONOC SCT service line completed over 4,500 transports.

BLS Transport

The BLS transport service line struggled in 2013. Although staffing was adjusted to better reflect the demand for service, volume has not been consistent throughout our system. MONOC continues to staff transport coordinators in each of our member hospitals where we provide basic ambulance transportation. This has taken a huge burden off the hospital staff that normally need to set up a transport and it has allowed MONOC to reduce the efforts by competitors to gain transport market share at our member hospitals. The pressure to discharge patients rapidly compounded with our reduction in staffing based on historical demand has presented challenges in our daily operation. A year over year trend shows an overall reduction in BLS transports from our members that we contribute to the use of competitors, specific insurance plans, LTAC facilities at the hospital and the closure of floors within the hospitals.

In 2013, the MONOC BLS non-emergency service line completed just under 30,000 transports. Our outsourcing percentage was on the decline throughout 2013 but did spike once again in the fourth quarter due to staffing challenges. This service line tends to see more employees on FMLA or another leave as compared to the other services provided by MONOC. This further challenges our ability to staff up to an expected par level.

BLS Emergency

Although the BLS emergency service line was beginning to grow in 2013, MONOC was disappointed to lose two large EMS services contracts in Orange and Irvington. The cost of running these two EMS operations required a subsidy from each municipality. It has been our experience that towns do not look at the quality of the service that is provided and the many accreditations a company might have like MONOC, but rather they look at the bottom line. In these two townships MONOC was under bid by the same provider who bid zero dollars to provide service. Knowing the history of the services provided by MONOC and the payer mix, we do not think the current new provider will be able to sustain such losses indefinitely.

In 2013, MONOC began providing primary BLS EMS in Red Bank in Monmouth County and as of January 1, 2014 we began services in the Township of Harrison in Hudson County. Our current BLS EMS services are now provided in Aberdeen, Freehold, Harrison, Middletown, Red Bank and South Orange. MONOC continues to provide backup BLS services in many towns to support the volunteer EMS communities at no cost to the towns or the volunteer first aid squads. In 2013, MONOC BLS Emergency Medical Services performed over 14,500 transports. Our goal in 2014 is to continue to grow this service line within our MICU geographic area.

MICU

In 2013, we saw our MICU staffing levels rebound slightly but mostly in our northern region with a deficit still present in our southern region. With the increase in paid services at the BLS level and a decrease in the volunteer community, our cancels prior to scene were up in 2013 and our treat volume was reduced significantly as a result of a population reduction in the hardest hit Hurricane Sandy areas as well as the areas where we interface with paid squads.

MONOC operates the largest MICU in the State of N.J. with 15 fulltime units and three part time units. In total, MONOC's MICU services treated over 37,700 patients, a reduction of over 1,310 from 2012. Our goal in 2014 is to reduce our out of chute time through dynamic deployment.

Control Center

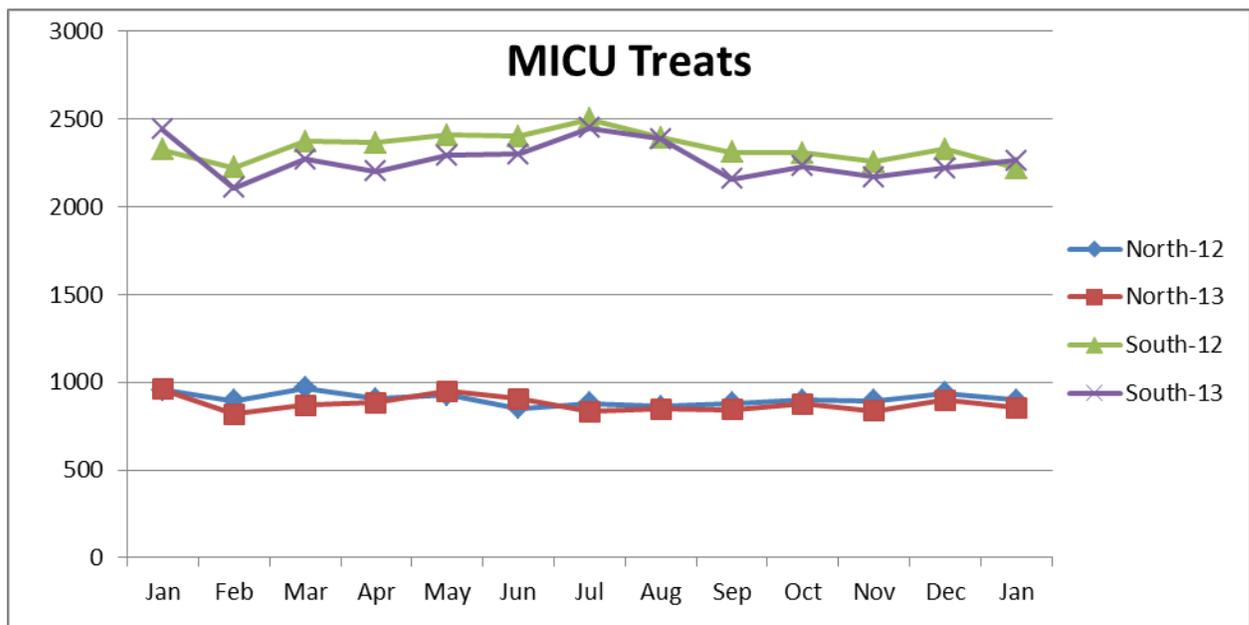
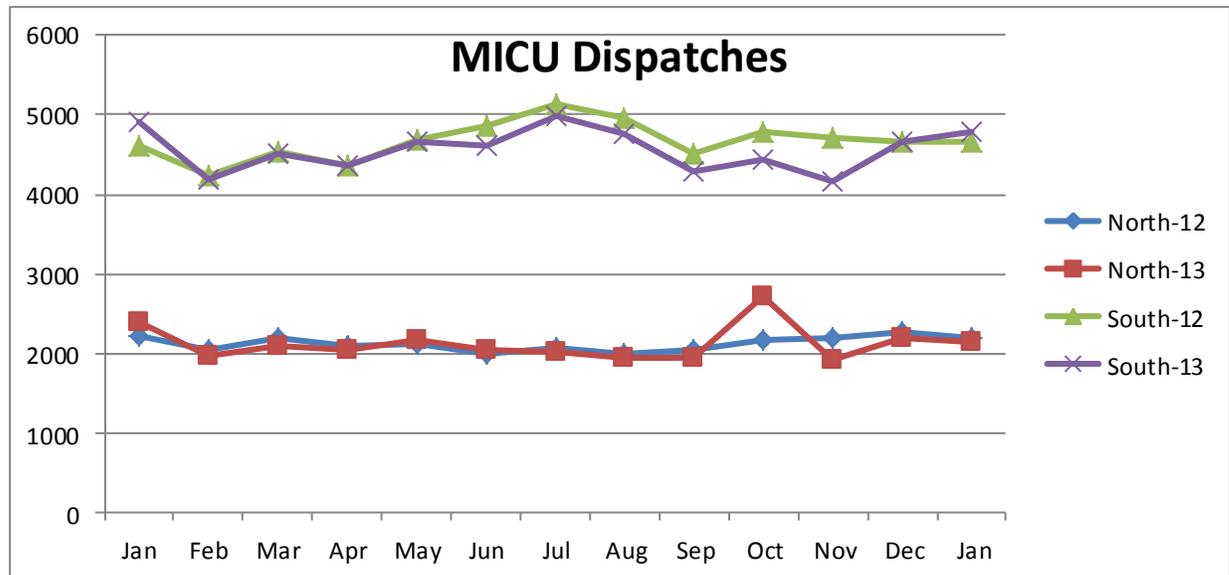
Our state of the art communications center, the MONOC Control Center is fully accredited as an Accredited Center of Excellence (ACE) through the National Accreditation of Emergency Dispatch (NAED). In 2013, MONOC lost significant 911 call taking volume with the loss of Orange and Irvington. MONOC continues to provide emergency call screening in many municipalities throughout the state but none at the volume like Irvington and Orange. We continue to adapt the communication center staffing to the demand of services required.

Special Events

MONOC continues its growth in Special Event EMS. In 2013, MONOC provided EMS at the following events and venues: New York Red Bulls Arena, PNC Bank Arts Center, NJPAC, iPlay America, NJ Offshore Speed Boat Racing, Special Olympics, Jersey Fresh, Polar Bear Plunge as well as many NJ State Police training and Pop Warner Football games.

2014

In 2014, MONOC will increase the utilization hours of our transport units, increase our presence at the BLS-Emergency level within the towns we provide MICU, attain accreditation from the Commission on Accreditation of Medical Transport Services (CAMTS) for our flight program, as well as set benchmarks for the services we provide within our industry. Also in 2014, we expect to roll out a new service line in Mobile Integrated Healthcare; combining our expertise with the community on a mobile platform with the needs of our member hospitals in a way to better help patients transition their care. We look forward to the challenges ahead and a successful 2014.



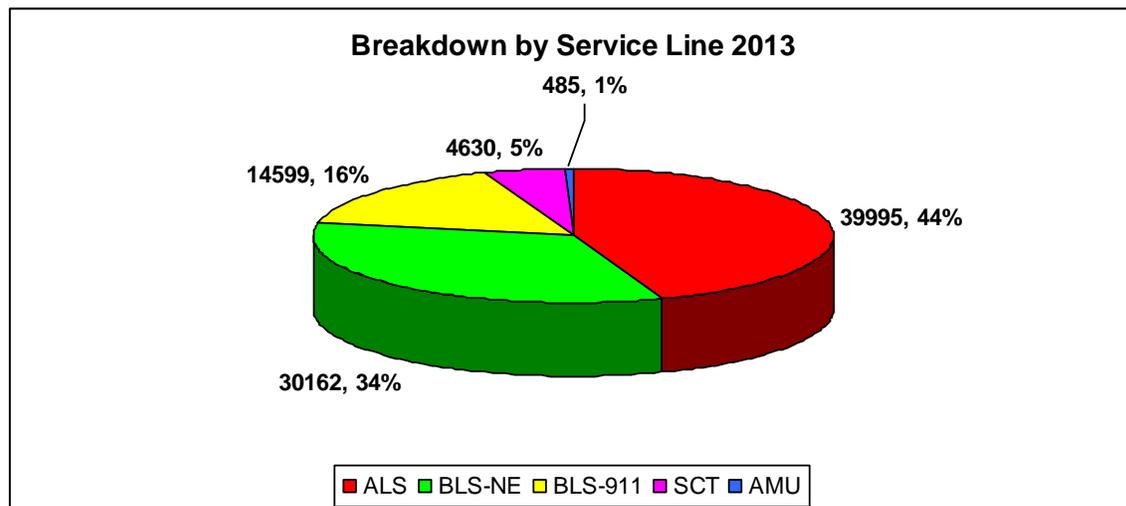
Clinical Department

Scott Matin, MPH; Vice President for Clinical, Education and Quality Assurance

Quality Assurance Section

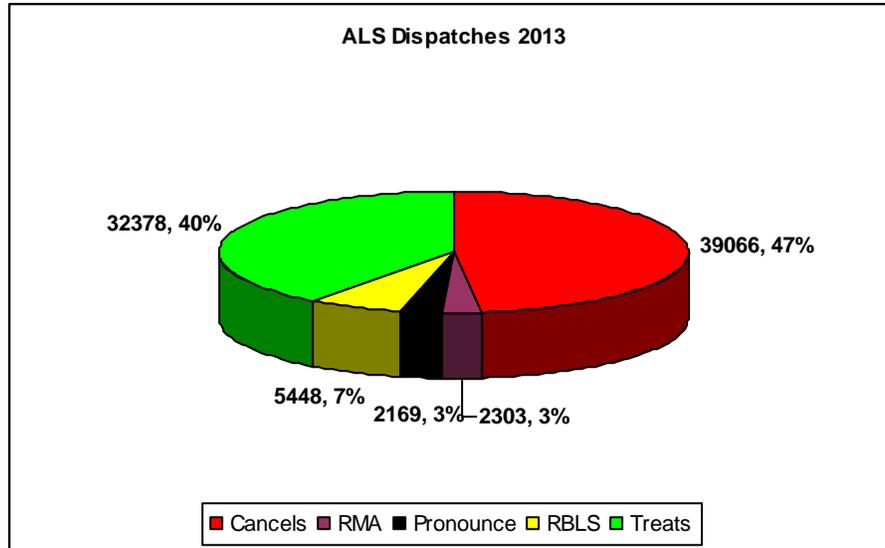
The Clinical Department reviewed over 89,800 patient care reports with 1.5% of the reports being addressed for charting irregularities and less than 0.15% of the charts being addressed for clinical issues. The patient care reports breakdown is as follows:

MICU	BLS-IHOP	BLS-911	SCT	AMU
39,995 charts	30,162 charts	14,599 charts	4,630 charts	485 charts



The ALS division responded to a total of 81,364 requests for service in the year 2013. The breakdown of the requests is as follows:

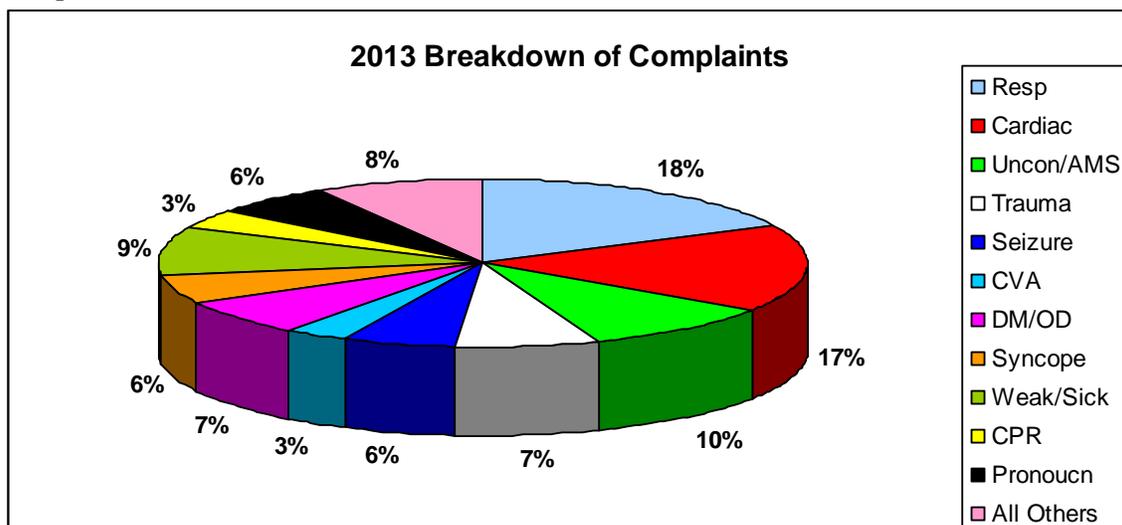
ALS Treats	ALS Assessment Only	RMA	Pronouncements	Cancel
32,378	5,448	2,303	2,169	39,066



Of the 34,547 ALS treatments and pronouncements provided to our patients, the type of calls breakdown is as follows:

Respiratory	6,093	Cardiac	5,796	Uncons/AMS	3,357
Trauma	2,474	Seizures	1,921	CVA	1,174
Diabetic/OD	2,373	Syncope	1,932	Weakness/Sick	3,226
Cardiac Arrest	1,179	All Others	2,853	Pronouncements	2,169

The percent breakdown of all of the MICU treats is:



Quality Improvement Section

The Clinical Department introduced or continued the following initiatives to improve patient care in 2013:

STEMI By-pass

In February 2010, MONOC began to follow the New Jersey Office of Emergency Medical Services STEMI triage guidelines. For the year of 2013, MONOC ALS units initiated the triage guidelines 63 times. All 63 of these patients were confirmed to have had an acute STEMI. The following is a list of hospitals by-passed:

Kimball Medical Center
Southern Ocean Medical Center
CentraState Medical Center
Bayshore Community Hospital

The following facilities received STEMI by-pass patients:

Ocean Medical Center
Riverview Medical Center
Jersey Shore University Medical Ctr.
AtlantiCare Medical Center
Community Medical Center
Robert W. Johnson-N.B.

Hospital Accreditation Committees

The Clinical Department has been very busy interacting with many of our member hospitals. The department has worked on the following committees as the pre-hospital entity to assist our members in attaining their accreditation:

Monmouth Medical Center: Cycle 3 Chest Pain accreditation by the Society of Cardiovascular Services, Stroke accreditation by JACHO and CHF accreditation by JACHO

Meridian Health System: Cycle 4 Chest Pain Accreditation by the Society of Cardiovascular Services for the 5 member hospitals individually and for the entire system. We worked with Jersey Shore University Medical Center, Riverview Medical Center and Ocean Medical Center to attain Cycle 1 CHF accreditation through the Society of Cardiovascular Services. We also worked with Riverview Medical Center and Jersey Shore University Medical Center for their Stoke accreditation through JACHO along with Jersey Shore and their trauma re-accreditation.

Members of the department also sit on various committees of the hospitals to help maintain these accreditations. The committees meet monthly, bi-monthly or quarterly. Below is a list of the member hospital and non-member hospital committees that have MONOC Clinical representation on them:

CentraState Medical Center: Stroke and Chest Pain

Jersey Shore Univ. Medical Center: Trauma, Chest Pain, STEMI, Stroke and CHF

Ocean Medical Center: Chest Pain, Stroke, STEMI, and CHF

Riverview Medical Center: Chest Pain, STEMI, and CHF

Bayshore Community Hospital: Chest Pain

Southern Ocean Medical Center: Chest Pain

Community Medical Center: STEMI and Stroke

Monmouth Medical Center: Chest Pain and CHF

St. Barnabas Medical Center: STEMI

Newark Beth Israel: STEMI

Overlook Hospital: STEMI

Trinitas Medical Center: STEMI

Mission Lifeline

The MONOC Clinical Department is also involved with the American Heart Association Mission Lifeline Accelerator program with the hospitals in the 6 Northeast Counties of New Jersey. The goal of this project is to provide optimal, scientific based care for STEMI patients across all lines of patient care. We are heavily involved with the EMS sub-committee of this group, working to find solutions to barriers that effect door-to-balloon times and that will enable the hospitals to meet the AHA goal of First Medical Contact-to-balloon of 90 minutes.

NEMSIS submission

The MONOC Clinical Department continues to submit information to the State of New Jersey database warehouse from our EPCR system. The MONOC data submitted will be used to supply information to the national NEMSIS database. MONOC will be using the data gathered from NEMSIS to compare to our performance indicators. Additionally, MONOC is working with PrioriHealth Partners, a contractor to the NHTSA, to see if the data that is provided through the NEMSIS system can actually be used in establishing national benchmarks for EMS services.

New protocol initiation

The Clinical Department, through approval of the Medical Advisory Board, initiated a new Airway Management Protocol in 2013. This protocol was developed to help the field providers to better determine the existences of a difficult airway. The protocol included the need to do a difficult airway assessment on every patient that requires an advance airway, the addition of placement of a high flow nasal cannula (HFNC) on a patient to prevent the desaturation of a patient during an intubation attempt or the placement of an alternate airway and added Ketamine to the medication list to be used to facilitate intubation in the presence of a difficult airway. A separate intervention was added to the EPCR intervention list for the airway assessment and the use of Ketamine in a difficult airway is monitored on a daily basis for proper use.

New medications for field use

Along with Ketamine being added to the medication formulary, the Medical Advisory Board also approved the use of Fentanyl for pain management in the pre-hospital environment. Fentanyl had only been approved for use in our Medevac program.

New medication delivery system

The Clinical Department introduced a new medication delivery system in 2013 with the use of the Mucosal Atomizer Device (MAD). This device delivers medications nasally in an atomized form for patients that the paramedics have not been able to establish IV access on. The paramedics were in-serviced on these devices through annual competencies and the devices were introduced for field use in April of 2013. The use of the devices is limited to a particular list of medications approved by the MAB and is monitored on a monthly basis.

Paramedic Training

MONOC continues to provide clinical sponsorship to paramedic students through Ocean County College and Union County College's paramedic didactics. There were a total of 49 interns in the clinical phase of their training with 9,033 hours of in-hospital training hours completed and 10,865 hours of field training for students. 17 of the interns completed their training and were cleared to take NREMT boards. 12 of the interns passed NREMT boards and 5 others are in the process of taking boards for the first time or are in the re-testing phase.

In 2013, MONOC provided clinical sponsorship for 57 students for two hybrid classes and two traditional classroom classes. Three RNs completed 504 hours of training and obtained their MICN endorsement. 2 RNs challenged and passed the NREMT-Paramedic exam.

Employee Competencies

The clinical department completed employee competencies in May of 2013 with 215 paramedics, 187 EMTs and 29 RNs completing their competencies.

In 2014, the Clinical Department will be working on the following initiatives to improve patient care:

Enhanced Patient Treatment Protocols

The Clinical Department looks to initiate updated treatment protocols dealing with medical cardiac arrests for both ALS and BLS providers, spinal precautions in the pre-hospital setting for both ALS and BLS, pain management in trauma patients, sepsis detection and treatment and STEMI treatment to meet current guidelines. The department is also planning to introduce a medication cross-check system for the ALS field providers to use to limit the number of medication errors that occur in the field.

The department will be updating and posting to the Clinical website both revised BLS and SCT treatment protocols in 2014.

New airway device

Through employee competencies, the department will be introducing gum elastic bougies to the ALS providers. These devices will be used in cases of difficult airways to limit the number of attempts at intubation and improve patient care.

Community Care Practitioner Program

The Clinical Department researched “Community Paramedic” educational programs throughout the country and chose Hennepin County College to provide our students with the basic education necessary to begin a Community Care Practitioner Program for our member hospitals. The department then interviewed and selected nine students to begin the program. The didactic portion of the program is approximately halfway completed with clinical rotations to begin within a month. Once graduated, the department will continue working with the group to integrate them into the program.

Research Projects

The Clinical Department remains very active in the research area. Research projects that will be undertaken this year are to see how successful our paramedics are at identifying patients having a stroke, to see what the effects have been on patients that are given versed both pre and post intubation during the RSI process in the timeframe that we were without etomidate, proper utilization of ALS units by BLS units and the effects of lower dosing of dextrose in hypoglycemic patients. One of our research projects that was a branch of our stroke research, dealing with confounding factors in identifying strokes, has been preliminarily accepted as a poster presentation at the 2014 New Jersey Stroke Conference in New Brunswick, NJ in April of 2014.

Education Department

Scott Matin, MPH; Vice President for Clinical, Education and Quality Assurance

MONOC EDUCATION	2011	2012	2013
# of CEU classes held	232	238	353
# of CEU hours	1,377	1,401	1,903
# of EMT-B classes held	18	18	24
# of EMT-B hours	2,160	3,960	5,040
# of class topics offered	126	130	135
# of instructors	88	96	105
# of sites used	70	75	80
# of counties taught in	8	9	9
# of students trained	3,110	3,628	4,857
# of employees trained	556	726	623
# of student contact hours	22,159	25,852	26,732

Department Achievements

- **National Accreditation for Paramedic Program** – The MONOC/Ocean County College paramedic program received five year accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA).
- **Implementation of HOBET for Paramedic Program** – MONOC implemented the use of the HOBET (Health Occupations Basic Entrance Test) to better evaluate the competence and potential needs of future students. The HOBET is an entrance exam used in the United States to determine if a person is qualified to enter a program to become a health occupation worker and better ensure their ultimate success.
- **New Clinical Sponsor Hospitals for the Paramedic Program** – Being one of only two nationally accredited paramedic programs in New Jersey, the MONOC/OCC program is now drawing students and sponsorship from all over the state. In 2013, students were sponsored by Atlantic Health, RWJUH-Rahway, Valley Hospital and Somerset Medical Center.
- **Member Hospital Health Fairs** – Throughout 2013 MONOC attended multiple health fairs at member hospitals. MONOC worked with organizers to customize their display to suit the needs and theme of each event.
- **New Agencies** - MONOC Education is now providing programs for several new northern New Jersey fire departments. These agencies include the Kearny,

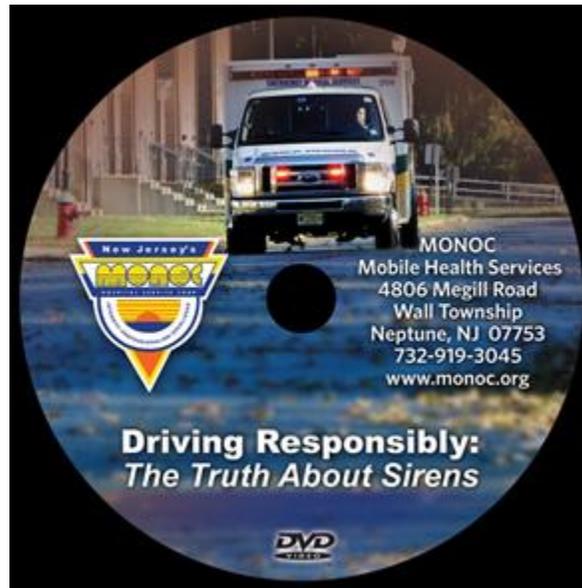
Clifton, Rahway, West Orange and Belleville Fire Departments. A 3 day EMT “Core” Refresher program was also presented on site at McGuire Air Force Base. Additionally, Barnegat and Ocean Township Police Departments recently committed to send officers to MONOC programs at the Ocean County Training Academy.

- **Simulation Labs** – MONOC’s education and clinical departments designed and built two high fidelity simulation labs utilizing computerized state-of-the-art life like human simulation manikins. One lab is static at MONOC headquarters in Wall and the other is a mobile simulation lab built into the back of a fully stocked and functioning ambulance to enhance realism. Real life simulations in a controlled setting, allows for safe reproducible educational sessions. Guiding the experience are trained facilitators who will not only lead students through customizable predetermined scenarios, but will also lead the group in formal debriefings utilizing video recordings of the simulation to enhance understanding and ensure competencies.



- **Education For Member Hospitals** - MONOC Education continues to provide monthly CEU programs for several of our member hospitals for their local EMS agencies. We continue to conduct programs at Community Medical Center, Monmouth Medical Center, CentraState Medical Center, and Saint Barnabas Medical Center. In 2014, we will begin offering similar CEU classes for Clara Maas Medical Center and jointly present EMS Education at Community Medical Center’s quarterly Hospital EMS Council meetings.
- **Siren Safety PSA Video** – MONOC wrote and shot a public service announcement (PSA) video called “Driving Responsibility: They Truth About Sirens” outlining the misconceptions and dangers of emergency siren use. The short video addresses the common practice of lights and siren use on most EMS

calls and that many studies have shown it to be of little value in the patient's outcome. The free video has received international acclaim and is being used at EMS and Fire departments throughout the United States, Europe, Canada, Australia and the Middle East. The video also received the following recognition in 2013: The Communicator Award by the International Academy of Visual Arts, Annual EMS Outstanding Safety Award by the New Jersey Department of Health Office of EMS, the Rutgers Center for Advanced Infrastructure and Transportation annual Safety Award, and EMS10 Innovators in EMS Award sponsored by the Journal of Emergency Medical Services and Physio-Control Corporation.



- **CECBEMS** - MONOC Education submitted a Continuing Education Coordinating Board for EMS (CECBEMS) Continuing Accreditation Application in December 2013. This renewal extends our current CECBEMS accreditation to the end of 2016.
- **Learning Management System** - MONOC Education has worked with the MONOC IT Department to develop an EMS Education Learning Management System (LMS). The MONOC LMS will allow students to track the CEUs they complete through MONOC. The LMS will provide verification of course completion with a certificate of completion. This database is essential as the NJ Department of Health Office of EMS database will be phased out in the near future. Once active the MONOC LMS will be the largest database of Continuing Education in the state.
- **Reducing Costs for Member Hospitals** - MONOC Education continues to work with our member hospitals to reduce costs. Barnabas Health is in the process of moving the American Heart Association training center from Newark Beth Israel to MONOC Education.

- **EMT Hybrid Programs** - MONOC Education held 8 Hybrid EMT Programs in 2013. Hybrid courses utilize on line resources along with a structured classroom experience of practical skill labs for the EMT initial student. The Hybrid model is becoming an increasingly popular choice for EMT students as busy schedules dictate greater flexibility. Over 100 students completed the MONOC Hybrid EMT Program in 2013.
- **New Education Programs** - MONOC Education Department added new programs in 2013. These programs include the updated Cardiac and Stroke education. The NAEMT EMS Safety Program introduced last year is gaining popularity with several more planned for 2014.
- **MONOC/OCC Paramedic Program** – MONOC continues to profitably operate three Paramedic classes per year in cooperation with Ocean County College. MONOC continues to be one of only four programs in New Jersey authorized to teach the Paramedic Program.
- **Education Medical Director** - Dr. James Tanis has become increasingly involved as the Medical Director for MONOC Education. His background experience in EMS and his enthusiastic hands on approach are a tremendous asset for the Education Department. Most recently, Dr. Tanis has increased the use of technology in the Paramedic Program to enhance student experiences and learning opportunities.
- **Programs for Ocean County College** - In 2013, MONOC Education continued to present programs through the Ocean County College Continuing Education Department. These programs included CPR certification and Defensive Driving courses. Over 75 students participated.
- **Continuing Education Programs for Staff** - The Education Department held 15 ACLS and PALS Refresher classes for staff in 2013. The Education Department recertified 226 MONOC staff members in these classes. Through tuition reimbursement, MONOC would reimburse \$200 per employee to have the 226 staff members attend ACLS or PALS classes with outside vendors. These 15 in-house programs represent a gross savings of \$38,440. ACLS and PALS recertification programs are scheduled for 2014 and all scheduled to optimize class size. Dates were posted for 2014 in September 2013 and were specifically scheduled to accommodate employee requests at alternate weeks. The average cost to train MONOC staff was under \$30 per employee.
- **2014 Needs Assessment** - A Needs Assessment was sent out in late 2013 to several hundred agencies that will allow the agencies to develop a complete 2014 in-house training calendar.
- **Online ACLS, PALS and CPR Training** - Online training for CPR, ACLS, and PALS is becoming increasingly popular as busy schedules dictate greater

flexibility. Students must first complete programs on the American Heart Association website. Students then schedule a skills competency session at MONOC. Upon successful completion of both parts, students receive their provider course completion card. In addition to paramedics, physicians and nurses of several member hospitals took advantage of this opportunity.

- **Paramedic Refresher Classes** - The MONOC Education Department conducted 2 Paramedic Refresher classes in 2013. A total of 114 ALS Employees attended these programs for continuing education units at the Wall Education Center. Paramedic Refresher programs scheduled for 2014 and January 2015 were posted in September 2013. These programs were specifically scheduled to accommodate Employee requests on alternating weekends.
- **NJ EMT Training Fund Committee** - MONOC continues to be represented on the NJ State EMT Training Fund Committee by Scott Matin who was appointed to a vacant seat in 2011.