



## AMI Expeditionary Healthcare

### The Netherlands

**Provision of Medical Services for Patients with Severe and Critical Respiratory Infection of COVID-19 for the Caribbean Islands of Aruba, Curaçao and Sint Maarten – Post 1 September 2020 Posture (Flexible Quick Reaction Teams)**

19 July 2020

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## Concept Document

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## 1 AMI Corporate Overview

AMI is a worldwide healthcare services provider with a presence in the United States, the Americas, South East Asia, Australia, the Middle East, Africa and Europe. AMI was founded in 2011 and has since grown to become one of the world's leading and most trusted providers of commercial medical services in some of the most complex and challenging environments.

AMI, formerly part of the Aspen Medical family of companies until January 2020, grew out of a need to provide the highest quality healthcare in areas of high demand. Led by physicians Andrew Walker and Tom Crabtree, AMI delivers a unique combination of turnkey healthcare solutions composed of extremely flexible teams of health practitioners, fixed and mobile medical facilities, air ambulance services, and highly refined medical processes and procedures. This comprehensive solution-based approach allows AMI to provide an expanding number of health services around the world.

AMI's services range from the deployment of single-person aid posts, through to managing and staffing fully equipped field hospitals, global aeromedical evacuation solutions and consultancy services. Aeromedical evacuation solutions range from deployed AMETs to fully equipped Fixed and Rotary Wing assets staffed with stand-by flight medical teams. AMI provides the people, facilities, equipment, consumables, pharmacy, procedures or any combination of these services depending upon the customer's needs, requirements and desired healthcare outcomes. AMI is currently supporting over 30,000 UN staff in Africa to include Somalia, Yemen, Liberia, Sierra Leone and South Sudan with both clinical and aeromedical services.

A key feature of AMI's work is our ability to operate in areas where health services are scarce or non-existent. A strong operational model that ensures clinical and fiscal rigor, while maintaining the necessary flexibility to meet changing environmental demands, underpins our methodology.

AMI has been providing medical personnel and services for the last decade to some of the most remote and challenging environments in the world and has extensive experience in the provision and management of medical personnel and flight operations. Since our inception, our company has provided over 3,000 medical personnel to over 70 clinical and hospital settings across four continents.

AMI has proven expertise in the care of COVID-19 patients and the management of COVID-19 healthcare facilities. We currently have over 700 personnel deployed across the USA, the Caribbean and Africa in the

### AT A GLANCE

- Extensive COVID-19 response effort experience of 100's of clinicians led by Dr Ryan Azcueta, Dr Andrew Walker and Dr Tom Crabtree
- COVID-19 response efforts in the USA, Africa and the Americas with over 700 medical personnel deployed
- Management of multiple 100-200 bed ward sites with acuity levels from ICU to lower level care
- Currently provide more than 3,000 medical personnel to over 70 clinical and hospital facilities worldwide



battle against COVID-19. AMI provides the clinical personnel as well as the clinical governance for COVID-19 sites ranging from quarantine facilities and assisted living homes across the US through to 200 bed field hospitals in Atlanta and 100 bed acute care wards at Mt Sinai Beth Israel in Manhattan. We are currently managing patients at all levels of acuity from ICU to low acuity level wards. AMI understands the testing solutions, clinical best practices and clinical governance requirements of the COVID-19 environment better than any expeditionary healthcare provider in the world.

## 2 COVID-19 Corporate Experience

AMI is currently contracted by numerous Sovereign, US National, US State and US County government organizations and private agencies to assist in the COVID-19 pandemic. These include, but are not limited to, the United Nations, the World Health Organization, the US Department of Health and Human Services, the state of Georgia, Mount Sinai Beth Israel Medical Center, and various counties in the State of California. Our service delivery to each of these critical customers is strongly underpinned by our highly credentialed staff, our ability to respond and deploy expediently and our AMI cultured work ethic of exceeding our customers' expectations through the requisite service delivery process.

### COVID-19 - Department of Health and Human Services

AMI is the sole private contractor in support of emergency services for the US Department of Health and Human Services. AMI was sole sourced on a number of emergent support missions for COVID-19 care which included clinical staffing, management and patient care for a number of quarantined isolation facilities, nursing homes, assisted living care sites, field clinics, and testing sites in Washington, California, Georgia and New Jersey.

AMI fielded comprehensive clinical care teams and management support deploying more than 600 clinicians in less than 72 hours.



### COVID-19 – Atlanta, Georgia

Established within the Georgia World Congress Center in Atlanta in under 5 days, AMI is providing all clinical staffing and governance for a 200 bed COVID-19 field hospital. Patient acuities range from ICU step down monitored bed care through to routine COVID ward care.





#### COVID-19 – United Nations Support Office Somalia

AMI was awarded Prime Contractor by the United Nations office in Somalia to operate and manage the UN Level 1+ medical facility located on Mogadishu International Airport (MIA) from December 2017 to present day. AMI has provided critical surge capacity including establishment of an ICU to UNSOS in response to COVID-19. The hospital was featured in the May 2020 issue of UN's "Keeping Connected" Newsletter. In recent weeks, Special Representative of the Secretary-General (SRSG) for Somalia and Head of the United Nations Assistance Mission in Somalia, James Swan visited the hospital's ICU. While there, he met with Dr. Robert Onebunne, the Chief Medical Officer for UNSOS/UNSOM, along with staff to inspect the ICU and discuss preparations and capabilities of the facility for the COVID-19 response.



#### COVID-19 - Beth Israel Mount Sinai Medical Center (Manhattan, NYC)

AMI was contracted to the Mt Sinai Beth Israel Hospital System in New York City to provide the clinical staffing and project management support to care for a 100 bed COVID-19 care ward. The entire clinical solution was delivered in under 7 days. Patient acuities ranged from ICU care and monitored beds through to routine medical ward care.



#### COVID-19 – World Health Organization ACS Accra, Ghana

AMI is currently contracted by the WHO to support all UN agencies with ICU care for COVID-19 patients. AMI provides the clinical staff, medical equipment, pharmacy and consumable supplies and clinical governance for a 100-bed facility in Accra, Ghana. Our staff ranges from critical care physicians to ICU RNs to respiratory therapists and other support staff.





### 3 Scope of Requirement

#### 3.1 Medical Services for Patients with Severe and Critical Respiratory Infection of COVID-19

The Netherlands is seeking to replace three dedicated ICU support teams currently provided by AMI in Aruba, Curaçao and Sint Marten with a solution that provides flexible coverage and quick reaction support for all three islands and possible other venues in the Dutch Caribbean.

AMI's solution is required to provide:

- a) COVID-19 critical care capability
- b) COVID-19 high acuity care capability
- c) COVID-19 low acuity care capability
- d) Training and mentoring of local clinical staff where appropriate
- e) Quick reaction capability
- f) PPE for all AMI deployed clinicians

#### 3.2 Clinical Services

Key service requirements are:

- a) Intensive care clinicians (physicians, nurse practitioners and nurses)
- b) Certified Nursing Assistants
- c) Respiratory Therapists
- d) Logistics support

All medical services shall be provided in accordance with international best-practice and recommended treatment for COVID-19 and be available 24/7.

### 4 AMI Concept in Response to the Netherland's Scope of Requirement

AMI will provide a comprehensive response to each of the Scope of Requirements below.



#### 4.1 Permanent Staffing Component for Sint Maarten

AMI will provide a smaller permanent staffing solution to support Sint Maarten's Hospitainer ICU ward as well as other requirements proscribed by Sint Maarten Medical Center. These clinicians serving on Sint Maarten will not be eligible for rotation to other Caribbean locations and will not be part of the Quick Reaction Teams located on Aruba and Curacao.

The permanent Sint Maarten team will be comprised as follows:

- a) Two (2) Critical Care Physicians
- b) Four (4) Nurse Practitioners
- c) Four (4) Certified Nursing Assistants
- d) Two (2) Respiratory Therapists
- e) One (1) Project Manager
- f) One (1) Logistics Support Manager
- g) One (1) Support Analyst

#### 4.2 Quick Reaction Teams

The concept of operations for the use of the quick reaction teams (QRT) follows. The QRTs are force multipliers both within the hospital and within the community. The QRTs as described and as distributed can greatly expand the capabilities of the hospitals and island health officials to respond to and mitigate COVID-19 events.

Within the hospital the QRTs serve under the clinical governance and administrative scheduling of the hospital leadership. During non-COVID times the QRT personnel can be distributed in a way that best serves the hospitals' clinical and administrative needs. This ranges from augmented support of various units – ER, rapid response (CODE BLUE) teams, outpatient clinics, wards etc. – through to providing training and additional logistical and administrative horsepower. During COVID events the QRT personnel are meant to provide full shift, complete ICU level care services. They can of course be redistributed as the clinical situation demands. For example, while the QRT as a whole can provide near complete shift services for a number of ICU beds, at the pleasure of the medical director the QRT could have personnel peeled off to individually support other efforts (COVID and otherwise) throughout the hospital. In short, the construct provides an exceptionally flexible, clinically sound and administratively simple solution for support in times of crisis and otherwise.

Outside of the hospital the QRTs provide an equally robust set of solutions for the community. In this environment the QRTs serve under the clinical and administrative governance of the Ministry of Health or designated representatives. During nonCOVID times QRT personnel can assist with the further development





of the first responder community, support off site mass casualty exercises and real world events and support other non COVID public health efforts. During COVID crises the flexibility of the QRTs really becomes apparent however. Consider the example of a cruise ship passenger presenting to the hospital with mild symptoms and a COVID positive test. The QRTs can serve as immediate strike force members either in whole or in part to, on the authority of the local health authorities, assess the health of other passengers, perform contact tracing, support isolation efforts and of course assist in transport of ill or suspected positive patients to the hospital in a way that minimizes risk to the community. A number of other examples of community support are obvious to include mitigation of COVID concerns in nursing homes, assisted living or long term care facilities, educational sites, apartment complexes etc. The QRTs provide assessment, stabilization and support in these settings. Finally, an additional "offsite" support effort to recognize is the ability of the Islands and Netherlands Government to deploy the QRTs to other islands in situations where resources on one island are overwhelmed. The services provide are of course the same just redistributed according to need.

#### 4.2.1 Number of Teams and Composition of Each Team

In order to provide maximum flexibility for surge staffing and quick response to all requirements in the Dutch Caribbean, AMI proposes to deploy eight (8) teams of six (6) clinicians each. Based on AMI's experience serving these locations over the past 60 days, we believe that the composition of each team should be as follows:

- a) One (1) Critical Care Physician
- b) One (1) Critical Care Nurse
- c) Two (2) Registered Nurses
- d) Two (2) Certified Nursing Assistants

Additionally, AMI will also deploy the following personnel to support these eight Quick Reaction Teams:

- a) Two (2) Project Managers
- b) One (1) Logistics Manager
- c) One (1) Deputy Program Manager
- d) One (1) Support Analyst



#### 4.2.2 Initial Deployment of Quick Reaction Teams

AMI proposes to deploy the eight Quick Reaction Teams as follows:

- a) Four (4) Teams on Aruba
- b) Four (4) Teams on Curaçao

#### 4.2.3 Timing of Deployment of New Sint Marten Staff and Quick Reaction Teams

Given existing contracts governing on-going operations on each island, AMI recommends the following time schedule for new deployments:

- a) New Sint Maarten Staffing Posture: Effective 19 August 2020
- b) Four (4) Quick Reaction Teams to Aruba: Effective 1 September 2020
- c) Four (4) Quick Reaction Teams to Curaçao: Effective 1 September 2020

## 5 Financial Proposal

Rough Order of Magnitude costs for the services described here in are:

Service Provided	Weekly Cost
Permanent Staffing Component for Sint Maarten	
Quick Reaction Teams (8)	(10)(1e)

### 5.1 Financial Proposal Notes:

1. These costs are only estimates. Exact prices can be provided upon approval of the solution by the Netherlands.
2. Cost estimates are inclusive of PPE but do not include travel, lodging and meals
3. AMI anticipates that lodging and meals will be provided for all personnel. Travel will be arranged by AMI.