



CONFIDENTIAL Agreement Details

UISS Agreement Information

Items Contracted : Contract Management Services for Housekeeping, Maintenance & Laundry

UISS Contract Category : Contract Management Services

Agreement Number : 5200

Agreement Term : 01/01/2018 - 12/31/2025

Pricing : Pricing is determined after detailed survey of member facility.
UISS Members must complete attached Member Designation Form to receive contract pricing

Payment Terms : EMS bills either bi-weekly or monthly at customer's preference. Payment terms are seven (7) days after billing cycle.

Credit Cards Accepted : No

Vendor Information

Agreement Vendor : EMS, LLC
245 Main St, Suite 204
Chester, NJ 07930

Phone Number : (908) 879-0480

Fax Number : (908) 879-0121

Website : www.ems-mgt.net

Diversity Certified : No

Vendor Contact Information

Corporate Account Rep : John Gianotti

Phone Number : (973) 634-4957

Email : jgianotti@emsmgt.net

Account Representative : Andrew Walls, Business Development

Phone Number : 908-879-0480

Email : awalls@emsmgt.net

General Information

EMS, LLC has provided first-class facility maintenance, environmental, and laundry management contract services since 1976 specializing in healthcare facilities. With over 30 contracts, they pride themselves in having the talent and the resources to provide personalized and specialized customer service. Their mission is to deliver the highest quality of service at the most affordable price.



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EMS's pricing is based upon conducting a detailed survey of the member's facility to establish the labor, supply and equipment costs of the individual contract. Whether these costs are EMS's costs under a full service contract or the cost of the facility under a management only agreement.

1. **Reduced Cost**

Savings ranging from 5% and up to 10% compared to in-house operations.

2. **Improved Staff, Patient/Resident Satisfaction**

EMS consistently receives very high satisfaction scores. Raised HCAHP scores help acute care facilities increase reimbursement.

3. **Reduced Cross Infection**

The processes, chemicals and procedures that EMS employs reduce the risk of cross infection and overall control, meeting all CDC requirements.

4. **Improved Quality**

CONTRACT CHOICES

1. **FULL SERVICE** - All management and hourly staff are covered in the contract cost, on the EMS payroll and benefits program.
2. **MANAGEMENT FEE** - Facility staff remain on your payroll. The management is provided by EMS. Management, training, systems and programs are provided to maximize staff's efficiency and effectiveness. Labor savings is guaranteed.

MANAGEMENT SERVICES PROVIDED

Housekeeping - EMS' "Task Specialization" program uses HEPA filtered vacuums to remove dust and harmful particulates in patient/resident room floors, vents and ledges. High touch surfaces are cleaned and disinfected with **single-use** microfiber cloths.

Maintenance - Program ensures that all Life Safety requirements are scheduled and completed, i.e. weekly/monthly generator tests, Fire Drills, Smoke Doors etc. Preventive maintenance tasks are properly scheduled and conducted, extending the life of your capital equipment.

Laundry - Proper PAR levels are established. Laundry and resident clothes program is designed to increase productivity, simplify methods, control chemical usage and reduce costs.

EMS offers two types of contracts for UISS members.



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MEMBER DESIGNATION FORM FOR ACCESS TO UISS AGREEMENTS

UISS Agreement: EMS, LLC

Agreement #: 5200

As a member in good standing of United Iroquois Shared Services Inc., this facility requests authorization to participate in the agreement listed above. Under the terms of this agreement, it is understood that the vendor may be required to pay an administrative fee ranging from 0% - 3% paid to United Iroquois Shared Services if not otherwise noted in this document. All information provided will be kept in strict confidence and will be used to purchase products or services exclusively for this UISS member.

Accepted and agreed to on behalf of:

Facility Name: _____

Address: _____

City/State/Zip: _____

Authorized Signature: _____

Printed Name: _____

Printed Title: _____

Form Submission Date: _____

SPECIAL NOTATION

If your facility is currently participating in this agreement, you do not have to complete and return this form. For new participants, please return this form to the UISS Team at UISSTeam@iroquois.org, for processing.

VENDOR SECTION --- TO BE COMPLETED BY VENDOR REPRESENTATIVE

Authorized Vendor Signature: _____

Printed Name & Title: _____

Date Accepted/Approved: _____

Signing this form indicates your acceptance to add this facility to this UISS agreement.