State of Nebraska State Purchasing Bureau
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES

RETURN TO:
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508
Phone: 402-471-6500
Fax: 402-471-2089

SOLICITATION NUMBER	RELEASE DATE
RFP 5943 Z1	October 10, 2018
OPENING DATE AND TIME	**PROCUREMENT CONTACT**
November 14, 2018 2:00 P.M. Central Time	Annette Walton / Jennifer Eloge

ORIGINAL

II. TERMS AND CONDITIONS

Bidders should complete Sections II through IV as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

The contract resulting from this RFP shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the RFP;
3. Questions and Answers;
4. Contractor's proposal (RFP and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable ; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
YS			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.

C. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

D. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
YS			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

E. CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
YS			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

F. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
HS			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

G. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
HS			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

H. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LL			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

I. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
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If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

J. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LL			

1. **GENERAL**
The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. **INTELLECTUAL PROPERTY**
The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a

license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

3. **PERSONNEL**
The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. **SELF-INSURANCE**
The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

K. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LL			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if order by the court, including attorney's fees and costs, if the other Party prevails.

L. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LL			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

M. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LL			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

N. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
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Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

O. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LL			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

P. OFFICE OF PUBLIC COUNSEL (Statutory)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

Q. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

R. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
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The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
   - **a.** if directed to do so by statute;
   - **b.** Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
   - **c.** a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
   - **d.** fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
   - **e.** an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
   - **f.** a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
   - **g.** Contractor intentionally discloses confidential information;
   - **h.** Contractor has or announces it will discontinue support of the deliverable; and,
   - **i.** In the event funding is no longer available.

S. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;

5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LL			

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law; and
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees.
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
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The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at http://das.nebraska.gov/materiel/purchasing.html

   The completed United States Attestation Form should be submitted with the RFP response.

2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all subcontracts for services to be covered by any contract resulting from this RFP.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
YL			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
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The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
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The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
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The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any subcontractor to commence work until the subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within (one) (1) year of termination or expiration of the contract, the Contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and (one) (1) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this contract, the State may recover up to the liability limits of the insurance policies required herein.

1. **WORKERS' COMPENSATION INSURANCE**

   The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. **COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

   The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

   The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$2,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.

3. **EVIDENCE OF COVERAGE**

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
Attn: OEHS Program Manager
301 Centennial Mall S. 3rd floor
Lincoln, NE 68509

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. **DEVIATIONS**

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

By submitting a proposal, bidder certifies that there does not now exist a relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this RFP or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or an appearance of conflict of interest.

The bidder certifies that it will not knowingly employ any individual known by bidder to have a conflict of interest.

The Parties shall not knowingly, for a period of two years after execution of the contract, recruit or employ any employee or agent of the other Party who has worked on the RFP or project, or who had any influence on decisions affecting the RFP or project.

J. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

The Contractor shall use its best efforts to ensure that its employees, agents, and subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

L. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

M. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at http://nitc.nebraska.gov/standards/2-201.html and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

N. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

O. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Contractor shall submit an invoice for retainer fee each quarter.. Invoice shall be on DHHS template detailing specific duties completed during the previous quarter. See Attachments Two through Four. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

E. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LS			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. Section 73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
YS			

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
YS			

The State shall have the right to audit the Contractor's performance of this contract upon a 30 days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of Contractor's business operations, nor will Contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Contractor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

V. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the information that is identified in Attachment One in response to this RFP. Bidders can respond to any or all Scopes of Work.

A. PROJECT OVERVIEW

The Department of Health and Human Services (DHHS) Division of Public Health, Office of Emergency Health Systems mission is to strengthen patient care and promote the well-being of the citizens of Nebraska and to those who work in and visit the State of Nebraska through cooperative partnerships, education and training, establishing systems of care and technical assistance. These activities help ensure that emergency medical services, providers, physician medical directors, and training agencies maintain compliance with the Emergency Medical Services Act (Neb. Rev. Stat. 38-1201 – 38-1237) and the Rules and Regulations for EMS (172 NAC 11 - 172 NAC 13). The Office of Emergency Health Systems also ensures compliance to the Nebraska Statewide Trauma System Act (Neb. Rev. Stat. 71-8201 – 71-8253) and the Rules and Regulations for the Statewide Trauma System (185 NAC 1 – 185 NAC 11) and the Stroke System of Care Act (Neb. Rev. Stat. 71-4201 to 71-4209) by leveraging these activities.

The purpose of this Request for Proposals is to retain the services of a statewide medical/clinical director(s) for the following:

1. Emergency Medical Services Physician Medical Director
2. Trauma System Medical Director
3. Emergency Medical Services for Children Medical Director

B. REQUIREMENTS FOR ALL CONTRACTORS

Contractor must be, employ or subcontract with a physician licensed in good standing in the State of Nebraska throughout the term of the contract. Bidder must provide current State of Nebraska license.

Contractor must provide all necessary equipment, supplies, tools, including but not limited to: his/her own computer, phone, internet, office space, supplies, materials, transportation and parking.

C. REQUIREMENTS FOR EACH MEDICAL DIRECTOR

1. Emergency Medical Services Physician Medical Director must have a minimum of two years of experience as a Physician Medical Director for a large volume Emergency Medical Service and have a minimum of two years of experience as an Emergency Room Physician. Bidder must be, employ or subcontract with a Fellow of the Academy of Emergency Medical Services and/or a Fellow of the American College of Emergency Physicians. Documentation should be submitted with the response. Physician Medical Director must also be a currently practicing physician.

2. Bidder for Trauma System Medical Director must be, employ or subcontract with a Trauma Surgeon with a minimum of two years of experience at a Comprehensive or Advanced Level Trauma Center (or American College of Surgeons (ACS) equivalent of a Level 1 or 2 Trauma Center). Trauma Medical Director must also be a currently practicing trauma physician.

3. Bidder for Emergency Medical Services for Children Medical Director must be, employ or subcontract with a pediatrician with a minimum of two years of experience at a specialty pediatric hospital. Children Medical director must also be a currently practicing pediatrician.

D. SCOPE OF WORK: EMERGENCY MEDICAL SERVICES PHYSICIAN MEDICAL DIRECTOR

Estimated number of hours per month for the tasks listed is 20. Not all tasks will be completed each month.

1. Represent DHHS at and provide recommendations on but not limited to statewide EMS protocols, policies, procedures and other aspects of patient care or EMS to the EMS Board, Trauma Board, Stroke Advisory Council and boards as needed.
2. Provide oversight and guidance on statewide EMS continuous improvement program.
3. Serve as an expert advocate for the efficient, effective and evidence-based emergency medical services statewide.
4. Provide education on roles and responsibilities, Nebraska EMS Rules and Regulations, EMS operations, and EMS emerging trends to Nebraska EMS medical directors as needed.
5. Provide consultation, support and assistance to Nebraska EMS medical directors as needed at the request of DHHS.
6. Promote and participate in EMS system research as needed.
7. Promote public information and education of Emergency Medical Services.

8. Attend the National Association of EMS Officials Physician Medical Director Council meetings and other national, state, and local conferences, workshops, meetings and professional medical associations as needed.
9. Provide direction for all EMS medical aspects related to planning development, implementation and evaluation of the Nebraska statewide EMS System including components for response systems of care that interface with EMS systems such as:
   a. ST-Elevated Myocardial Infarction, cardiac, stroke;
   b. Domestic Preparedness; and,
   c. Other systems of specialized care through which EMS care is delivered.
10. Advise DHHS on rule and regulation changes, statute changes, current and future special projects, and other EMS related issues and emerging trends as needed.
11. Meet monthly or as needed with DHHS to discuss and plan activities.

E. SCOPE OF WORK: TRAUMA SYSTEMS PHYSICIAN MEDICAL DIRECTOR
Estimated number of hours per month for tasks listed is 10 to 15. Not all tasks will be completed each month.

1. Represent DHHS at and provide recommendations on but not limited to all trauma related system of care aspects and issues to the Trauma Board and EMS Board when appropriate.
2. Assist DHHS in carrying out the Statewide Trauma System Act Neb. Rev. Stat. 71-8201 to 71-8253.
3. Provide input and oversight to the statewide emergency medical services and trauma plan pursuant to Neb. Rev. Statute 71-8216.
4. Attend and represent DHHS at State Trauma Advisory Board meetings.
5. Provide consultation, support and assistance to Nebraska hospital trauma medical directors, currently there are 49 designated hospitals, about the Statewide Trauma System.
6. Promote and participate in trauma system research as needed.
7. Provide oversight and guidance on statewide trauma system education and improvement.
8. Promote public information and education of the Trauma System of Care.
9. Attend national, state, and local conferences, workshops, meetings and professional medical associations as needed.
10. Advise and assist DHHS with technical questions on all aspects of the Statewide Trauma System.
11. Meet quarterly or as needed with DHHS to discuss and plan activities.
12. Perform onsite designation reviews for Nebraska hospitals as needed with the following requirements:
    a. Review trauma center application.
    b. Evaluate the capacity of the applicant to provide quality trauma services and its ability to meet the equipment and performance standards at the level of designation sought in accordance with the Nebraska Statewide Trauma Regulations.
    c. Tour and inspect the physical facility.
    d. Check equipment for appropriateness and maintenance.
    e. Examine facility records to include; patient care records, qualifications for required professionals; on call schedules and minutes related to trauma.
    f. Interview appropriate individuals.
    g. Review records of morbidity and mortality related to trauma.
    h. Conduct exit interview with the applicant staff and management to report the findings of the team before leaving the facility.
    i. Prepare a written report within 30-days after the visit in a standard format provided by DHHS, which identifies trauma center criterion deficiencies and weaknesses and recommendations for correction of each deficiency and weakness identified.
    j. At the request of the DHHS, respond to questions pertaining to the content of the written report within five working days.
    k. Communicate with DHHS as often as reasonably necessary to answer questions related to the report for the purpose of clarification or technical content and prepare revised reports at the request of DHHS within five working days.

F. SCOPE OF WORK: EMERGENCY MEDICAL SERVICES FOR CHILDREN PHYSICIAN MEDICAL DIRECTOR
Estimated number of hours per month for tasks listed is 10. Not all tasks will be completed each month.

1. Provide expert opinion to the Statewide Trauma Board and the EMS Board on issues and standards pertaining to pediatric patient care including but not limited to the treatment of pediatrics, pediatric protocols and the pediatric equipment list for EMS.
2. Provide consultation, support and assistance to Nebraska EMS physician medical directors as needed at the request of DHHS.
3. Advise DHHS on rule and regulation changes, statute changes, current and future special projects, and other EMS related issues and emerging trends as needed.
4. Provide oversight and guidance for pediatrics on statewide EMS continuous improvement program.

5. Promote public information and education of EMS for Children.
6. Serve as Chairperson for the EMS for Children Advisory Committee, which meets at a minimum of quarterly throughout the year.
7. Provide oversight for the EMS Pediatric Education for Pre-hospital Provider (PEPP), Pediatric Emergency Training Simulations, and other pediatric education classes as needed by DHHS.
8. Assist DHHS in carrying out the objectives and requirements of the EMS for Children grant that funds this position.
9. Attend biennially the EMS for Children Grantee meetings.
10. Attend national, state, and local conferences, workshops, meetings and professional medical associations as requested by DHHS.
11. Meet quarterly or as needed with DHHS to discuss and plan activities.

G. DELIVERABLES

1. See Cost Proposal

VI. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Technical and Cost Proposal. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation. Please see Attachment One.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in the following subdivisions; format and order:

A. PROPOSAL SUBMISSION

1. **REQUEST FOR PROPOSAL FORM**
By signing the "RFP for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this RFP, agrees to the Terms and Conditions stated in this RFP unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

The RFP for Contractual Services form must be signed using an indelible method (not electronically) and returned per the schedule of events in order to be considered for an award.

Sealed proposals must be received in the State Purchasing Bureau by the date and time of the proposal opening per the Schedule of Events. No late proposals will be accepted. No electronic, e-mail, fax, voice, or telephone proposals will be accepted.

It is the responsibility of the bidder to check the website for all information relevant to this solicitation to include addenda and/or amendments issued prior to the opening date. Website address is as follows: http://das.nebraska.gov/materiel/purchasing.html

Further, Sections II through IV must be completed and returned with the proposal response.

2. **CORPORATE OVERVIEW**
The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

a. **BIDDER IDENTIFICATION AND INFORMATION**
The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

b. **RELATIONSHIPS WITH THE STATE**
The bidder should describe any dealings with the State over the previous two (2) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

c. **BIDDER'S EMPLOYEE RELATIONS TO STATE**
If any Party named in the bidder's proposal response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

d. **CONTRACT PERFORMANCE**
If the bidder or any proposed subcontractor has had a contract terminated for default during the past two (2) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor

performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past two (2) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past two (2) years, so declare.

If at any time during the past two (2) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

e. SUMMARY OF BIDDER'S PROPOSED PERSONNEL APPROACH

The bidder should identify the specific professional who will work on the State's project if their company is awarded the contract resulting from this RFP. The name and titles of the proposed individual for assignment to the State project should be identified in full.

The bidder should provide a curriculum vitae (CV) for all personnel proposed by the bidder to work on the project. The State will consider the CV as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the RFP in addition to assessing the experience of specific individuals.

CV should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. CV should include comparable experience in the requirements for each position bid listed in the following sections:

i. V. L. Scope of work: emergency medical services physician medical director 2-4, 6-7, 9.a-c;
ii. V. M., scope of work: trauma systems physician medical director 1, 6-8, 12 a-k; and/or,
iii. V.N. scope of work: emergency medical services for children medical director 1, 4-5

Any changes in proposed personnel shall only be implemented after written approval from the State.

f. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

i. name, address, and telephone number of the subcontractor(s);
ii. specific tasks for each subcontractor(s);
iii. percentage of performance hours intended for each subcontract; and
iv. total percentage of subcontractor(s) performance hours.

VII. COST PROPOSAL REQUIREMENTS

This section describes the requirements to be addressed by bidders in preparing the State's Cost Proposal. The bidder must use the State's Cost Proposal. The bidder should submit the State's Cost Proposal in accordance with Section I Submission of Proposal.

THE STATE'S COST PROPOSAL AND ANY OTHER COST DOCUMENT SUBMITTED WITH THE PROPOSAL SHALL NOT BE CONSIDERED CONFIDENTIAL OR PROPRIETARY AND IS CONSIDERED A PUBLIC RECORD IN THE STATE OF NEBRASKA AND WILL BE POSTED TO A PUBLIC WEBSITE.

A. COST PROPOSAL

This summary shall present the total fixed price to perform all of the requirements of the RFP. The bidder must include details in the State's Cost Proposal supporting any and all costs.

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

B. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the RFP. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Form A
Bidder Contact Sheet
Request for Proposal Number 5943 Z1

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Lisa Lynn Schlitzkus, MD FACS
Bidder Address:	983280 Nebraska Medical Center Omaha, NE 68198-3280
Contact Person & Title:	Lisa Lynn Schlitzkus, MD FACS – Nebraska Medicine Trauma Medical Director
E-mail Address:	Lisa.schlitzkus@unmc.edu
Telephone Number (Office):	(402) 559-5248
Telephone Number (Cellular):	(713) 899-9222
Fax Number:	(402) 559-6749

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Lisa Lynn Schlitzkus, MD FACS
Bidder Address:	983280 Nebraska Medical Center Omaha, NE 68198-3280
Contact Person & Title:	Lisa Lynn Schlitzkus, MD FACS – Nebraska Medicine Trauma Medical Director
E-mail Address:	Lisa.schlitzkus@unmc.edu
Telephone Number (Office):	(402) 559-5248
Telephone Number (Cellular):	(713) 899-9222
Fax Number:	(402) 559-6749

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

LS NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

_____I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	N/A
COMPLETE ADDRESS:	983280 Nebraska Medical Center, Omaha, NE 68198-3280
TELEPHONE NUMBER:	(402) 559-5248
FAX NUMBER:	(402) 559-6749
DATE:	11/12/2018
SIGNATURE:	Lisa Lynn Schlitzkus
TYPED NAME & TITLE OF SIGNER:	**Lisa Lynn Schlitzkus, MD FACS – Nebraska Medicine Trauma Medical Director**

Attachment One
5943 Z1 Statewide Medical/Clinical Directors

Please complete the form below and submit with Curriculum Vitae and completed cost proposal. In addition, Sections II through IV and Form A, Bidder Contact Sheet must be completed and returned with the proposal response.

CORPORATE OVERVIEW

1. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

Bidder Response:

I am applying as an individual.
Lisa Lynn Schlitzkus, MD FACS
983280 Nebraska Medical Center
Omaha, Nebraska 68198-3280

2. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous two (2) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

Bidder Response:

Currently, I have contract 189156, Contract between the Nebraska Department of Health and Human Services and Lisa Schlitzkus, MD to serve as an onsite Trauma System Consultant and Reviewer for hospitals applying for state trauma center designation. This contract expires December 31, 2018. I previously have had contracts to serve as a site reviewer dating back to 2014.

Additionally, I was appointed as Chair of the Education, Training, and Prevention Committee in March, 2018. Most recently I was asked to serve as the Surgeon Leader for the Nebraska Trauma Quality Improvement Program (TQIP) collaborative (October 2018).

3. BIDDER'S EMPLOYEE RELATIONS TO STATE

a. If any Party named in the bidder's proposal response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

Bidder response:

I have been dually employed by Nebraska Medicine and the University of Nebraska Medical Center since August 1, 2014 as an Assistant Professor of Surgery.

b. If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after

review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

Bidder response:
No such relationship exists.

4. **CONTRACT PERFORMANCE**

a. If the bidder or any proposed subcontractor has had a contract terminated for default during the past two (2) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past two (2) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past two (2) years, so declare.

Bidder response:
I have not had a contract terminated for default at any point in the past.

b. If at any time during the past two (2) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party. If no such termination has been experienced by the bidder, so declare.

Bidder response:
I have not had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason at any point in the past.

5. **SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this RFP. The names and titles of the proposed individual for assignment to the State project should be identified in full.

The bidder should provide a curriculum vitae (CV) for all personnel proposed by the bidder to work on the project. The State will consider the CV as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the RFP in addition to assessing the experience of specific individuals.

CV should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. CV should include comparable experience in the requirements for each position bid listed in the following sections:

a. V. L. scope of work: emergency medical services physician medical director 2-4, 6-7, 9.a-c;
b. V. M. scope of work: trauma systems physician medical director 1, 6-8, 12 a-k; and/or,
c. V.N. scope of work: emergency medical services for children medical director 1, 4-5

Any changes in proposed personnel shall only be implemented after written approval from the State.

Bidder response:
First and foremost, my approach to the trauma systems physician medical director is one of service and is therefore voluntary. This is my civic duty as a citizen of this state, a practicing trauma surgeon in this state, and part of my Hippocratic Oath to help the sick, prevent disease, and share my knowledge. It is for these reasons that I have the support of Nebraska Medicine and the University of Nebraska Medical Center, the administration, and my partners to apply for this position and why I do not seek financial compensation for this contract.

The Nebraska State Trauma System is responsible for providing optimal care of the trauma victim, preventing unnecessary death and disability due to injury, and decrease the incidence of trauma by conducting injury prevention activities. Over the past two decades, the Nebraska State Trauma System has undergone significant and beneficial evolution - the most noteworthy of which is the alignment of the Level 1 and 2 trauma centers with national standards. In the future, the trauma system's primary responsibility will be to support and provide education for our critical access hospitals (Levels 3 and 4 hospitals). This is vital to the treatment of our injured patients given the rural nature of our state as evidenced by the concept of Advanced Trauma Life Support (ATLS) being conceived here after a plane crash in rural Nebraska. Over the past 5 years, I have traveled the state as a member of the designation committee, teaching ATLS, participating in injury prevention activities and conducting run reviews. The vast majority of these activities have been in rural, resource poor environments. In summation, these activities have provided me with an in depth understanding of the needs of these rural patients and providers.

Because I have spent time training in both urban (Los Angeles and Houston) and rural trauma systems (general surgery residency in rural eastern North Carolina at a Level 1 center that serviced 29 counties with 1.4 million people), I appreciate the differences in transport, resources, and workflow between Level 1/2 trauma centers and critical access hospitals. In North Carolina, we faced long transport times, inability to utilize aeromedical transport during inclement weather, and lack of resources (operating rooms, blood, ventilators at critical access hospitals). Training in both urban and rural environments has helped me identify educational opportunities within our critical access hospitals and the value of standardized care and approach to the trauma patient by applying ATLS principles. It has also helped me realize that due to the distance between our hospitals, we must reach out and form relationships to support, encourage, and work together to improve the care of the injured in our state.

Through my service as chair of the Education, Training, and Prevention committee and an active member of the designation committee, I have directly witnessed the strengths and weaknesses of the current system. Therefore, if selected as the state trauma medical director, my goals would be to improve the quality of trauma care for all Nebraskans utilizing data and growing our state's Trauma Quality Improvement Program (TQIP) collaborative; to engage the rural providers, expand our reach with video teleconferencing, and ensure our educational initiatives reach our front line providers; and finally, to decrease injury burden through injury prevention and education.

I am applying as an individual and thus, the contract would be between the State and myself.

Please see my enclosed curriculum vitae.

6. **SUBCONTRACTORS**

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

a. name, address, and telephone number of the subcontractor(s);
b. specific tasks for each subcontractor(s);
c. percentage of performance hours intended for each subcontract; and
d. total percentage of subcontractor(s) performance hours.

Bidder response: I do not intend to subcontract any part of this medical directorship.

A. Personal Information

Name	Lisa L. Schlitzkus, MD, FACS
Business Address	Trauma Medical Director, Nebraska Medicine Assistant Professor of Surgery, University of Nebraska Medical Center Section of Trauma, Surgical Critical Care, and Emergency General Surgery Department of Surgery University of Nebraska, College of Medicine 983280 Nebraska Medical Center Omaha, NE 68198-3280
Business Phone	(402) 559-5248
Business Fax	(402) 559-6749
E-Mail Address	Lisa.Schlitzkus@unmc.edu

B. Education

High School	Lamar Consolidated High School, 1998 Salutatorian
College or University	Texas A&M University, BS, Political Science, 2002 Magna Cum Laude, Foundation and University Honors
Medical School	University of Texas – Houston Health Science Center, MD, 2006
Internship and Residency	East Carolina University/Brody School of Medicine Vidant Medical Center (f/k/a Pitt County Memorial Hospital) General Surgery, 2006 – 2011 Chief Resident, 2011 – 2012
Fellowships	University of Southern California (USC)/Keck School of Medicine Los Angeles County + USC Medical Center Trauma and Surgical Critical Care Fellow, 2012 – 2014 Surgical Education Research Fellowship (SERF) Association for Surgical Education, 2014

Honors and Awards

1. Dean's Honor Roll for Fall Semester, Texas A&M University, 1998
2. Terry Foundation Scholar, Texas A&M University, 1998 – 2002
3. PepsiCo, Inc. National Merit Scholarship, 1998 – 2002
4. Houston Livestock Show and Rodeo Scholarship, 1998 – 2002
5. Fort Bend County Fair Scholarship, 1998 – 2000
6. Optimist Oratorical Scholarship, 1998 – 1999

7. Phi Eta Sigma National Honor Society, Texas A&M University Chapter, 1998 – 1999
8. University Scholar, Texas A&M University, 1999 – 2002
9. Lambda Sigma National Honor Society, Texas A&M University Chapter, 1999 – 2000
10. Golden Key International Honour Society, Texas A&M University Chapter, 2000 – 2002
11. Tau Kappa Junior Honor Society, Texas A&M University Chapter, 2000 – 2001
12. The Honor Society of Phi Kappa Phi, Texas A&M University Chapter, 2001 – 2002
13. Harry S. Truman Scholarship Finalist, 2001
14. Buck Weirus Spirit Award, Texas A&M University, 2001
15. Brown Foundation-Earl Rudder Outstanding Student, Texas A&M University College of Liberal Arts Nominee, 2002
16. Lucy Massenberg Scholarship, University of Texas – Houston Health Science Center, 2003 – 2006
17. The Dierks Surgical Scholarship, University of Texas – Houston Health Science Center, 2005 – 2006
18. Pitt County Memorial Hospital/Brody School of Medicine Resident Research Day Best Educational Poster, 2009
19. Ray D. Minges Award in Recognition of Superior Accomplishments in Surgical Scholarship and Distinguished Presentation, 2009
20. Pitt County Memorial Hospital/Brody School of Medicine Resident Research Day Best Educational Poster, 2010
21. Vidant Medical Center/Brody School of Medicine Resident Research Day Superior Research Poster Presentation, 2012
22. Association of Program Directors Inaugural Resident Paper Award, March 2012
23. Third Year Clerkship Teaching Award – Best Fellow, University of Southern California/Keck School of Medicine, 2012 – 2013
24. Nebraska Medicine Adult Progressive Care Unit Practitioner of the Quarter, Second Quarter 2015
25. Nebraska Medicine Emergency Department Staff of the Month, August 2015
26. Nebraska Medicine 9 North Physician of the Quarter, First Quarter 2016
27. Nebraska Medicine Physician Leadership Academy Graduate, 2015 – 2016

28. Interprofessional Leadership for Excellence and Academic Development (iLEAD) Leadership Course, 2016 – 2017

29. Inducted into the University of Nebraska Medical Center's Interprofessional Academy of Educators, 2017

30. Nebraska Medicine Surgical Intensive Care Unit Pride Wall Provider, April – May 2018

31. University of Nebraska Medical Center Department of Anesthesiology Clinical Base Year Teacher of the Year, 2017 – 2018

Medical Licensure

Nebraska Medical Board, 2014 – Present, #27710, exp 10/1/2019
California Medical Board, 2012 – 2015, #A120519, voluntary expiration
North Carolina Medical Board Training License, 2006 – 2013, #134363, voluntary expiration

Board Certification

American Board of Surgery – General Surgery, 2012 #57353
American Board of Surgery – Surgical Critical Care, 2014 #003427

Educational Certificates

Fundamentals of Laparoscopic Surgery Program #11239833484
Basic Life Support (BLS) Provider, 2006 – Present
Advanced Cardiovascular Life Support (ACLS) Provider, 2006 – Present
Advanced Trauma Life Support (ATLS) Provider, 2006 – Present; Instructor, 2009 – Present; Course Director, 2015 – Present
Fundamental Critical Care Support (FCCS) Provider, 2009 – Present; Instructor, 2012 – Present
Advanced Surgical Skills for Exposure in Trauma (ASSET) Course Instructor, 2013 – Present (Invited to teach internationally, London, ON, March 4, 2016)
Pediatric Advanced Life Support (PALS) Provider, 2016 – Present
Trauma Medical Director Course, October 2016
"Stop the Bleed": Bleeding Control for the Injured (B-Con) Instructor, 2017 – Present
Basic Endovascular Skills for Trauma (BEST-REBOA) Course, January 2018

C. Professional Background

Academic Appointments

Assistant Professor of Surgery, University of Nebraska Medical Center College of Medicine, Omaha, Nebraska, 2014 – Present

Clinical Instructor in Surgery, Keck School of Medicine, University of Southern California, Los Angeles, California, 2012 – 2013

Professional Appointments

Trauma Medical Director, Nebraska Medicine, 2018 – Present
Associate Trauma Medical Director, Nebraska Medicine, 2015 – 2018

D. Society Membership

Distinguished

American College of Surgeons, Fellow, 2006 – Present

Professional

Society of Critical Care Medicine, 2008 – Present
Association of Program Directors in Surgery, 2009 – Present
Eastern Association for the Surgery of Trauma, 2012 – Present
Association for Academic Surgery, 2015 – Present
Nebraska Chapter of the American College of Surgeons, 2015 – Present
Association of Women Surgeons, 2015 – Present

E. Service

Medical Student Service

Medical Student 4th Year Surgery Clerkship Director, 2015 – 2017
Medical Student 4th Year Surgical Skills Immersion (Boot Camp) Course Director, 2015 – 2017
Medical Student 3rd Year Surgery Clerkship Recurring Lecturer (6 cohorts/year) "Surgical Critical Care" 2014 – Present; "Post-Operative Complications" 2018 – Present
Faculty Advisor, Medical Student Surgery Interest Group, 2015 – 2017
Making It Real Medical Student Surgery Interest Group Lecturer, 2015 – Present
Student Surgery Interest Group Suture Workshop Faculty, 2017
Student Surgery Interest Group "Shopping for Specialties" Trauma Representative, 2017
Boot Camp Instructor of Post-Operative Rescue Course, 2017 – Present

General Surgery Residency Service

Department of Surgery Morbidity and Mortality Moderator – one of 8 selected, 2016 – Present
Resident Mock Oral Examiner, 2014 – Present
General Surgery Resident Candidates Interviewer, 2016
Resident Seminar Moderator, 2017 – Present
Resident Mock Oral Review, 2018 – Present

Educational Service

Emergency Department Nursing Education "ED Resuscitative Thoracotomies" and "REBOA" – October 9, 2014
Department of Emergency Medicine Resident Skills Lab Instructor (Tube Thoracostomy), 2015 – Present
Department of Emergency Medicine Journal Club Host – November 30, 2016
Critical Care Anesthesia Fellow Lecturer on Thoracic Trauma, 2016 – Present
Critical Care Nurse Fellowship Tube Thoracostomy Insertion Simulation, 2018 – Present

Trauma Community Outreach

Gretna Fire Department Run Review, January 8, 2015
Waterloo Fire Department Run Review, May 20, 2015
Shenandoah (IA) Medical Center Run Review, September 22, 2015
North Bend Fire Department Run Review, June 14, 2016
Shenandoah (IA) Medical Center Run Review, September 27, 2016
Yutan High School Pre-Prom Mock Car Crash, March 15, 2017

Hospital Committees

Chair, Multi-Disciplinary Trauma Peer Review Committee, 2016 – Present
Member, Quality and Patient Safety Steering Committee, 2018 – Present

Member, Trauma Steering Committee, 2016 – Present
Member, Acute Care Professional Development Committee, 2016 – 2017
Member, Acute Care Program Operations Sub-Committee, 2016 – Present
Physician Champion, Trauma Clinical Effectiveness Core Team, 2015 – Present
Member, Sepsis Clinical Effectiveness Core Team, 2014 – 2015
Member, Multi-Disciplinary Trauma Peer Review Committee, 2014 – 2016
Member, Critical Care Intensivist Committee, 2014 – Present

University Committees

Member, University of Nebraska Medical Center College of Medicine Medical Student Curriculum Redesign Committee, Career Launch Oversight Committee, 2015 – 2016
Member, University of Nebraska Medical Center Trauma Performance Improvement and Patient Safety Committee, 2014 – Present
Member, LAC+USC Medical Center Trauma Program Operational Process Performance Committee, 2012 – 2014
Member, LAC+USC Medical Center Multi-Disciplinary Trauma Peer Review Committee, 2012 – 2014
Member, LAC+USC Medical Center Critical Care Best Practice Committee, 2013 – 2014
Member, LAC+USC Medical Center Health Information Management Committee, 2013 – 2014
Member, LAC+USC Medical Center Organ and Tissue Committee, 2012 – 2014

Department of Surgery Committees

Member, Promotion & Tenure Committee, 2015
Member, Academic Variable Compensation Plan Committee, 2015

State Committees

Chair, Nebraska Statewide Education, Training, and Prevention Committee, 2018
Surgeon Leader, Nebraska Trauma Quality Improvement Program (TQIP) Collaborative, 2018

National Committees

Member, American Association for the Surgery of Trauma Strategic Retreat Membership Initiative Work Group, 2017

Journal Reviewer

Journal of Surgical Education – Ad Hoc Reviewer, 2014 – Present

Community Service, Humanitarian Work

Memorial Student Center Wiley Lecture Series, Director of Development, Texas A&M University, 1998 – 2000
Student Government Association Legislative Relations, Texas A&M University, 1998 – 1999
HOSTS – Helping One Student to Succeed Volunteer, Texas A&M University, 1998 – 1999
Office of the Governor, George W. Bush, Correspondence/Executive Office Intern, 1999
Governor's Conference on Volunteerism, 1999
Student Senate Chair, Rules and Regulations Committee, Student Senator, College of Liberal Arts, Texas A&M University, 1999 – 2002
ASPIRE Mentor, Texas A&M University, 1999 – 2000
Campus Programs Student Assistant, The Association of Former Students, Texas A&M University, 2000 – 2002
Spring Leadership Seminar, Latin American Programs, Texas A&M University, 2000
Public Policy Internship Program, Government/Communications Intern, American Medical Women's Association, 2001
Memorial Student Center Veteran's Day Organizer, Texas A&M University, 2001
Bread for the City Volunteer, Washington D.C., 2001

Planned Parenthood Volunteer, 2001
Elected Class Agent, Texas A&M University Association of Former Students, 2002 – 2007
Medical Class Senator and Treasurer, Senate Treasurer, University of Texas – Houston Health Science Center, 2002 – 2006
Volunteer, Terry Foundation, 2002-2003
Empathetic Communication with Patients Seminars, University of Texas – Houston Health Science Center, 2002
Outreach Community Service Project and Treasurer, University of Texas – Houston Health Science Center, 2003
Coordinator for CHASE, Careers in Health and Science for Everyone, University of Texas – Houston Health Science Center, 2003
Freshman Welcome Weekend and Retreat Organizer and Treasurer, University of Texas – Houston Health Science Center, 2003
Elected Party Precinct Chair, 2004 – 2006
Susan G. Komen Breast Cancer Foundation Race for the Cure, 2004
Panelist, Medical School Interviews, Office of Admissions, University of Texas – Houston Health Science Center, 2004
Hurricane Katrina Relief Effort, Medical Volunteer, University of Texas – Houston Health Science Center, 2005
Federal Bureau of Investigation Tactical Medical Training, March 2009
Member, University of Texas – Houston Health Science Center Alumni Association Board of Trustees, 2012 – Present
Committee Member, Distinguished Alumnus Award Selection Committee, University of Texas – Houston Health Science Center Alumni Association, 2014, 2018
Member, Greater Omaha A&M Club, 2014 – Present
Young Alumni Coordinator, Greater Omaha A&M Club, 2015 – Present
Greater Omaha A&M Club Muster Speaker, 2016
Greater Omaha A&M Muster Chair, 2018 – 2019

F. Invited Lectures

Distinguished

1. *The Immortal Life of Henrietta Lacks*. East Carolina University Department of Surgery Grand Rounds, Greenville, NC, April 25, 2012.

2. *Nutrition in the Perioperative Patient*. University of Southern California Department of Anesthesiology Grand Rounds, Los Angeles, CA, May 30, 2014.

3. *Control of Non-Compressible Abdominal Hemorrhage*. University of Nebraska Medical Center Department of Surgery Grand Rounds, Omaha, NE, January 14, 2015.

4. *REBOA: Crossing the Rubicon*. University of Nebraska Medical Center Department of Emergency Medicine Grand Rounds, Omaha, NE, May 18, 2016.

5. *Resuscitative Thoracotomies in Trauma*. Mexican Association of General Surgery XL International Congress, October 30, 2016.

6. *Airway Pressure Release Ventilation (APRV)*. Mexican Association of General Surgery XL International Congress, November 1, 2016.

7. *Pelvic Hemorrhage Management*. Mexican Association of General Surgery XL International Congress, November 1, 2016.

8. *REBOA (Aortic Occlusion) in Trauma*. Mexican Association of General Surgery XL International Congress, November 1, 2016.

9. *Teaching During an Operative Crisis.* University of Nebraska Medical Center Department of Surgery Grand Rounds, Omaha, NE, November 14, 2018.

Regional and National Workshops

1. Schenarts PJ, **Schlitzkus LL**. Is Your Residency Program Ready For Generation Y? Association of Program Directors in Surgery Annual Meeting, Salt Lake City, UT, May 2009.

2. **Schlitzkus LL**, Schenarts PJ. Women Behaving Badly: Interactions Between Female Nurses and Female Residents. Association of Program Directors in Surgery Annual Meeting, San Antonio, TX, April 2010.

3. **Schlitzkus LL.** Rescue Mechanical Ventilation and the Lungs. 20th Annual USC National Trauma, Emergency Surgery, and Surgical Critical Care Symposium, Pasadena, California, May 16-17, 2013.

4. **Schlitzkus LL.** Pelvic Hemorrhage Control: Intraperitoneal Iliac Ligation versus Preperitoneal Packing. 21st Annual USC National Trauma, Emergency Surgery, and Surgical Critical Care Symposium, Pasadena, California, May 15-16, 2014.

5. **Schlitzkus LL.** American College of Surgeons Medical Student Program Surgical Specialty Reception, Chicago, Illinois, October 4, 2015.

6. **Schlitzkus LL.** Trauma: Worst Case Scenarios. 22nd Annual Nebraska Emergency Nurses Association, Ashland, Nebraska, October 8, 2015.

7. **Schlitzkus LL.** How to Stop Bleeding When You Can't Put Your Finger On It. University of Nebraska Medical Center 2015 Trauma Symposium, Omaha, Nebraska, October 23, 2015.

8. **Schlitzkus LL.** Initial Assessment of the Trauma Patient. University of Nebraska Medical Center Rural Emergency Medicine Course 2016, Omaha, Nebraska, April 21, 2016.

9. Madison BS, Haman JA, **Schlitzkus LL**, Brown W. This is Our Reality: Are You Ready? Nebraska Medicine/University of Nebraska Medical Center 2016 Trauma Symposium, Omaha, Nebraska, October 14, 2016.

10. **Schlitzkus LL**, Hallagan E. The Case of the Good Samaritan: Amputation Case Study. Nebraska Medicine/University of Nebraska Medical Center 2017 Trauma Symposium, Omaha, Nebraska, October 17, 2017.

11. **Schlitzkus LL.** Morphing into MacGyver: How to Manage Hemorrhage and Impaled Objects. Nebraska Medicine/University of Nebraska Medical Center 2017 Trauma Symposium, Omaha, Nebraska, October 17, 2017.

12. **Schlitzkus LL.** NOACs, DOACs, and TSOACs: Novel or Non-vitamin K Oral Anticoagulants, Direct Oral Anticoagulants, and Target-Specific Oral Anticoagulants. Nebraska Medicine/University of Nebraska Medical Center 2018 Trauma Symposium, Omaha, Nebraska, May 1, 2018. *Also served as Course Director.

Invited Discussant or Moderator

1. Discussant of "Sleep Recovery in Total Immersion Surgical Training: Training as if Real." Neylan CJO, et al. at the Clinical Congress American College of Surgeons, Washington DC, October 18, 2016.

G. Bibliography

Peer Reviewed

1. Waibel BH, **Schlitzkus LL**, Newell MA, Durham CA, Sagraves SG, Rotondo MF. Impact of Hypothermia (Below 36 degrees C) in the Rural Trauma Patient. *Journal of the American College of Surgeons* 209(5):580-588, Nov 2009.

2. **Schlitzkus LL**, Agle SC, McNally MM, Schenarts KD, Schenarts PJ. What Do Surgical Nurses Know About Surgical Residents? *Journal of Surgical Education* 66(6):383-391, Nov – Dec 2009.

3. Schenarts PJ, **Schlitzkus LL**, Goettler CE. Is Resident Education a Casualty or Beneficiary of Rapid Response Systems? *Critical Care Medicine* 37(12):3180-3181, Dec 2009.

4. Goettler CE, **Schlitzkus LL**, Waibel BH, Edwards M, Wilhelmsen B, Rotondo MF. Running Out of Gas but not Trauma Patients: the Effect of the Price of Gas on Trauma Admissions. *The American Surgeon* 76(1):60-64, Jan 2010.

5. Waibel BH, Durham CA, Newell MA, **Schlitzkus LL**, Sagraves SG, Rotondo MF. Impact of Hypothermia in the Rural, Pediatric Trauma Patient. *Pediatric Critical Care Medicine* 11(2):199-204, Mar 2010.

6. **Schlitzkus LL**, Schenarts KD, Schenarts PJ. Is Your Residency Program Ready for Generation Y? *Journal of Surgical Education* 67(2):108-111, Mar – Apr 2010.

7. Newell MA, **Schlitzkus LL**, Waibel BH, White MA, Schenarts PJ, Rotondo MF. Damage Control in the Elderly: Futile Endeavor or Fruitful Enterprise? *Journal of Trauma*. 69(5):1049-1053, Nov 2010.

8. Meara MP, **Schlitzkus LL**, Witherington M, Haisch C, Rotondo MF, Schenarts PJ. Surgical Resident Education: What Is the Department's Price for Commitment? *Journal of Surgical Education* 67(6):427-431, Nov – Dec 2010.

9. **Schlitzkus LL**, Goettler CE, Waibel BH, Sagraves SG, Hasty CC, Edwards MB, Rotondo MF. Open Fractures: It Doesn't Come Out in the Wash. *Surgical Infections*. 12(5):359-363, Oct 2011.

10. **Schlitzkus LL**, Clark CJ, Agle SC, Schenarts PJ. A Six Year Head-to-Head Comparison of Osteopathic and Allopathic Applicants to a University-Based, Allopathic General Surgery Residency. *Journal of Surgical Education* 69(6):699-704, Nov – Dec 2012.

11. **Schlitzkus LL**, Schenarts PJ, Schenarts KD. It Was the Night Before the Interview: Perceptions of Resident Applicants about the Preinterview Reception. *Journal of Surgical Education.* 70(6):750-757, Nov – Dec 2013.

12. **Schlitzkus LL**, Vogt KN, Sullivan ME, Schenarts KD. Workplace Bullying of General Surgery Residents by Nurses. *Journal of Surgical Education*. 71(6):e149-54, Nov – Dec 2014.

13. **Schlitzkus LL**, Melin AA, Johanning JM, Schenarts PJ. Perioperative Management of Elderly Patients. *Surgical Clinics of North Am*. 95(2);391-415, Apr 2015.

14. Evans CH, **Schlitzkus LL**, Shostrom V, Schenarts KD. We Wear Suits and Lie to Each Other. *Journal of Surgical Education*. 73(6):e158-68, Nov – Dec 2016.

15. Bauman ZM, Cemaj S, **Schlitzkus LL**. Taking the bull by the horns: Patient trampled by bull requiring surgical fixation of multiple rib fractures including rib 11. *Trauma Case Rep*. 16;12-15, 2018.

16. **Schlitzkus LL**, Summers JI, Schenarts PJ. Rapid Reversal of Novel Anticoagulant and Antiplatelet medications in General Surgery Emergencies. *Surgical Clinics of North Am*. 98(5);1073-1080, Oct 2018.

17. **Schlitzkus LL**, Waibel BH, Schenarts PJ. How to Teach Surgical Residents during Damage Control Surgery. *Curr Surg Rep* (2018)6:16, https://doi.org/10.1007/s40137-018-0213-x

18. **Schlitzkus LL**, Waibel BH, Um J, Bauman ZM. Don't Break My Heart: A Case Series Report of Acute Traumatic Injury in Left Ventricular Assist Device (LVAD) Patients. Accepted by *Journal Surgery Research and Reports.*

19. Dauer E, Daohai Y, Lu X, **Schlitzkus LL**. Perceptions of Supervision by Senior Surgical Residents during Invasive Bedside Procedures. Submitted to *American Surgeon*.

Non-Peer Reviewed

1. **Schlitzkus LL**, Schenarts PJ, Rotondo MF. Personal Achievement and Team Success: Where is the Balance Point? *FOCUS on Surgical Education*, Fall/Winter, 19-22, 2007.

Textbook Chapters

1. Schenarts PJ and Rotondo MF. (Senior Editors) *The Richard E. Dean ABSITE Review Manual*, Junior and Senior Resident Edition, East Carolina Press, 2007-2012.

2. Schenarts PJ and Rotondo MF. (Senior Editors) *The Richard E. Dean ABSITE Review Manual*, Junior and Senior Resident Edition, East Carolina Press, 2011. Served as Copy Editor.

3. Inaba K and **Schlitzkus LL**. Trauma Operating Room. In: *Atlas of Surgical Techniques in Trauma* (Eds. Demetriades D, Inaba K, Velmahos G), Cambridge, 2015.*

4. Demetriades D and **Schlitzkus LL**. Thoracostomy Tube Insertion. In: *Atlas of Surgical Techniques in Trauma* (Eds. Demetriades D, Inaba K, Velmahos G), Cambridge, 2015.*

5. Frankel HL and **Schlitzkus LL**. General Principles of Abdominal Operations for Trauma. In: *Atlas of Surgical Techniques in Trauma* (Eds. Demetriades D, Inaba K, Velmahos G), Cambridge, 2015.*

6. Inaba K and **Schlitzkus LL**. Gastrointestinal Tract. In: *Atlas of Surgical Techniques in Trauma* (Eds. Demetriades D, Inaba K, Velmahos G), Cambridge, 2015.*

   * *Atlas of Surgical Techniques in Trauma* (Eds. Demetriades D, Inaba K, Velmahos G), Cambridge, 2015 was awarded the British Medical Association's 2016 Medical Book of the Year (2016) in the Surgery Category.

7. **Schlitzkus LL**, Van Vliet M, Frankel HL. Special Trauma Cases and Damage Control Surgery. In: *Trauma Team Dynamics* (Eds. Gillman L, Widder S, Blaivas M, Karakitosis D), Springer, 2016.

8. **Schlitzkus LL** and Cemaj S. El Cirujano y Trauma. In: *El Cirujano y Su Entorno (The Surgeon and His/Her Surroundings)* (Ed. Fenig J), Accepted.

9. Cemaj S and **Schlitzkus LL**. El Cirujano y El Intensivista. In: *El Cirujano y Su Entorno (The Surgeon and His/Her Surroundings)* (Ed. Fenig J), Accepted.

Miscellany

Published Abstracts

1. **Schlitzkus LL**, Toschlog EA, Allcron SJ, Dennis CR, Agle SC, Allen NJ, Goettler CE, Rotondo MF. Intensive Glycemic Control: Not So Sweet in the Trauma Patient. *Critical Care Medicine* 36(12) Supplement: A45 (195), Dec 2008.

2. Durham CA, Waibel BH, **Schlitzkus LL**, Newell MA, Sagraves SG, Rotondo MF. Hypothermia and the Pediatric Rural Trauma Patient. *Critical Care Medicine* 36(12) Supplement: A47 (201), Dec 2008.

3. **Schlitzkus LL**, Goettler CE, Waibel BH, Edwards M, Rotondo MF. Running Out of Gas But Not Trauma Patients: The Effect of Gas Prices on Trauma Admissions. *Critical Care Medicine* 36(12) Supplement: A88 (358), Dec 2008.

4. Goettler CE, **Schlitzkus LL**, Waibel BH, Sagraves SG, Hasty CC, Edwards MB, Rotondo MF. Orthopedic Injuries – It Doesn't Come Out in the Wash. *Surgical Infections* 11(2): 231-2, April 2010.

5. Waibel BH, Goettler CE, **Schlitzkus LL**, Rose J, Sagraves SG, Hasty CC, Rotondo MF. Factors Associated with Amputation of Open Fractures. *Critical Care Medicine* 38(12) Supplement: A55 (202), Dec 2010.

6. Waibel BH, Newell MA, Durham CA, Barrett M, **Schlitzkus LL**, Rotondo MF. Predictors of Hypothermia in Rural Trauma Patients. *Critical Care Medicine* 38(12) Supplement: A56 (208), Dec 2010.

7. **Schlitzkus LL**, Karamanos E, Teixeira PG, Inaba K, Talving P, Demetriades D. Paraplegics and Quadriplegics Undergoing Emergency General Surgery: Sicker Presentations, Worse Outcomes. *Journal of the American College of Surgeons* Supplement 217(3): S58, Sept 2013.

Published Monographs

1. **Schlitzkus LL**, Waibel BH, Rotondo MF. Damage Control: Indications, Techniques and Difficulties. Program for XXI PanAmerican Trauma Congress, Campinas, Brazil, November 19th, 2008.

2. **Schlitzkus LL**, Rotondo MF. How should we manage hemorrhagic shock in the US? 2008 San Diego Day of Trauma, Joan B. Kroc Institute for Peace and Justice, San Diego, CA, November 7th, 2008.

3. **Schlitzkus LL.** This Happens Every Eight Seconds. Nebraska Medicine Blog about Texting and Driving. Published April 26, 2017. Accessed at: https://www.nebraskamed.com/trauma/this-happens-every-eight-seconds

4. **Schlitzkus LL.** From the Battlefield to the Trauma Bay: New Procedure Stops Fatal Bleeding, Used for the First Time in Nebraska. Published January 24, 2018. Accessed at:

https://www.nebraskamed.com/trauma/from-the-battlefield-to-the-trauma-bay-new-procedure-stops-fatal-bleeding-used-for-the-first-time

H. Presentations

Regional and National (Not published as abstracts)

1. **Schlitzkus LL***, Waibel BH, Newell MA, Durham CA, Sagraves SG, Rotondo MF. Hypothermia and the Rural Trauma Patient. Resident Trauma Paper Competition at the Annual Meeting of the North and South Carolinas Chapters of the American College of Surgeons Committee on Trauma, Charleston, SC, July 2008.

2. **Schlitzkus LL***, Agle SC, McNally MM, Schenarts KD, Schenarts PJ. What Do Surgical Nurses Know About Surgical Residents? Association of Program Directors in Surgery Annual Meeting, Salt Lake City, UT, May 2009.

3. **Schlitzkus LL***, Sagraves SG, Newell MA, Watkins F, Gee A, Rotondo MF. Field Oxygenation Monitoring Predicts Mortality in Trauma Patients. Resident Trauma Paper Competition at the Annual Meeting of the North and South Carolinas Chapters of the American College of Surgeons Committee on Trauma, Asheville, NC, July 2009.

4. White MA*, Newell MA, **Schlitzkus LL**, Waibel BH, Rotondo MF. Damage Control in the Elderly: Futile Endeavor or Fruitful Enterprise? Resident Trauma Paper Competition at the Annual Meeting of the North and South Carolinas Chapters of the American College of Surgeons Committee on Trauma, Asheville, NC, July 2009.

5. **Schlitzkus LL***, Goettler CE, Waibel BH, Sagraves SG, Hasty CC, Edwards MB, Rotondo MF. Orthopedic Injuries – It Doesn't Come Out in the Wash. Surgical Infection Society 30th Annual Meeting, Las Vegas, NV, April 2010.

6. **Schlitzkus LL***, Meara MP, Witherington M, Haisch C, Rotondo MF, Schenarts PJ. Surgical Resident Education: What is the Department's Price for Commitment? Association of Program Directors in Surgery Annual Meeting, San Antonio, TX, April 2010.

7. Durham CA*, Waibel BH, Newell MA, Barrett, MR, **Schlitzkus LL**, Rotondo MF. Predictors of Hypothermia. Resident Trauma Paper Competition at the Annual Meeting of the North and South Carolinas Chapters of the American College of Surgeons Committee on Trauma, Myrtle Beach, SC, July, 2010.

8. **Schlitzkus LL***, Clark CJ, Agle SC, Schenarts PJ. A Six Year Head-to-Head Comparison of Osteopathic and Allopathic Applicants to a University-Based, Allopathic General Surgery Residency. Association of Program Directors in Surgery Annual Meeting, San Diego, CA, March 2012.

9. Resnick S*, **Schlitzkus LL**, Okoye O, Chan L, Inaba K, Demetriades D. Blunt Renal Artery Injury Treatment: A Changing Perspective – A National Trauma Data Bank Study. Resident Trauma Paper Competition at the Annual Meeting of the Southern California Chapter of the American College of Surgeons Committee on Trauma, Los Angeles, CA, November 2012.

10. **Schlitzkus LL***, Schenarts PJ, Schenarts KD. 'Twas the Night Before the Interview: Perceptions of Resident Applicants about the Pre-interview Reception. Association of Program Directors in Surgery Annual Meeting, Orlando, FL, April 2013.

11. **Schlitzkus LL***, Vogt KN, Schenarts KD, Sullivan ME. Workplace Bullying of General Surgery Residents by Nurses. Association of Program Directors in Surgery Annual Meeting, Chicago, IL, April 2014.

12. Thompson JR*, Cooper R, **Schlitzkus LL**, Buesing KL, Evans CH, Goede MR, Stothert JC, Schenarts PJ. The Influence of Poverty Level on Trauma Patients from Urban and Rural Environments using a Statewide Trauma Registry. Resident Trauma Paper Competition at the 37th Annual Advances in Trauma Meeting/American College of Surgeons Committee on Trauma Region 7, Kansas City, MO, December 2014.

13. Bowen RES*, Simonson JA, **Schlitzkus LL**. Gender Amongst Academic Anesthesiology Leadership. Annual Meeting of The Society for Education in Anesthesia, Seattle, WA, April 2015.

14. Melin AL*, **Schlitzkus LL**, Legband N, Hatoum L, Thomas A, Kreikemeier-Bower C, Hostetler D, Goede MR, Borden M, Terry B, Buesing KL. Peritoneal Ventilation with Oxygenated Microbubbles for Acute Respiratory Distress Syndrome. Resident Trauma Paper Competition at the 38th Annual Advances in Trauma Meeting/American College of Surgeons Committee on Trauma Region 7, Kansas City, MO, December 2015.

15. Schenarts PJ*, **Schlitzkus LL**, Cooper R, Buesing KL, Evans CH, Goede MR, Cemaj S, Summers JI, Stothert JC. The Influence of Poverty Level on Urban versus Rural Trauma Patients. Academic Surgical Congress, Jacksonville, FL, February 2016.

16. **Schlitzkus LL***, Schenarts KD, Evans CH. We Wear Suits and Lie To Each Other. Association of Program Directors in Surgery Annual Meeting, Boston, MA, April 2016.

17. Melin AL*, **Schlitzkus LL**, Legband N, Hatoum L, Thomas A, Kreikemeier-Bower C, Hostetler D, Goede MR, Borden M, Terry B, Buesing KL. Peritoneal Ventilation with Oxygenated Microbubbles for Acute Respiratory Distress Syndrome. Resident Trauma Paper Competition at the Annual Meeting of the Committee on Trauma, San Diego, CA, March 2016.

18. Hernandez H*, Tracey E, Evans CH, Bauman ZM, Summers JI, Shostrom V, Waibel BH, **Schlitzkus LL**. How Well Can We Rise After Falling? The Factors Involved in the Undertriage of Falls. Resident Trauma Paper Competition at the 39th Annual Advances in Trauma Meeting/American College of Surgeons Committee on Trauma Region 7, Kansas City, MO, December 2016.

19. Loftus J*, **Schlitzkus LL**, Summers J, Emmel A, Hodson A, Shostrom V, Bauman Z. Rural Trauma Team Development Course (RTTDC) Instills Confidence in Critical Access Hospitals. Resident Trauma Paper Competition at the 40th Annual Advances in Trauma Meeting/American College of Surgeons Committee on Trauma Region 7, Kansas City, MO, December 2017.

20. MacTaggart J*, **Schlitzkus LL**, Kamenskiy A, Evans CH. DoD-Funded Military Endovascular Training at a civilian center – The Nebraska Experience. Pan-American Endovascular Resuscitation and Trauma Management Meeting, Houston, TX, February 2018.

21. Okuda, Y*. Post-Operative Rescue Course to be presented as Special Panel – Cutting-Edge Advances in Surgical Education and Training: The Role of Simulation. Annual ACS Surgical Simulation Summit: An International Multi-Professional Meeting, Chicago, IL, March 2018.

22. Gao Y*, Patel A, **Schlitzkus LL**, Garg N. Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) and Thoracic Endograft Placement for Paravisceral Aortic Injury. Midwestern Vascular 42nd Annual Meeting, St. Louis, MO, September 2018.

23. Bauman ZM*, Yanala U, Malhotra G, Cemaj S, **Schlitzkus LL**. Surgical Fixation for Traumatic Sternal Fractures Improves Pain and Upper Extremity Range of Motion. American College of Surgeons Clinical Congress, Boston, MA, October 2018.

24. **Schlitzkus LL***, Goede MR, Summers JI, Phillips KT, Adriansen D, Willet K, Borgwing J, Bruno P, Okuda Y, Johanning JM. Post-Operative Rescue Course (PORC): A Novel Curriculum. American College of Surgeons Clinical Congress, Boston, MA, October 2018.

25. Bauman ZM*, Cunningham R, Hodson A, Shostrom V, Evans C, **Schlitzkus LL**. Emergent General Surgery (EGS) Operations in Patients with Left Ventricular Assist Devices (LVADs). Accepted to be presented at Association for Academic Surgery 14th Annual Academic Surgical Congress, Houston, TX, February 2019.

26. Bauman ZM*, Hodson A, Farrens, Shostrom V, Summers JI, **Schlitzkus LL**. Rural Trauma Team Development Course Instills Conficdence in Critical Access Hospitals. Accepted to be presented at Association for Academic Surgery 14th Annual Academic Surgical Congress, Houston, TX, February 2019.

Local Presentations (Not published as abstracts)

1. **Schlitzkus LL***, Agle SC, McNally MM, Schenarts KD, Schenarts PJ. What Do Surgical Nurses Know About Surgical Residents? Department of Surgery Resident Research Day, June 2009.

2. **Schlitzkus LL***, Goettler CE, Waibel BH, Hasty CC, Edwards MB, Sagraves SG, Rotondo MF. Open Fractures: It Doesn't Come Out in the Wash. Department of Surgery Resident Research Day, June 2010.

3. Meara MP*, **Schlitzkus LL**, Witherington M, Haisch C, Rotondo MF, Schenarts PJ. Surgical Resident Education: What is the Department's Price for Commitment? Department of Surgery Resident Research Day, June 2010.

4. **Schlitzkus LL***, Schenarts PJ, Schenarts KD. 'Twas the Night Before the Interview. Department of Surgery Resident Research Day, June 2011.

5. **Schlitzkus LL***, Clark CJ, Agle SC, Schenarts PJ. A Six Year Head to Head Comparison of Osteopathic and Allopathic Applicants to a University-Based, Allopathic General Surgery Residency. Department of Surgery Resident Research Day, June 2012.

Poster Sessions

1. Dennis CR*, Allcron SJ, **Schlitzkus LL**, Bard MR, Allen NJ, Toschlog EA, Waibel BH. Intensive Glycemic Control Following Traumatic Brain Injury in Patients Admitted to the Surgical Intensive Care Units. Presented at Resident Poster Session at the 43rd American Society of Health-System Pharmacists Midyear Clinical Meeting, Orlando, FL, December 2008.

2. **Schlitzkus LL***, Toschlog EA, Allcron SJ, Dennis CR, Agle SC, Allen NJ, Goettler CE, Rotondo MF. Intensive Glycemic Control: Not So Sweet in the Trauma Patient. Presented at Poster Session at 38th Society of Critical Care Congress, Nashville, TN, January 2009.

3. **Schlitzkus LL***, Goettler CE, Waibel BH, Edwards M, Rotondo MF. Running Out of Gas But Not Trauma Patients: The Effect of Gas Prices on Trauma Admissions. Presented at Poster Session at 38th Society of Critical Care Critical Care Congress, Nashville, TN, January 2009.

4. Durham CA*, Waibel BH, **Schlitzkus LL**, Newell MA, Sagraves SG, Rotondo MF. Hypothermia and the Pediatric Rural Trauma Patient. Presented at Poster Session at 38th Society of Critical Care Congress, Nashville, TN, January 2009.

5. **Schlitzkus LL***, Agle SC, McNally MM, Schenarts KD, Schenarts PJ. What Do Surgical Nurses Know About Surgical Residents? Presented at Pitt County Memorial Hospital/Brody School of Medicine Graduate Medical Education Resident Research Day, Greenville, NC, May 2009.

6. **Schlitzkus LL***, Sagraves SG, Newell MA, Watkins F, Gee A, Rotondo MF. Field Oxygenation Monitoring Predicts Mortality in Trauma Patients. Presented at Pitt County Memorial Hospital/Brody School of Medicine Graduate Medical Education Resident Research Day, Greenville, NC, May 2009.

7. Newell MA*, **Schlitzkus LL**, Waibel BH, White MA, Schenarts PJ, Rotondo MF. Damage Control in the Elderly: Futile Endeavor or Fruitful Enterprise. 23rd Annual Scientific Assembly of the Eastern Association for the Surgery of Trauma (EAST), Phoenix, AZ, January 2010.

8. Schenarts PJ*, **Schlitzkus LL**, Waibel BH, Bard MR. Trauma Publications in the American General and Subspecialty Surgery Literature. Southeastern Surgical Congress 2010 Annual Scientific Meeting, Savannah, GA, February 2010.

9. Meara MP*, **Schlitzkus LL**, Witherington M, Haisch C, Rotondo MF, Schenarts PJ. Surgical Resident Education: What is the Department's Price for Commitment? Presented at Pitt County Memorial Hospital/Brody School of Medicine Graduate Medical Education Resident Research Day, Greenville, NC, April 2010.

10. **Schlitzkus LL***, Schenarts PJ, Waibel BH, Bard MR. Trauma Publications in the American General and Subspecialty Surgery Literature. Presented at Pitt County Memorial Hospital/Brody School of Medicine Graduate Medical Education Resident Research Day, Greenville, NC, April 2010.

11. **Schlitzkus LL***, Goettler CE, Waibel BH, Sagraves SG, Hasty CC, Edwards MB, Rotondo MF. Open Fractures: It Doesn't Come Out in the Wash. Presented at Pitt County Memorial Hospital/Brody School of Medicine Graduate Medical Education Resident Research Day, Greenville, NC, April 2010.

12. Waibel BH*, Goettler CE, **Schlitzkus LL**, Rose J, Sagraves SG, Hasty CC, Rotondo MF. Factors Associated with Amputation of Open Fractures. Presented at Poster Session at 40th Society of Critical Care Congress, San Diego, CA, January 2011.

13. Waibel BH*, Newell MA, Durham CA, Barrett M, **Schlitzkus LL**, Rotondo MF. Predictors of Hypothermia in Rural Trauma Patients. Presented at Poster Session at 40th Society of Critical Care Congress, San Diego, CA, January 2011.

14. **Schlitzkus LL***, Schenarts PJ, Schenarts KD. 'Twas the Night Before the Interview. Presented at Pitt County Memorial Hospital/Brody School of Medicine Graduate Medical Education Resident Research Day, Greenville, NC, May 2011.

15. **Schlitzkus LL***, Clark CJ, Agle SC, Schenarts PJ. A Six Year Head to Head Comparison of Osteopathic and Allopathic Applicants to a University-Based, Allopathic General Surgery Residency. Presented at Vidant Medical Center/Brody School of Medicine Graduate Medical Education Resident Research Day, Greenville, NC, May 2012.

16. **Schlitzkus LL***, Vogt KN, Sullivan ME, Schenarts KD. The Effect of Gender on Workplace Bullying of General Surgery Residents by Nursing. Presented at Association of Program Directors in Surgery Annual Meeting Poster Session, Seattle WA, April 2015.

17. McDonald VS*, **Schlitzkus LL**, Ignacio RC, Asturias S, Sullivan ME, Tadlock MD. Practical Bioethics for the Humanitarian Surgeon: Consensus & Controversy. Presented at American College of Surgeons Clinical Congress 2016, Washington DC, October 2016.

18. Thompson CM*, **Schlitzkus LL***, Hernandez H, Tracey E, Evans CH, Bauman ZM, Summers JI, Shostrom V, Waibel BH. How Well Can We Rise After Falling? The Factors Involved in the Undertriage of Falls. Presented at American College of Surgeons Trauma Quality Improvement Program, Chicago, IL, November 2017.

19. Thompson CM*, **Schlitzkus LL**, Hernandez H, Tracey E, Evans CH, Bauman ZM, Summers JI, Shostrom V, Waibel BH. How Well Can We Rise After Falling? The Factors Involved in the Undertriage of Falls. Presented at Society of Trauma Nurses Annual Meeting, Portland, OR, March 2018.

20. **Schlitzkus LL***, Goede MR, Summers JI, Phillips K, Adriansen D, Paull D, Johanning J. A Failure to Rescue: A New Curriculum of Post-Operative Rescue Simulation. Presented at Association of Program Directors in Surgery Annual Meeting, Austin, TX, May 2018.

21. Dauer E*, Daohai Y, Lu X, **Schlitzkus LL**. Perceptions of Supervision by Senior Surgical Residents During Invasive Bedside Procedures. Presented at Association for Surgical Education, Austin TX, May 2018.

I. Grants

1. Trauma is 24/7: There's an App for That! (2015 – 2017)
   Sponsored by University of Nebraska Medical Center Faculty Diversity Committee
   Principal Investigator
   $100,000 Total funding

2. A Clean Getaway: Scrub Technique and OR Etiquette (2015 – 2016)
   Sponsored by UNMC E-Learning Steering Committee
   Faculty Advisor to Andrew Hollins and Daniel Cloonan
   $1,000 Total funding
   * E-learning module featured at the Accreditation Council for Graduate Medical Education (ACGME) Annual Educational Conference, Orlando, FL, March 2017.

3. UNMC Endovascular Skills for Trauma Group (2015 – Present)
   One of four core surgery faculty members, including another trauma surgeon, a vascular surgeon, and an engineer, organizing an institutional effort to partner with the University of Michigan, the American College of Surgeons, and the Department of Defense to help create an operations center and national level course at UNMC to help disseminate minimally invasive endovascular knowledge, including Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) and techniques for military and civilian trauma care providers.
   $200,000 Total funding

J. Formal Mentoring

Surgical Education Research Fellowship Mentees

1. Elizabeth Dauer, MD (2015 – 2017), Temple University
   Project: Perceptions of Senior Resident Supervision by Junior Residents During Bedside Procedures

2. Huiting (Tina) Chen, MD (2014 – 2015), University of Michigan
   Project: Video-based Teaching for the Cognitive Acquisition of Endovascular Procedures

MD/PhD Clinical Mentee

1. Duy Ha (Fall 2015), University of Nebraska Medical Center

Research Mentees

1. Shelby Resnick, MD (2012 – 2013), LAC+USC Medical Center
   Project: Blunt Renal Artery Injuries and Management Practices

2. Hernan Hernandez, MD, UNMC
   Project: Falls and Undertriage

3. John Loftus, MD, UNMC
   Project: Rural Trauma Team Development Surveys

4. Ujwal Yanala, MD, UNMC
   Project: Sternal Plating following Traumatic Injury

Medical Student Research Mentee

1. Christopher Clark, MD (2011 – 2012), East Carolina University
   Project: Comparison of Osteopathic and Allopathic Applicants to an Allopathic General Surgery Residency

5. Elisabeth Tracey (2016 – 2017), University of Nebraska Medical Center
   Project: How Well Can We Rise After Falling? The Factors Involved in the Undertriage of Falls

K. **References**

1. Michael F. Rotondo, MD FACS
   Chief Executive Officer, University of Rochester Medical Faculty Group
   Vice Dean for Clinical Affairs, School of Medicine
   Professor of Surgery, Division of Acute Care Surgery
   Trauma Medical Director, American College of Surgeons
   Past-Chair, American College of Surgeons Committee on Trauma
   President, American Association for the Surgery of Trauma
   Past-President, Eastern Association for the Surgery of Trauma
   601 Elmwood Avenue Box 706, Rochester, New York 14642
   Office: (585) 276-6830

1. Demetrios Demetriades, MD FACS
   Director, USC Division of Trauma, Emergency Surgery, and Surgical Intensive Care Unit
   Professor of Surgery, Keck USC School of Medicine
   LAC+USC Medical Center, 2051 Marengo Street, IPT, C5L100, Los Angeles, CA 90033
   Office: (323) 409-7761

2. Scott G. Sagraves, MD FACS
   Trauma Medical Director, Baylor Scott & White Health, Central Texas Division
   Past-President, Eastern Association for the Surgery of Trauma
   2401 S. 31st Street, MS-11-A306C, Temple, TX 76508
   Office: (254) 724-4681

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☑ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME Lisa Lynn Schlitzkus
(first, middle, last)

SIGNATURE Lisa Lynn Schlitzkus

DATE 11/12/2018

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 10/16/2018.

Name:	Lisa Lynn Schlitzkus MD
Type:	Physician
Number:	27710
Status:	Active
Issued:	01/07/2014
Expiration:	10/01/2020
Education:	05/27/2006 U OF TX HOUSTON MED SCH

Disciplinary/Non-Disciplinary Information:

Disciplinary/Non-Disciplinary Information prior to to 2010 may not be available online.
If older information is needed, please call (402) 471-4923.

If you have questions about this information, please contact the
Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

State of Nebraska

Department of Health and Human Services
Division of Public Health

Lisa Lynn Schlitzkus MD

Physician

License #: 27710
Status: Active
Expiration: 10/15/2020