

RESPONSE TO QUESTIONS/COMMENTS RECEIVED FROM THE FIRE CHIEFS

Introduction: Alameda County EMS received questions from the Alameda County Fire Chief's Association in response to the Ambulance Service Provider RFP that was issued. Many of these questions seem to be written with concern about how the requirements in the RFP may impact the fire service, and do not seem to be written from the perspective of a potential Proposer. Therefore, the answers provided herein are written with the understanding that the Fire Chief's association will **not** be submitting a proposal as a primary Proposer to the RFP.

Additionally, many of the questions provided by the Fire Chiefs were, in actuality, statements that would require EMS to make assumptions on behalf of the Fire Chiefs. We attempted to answer what was submitted to the best of our ability and have requested additional information where the intent was not clear.

In general, the RFP was written with the expectation and requirements for the contract ambulance provider. Any major system changes proposed by EMS that affect the fire service will be negotiated as part of the upcoming fire first responder and fire transport ambulance agreements.

1. Section D 2.42. (Publication of provider hotline at fire stations and websites?) Tracking of hotline phone calls within response within 30 minutes 90% of the time? Submit all complaints to EMS on a monthly basis with 24 hours notice of unusual occurrence?
This requirement was written specifically for the ambulance transport provider RFP.
2. Section A1.3 (Provider shall offer relevant and frequent educational courses). Why can't the employee go to a program like SFPA to obtain classes instead of the employer offering them? This creates an unfunded liability and infringes on how a provider offers CE programs.
The intent is for the Contractor to offer training programs to their personnel, as well as fire personnel. The RFP does not mandate that personnel receive CE from any particular agency. EMTs and paramedics may take courses wherever they choose with the exception of EMS Orientation and the annual, mandatory policy update training.
3. Section A 1.5 (Pilot Programs shall bear no to cost to the County, but if the County starts a new pilot program – what about Costs to the Provider? I.E – fentanyl study / swap back to Morphine? Training costs associated with new mandates – that are unfunded by the County and overtime for training costs are shifted to the provider.
Pilot studies will be conducted as they are now. However, a clinical review committee will be formed and fire departments, as well as the Contract Ambulance Provider, will participate in the evaluation of proposed pilot studies. Potentially high cost items will be discussed in advance of any pilot project implementation.
4. Section C2. (The EMS Medical Director shall require any provider to attend a medical review / audit when necessary) – FBOR issues (also notification, provider attendance, procedures, etc.)
This section refers to employees of the Contractor, which are not subject to the FBOR.
5. Section D 2.58 (Pit Crew Chart?) **In order for EMS to respond, please clarify this question.**
6. Section E 2.1 (Required Operations Staff including a Contract Administrator, Operations Manager, Operational Field Supervisors, Clinical Field Supervisors, and Quality Manager, Medical Director – all which must be separate from each other? Mandated 0.5FTE Medical Director, 2 FTE Clinical

Staff, 2 Clinical Field Supervisors, - Clinical Supervisors shall not deliver equipment?
In order for EMS to respond, please clarify this question.

7. 80 hours compensated hours a month for QA activities? Mandated costs and add 1 FTE analyst to evaluate PCRs?
In order for EMS to respond, please clarify this question.
8. Provider managers to complete American Ambulance Association training with two years of awarded contract?
This does not apply to the transport fire departments.
9. The EMS Medical Director may mandate any continuing education program. (Without reimbursement to provider?)
To answer this question please provide where in the RFP this is stated.
10. Section F – seniority and bid system? Mandates on the provider?
To answer this question properly requires additional information.
11. Table 6 – fees for failure to submit reports, respond to UOs in 48 hours, no PCRs, etc.
The penalties in Table 6 apply to the Ambulance Service Provider/Contractor. Any proposed change to fire department penalties will be negotiated within the respective agreements.
12. Dispatch Functions, - EMD requirements. Payment for Dispatch functions, equipment.
As recommended by Fitch & Associates, EMS intends to incorporate MPDS categories into dispatch of first responder and fire transport providers. First responder and fire transport agreements will be negotiated within the respective agreements.
13. Section 10 – Mutual Aid outside EOA – provider is not held to response time requirements (does this section supersede 51/50 responses?). Mutual Aid for other ALCO providers requires previous written agreements?
Although there may be some vagueness about this question as written, at this time there are no written mutual aid agreements between the transport provider agencies. The County intends to coordinate the process to develop and execute mutual aid agreements between the Contractor and the other transport providers. See question 15 for information on 5150 calls.
14. First Responder Fees is \$4.6 million with 3% CPI – why is County indicating that FRALS reimbursements will only be good for 2 years? **Exhibit B subsection 4.1 applies to each year of the agreement. The term of the agreement is five years.**
 - a. Criteria for reimbursement (conditions have changed from current criteria)
In order for EMS to respond, please clarify this question.
15. Section H – BLS ambulance for 51/50s in Albany, Berkeley, Alameda, and Piedmont only if requested by the County Dispatch Center? What if the call wasn't generated by the County Dispatch Center? The City Fire Department? What about County Fire Departments, EBRPD Fire? Why is the City Fire Department required to respond to 51-50s? If the call originates as a medical call - it's not a 51-50 call.
All EMS system responses are medical calls. According to the psychiatric evaluation/5150 transport policy, ALL 5150 patients must be medically cleared by a paramedic. Once the patient is medically cleared, a BLS 5150 transport ambulance can be dispatched by the County dispatch center to transport the patient to the appropriate psychiatric facility. Current practice in some jurisdictions,

and contrary to policy, has been to contact the current service provider outside of the 911 system resulting in a call with no response time requirement.

The RFP specifically mentions the transporting cities because they are responsible for responding to calls within their respective EOAs. The information in the RFP was provided so potential Proposers understand how the EMS system works.

The 5150 BLS transport agreement was originally implemented to keep the City ALS ambulance crews in the city rather than spending hours transporting and waiting at John George with a BLS psychiatric patient. The request for the 5150 BLS ambulance needs to go through one of the County dispatch centers to ensure an appropriate response time. If a city calls the private provider on a non-emergency line, the call is put in the queue with their other non-emergency calls, and answered and responded to accordingly.

With implementation of the new fire first responder and ambulance agreements, if a fire department uses MPDS, and the call is categorized as an Alpha or Bravo and the patient has been placed on a 5150, then the Contractors BLS ambulance can be dispatched by the County dispatch center to transport the patient. However, if a fire department does not use MPDS, the requirements remain the same as today, and a paramedic must medically clear the patient.

16. In general, it appears as if the RFP potentially eliminates the ability for any other known provider on the West Coast to bid due to extensive staffing requirements (see personnel requirements on pages 31-34).
- a. The concern of the Section is that similar staffing requirements may be required for non-transporting agencies in the next FRALS contract.
 - b. Examples include several QI positions which have been added as “dedicated personnel” such as:
 - i. Quality Manager
 - ii. (2) Clinical Field Supervisors per day
 - iii. Full-time Analyst to oversee the QI program.
 - c. Once this staffing requirement is instituted, it could be extended similarly in the next FRALS contract.

The Alameda County EMS system is large and complex, requiring a provider with the experience and financial stability to implement the requirements set forth in the RFP. More importantly, the staffing requirements in the RFP reflect the infrastructure needed to adequately respond to the call volume in the Contractor’s EOA.

17. Table 3 – Response time requirements by Fire Department? The RFP outlines response time accountability for non-transporting fire agencies which is vastly different than those requirements found in existing FRALS contracts.
- a. In the past, FRALS agencies were required to place a unit on scene within 8:30 seconds of the dispatch, 90% of the time.
 - b. The transport RFP changes this for FRALS agencies to:
 - i. 7:00 in a metro setting
 - ii. 8:30 in suburban/rural settings
 - iii. 14:00 in wilderness settings
 - c. There is not enough detail in the RFP to understand what each of these zones actually represents.
Additional information will be provided on the zones and sub-areas soon.

- d. It appears as if the transport RFP reduces response times in metro areas by 1:30. **The change in response times is primarily for ECHO calls. Echo calls are patients that present with life-threatening illnesses and comprise a small percentage of the call volume. The goal is to increase the response time for ECHO calls, keeping DELTA calls at the current response time and increasing the response time for CHARLIE calls. EMS did a limited study of fire first responder response times and found that, without making any changes, fire currently responds to all EMS calls within 7 minutes and 30 seconds 90% of the time.**

18. Currently, the data management methodology for the County is unreliable:

- a. If fines are to be assessed based on performance (response time) data, there is concern over the reliability of these data.
- b. This extends similarly to the field performance for paramedics.
- c. It has been proven that the data collection system used by the LEMSA is flawed. To that end, it is impossible to reliably assess paramedic performance and any subsequent QI efforts.
- d. The transport RFP places a significant emphasis on QI/QA, but without a validated mechanism upon which to base those data driven decisions. **While admittedly the data collection system used by the majority of fire departments may be flawed, the data submitted by the current service provider is reliable, and is monitored by EMS. Fines assessed will be based on submitted data.**

19. The RFP is very specific in that it names products and vendors that must be used by the contract provider.

- a. Examples include:
 - i. Pemsoft (Glossary ii/ pg33; another data software program specific to pediatrics) **Pemsoft is a sole source resource tool that, if used, would be the responsibility of the County to fund.**
 - ii. Baldrige Award (pg 21-22; comprehensive QI program involving staff time to meet requirements) **The Baldrige quality program is the nationally recognized quality management system recognized by NIST and is not a vendor. Materials are readily available on the web at no cost.**
Directly from the RFP: "Proposers are encouraged to incorporate the most current Baldrige National Quality Program: Health Care Criteria for Performance Excellence and the self analysis worksheet in their response. While the County will not be requiring the Contractor to apply for the Baldrige Award, it does believe that the core areas addressed by this process provide a solid foundation for a comprehensive quality management program."
 - iii. Pit Crew approach to cardiac arrest incidents (table 2, page 29)
 1. The "pit crew" approach is particularly troubling in that it appears to mandate how crews perform patient care.
 2. Again, this may be an indicator of the level of detail that may be expected in upcoming FRALS contracts.
The term "pit crew" is a concept not unlike BTLs or PHTLS, utilized to improve the team response to cardiac arrest.
- b. Each of these will require funding and may have staffing implications. **If changes to staffing or funding are deemed necessary, these provisions will be negotiated within the respective fire department agreements.**
It is troubling that the RFP favors and mandates the use of specific vendor(s). **The RFP does not mandate the use of specific vendors.**

20. Under "Scope" (pg 2), it is stated that the goal of Alameda County EMS is to sustain a high performance EMS System which include several bullets listed on Page 2 of the RFP. Bullet number (3) reads "Emergency Medical Dispatch of ambulance and First Responders".
- a. This bullet should read "Emergency Medical Response of ambulance and First Responders".
These are system goals and, the word dispatch is correct. EMS intends to incorporate MPDS categories into dispatch of all first responders and ambulances.
 - b. Dispatch is a 201 right for Cities and cannot be negotiated to a private provider (San Joaquin County vs Stockton situation).
EMS is not proposing that the Contractor dispatch city EMS resources. If a city is not using MPDS, any changes in future agreements would be negotiated with that city.
21. Response Time Accountability (Chart on pg 45) is different from current practice.
- a. Interpretation of this chart indicates that there will not be a Fire Response for Bravo and Alpha incidents. This could have serious implications for Cities which have tax measures providing 9-1-1 paramedic services and are expected to respond with a paramedic.
The EMS system assessment recommended an EMT response to Alpha and Bravo calls. The Contractor will be required to respond to these calls with EMT personnel. Should this have implications for cities with tax measures providing 911 paramedic services, EMS anticipates further discussions with the fire departments during their respective agreement negotiation process.
 - b. Additionally, there is specific reliance on various levels of response not currently used in the County (Echo, Bravo, etc.)
EMS intends to incorporate MPDS categories into the dispatch system of all first responders and ambulances.
 - c. These response designations will affect, in some way, the response of non-transport fire agencies.
With implementation of MPDS, the current code 2 and code 3 designations will be replaced with MPDS call categories.
 - d. The RFP does not outline a phase in period, training plans of mechanisms to compensate the non-transport agencies for training.
The RFP was written with the expectations and requirements for the private provider. EMS anticipates meaningful discussions with fire departments during the respective agreement negotiations.