

proposal must include a listing of all resolved or ongoing litigation involving the Proposer's organization, including a narrative describing the claim or case and the resolution or status for the past five years. This listing shall include litigation brought against the Proposer's organization or affiliated organizations and any litigation initiated by the Proposer's organization or affiliated organizations against any governmental entity or ambulance provider. For purposes of this litigation history, "affiliated organization" means any organization owned by Proposer, any organization for which Proposer is a successor entity, any organization that either merged with Proposer or divested from Proposer, or any organization which is a parent or subsidiary of Proposer. The term "litigation" includes disputes resolved by mediation or arbitration.

- (2) Documented proof of availability to measure and achieve compliance with fracture response time performance.
- (3) Documentation that Proposer is legally authorized or eligible to do business in the State of California and or the ability to obtain such authorization prior to agreement start date.
- (4) Documentation that Proposer is free of commitments that would impact Proposer's ability to obtain lines of credit, guarantor letters, or otherwise negatively affect the company's ability to perform the contract. (No existing obligations that might impact ability to provide services under the terms of this agreement).
- (5) Proposer must submit a list or table of every contract the Proposer currently serves and every contract it has served in the five years prior to submission of its proposal. Indelicate:
 - (a) Type and level of service provided including the population served.
 - (b) The contract period.
 - (c) Whether the Proposer held exclusive market rights for emergency ambulance service under the contract.
 - (d) Whether the contract was competitively awarded.
 - (e) The name, address, contact person and telephone number for the contract for reference purposes.
 - (f) Dollar amount of the services provided.
 - (g) The name of the contracting agency.
 - (H) The remaining term of the contract and the circumstances under which any contract was terminated, prior to expiration, the cause of failure or refusal to complete and any allegations of deficient service, if applicable.

3.2 ORGANIZATIONAL CAPACITY AND EXPERIENCE

Provide all of the following regarding:

A. Organizational Capacity:

- (1) Provide a description of the local management team, roles and responsibilities and their backgrounds; include biographical information and attach resumes.
- (2) Titles and names of staff members who will be on the team responsible for the service, as well as the expected availability of the various individuals. Include the resume of a dedicated, full-time manager.
- (3) All applicable licenses and license numbers relevant to delivery of services; , the names of the holders of those licenses, and the names of the agencies issuing the licenses, excluding field personnel.

- (4) Proposers are required to maintain the current zone boundaries that result in consistent excellent response time compliance in hard to serve areas.

B. Compliance Incentives

Financial penalties provide incentive for maintaining excellent response time performance. Fines are levied for late responses for both Priority 1 (Code 3) and Priority 3 (Code 2) calls. For the anticipated fine schedule, see Enclosure 7.

C. Response Time Exceptions

In some cases, late responses can be excused from financial penalties and from response time compliance reports. Exceptions shall be for good cause only, as determined by the County.

Examples of exceptions include, but are not limited to:

- (1) Automatic Appeals
 - (a) Call was reduced from Priority 1 to Priority 3 by on- scene responders or by the dispatcher in accordance with County protocol.
 - (b) Upgrades and downgrades that are compliant are eligible for exemption.
 - (c) Response canceled prior to the unit's arrival at scene (must provide evidence that call was canceled within required response time).
 - (d) Dispatch error (e.g., inaccurate address, CAD failure).
 - (e) Additional units responding to the same incident (first unit must meet response time standard).
 - (f) Multi-Casualty Incident (MCI) or locally declared disaster - The Contractor may apply for an exemption to response-time standards during MCIs or times of declared emergencies, locally or in a neighboring county, as defined by the emergency operations procedures of the jurisdictions involved (e.g., city or County).
- (2) Case-by-Case Appeals
 - (a) Traffic related to the incident (e.g., car crash) causes response time delay.
 - (b) Lack of documented on-scene time; Contractor may submit GPS data to confirm on-scene time – otherwise next radio transmission is used.
 - (c) Weather (e.g., heavy fog, heavy rain) that impair visibility, require slower speeds, or create other unsafe driving conditions.
 - (d) Road closures/construction for areas with limited access.

6.4 AMBULANCE DEPLOYMENT SYSTEM STATUS PLAN

A. Requirements

- (1) Ambulance System Status Plans (SSP) will be approved by the EMS Agency. The plan will describe:
 - (a) Proposed locations of ambulances and numbers of vehicles to be deployed during each hour of the day and day of the week.
 - (b) 24-hour and system status management strategies.
 - (c) Mechanisms to meet the demand for emergency ambulance response during peak periods or unexpected periods of unusually high call volume including disasters and other surge events, such as high flu season. Include a process that identifies how

additional ambulance hours will be added by the Proposer if the response time performance standard is not met.

- (d) Include map identifying proposed ambulance station(s) and/or post locations within the geographic zones within the response time compliance areas as indicated in this RFP.
 - (e) Work force necessary to fully staff ambulances identified in the deployment plans.
 - (f) Any planned use of on-call crews.
 - (g) Ambulance shifts and criteria to be used in determining shift length.
 - (h) Any mandatory overtime requirements.
 - (i) Record keeping and statistical analyses to be used to identify and correct response time performance problems.
 - (j) Any other strategies to enhance system performance and/or efficiency through improved deployment/redeployment practices.
- (2) Provide sufficient number of ambulances, within the EOA that are fully stocked to meet 133% of peak system demand. For example; if 25 ambulances are needed to meet peak demand, an additional 8 ambulances are required to be fully equipped and ready for utilization to meet this standard.
 - (3) The initial ambulance deployment plan shall be maintained for at least the first three (3) months of operations.

B. Standby and special events

If an event sponsor desires a dedicated standby emergency ambulance at an event, the provider may enter into a separate agreement with the sponsor for the provision of standby and payment for such services.

6.5 VEHICLES

A. Ambulances must conform to the following requirements:

- (1) Industry standard Type I or Type III ambulance.
- (2) Be identically configured.
- (3) Meet or exceed Federal and State standards at the time of the vehicles' original manufacture, except where such standards conflict, in which case the State standards shall prevail.
- (4) Meet or exceed the recommendations for ambulances by the Ambulance Manufacturers Division of the National Truck Equipment Association.
- (5) Meet or exceed the equipment standards of the State of California and EMS Agency policy (https://www.smchealth.org/sites/main/files/file-attachments/ems_equip_3_supply_lists_6_5_2013.pdf).
- (6) Ambulance shall be limited to a maximum mileage of 250,000. Any ambulance not new at the start of this agreement must include a list of brand name, model, age and maintenance records. The Proposal Review Committee will score proposals based on a blended milage fleet to ensure ambulances do not reach maximum miles at the same time.

B. Bariatric ambulance

- (1) Ensure availability of a bariatric ambulance for use in San Mateo County within 2 hours' notice. The bariatric ambulance must be designed to provide safe, dignified transport of the morbidly obese patient. The bariatric ambulance shall have the capacity to accommodate a

patient weighing up to 1000 pounds and shall include a bariatric stretcher, and hydraulic lift.

- (2) Contractor's personnel shall have training for the safe movement and transport of morbidly obese patients.

C. Proposer Supervisor Vehicles

- (1) Provide specifications for any new supervisor vehicles to be purchased for proposers use under this contract.
- (2) Be able to carry all items contained in the San Mateo County EMS first responder equipment list and approved by the EMS Agency (<https://www.smchealth.org/sites/main/files/file-attachments/ems equip 3 supply lists 6 5 2013.pdf>)
- (3) Supervisory vehicles must not exceed 200,000 miles or 7 years of age.
- (4) Be identical in make and configuration.
- (5) Meet Department of Transportation and National Fire Protection Association standards for Code 3 response.

D. Vehicle Maintenance Program

- (1) Provide a copy of vehicle maintenance program. The vehicle maintenance program must be designed and conducted to achieve the highest standards of reliability appropriate to a modern emergency service.
- (2) Submit a copy of vehicle maintenance records for any vehicles that are not new at the start of the agreement. Submit the qualifications of maintenance personnel to be utilized.
- (3) Describe locations of maintenance services.
- (4) Describe proposed automated or manual maintenance program record keeping system. The system should track both scheduled and unscheduled maintenance (by vehicle and by fleet) and shall track equipment failures during ambulance responses.
- (5) Document your vehicle failure rate including units in route, at scene, or with a patient on board for the past three years.

E. Vehicle Safety Program

- (1) Proposer must verify that it will have an emergency vehicle operator's course (EVOC) for all its field employees including on-going driver-training for ambulance personnel to promote safe driving and prevent vehicular crashes/incidents.
- (2) Describe any other mechanism you use to promote safe ambulance driving and prevention of crashes/traffic incidents.

F. Equipment and supplies

Each ambulance must carry standardized equipment and supplies that meet federal, State, and local EMS Agency requirements, policies and procedures (Enclosure 8). Such equipment and supplies will be stored in the same location in all ambulances. Durable equipment does not need to be new at the beginning of the contract but will be required to meet all specifications and periodic maintenance as approved by the EMS Agency. Describe how equipment is selected for use and the procedures that ensure such equipment is properly maintained and how upgrades to equipment will be handled, and funded, during the duration of the contract.

All expendable supplies including medications and controlled substances must be restocked by the Contractor. All medical equipment shall be in good repair and safe working order at all times. Each

- (3) The Proposer must have AVL/GPS/MDC in place in ambulances and ambulance field supervisor vehicles. This equipment must be integrated with PSC CAD.
- (4) Proposer must equip each ambulance with appropriate emergency communications and alerting devices capable of being used to notify ambulance personnel of response needs. Every ambulance must be able to communicate at all times and locations with PSC, other ambulances and supervisor's vehicles, receiving hospitals, and fire agencies.
- (5) Each ambulance must have a mobile radio in the front cab with the capability for hospital communication in the rear patient compartment.
- (6) Each ambulance must have two portable radios, one for each crew for medical communication, and one fire portable radio to communicate on fire channels when necessary.
- (7) Each ambulance shall have a mobile computer with MDC capability, CAD access, mapping software, and ability to send electronic patient care records to the receiving hospital and to a centralized server via wireless technology. Each ambulance will be equipped with AVL and GPS, fully interfaced to the CAD system for unit recommendation and System Status deployment purposes.
- (8) Provide mobile computers with the ability to send an ePCR to the receiving hospital for 53 Fire JPA response engines and 4 JPA supervisor vehicles. Computer must link to the ambulance transport ePCR for continuity of patient care.
- (9) Identify all communications equipment (type, brand, number) that will be carried on ambulances and supervisors' vehicles including, but not limited to:
 - (a) Radios
 - (b) AVL/GPS/MDCs
 - (c) Telephones
 - (d) Alerting devices
 - (e) Laptop computers for ePCR

6.6 PERSONNEL

A. Workforce and Diversity

- (1) The Proposer shall establish a recruitment, hiring and retention system consistent with ensuring a quality workforce of clinically competent employees that are appropriately certified; licensed and/or accredited. Field personnel with bilingual skills reflecting the diversity of languages spoken in San Mateo County are highly valued. Proposer is encouraged to describe its organization's practice ensuring diversity in the workforce and success addressing diversity alignment with its communities served.

B. Ambulance Work Schedules and Conditions

- (1) At least 51% of the employers proposed schedule shall be Proposer's full-time employees. Proposer's work schedules and assignments will provide reasonable working conditions for ambulance personnel. Ambulance personnel cannot be fatigued to an extent that their judgment or motor skills might be impaired. Ambulance personnel must have sufficient rest periods to ensure that they remain alert and well rested during work periods.
- (2) The maximum unit hour utilization for 24-hour ambulance units shall not exceed 0.40 without prior approval by the EMS Agency.
- (3) Provide work schedules, shift assignments, policies including those related to workload protection, and any audit criteria related to work schedules and working conditions.

- (d) Pre-accreditation field evaluation for paramedics;
- (e) Post-accreditation education, supervision, evaluation;
- (f) Continuing education that is linked to quality improvement activities, including skills, procedures, protocols, issues and other programs; and
- (g) Other programs and activities to maintain uniform skill proficiency.
- (h) Provide your comprehensive training and education program for ambulance personnel.
- (i) Provide how you plan your integration of comprehensive training and education with fire service paramedic first responders.
- (j) Provide the training curriculum for EMT-Is staffing an ALS ambulance. Note: EMT-Is must follow the training and certification standards described in Personnel 2 (https://www.smchealth.org/sites/main/files/file-attachments/per_2_emt_cert_renewal_reinstatement_10-10-2017_0.pdf) or current policy.
- (k) Provide the orientation and other training and evaluation that is required for new paramedics.
- (l) Provide the process for ensuring that ambulance paramedic and EMT personnel meet requirements including annual refresher training for infrequently used skills.
- (m) Provide the process for how you will ensure that all paramedics performing services under this contract have sufficient on-going clinical practice to maintain skills and knowledge.
- (n) Provide the process to ensure timely, accurate, and accountable communications with EMS personnel regarding changes in EMS system policies, procedures, protocols, or precautions.
- (o) Provide the qualifications for your lead staff for ambulance personnel for clinical education and clinical quality improvement and provide job description(s).
- (p) Provide the database system you will use for maintaining paramedic and ambulance EMT records including employment, certification/licensure, paramedic accreditation, required training programs, and on-going training.
- (2) Paramedics must maintain current valid certifications for:
 - (a) Pediatric Advanced Life Support or Pediatric Emergencies for the Prehospital Provider;
 - (b) Prehospital Life Support or Basic Trauma Life Support or equivalent as determined by County;
 - (c) Advanced Cardiac Life Support; and
 - (d) Cardiopulmonary Resuscitation.
- (3) Incident Command System (ICS), Standardized Emergency Management System (SEMS), and National Incident Management System (NIMS) Training
 - (a) Proposer shall train all ambulance personnel, supervisory personnel, and management personnel in the Incident Command System (ICS), Standardized Emergency Management System (SEMS), and National Incident Management System (NIMS), consistent with federal, state, and local doctrine. Current training standards include;
 - (b) Non-supervisory field personnel: ICS-100, ICS-200, IS-700, IS-800 and SEMS
 - (c) Supervisory field personnel: ICS-100, ICS-200, ICS-300, IS-700, IS-800, and SEMS
 - (d) Management personnel and personnel who may be assigned to a department or Operational Area Emergency Operations Center: ICS-100, ICS-200, ICS-300, ICS-400, IS-700, IS-800, and SEMS

- (b) Stroke patient transported to any facility, including a Stroke Center
 - (c) Any emergent (lights & siren) return to the hospital
 - (d) Any patient who is unable, for any reason, to provide a history
 - (e) All patients aged 10 or less
- (8) Proposer's ePCR must provide other data points that may be reasonably requested, including any needed modifications to support EMS system data collection.
 - (9) As health information systems evolve, the Proposer will agree to work with the EMS Agency and local hospitals to establish, and/or participate in, a Health Information Exchange (HIE) with each receiving facility, with automated data sharing for purposes of enhancing EMS system-level treatment, payment and operations through continuous quality improvement activities including analysis of outcome data associated with individual patients. If the proposer has experience with HIE, proposals shall include the method and capacity for establishing a HIE.
 - (10) Identify the individuals who will be responsible for developing and implementing the electronic patient care record and record warehouse and provide a description of their qualifications.
 - (11) Provide a description of the structure of the electronic patient care record and the electronic record warehouse including the software, hardware, and general structure.
 - (12) Provide a description of computers (or equivalent), including its wireless communication capabilities, that will be provided to each ambulance and to each fire first response vehicle.
 - (13) Identify the unique patient identifier that will be used to link CAD data, ambulance data, first responder data, and hospital data.
 - (14) Provide a description of the data transfer protocols.
 - (15) Provide a description of how the patient care records will be made available to the receiving hospital at the time the patient is left at the hospital.

6.10 DISPATCH AND RADIO COMMUNICATION

A. Current System

- (1) The present dispatch system, in which County's Public Safety Communications Dispatch Center (PSC) dispatches the emergency ambulances in accordance to Proposer's SSM plan, will be continued by virtue of a separate Service Agreement. PSC does not currently provide dispatch services for BLS non-emergency interfacility transports or CCT transports. Proposer will be expected to contribute its share of costs for services PSC provides under this system estimated to be \$1,038,734 in the first year, with annual increases based on CPI.
- (2) CAD system maintenance is paid separately to PSC, at an approximate annual cost of \$60,000 – 100,000. The final estimated annual cost will be determined during final CAD contract negotiations, and will be a prorated share based on all PSC CAD customers.
- (3) Proposer will be required to enter into a written agreement with PSC that is approved by the EMS Agency.

B. County Medical Dispatch Services:

(1) Standards

There will be a system for ambulance dispatch meeting the standards in ASTM F 1258 (Standard Practice for Emergency Medical Dispatch) and ASTM 1560 (Standard Practice for

Emergency Medical Dispatch Management). PSC will maintain National Academy of Emergency Medical Dispatch accreditation.

(2) PSC Requirements

Emergency medical dispatch (EMD) protocol reference system approved by the EMS Agency. The system will include:

- (a) Receive and process calls for emergency medical assistance from primary and/or secondary public safety answering points;
- (b) Systemized caller interrogation questions;
- (c) Systematized dispatch life support instructions;
- (d) Systematized coding protocols that allow the agency to match the dispatcher's evaluation of the injury or illness severity with the vehicle response;
- (e) Dispatch fire first responders;
- (f) Give post-dispatch and pre-arrival instructions to callers

(3) Proposer Requirements

Proposer will:

- (a) Have AVL/ GPS and mobile data computers (MDCs) in ambulances and supervisor's vehicles;
- (b) Be responsible for the ambulance deployment plan, or provide updates to selected third-party deployment software;
- (c) Participate in any PSC user group established by the County;
- (d) Ensure that supervisors and ambulance crews are appropriately knowledgeable of the ambulance deployment plan and dispatch procedure.
- (e) Provide in detail your organization's needs from PSC to be able to deploy your ambulances in the most optimal and efficient manner, including:
 - (i) CAD and other technologies.
 - (ii) Making changes to the ambulance deployment plan, or the third-party software and the turnaround time for such changes.
 - (iii) Ambulance performance data and reports including timelines associated with these reports.
 - (iv) Ongoing reports and any timelines associated with these reports
 - (v) Dispatching processes.
 - (vi) Dispatching performance standards and measurements.
 - (vii) Physical access to the PSC dispatch center.

(4) PSC Operations:

- (a) Adhere to the ambulance provider's SSM deployment plan;
- (b) Relay pertinent information to responding first responder and ambulance personnel;
- (c) Monitor and track responding resources;
- (d) Coordinate with public safety and EMS providers as needed;

- (a) Identify and calculate the estimated annual savings that will be recognized by providing ambulance-on-scene times contained in this RFP versus as compared to the California standard as set forth in the chart below.
- (b) This calculation will be based on a 90% compliance rate consistent with the response time standards and compliance zones that are contained in this RFP, including savings resulting from, but not limited to, lower response time standards, fewer ambulance stations, a smaller workforce, fewer field vehicles, fewer ambulances, fewer staffed paramedics in each ambulance, decreased vehicle and ambulance maintenance costs and less equipment and supplies (and related maintenance) costs. List the annual dollar amount and provide specific itemization as to the costs used to calculate this figure.

Type	RFP Standard	California Standard
Priority 1 (Code 3)		
Urban/suburban	12:59 minutes	7:59 minutes
Rural	19.59 minutes	19.59 minutes
Remote	39.59 minutes	As quickly as possible
Priority 3 (Code 2)		
Urban/suburban	22.59 minutes	N/A
Rural	59.59 minutes	N/A
Remote	59.59 minutes	NA

- (3) Identify and calculate the estimated annual (and one-time) additional costs that will be incurred as a result of your agency relationship with the JPA, including costs incurred resulting from, but not limited to any additional staffing and supervision, any additional administrative costs, and additional equipment and supply costs, and any additional training costs. In responding to this requirement clearly differentiate between one-time costs and annual costs. List the annual dollar amount and provide specific itemization as to the costs used to calculate this figure.
- (4) Provide an estimated net annual savings based upon the calculations set forth above.
- (5) The Office of San Mateo County Controller and/or Health System Administration will consult with the Proposal Evaluation Committee on the fiscal ability of each Proposer to implement and continue the services as outlined in this RFP. It will also consult with the Proposal Evaluation Committee as to the reasonableness and propriety of the estimates provided by Proposers in regard to the annual savings due to extended response times.

H. Profit

- (1) The County’s intent for this RFP is to provide a business model that will provide a high quality, stable, long term, and efficient and cost effective emergency ambulance services with advanced life support (ALS) ambulance transport agreement.

In the event that changes occur within the County that substantially impact the Contractors cost of providing services, such that CPI-based rate adjustments do not compensate for the increased cost of operating the 911 ambulance service the Contractor may request an additional rate increase, which shall be subject to approval by the San Mateo County Board of Supervisors.

I. Rate Adjustments

- (1) The rates proposed in this RFP may be increased annually to adjust for inflation. No later than forty-five days prior to each adjustment date, the Contractor may request the EMS Agency Director consider approval of a user fee adjustment.
- (2) In order to ensure a fair and appropriate cost to residents and visitors to the County the EMS Director will have the final authority to set the CPI rate adjustment. The EMS Director's decision will be informed by documentation submitted by the provider to substantiate the need for a rate increase. Such documentation may include but are not limited to audited financial statements, collection rate and payer mix.
- (3) (The formula utilized by provider shall be based on the Consumer Price Index All Urban Consumers San Francisco-Oakland-San Jose" ("Bay Area CPI") index and the percentage of the average of the Contractor's collection rates in the most recent four (4) quarterly financial reports. The percentage increase to adjust for inflation shall be calculated using the following indices: Bay Area CPI divided by the average collection rate described above equals "Net" CPI adjustment.
- (4) Example: If the Bay Area CPI inflation rate increases 2%, and Contractor's average collection rate is 50%, the Net CPI inflation rate adjustment shall equal 4%.

6.12 ADDITIONAL REQUIREMENTS

A. San Mateo County Mental Health Assessment & Referral Team (SMART).

- (1) San Mateo County Health Department developed the SMART program in 2005 to provide immediate assessment, management, transport, and referral as appropriate to individuals presenting with behavioral emergencies in the prehospital setting. The goal of the program is to provide the care and services that will best meet the needs of the individual. The SMART paramedic responds to law enforcement emergency requests for individuals experiencing behavioral health emergencies and performs a mental health assessment. SMART is trained to de-escalate behavioral health crises and if necessary, place the client under a W & I 5150 hold, and transport in a specially equipped sport utility vehicle. This program is efficient and less intimidating for clients than a police car.
- (2) Proposers will agree to enter into negotiations for a separate agreement with the San Mateo County Health Department Behavioral Health and Recovery department for SMART services. Enclosure 15 is an example of the current agreement.