



**COUNTY OF EL DORADO
Procurement & Contracts**

ATTN: Purchasing Agent
360 Fair Lane
Placerville, CA 95667

REQUEST FOR PROPOSAL #16-918-060

DUE: 3:00 p.m. – May 6, 2016

Sealed Proposals must be clearly marked on
the outside of the package with:
“RFP #16-918-060 MAILROOM DO NOT OPEN”

Electronic Prehospital Care Report (ePCR) System

Addendum I

The following changes have been made to the subject RFP:

Proposal Submittal has been updated to clarify the due date.

- IV. Proposal Submittal:** Proposers must submit one (1) original and nine (9) copies of their proposal, along with any addenda, in a sealed envelope or container, clearly marked **“RFP #16-918-060 – MAILROOM DO NOT OPEN”**, **no later than 3:00 PM – May 6, 2016**, to:

County of El Dorado
Procurement and Contracts
360 Fair Lane
Placerville, CA 95667

A Proposer may withdraw its final proposal at any time **prior** to the opening deadline date and time by submitting a written request for its withdrawal to the County Purchasing Agent, signed by an authorized agent of the firm. Proposers may thereafter submit a new or modified proposal **prior** to the opening deadline date and time. Modifications offered in any manner, oral or written, will not be considered.

Proposers submitting less than the required number of copies of their proposal will be rejected and considered “non-responsive.” Proposals received beyond the deadline will not be considered, and will be returned unopened.

It is the responsibility of the Proposer to assure that the proposal is received in the Procurement & Contracts Division prior to the proposal opening deadline date and time. Proposals received beyond the proposal opening deadline will not be accepted and will be returned unopened. The time stamp clock located in the office of the Procurement and Contracts Division will serve as the official time clock.

NOTE: Faxed and/or emailed proposals will not be accepted.

For questions regarding the Request for Proposal process, contact Ashley Wells, Department Analyst at (530) 621-5804.

Except as herein amended, all other parts and sections of RFP # 16-918-060 shall remain unchanged and in full force and effect.



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Procurement & Contracts**

ATTN: Purchasing Agent
360 Fair Lane
Placerville, CA 95667

REQUEST FOR PROPOSAL #16-918-060

DUE: 3:00 PM – May 5, 2016

Sealed Proposals must be clearly marked on the outside of the package with:
“RFP #16-918-060 MAILROOM DO NOT OPEN”

Electronic Prehospital Care Report (ePCR) System

The County of El Dorado Office of Procurement and Contracts, through its Health and Human Services Agency (hereinafter referred to as “County” or “HHS”), is formally soliciting eligible, qualified persons or firms (“Proposer”) to contract for a comprehensive Electronic Prehospital Care Report (ePCR) system.

This request for proposal (RFP) defines the scope of services and outlines the requirements that must be met by Proposers interested in providing such services. Proposers shall carefully examine the entire RFP and any addenda thereto, and all related materials and data referenced in the RFP or otherwise available, and shall become fully aware of the nature and the conditions to be encountered in performing the service. **Proposers are advised to read all sections of this RFP prior to submitting a proposal.**

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- Exhibits: “A” Sample Agreement for Services
“B” Submittal Checklist
“C” El Dorado County EMS Agency Quality Improvement Plan

Notice to Proposers

The Procurement and Contracts Division does not mail out hard copy letters advising participating Proposers of RFP results. For RFP results, please visit our website at

<http://edcapps.edcgov.us/contracts/bidresults.asp>

RFP results will be posted within approximately fourteen business days after the RFP opening deadline date. The timeline for posting RFP results may vary depending on the nature and complexity of the RFP.

- I. **Background:** The County of El Dorado provides ambulance transportation services under a Public Utility Model (PUM). The County seeks proposals from contractors to provide electronic Prehospital Care Reports for two Emergency Medical Services (EMS) service areas in El Dorado County, as well as the portion of adjoining Alpine County included with County Service Area 3 (CSA 3). From January 1, 2014 to December 31, 2014, the County's Ambulance service agencies responded to a combined total of over 25,000 medical emergencies, which resulted in over 14,000 billable transports for the year. The County's Advanced Life Support (ALS) transport contractors collect medical data in the field. The ALS contractors currently collect patient information on a paper worksheet that are then utilized by first responder service agencies to gather and pass the information to the medic unit. The medic units manually prepare a paper Prehospital Care Report.

The County has a Continuous Quality Improvement (CQI) committee who track the quality of care delivered to patients. CQI is a peer based process that is confidential and non-discoverable to anyone outside of the committee. Included in the County's CQI process (see Exhibit C) is the documentation of the CQI Committee's PCR review and when the committee exchanges information with field providers. This information is only accessible to CQI Committee members. In addition, the County has a Quality Assurance (QA) process administered by administrative staff. This system tracks similar information to CQI, but is only accessible to County EMS Agency.

The current paper prehospital care reporting system does not meet the demands of our response system and increasing requirements for ease of use, data retention, rapid billing, CQI/QA, and other reporting capabilities. The County is seeking a comprehensive ePCR system that provides a seamless interface between the mobile field device and the computer aided dispatch (CAD), as well as allowing real time submission to billing software.

A. Qualifications: A Proposer will not be considered for this RFP if they do not meet the following minimum requirements:

1. The Proposer shall offer an ePCR application that is ***currently operating with CAD integration in a like-size Advanced Life Support transporting agency in a 911 system.***
 - a) The Proposer shall provide evidence of at least one (1) current client generating ***at a minimum*** 30,000 ePCRs per year. For the purposes of this RFP, an ePCR shall include care provided by a first responder unit and the full continuum of care provided during patient transport to an emergency department.
2. The Proposer's software shall be currently certified by the National Emergency Medical Services Information System (NEMSIS).

3. The Proposer's software shall be compliant with both the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health Act (HITECH).
4. The Proposer's software shall provide:
 - a) ICD-10 code narratives.
 - b) ST elevation myocardial infarction (STEMI), Stroke, Cardiac Arrest, and intubation data collection and reporting capabilities.
 - c) California EMS Systems Core Quality Measure reports.
 - d) A demonstrated robust Quality Improvement / Quality Assurance data collection and reporting capability.
 - e) Demonstrated ability to interface with County located Base Hospitals and Level I, Level II, and Level III Trauma Center electronic patient care reporting systems.
 - f) Demonstrated ability to interface with County contracted billing contractor.

II. Scope of Services: The successful Proposer will be required to enter into an agreement for services with the County substantially similar in form to that attached hereto as Exhibit "A," marked "Sample Agreement for Services." Any reference in this RFP to specific terms of the agreement are for illustrative purposes only and shall not limit the scope of the obligations to be assumed by the successful Proposer under the agreement. In the event of any conflict between a provision of this RFP and the provisions of the agreement attached as Exhibit "A," the terms of the agreement shall govern. A Proposer submitting a proposal must be amenable to using the County's standard Agreement rather than its own agreement form. Generally, the terms of the Agreement will include, but are not limited to: (1) provision of services as required by County; (2) no additional work authorized without prior approval; (3) no payment without prior approval; (4) termination of the Agreement under certain conditions including, but not limited to, funding availability; (5) indemnification of the County; (6) adherence to privacy laws, and (7) minimum appropriate insurance requirements.

Renewal: The Contract may be extended, subject to written notice of agreement from the County and successful proposer, for up to two (2) additional twelve (12) month periods beyond the primary contract period. Said extension shall be subject to the terms and conditions defined in the current Agreement, unless modified by amendment.

The intent of this RFP and resulting contract is to obtain an Electronic Prehospital Care Report (ePCR) System for the collection and management of patient information at the point of contact utilizing current, state of the art technology to support the County and contracted public safety agencies. This system shall improve billing operations, increase the administration's ability to monitor and evaluate care rendered, and increase customer service levels through improved management of information and reporting. The ePCR System is to be used by Emergency Medical Technicians and Paramedics to collect patient information at the point of contact while attending to patients and then transmit data as required. At a minimum, the proposed ePCR System must be National EMS Information Systems (NEMIS) certified as v3.3.4, or as thereafter updated. Additionally, the ePCR

system must be capable of interfacing with two Computer Aided Dispatch (CAD) systems utilized by the contracted service agencies, both Base Hospitals, and the contracted Ambulance Billing vendor. The proposed ePCR system shall provide for a robust Continuous Quality Improvement (CQI) process for data collection and reporting, and security features.

III. Proposal Content: Proposal responses must adhere to the requirements set forth in this section, both for content and sequence. Failure to adhere to these requirements or the inclusion of conditions, limitations or misrepresentations may be cause for rejection of the submittal. Additional information may be provided, but should be succinct and relevant to the goals of this RFP. Excessive information will not be considered favorably. Use 8-1/2 x 11 sheets (foldouts are acceptable for charts, etc.) and font size large enough to be easily legible, but not smaller than 10 point. Single space is allowable throughout the proposal. Each page shall be sequentially numbered. Proposal is limited to 40 pages (not including references, resumes, or statements). Proposer shall clearly label the section or restate each question prior to each response. The original proposal and each subsequent copy must be submitted on paper, properly bound, appropriately tabbed and labeled in the following order:

A. Cover letter: The Cover Letter must be signed by an officer empowered by the Proposer to sign such material and thereby commit the Proposer to the obligations contained in the RFP response. Further, the signing and submission of a response shall indicate the intention of the Proposer to adhere to the provisions described in this RFP and a commitment to enter a binding contract.

Proposals submitted on behalf of a Partnership shall be signed in the firm's name by a partner or the Attorney-In-Fact. If signed by the Attorney-In-Fact, there shall be attached to the proposal a Power-Of-Attorney, or Corporate Resolution, etc., evidencing authority to sign proposals, dated the same date as the proposal, and executed by all partners of the firm.

Proposals which are submitted on behalf of a Corporation shall have the correct corporate name thereon and the actual signature of the authorized officer of the corporation written (not typed) below the corporate name. The title of the office held by the person signing for the corporation shall appear below the signature of the officer.

Proposals that are submitted by an Individual doing business under a fictitious name ("dba") shall be signed in the name of the individual doing business under the proper firm name and style. More specifically, the Cover Letter shall include the following:

1. Title of this RFP;
2. Name and Mailing Address of Firm (include physical location if mailing address is a P.O. Box);
3. Contact Person, Title, email address, telephone number, and fax number;
4. Acknowledgement that all proposals may be considered public information. Subsequent to the awarding of this RFP, all or part of any submittal may be released

to any person or firm who may request it. Therefore, Proposers shall specify in their Cover Letter if any portion of their submittal should be treated as proprietary and not releasable as public information. Proposers should be aware that all such requests may be subject to legal review and challenge;

5. A statement that the submitting interested party will perform the services and adhere to the requirements described in this RFP, including any addenda (reference the addenda by date and/or number);
6. Describe all relevant qualifications and how they address this RFP;
7. Describe the approach for successfully accomplishing the scope of work and deliverables outlined in this RFP;
8. Articles of Incorporation, executed by the Secretary of State, including by-laws and amendments. If not incorporated, please describe;
9. Required licenses (City, County, State) and necessary permits (including Conditional Use Permits) relating to the facility/ies;
10. Certificates of nonprofit status from the State of California and the Federal Government (pertains to nonprofit organizations only);
11. If the organization is doing business under another name, Doing Business As (DBA), the Fictitious Business Name Statement filed with the County Clerk and Proof of Publication;
12. Form W-9, Request for Taxpayer Identification Number, and Certification that corresponds with Articles, By-Laws, and other tax and financial related documents;
13. Corporate organizational chart including all programs;
14. List of Board of Directors;
15. Most recent financial statement, preferably prepared by a Certified Public Accounting firm;
16. Any audits or program reviews completed within the last six months; and
17. Certificates demonstrating current insurance in accordance with the County requirements outlined in the Attachment A - Sample Agreement.

B. Table of Contents: This section shall include a detailed "Table of Contents" and an outline of the submittal, identified by sequential page number and by section reference number and section title as described herein.

C. Proposer's Capabilities: Describe the firm's resources, experience and capabilities as they relate to scope of services described hereinabove. Submit in the order identified below:

1. **Executive Summary:** An executive summary should briefly describe the Proposer's approach to the proposal and clearly indicate any options or alternatives. It should indicate any major requirements that cannot be met by the Proposer. This summary should highlight the major features of the proposal and identify relevant supporting materials. The executive summary shall not exceed three pages.
2. **Detailed Discussion:** The detailed discussion is a general, but complete, narrative of the Proposer's assessment of the work to be performed and the ability to meet those objectives. This overview should clearly demonstrate the Proposer's understanding of the performance expectations as well as how the requirements will be met. Discuss each item in **Section III. Proposal Content, Subsection E – Project Approach** and describe how your firm will accomplish the desired scope in the timeframe requested. By virtue of submitting a response to this RFP, Proposer understands, acknowledges and agrees to the standard terms and conditions of Exhibit "A."

D. Background and Experience: Describe the firm's background, its organizational structure, length of time in business, and experience in providing the type of services solicited herein:

1. **Company** – Please provide a description of the proposer's business history including any former names of the company, number of years in operation, and the number of years the proposer has provided an ePCR system.
2. **Employees** – Please provide the number of employees employed by the proposer and include an organizational chart that demonstrates the organizational responsibilities of the persons who will manage and/or be assigned to perform services under the proposal.
3. **Application** – How long has the ePCR application been used by *like- size Advanced Life Support transporting agencies in a 911 system?*
4. **SLA** – Attach a copy of your company's SLA (Service Level Agreement) for the ePCR application. Are test systems covered under the SLA?
 - If not, what is the additional cost for a test system?
5. Provide a list of **all** providers currently using your ePCR system *with CAD integration* which includes point of contact information.
 - a. List the providers in order from highest run volume to the lowest.
6. Describe how your software is HIPAA compliant. Describe the software's protocol to maintain compliance and frequency.

- a. Validate compliance with all NEMESIS and HIPAA requirements.
7. Provide a list of all devices that **like-size** organizations utilize in the field to run the Proposer's ePCR system.
8. The County requires twenty (20) devices for medic, engine, and truck companies to utilize in the field.
 - a. Include the cost of recommended devices and if the Proposer can supply the hardware.
 - b. All proposers that can provide hardware should submit a proposal with the cost if the proposer supplies hardware, and the cost if the County provides the hardware.

E. Project Approach: Outline how the firm's team intends to approach this project, along with anticipated timelines for training, delivery of supplies, and full implementation. Repeat each of the sections **A through M** herein below, immediately followed by the Proposers response. Maintain the order of your response to match the sequential order of "Subsection E – Project Approach."

1. **Implementation Support:** Proposer shall include an outline of the services to be rendered by your firm under the Agreement as described herein. Provide a detailed discussion regarding the approach, methodology, work plan, and timeline for initial implementation of the work under this RFP.
 - a) Describe the implementation plan for the proposed application.
 - b) Outline the expected timeline to implement the application.
 - c) Identify potential resources needed to support the application once the system has gone live.
2. **Interfaces and Integration:** The ePCR application needs to receive data from two (2) CAD systems that provide services in County Service Area (CSA) 3, and 7 to populate call information. CSA 3 is running a Siren CAD System, CSA 7 is utilizing a Northrop Grumman Altaris CAD System.
 - a) Computer Aided Dispatch CAD Integration:
 - 1) Does the application contain a mapping feature that could import the latitude/longitude information from CAD and allow the crews to map the incident on the mobile device?
 - 2) Does the application allow the field-based ePCR to integrate with Resource Management Systems (RMS) to import crew information?

- 3) Please provide a list of all billing interfaces with which your ePCR application can provide seamless, real-time integration that allows for billing the same day service is provided.
- b) Hospital Integration:
- 1) Please explain what type of information your application will electronically transfer to the hospitals. Please describe how your software would integrate with local hospitals. Do the hospitals need to purchase any additional software for the ePCR application to integrate with the hospital?
 - 2) Can your application automatically fax an ePCR to the receiving and/or base hospital, and/or Coroner's office upon closing a call?
 - 3) Can your application fax an ePCR to the aforementioned locations before a report is closed?
 - 4) Does the application have a way to transmit ePCRs to receiving facilities, base hospitals, or the Coroner's Office electronically without requiring fax or email?
 - 5) Can your application transmit ECG strips and 12-lead EKGs to the emergency department?
 - 6) Does your software interface with the Electronic Charting System?
 - 7) Can information from the hospital be imported into the ePCR for billing purposes?
 - 8) Can patient outcome data be imported from the emergency department?
 - 9) Can hospital personnel have the ability to "flag" an ePCR transported to that hospital for CQI issues or commendations?
 - 10) How does an ePCR flow through the system from creation to close? (Provide a flow diagram)
 - 11) Can the ePCR system interface with the hospital system to provide National Trauma Data Base information?
- c) Transmission: How frequently does the ePCR transmit to the network? Is there an auto-save in the event of accidental deletion or loss of connectivity? In the event there is no cellular coverage at the scene, will the application hold the ePCR for transmission until cellular coverage is regained? Describe the process to finalize an ePCR prior to transmission.
- d) Is it possible for field personnel to start an ePCR on one mobile device, and then complete it on another device or desktop? For example, if shift change occurred

and the oncoming crew needed the mobile device, could the off going crew complete ePCRs on another device?

- 1) Can the application connect and transfer information from other responders within the system? For example, could a first responder unit begin an ePCR on one mobile device and then electronically transfer it to the transporting unit's mobile device for completion?

3. Security / Redundancy:

- a) Describe in detail the provider's disaster recovery recommendation/plan.
- b) The County requires a no-fail system which allows backups without system interruptions. Describe in detail how this will be accomplished.
- c) How does the proposer's system recover from unexpected failure/shutdown?
 - 1) How does your software handle information that is not fully committed (finalized)?
 - 2) How are tickets generated during a server outage?
 - 3) What happens to queued data?
 - 4) How does the data catch up? Can the County control the sequence of the catch-up/recovery process?
 - 5) Describe the tools that are provided to notify the County that system issues are occurring/have occurred?
- d. Provide a detailed description of the solution's security model and overall infrastructure. Provide a detailed description of the encryption standard utilized by the solution. Describe the protocol for secure data transmission and receipt.
- e) How does the software manage access, by collection or group of user ID's?
- f) Please describe in detail the security levels for viewing reports and patient information. What access is allowed for each level?
- g) Describe in detail the process to identify a user that accessed ePCR/PNTF and information that was changed throughout the life of the report. What audit trail is available regarding data access?

4. Customization:

- a) Manual entry: If information is not available through dropdown menus, can it be entered manually in all fields by the field personnel? Example of fields including but not limited to: Does the application provide the option for field personnel to

manually type in a chief complaint if the appropriate one is not in the drop-down menu?

- 1) What functions can be changed by the County versus requiring vendor involvement?
 - 2) What is the cost to develop additional interfaces to other applications? Is the cost hourly or a flat fee?
 - 3) Can custom modifications be done to the ePCR application? If so, list any costs associated in doing so.
 - 4) Describe the process for the County to add/manage custom fields. Is there an additional cost for customization?
- b) Translation of forms: Does the application have translation capability for release of liability or HIPAA notification? If so what languages?
- c) Multi-patient/casualty events: Can the application create and copy information for multiple patients within a single incident? Can it capture the number of patients (e.g., Patient 1 of 2)? Can multiple patient records be entered simultaneously within the same incident (e.g. could Medic 25, Medic 30 and Medic12 each work on separate patient records within the same incident during the same time period?
- d) Data field links: Does the application automatically populate response address with the patient's residence address, but allow manual change as needed? For example, if the response address is the same as the patient's residence address, can EMS personnel import the response address to the residence field?
- e) Database: Does the application contain commonly used medical abbreviations and symbols? Does it include a spell check feature? Is there capability to add County-specific terminology or abbreviations? If so, how is this done?
- f) EMS Protocols: Does the application store the EMS Agency's protocols, policies and procedures, and drug formulary for access by the field personnel (e.g. can drug formulary list be available for rapid selection)? If so, describe the frequency and process for updating from the EMS Agency data.
- g) "Close call" rules: Does the application provide for "close call" rules? Can the rules be customized based on the patient's chief complaint or a type of procedure performed? Is this feature customizable?

5. Functionality:

- a) Provide documentation of the average transmission time for data synchronization.
- b) Is 3rd party software a component of the ePCR application? If so, list the software.

- c) Cardiac monitoring data: The County emergency response vehicles use various types of cardiac monitors; can the ePCR software upload EKG/ECG, vital signs, ECG strips, and electrical intervention from onboard equipment? Will the software allow the mobile device to show paramedics and hospital staff running views of previous ECG rhythms and uploaded data from the monitor? Can the software program accept EKG /ECG's as a component of the ePCR record? How are EKG/ECG's imported or attached to the ePCR?
- d) How are Physician Certification Statements (PCS), Face Sheets, and any additional forms as required, attached to the ePCR?
- e) Can the software program provide fill-in able Face Sheets, Physician Certification Statement (PCS). Privacy Practice HIPAA Notices, Against Medical Advice (AMA) Notices, STEMI Report, Medicare Signature Form, Trauma Triage Criteria Report, and other electronically transmittable forms as required?
- f) How often is field data saved from the mobile device?
- g) Narrative sections: Does the application allow for auto-generated narratives? Please describe the process. Does the application provide speech-to-text recognition for narratives?
- h) Photos/Video: Does the ePCR application accept uploaded photos and video? Please describe the process.
- i) Smart search features: Does the application have a smart search feature for:
 - 1) Patient demographic data for repeat patients.
 - 2) On-line zip code lookup
- j) Patient's medical history? Can field personnel manually enter medical problems that do not appear on the drop down menu?
- k) Home medications with a brief description of the purpose of the medication? Can additional medications be entered manually?
- l) Signature capture: Can the application capture patient, guarantor, guardian, refusal witness, and care providers' signatures? Describe the process.
- m) What is the average completion time for an ePCR utilizing your system?
- n) Is it possible to scan a face sheet, medical insurance cards, or patient identification into the ePCR?
- o) Describe the ease and flexibility of scanning documents into the ePCR?

6. Technical Support:

- a) The County requires 24x7 technical support.
 - 1) Is there a help-line to address critical operational problems, technical and applications? Is the help-line a 24x7 operation? Is the help-line a toll free number? Is there a website available to report problems?
 - 2) What is the expected response time for problem resolution? Describe in detail the escalation process for a reported problem.
 - 3) How many support employees are dedicated to the ePCR application? How many support employees would be allocated to the County? Is the technical support organization based in the United States?
- b) ePCR Storage.
 - 1) Describe how long ePCR's will be available online.
 - 2) Are all additional documents Physician Certification Statement (PCS, 12 Lead, Face Sheets...etc.) stored within or with the ePCR?
 - 3) If the contract is terminated how will all of the data be returned to the County?
- c) Software/System Updates
 - 1) How are ICD updates performed? Will the County be charged for ICD updates?
 - 2) Is there an additional cost for software updates, changes, patches?
 - 3) Do system updates require docking or physical installation? How often do system updates occur?
 - 4) How are software updates addressed? Is it the County's responsibility to direct/request relevant changes or does the vendor apply this systematically/periodically?
- d) Field Personnel Identification: Can the application capture the medical unit identifier as a default value? Does the EMS personnel logon information become the default user until the personnel log out, or is logon required for each new event/patient?

7. Documentation Corrections:

- a) If data errors are discovered following report finalization, what is the process for correcting data?

- 1) What audit trail exists to depict before and after data field changes for this process?
- 2) Can data errors be corrected on multiple ePCRs simultaneously?
- b) Are amended ePCRs identified differently by the application (e.g. version 1, 2)?
- c) Are there time limitations on how long the correction process can take? If so, what are they?
- d) Does the system require security access to change documentation once submitted?
- e) Describe how ePCR's can be modified after submission. What is the process to add, delete or change information or attachments on a "completed" ePCR?

8. Inventory:

- a) Does the application contain an inventory tracking system? If yes, explain in detail how it functions.
- b) If the application has an inventory tracking component, please list the reports it will generate.
- c) Does the application allow for tracking of controlled substances such as morphine, Versed, or Fentanyl?
- d) Please list any reports the software can generate for tracking controlled substances.
- e) Can the application automatically send an email alert to the EMS Supervisor whenever narcotics are administered?

9. CQI/QA:

- a) Please describe if/how the County's CQI members can utilize the County's CQI process contained in Exhibit "C" "EMS Quality Improvement Plan" utilizing the software.
- b) Can the software create custom queries for mandatory filters for the CQI members? For example, could we query for cardiac arrest, non-transports, high risk procedures, etc.?
- c) Can the County create custom queries without intervention from the vendor at a later date?
- d) Please explain any additional costs to create custom queries.

- e) Can the software create a random selection of ePCRs for review using:
 - i) Date range?
 - ii) Number of ePCRs?
 - iii) Medic unit assignment?
 - iv) Service Agency?
 - v) Service Area?
 - vi) Response Zones?
 - vii) Response Times?
 - viii) Paramedic, EMT or CCT Nurse?
- f) How does the software assure that only designated CQI members can access the information?
- g) Does the software allow for specific incident types (i.e. CPR, intubation, IV starts, STEMI, Stroke, narcotic use) to be flagged for automatic review with an email alert sent to committee members?
- h) Does the software provide for communication between the field provider and CQI members? For example, can the system notify a field provider that there was an issue with an ePCR and request response to the committee?
- i) Does the software provide an integrated and secure QA module for the use of EMS Supervisors which is separate from the CQI module, but operates in the same manner?
- j) Does the software provide a means for the field provider to request an immediate CQI or QA review of an incident with an automatically generated email alert?
- k) If your application cannot support the County's current CQI process, please describe in detail your solution.
- l) Please describe the number and types of CQI reports that can be generated from the ePCR system.

10. Reports

- a) How does the ePCR application provide accountability that all ePCRs that should have been created actually were, and that they are complete?
- b) Provide a detailed description of the post-incident ePCR audit process.
- c) Currently the County utilizes Crystal Reports software to query data. Will the County have access to all fields of the ePCR application to create queries and access data with Crystal Reports?
 - 1) If not, please propose a different method to access and query ePCR data.

- d) The County requires a reporting system that allows for statistical analysis of all fields in the ePCR system. Will your software reporting system allow the County the ability to track all variables with numeric and graphic displays of the data using the following variables?
- 1) Patient care procedures?
 - 2) All response related time intervals for emergency response vehicles?
 - 3) All patient care related time intervals?
 - 4) Employee (Medic) identification and rank?
 - 5) Medications administered?
 - 6) Date range?
 - 7) Medic Unit number?
 - 8) Time of day?
 - 9) Type of response vehicle (i.e. helicopter, engine, truck, boat, ambulance)?
 - 10) Non transport of patients?
 - 11) Patient demographics (age, gender, medical history, medications used by patient)?
 - 12) Service Agency?
 - 13) Call type (911, emergency, non-emergency, code 2, code 3, IFT, CCT, AMA, treatment no-transport, special event, standby).
- e) List all of the current stock reports the ePCR system has that the County will be able to utilize?
- 1) Please describe the reporting formats (MS Excel, Access, MS Word, RDF, etc.).
- f) Does the software have the ability to select and print ePCRs in batches?
- g) Can your software export all NEMSIS/CEMSIS required fields to the LEMSA?
- 1) Please describe in what format the NEMSIS/CEMSIS data will be provided.
- h) Is the software NEMSIS 3.4/CEMSIS 2.2 (or latest version) state (California) CEMSIS compliant?
- 1) When did you begin testing for NEMSIS 3.4/CEMSIS 2.2?
- i) Describe any standard HIPAA security reports.
- j) Is the software capable of providing Core Measure reports?
- k) Is the software capable of tracking the following items:
- 1) Initial input of ePCR?
 - 2) Changes to the ePCR/Addendum?
 - 3) 12 Lead added?
 - 4) PCS Added/Missing?

- 5) Viewed by?
- 6) HIPAA Sent?
- 7) HIPAA signed?
- 8) Printed?
- 9) Sent to Ambulance Billing?
- 10) Has the ePCR been QA'd, and by whom?

F. Insurance Requirements: A written statement of your firm's ability to comply with the insurance requirements set forth in Exhibit "A."

G. Cost Proposal: The proposal shall include all services and their associated fees. The proposal shall itemize all services including, if relevant, but not limited to:

1. Hourly rates for all professional, technical and support personnel, and other charges related to completion of the work.
2. What triggers a payment/invoice from the vendor?
 - a) Changes to state or national standards?
 - b) Addition of new fields or changes to field values?
 - c) Fixes/upgrades?
 - d) List any other items that may trigger a payment/invoice from the vendor.

H. References: Proposers must provide a minimum of five (5) relevant client references, preferably of organizations with whom you currently have contracts with and/or have previously had contracts with for the provision of services of equal type and scope within the last five (5) years. Each reference shall include the following:

1. Name of organization;
2. Address;
3. Contact person's name and title;
4. Phone number;
5. E-mail;
6. Agreement amount; and
7. Relationship to your company.

I. Required Statements: Include statements of assurance regarding the following requirements:

1. A statement that the submitting firm will perform the services and adhere to the requirements described in this RFP, including any addenda (reference the addenda by date and/or number).
2. Subsequent to award of this RFP, all or part of any submittal may be released to any person or firm who may request it, as prescribed by the State of California Public Records Act. Proposers shall include a statement that describes the specific portion(s) of their submittal that are considered proprietary and should

not be releasable as public information. Proposers should be aware that all such requests may be subject to legal review and challenge.

3. Include a statement that declares there is no Conflict of Interest.
4. Provide a statement attesting there has been no Collusion.
5. Indicate your ability and agreement to fulfill the indemnification and insurance requirements contained in the sample contract. (Please note that actual Certificates of Insurance are not required as part of your submittal.)
6. Provide a statement certifying that you and your firm are not currently subject to debarment under Title 49, Code of Federal Regulations, Part 29.
7. Provide a statement identifying any past or present HIPAA breaches, internal or external.
8. Provide a statement acknowledging that you understand and accept that all travel associated with the delivery of services under the proposed agreement will be the sole responsibility of the Proposer.

J. Agreement Terminations and/or Defaults: If your organization has had an agreement terminated in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Proposer's non-performance or poor performance and the issue of performance was either, (a) not litigated due to inaction on the part of the Proposer, or (b) litigated, and such litigation determined that the Proposer was in default. Submit full details of the terms for default including the other party's name, address, and phone number. Present your position on the matter. The County will then evaluate the facts and may decide to reject the proposal. If the firm has not experienced any such termination for default or early termination in the past five years, please so indicate. Proposer shall also disclose any Chapter 7 or Chapter 11 bankruptcy proceedings.

K. Financial Stability: Provide audited financial statements for the last five (5) years and describe in detail the financial stability of your firm.

L. Record: Provide a statement of whether your firm or any of its officers or employees have ever been found guilty of violating procurement laws or ever been fined for violation of debt collection laws.

M. Additional Data: (this Section shall be limited to five pages) Include any other data the Contractor deems essential to the evaluation of the qualifications and proposal statements. Where appropriate, please key data back to information contained in Section A thru H. If there is no additional data, this section will consist of the statement, "We wish to present no additional data."

- IV. **Proposers' Questions:** Questions regarding this RFP must be submitted in writing to the Procurement and Contracts Office and must be received no later than **5:00 PM – on April 8, 2016**. All envelopes or containers must be clearly labeled "**RFP #16-918-060, QUESTION**" for convenience purposes. Envelopes or containers not clearly labeled may be overlooked and not responded to. Questions will **not** be accepted by telephone, facsimile (fax), electronically, or orally. The County reserves the right to decline a response to any question if, in the County's assessment, the information cannot be obtained and shared with all potential organizations in a timely manner. A summary of the questions submitted, including responses deemed relevant and appropriate by the County, will be posted on the Procurement and Contracts website on or about **April 15, 2016**.

All inquiries shall be submitted by U.S. mail to:

Procurement and Contracts
360 Fair Lane
Placerville, California 95667
RFP #16-918-060 – Question

Proposers are cautioned that they are not to rely upon any oral statements that they may have obtained. Proposers shall direct all inquiries to the County Purchasing Agent and shall not contact the requesting department directly regarding any matter related to this Request for Proposal.

- V. **Proposal Submittal:** Proposers must submit one (1) original and nine (9) copies of their proposal, along with any addenda, in a sealed envelope or container, clearly marked "**RFP #16-918-060 – MAILROOM DO NOT OPEN**", **no later than 3:00 PM – May 5, 2016**, to:

County of El Dorado
Procurement and Contracts
360 Fair Lane
Placerville, CA 95667

A Proposer may withdraw its final proposal at any time **prior** to the opening deadline date and time by submitting a written request for its withdrawal to the County Purchasing Agent, signed by an authorized agent of the firm. Proposers may thereafter submit a new or modified proposal **prior** to the opening deadline date and time. Modifications offered in any manner, oral or written, will not be considered.

Proposers submitting less than the required number of copies of their proposal will be rejected and considered "non-responsive." Proposals received beyond the deadline will not be considered, and will be returned unopened.

It is the responsibility of the Proposer to assure that the proposal is received in the Procurement & Contracts Division prior to the proposal opening deadline date and time. Proposals received beyond the proposal opening deadline will not be accepted and will be

returned unopened. The time stamp clock located in the office of the Procurement and Contracts Division will serve as the official time clock.

NOTE: Faxed and/or emailed proposals will not be accepted.

For questions regarding the Request for Proposal process, contact Ashley Wells, Department Analyst at (530) 621-5804.

- VI. **Tentative Schedule:** The following represents the tentative schedule for this RFP. Any change in the scheduled dates for the Deadline for Proposer's Questions, or RFP Submission Deadline will be advertised in the form of an addendum to this RFP. The schedule for the evaluation process and other future dates may be adjusted without notice.

Task	Tentative Scheduled Date
Release and advertise RFP:	March 18, 2016
Proposers' Questions Due:	April 8, 2016
RFP Submission Deadline:	May 6, 2016
Evaluations and Vendor Demonstrations:	May 9, 2016 – June 10, 2016
Award of RFP by the Board of Supervisors:	July 19, 2016 (Subject to Change)
Agreement Effective Date:	Upon Execution by County

- VII. **Public Records Act:** All proposals shall become public information at the conclusion of the selection process, with the exception of those portions of a proposal that are identified at the time of submittal by the Proposer as trade secrets and/or which are deemed by the County as not being public documents that must disclosed under the Public Records Act, or other appropriate statutes and regulations. Pricing and service elements of the successful proposal will not be considered proprietary information. Proprietary information shall be submitted in a separate sealed envelope clearly labeled as proprietary with the RFP number on the outside of the envelope. All materials submitted in response to this Request for Proposal shall become the property of the County and will not be returned.

- VIII. **Valid Offer:** Proposals shall remain valid for 120 days from the due date. The County reserves the right to negotiate with the successful Proposer any additional terms or conditions not contained in their proposal which are in the best interest of the County or to otherwise revise the scope of this RFP.

This RFP does not constitute a contract nor an offer of employment. The cost of preparation of proposals shall be the obligation of the Proposer. All proposals, whether accepted or rejected, shall become the property of the County and will not be returned. Unnecessarily elaborate responses, enclosures and specialized binding are not desired, and may be construed as an indication of Proposer's lack of cost consciousness.

IX. County's Rights: The County reserves the right to:

1. Request clarification of any submitted information
2. Waive any informalities or irregularities in any qualification statement
3. Not enter into any agreement
4. Not select any consultant
5. Cancel this process at any time
6. Amend this process at any time
7. To award more than one contract if it is in the best interest of the County
8. Interview consultants prior to award
9. To request additional information during an interview

X. El Dorado County Web Site Requirements: It is the bidder's responsibility to monitor the County's website for possible addenda to this bid to inform him/herself of the most current specifications, terms, and conditions, and to submit his/her bid in accordance with the original bid requirements and all addenda. All available bids and related addenda can be found at:

<http://edcapps.edcgov.us/contracts/invite.asp>

Failure of bidder to obtain this information shall not relieve him/her of the requirements contained therein. Those bidders not acknowledging and returning Addenda as required will not be considered and will be rejected as "non-responsive."

XI. Evaluation: Proposals shall be evaluated by a team composed of County personnel representing the El Dorado County Health and Human Services Agency, Public Health Department and others at the sole discretion of the County. The evaluation factors reflect a wide range of considerations. While cost is important, other factors are also significant. The County may request clarification or additional information from a specific Proposer in order to assist in the County's evaluation of a proposal. In evaluating the proposals, the Committee will use the following criteria:

A. Submission Requirements	20
B. Financial Stability	20
C. Project Approach/Data Tracking and Reporting	300
D. Cost of Proposal	40
Total	380

Product Demonstration: Product demonstration meetings have been tentatively scheduled for May 9, 2016 – June 10, 2016. Vendors selected for a product demonstration will be contacted by County personnel giving them the date and time they have been scheduled for. If the Proposer is selected for a vendor demonstration, the County will require the Proposer to provide the software and a mobile device to test the software for 30 days.

Failure to comply with any of the requirements contained herein may result in disqualification. It is the responsibility of all Proposers to read ALL sections of this RFP prior to submitting a response.

XII. Process for Selection:

- 1) **Deadline for RFP submittals:** Submittals must be received by 3pm, May 8, 2016. Submittals received after the deadline will not be considered.
- 2) **Cost for Proposals:** Costs for developing proposals in response to this RFP are entirely the obligation of the Proposer and shall not be chargeable in any manner to the County.
- 3) **Changes to RFP:** All changes to the RFP prior to the deadline for RFP submittals will be issued in written Addenda to all firms on record as having received solicitation forms. It is the sole responsibility of the Proposer to verify that they have received all Addenda prior to their proposal submittal.
- 4) **Selection of preferred Proposer:** The County will select a preferred Proposer and will contact all candidates with the RFP results.
- 5) **Negotiation and approval of contract:** The County reserves the right to negotiate with the selected Proposer that, in the opinion of the County, has submitted a proposal that meets the County's criteria. If the County determines, at its sole discretion, that the negotiation is not proceeding satisfactorily, the County may terminate negotiation with the preferred Proposer and may begin negotiation with another Proposer. The County may require changes in the scope of services as deemed necessary by the County, before execution of any contract. In no event will the County be required to offer any modified terms to any other Proposer prior to entering into an agreement with a Proposer nor shall the County incur or be responsible for any liability to any respondent as a result of such negotiation or modifications. It is the intent of the County to ensure it has the flexibility to arrive at a mutually acceptable agreement. Negotiations may include, but not be limited to, matters such as:
 1. Minor changes to scope of work;
 2. Agreement details;
 3. Agreement payment details; and
 4. Service requirements.

XIII. Award: Award shall be recommended to the Proposer whose proposal best meets the needs of the County. The County reserves the right to reject any or all proposals, and to solicit additional proposals if deemed in the best interest of the County to do so. The decision of the County Board of Supervisors shall be final in making such determination.

The successful Proposer will receive written notification of the award, along with instructions for finalizing the agreement documents. Receipt of the fully executed agreement will serve as Proposer's notice to proceed with services.

- XIV. Business License Requirement:** It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070. Contact the Tax Collector's Office at 360 Fair Lane, Placerville, CA 95667, or phone (530) 621-5800, for further information. El Dorado County is an equal opportunity employer (EOE). Minorities, females, and handicapped are encouraged to participate (M/F/H).

It is not a requirement to possess a County business license at the time of proposal submittal. Successful Proposers may be required to possess a County business license to award contract.

The County of El Dorado is an equal opportunity employer (EOE). Minorities, Females and Handicapped are encouraged to participate.

- XV. Public Agency:** It is intended that other public agencies (i.e., city, special district, public authority, public agency and other political subdivisions of the State of California) shall have the option to participate in any agreement created as a result of this Request for Proposal to Bid with the same terms and conditions specified there in, including pricing. The County shall incur no financial responsibility in connection with any agreement from another public agency. The public agency shall accept sole responsibility for contracting for services and making payment to the vendor.

Your participation in the RFP process is important to El Dorado County!

Exhibit "A"

Sample Agreement for Services

SAMPLE ONLY

AGREEMENT FOR SERVICES #____ - _____

THIS AGREEMENT is made and entered by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and _____, a _____, duly qualified to conduct business in the State of California, whose principal place of business is _____, and whose Agent for Service of Process is *Company name, physical address*, (hereinafter referred to as "Contractor");

RECITALS

WHEREAS, County has determined that it is necessary to obtain a Contractor to provide _____; and

WHEREAS, Contractor has represented to County that it is specially trained, experienced, expert and competent to perform the special services required hereunder and County has determined to rely upon such representations; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with all applicable federal, state and local laws; and

WHEREAS, County has determined that the provision of these services provided by Contractor is in the public's best interest, and that these services are more economically and feasibly performed by outside independent Contractors as well as authorized by El Dorado County Charter, Section 210 (b) (6) and/or Government Code 31000;

NOW, THEREFORE, County and Contractor mutually agree as follows:

ARTICLE I

Scope of Services: Contractor agrees to furnish the personnel and equipment necessary to provide _____.

ARTICLE II

Term: This Agreement shall become effective upon final execution by both parties hereto and shall expire _____.

ARTICLE III

Compensation for Services: For services provided herein, including any deliverables that may be identified herein, County agrees to pay Contractor upon the satisfactory completion and County's acceptance of work, monthly in arrears and within forty-five (45) days following the County's receipt and approval of itemized invoice(s) identifying services rendered.

For the purposes of this Agreement, the billing rate shall be _____.

Total amount of this Agreement shall not exceed _____.

Itemized invoices shall follow the format specified by County and shall reference this Agreement number on their faces and on any enclosures or backup documentation. Copies of documentation attached to invoices shall reflect Contractor's charges for the specific services billed on those invoices. Invoices shall be mailed to County at the following address:

County of El Dorado
Department
Address
Placerville, California 95667

or to such other location as County directs.

In the event that Contractor fails to deliver the documents or other deliverables required by the individual Work Orders issued pursuant to this Agreement, County at its sole option may delay the monthly payment for the period of time of the delay, cease all payments until such time as the deliverables are received, or proceed as set forth herein below in Article _____, Default, Termination, and Cancellation.

ARTICLE IV

Taxes: Contractor certifies that as of today's date, it is not in default on any unsecured property taxes or other taxes or fees owed by Contractor to County. Contractor agrees that it shall not default on any obligations to County during the term of this Agreement.

ARTICLE V

Changes to Agreement: This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.

ARTICLE VI

Contractor to County: It is understood that the services provided under this Agreement shall be prepared in and with cooperation from County and its staff. It is further agreed that in all matters pertaining to this Agreement, Contractor shall act as Contractor only to County and shall not act as Contractor to any other individual or entity affected by this Agreement nor provide information in any manner to any party outside of this Agreement that would conflict with Contractor's responsibilities to County during term hereof.

ARTICLE VII

Assignment and Delegation: Contractor is engaged by County for its unique qualifications and skills as well as those of its personnel. Contractor shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of County.

ARTICLE VIII

Independent Contractor/Liability: Contractor is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Contractor exclusively assumes responsibility for acts of its employees, associates, and subContractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Contractor shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. County shall have no right of control over the manner in which work is to be done and shall, therefore, not be charged with responsibility of preventing risk to Contractor or its employees.

ARTICLE IX

Fiscal Considerations: The parties to this Agreement recognize and acknowledge that County is a political subdivision of the State of California. As such, El Dorado County is subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of County business, County will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Notwithstanding any other provision of this Agreement to the contrary, County shall give notice of cancellation of this Agreement in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this Agreement. Upon the effective date of such notice, this Agreement shall be automatically terminated and County released from any further liability hereunder.

In addition to the above, should the Board of Supervisors during the course of a given year for financial reasons reduce, or order a reduction, in the budget for any County department for which services were contracted to be performed, pursuant to this paragraph in the sole discretion of the County, this Agreement may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

ARTICLE X

Audit by California State Auditor: Contractor acknowledges that if total compensation under this agreement is greater than \$10,000.00, this Agreement is subject to examination and audit by the California State Auditor for a period of three (3) years, or for any longer period required by law, after final payment under this Agreement, pursuant to California Government Code §8546.7. In order to facilitate these potential examinations and audits, Contractor shall maintain, for a period of at least three (3) years, or for any longer period required by law, after final payment under the contract, all books, records and documentation necessary to demonstrate performance under the Agreement.

ARTICLE XI

Default, Termination, and Cancellation:

A. **Default:** Upon the occurrence of any default of the provisions of this Agreement, a party shall give written notice of said default to the party in default (notice). If the party in default does not cure the default within ten (10) days of the date of notice (time to cure), then such party shall be in default. The time to cure may be extended at the discretion of the party giving notice. Any extension of time to cure must be in writing, prepared by the party in default for signature by the party giving notice and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable period of time. No such notice shall be deemed a termination of this Agreement unless the party giving notice so elects in this notice, or the party giving notice so elects in a subsequent written notice after the time to cure has expired. In the event of termination for default, County reserves the right to take over and complete the work by contract or by any other means.

B. **Bankruptcy:** This Agreement, at the option of the County, shall be terminable in the case of bankruptcy, voluntary or involuntary, or insolvency of Contractor.

C. **Ceasing Performance:** County may terminate this Agreement in the event Contractor ceases to operate as a business, or otherwise becomes unable to substantially perform any term or condition of this Agreement.

D. **Termination or Cancellation without Cause:** County may terminate this Agreement in whole or in part upon seven (7) calendar days written notice by County without cause. If such prior termination is effected, County will pay for satisfactory services rendered prior to the effective dates as set forth in the Notice of Termination provided to Contractor, and for such other services, which County may agree to in writing as necessary for contract resolution. In no event, however, shall County be obligated to pay more than the total amount of the contract. Upon receipt of a Notice of Termination, Contractor shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

ARTICLE XII

Notice to Parties: All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to County shall be addressed as follows:

COUNTY OF EL DORADO
(Department Name)
(Address)
(City, State, Zip)
ATTN: (Name), (Title)

or to such other location as the County directs.

with a carbon copy to

COUNTY OF EL DORADO
Chief Administrative Office
Procurement and Contracts Division
360 Fair Lane
Placerville, CA 95667
ATTN: Purchasing Agent

Notices to Contractor shall be addressed as follows:

(COMPANY NAME)
(Address)
(City, State, Zip)
ATTN: (Name), (Title)

or to such other location as the Contractor directs.

ARTICLE XIII

Change of Address: In the event of a change in address for Contractor's principal place of business, Contractor's Agent for Service of Process, or Notices to Contractor, Contractor shall notify County in writing pursuant to the provisions contained in this Agreement under the Article titled "Notice to Parties". Said notice shall become part of this Agreement upon acknowledgment in writing by the County Contract Administrator, and no further amendment of the Agreement shall be necessary provided that such change of address does not conflict with any other provisions of this Agreement.

ARTICLE XIV

Indemnity: The Contractor shall defend, indemnify, and hold the County harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Contractor, subContractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Contractor to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

ARTICLE XV

Insurance: Contractor shall provide proof of a policy of insurance satisfactory to the County of El Dorado Risk Manager and documentation evidencing that Contractor maintains insurance that meets the following requirements:

- A. Full Worker's Compensation and Employer's Liability Insurance covering all employees of Contractor as required by law in the State of California.
- B. Commercial General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage and a \$2,000,000.00 aggregate limit.
- C. Automobile Liability Insurance of not less than \$1,000,000.00 is required in the event motor vehicles are used by the Contractor in the performance of the Agreement.
- D. In the event Contractor is a licensed professional or professional consultant, and is performing professional services under this Agreement, professional liability is required with a limit of liability of not less than \$1,000,000.00 per occurrence.
- E. Contractor shall furnish a certificate of insurance satisfactory to the County of El Dorado Risk Manager as evidence that the insurance required above is being maintained.
- F. The insurance will be issued by an insurance company acceptable to Risk Management, or be provided through partial or total self-insurance likewise acceptable to Risk Management.
- G. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of Risk Management and Contractor agrees that no work or services shall be performed prior to the giving of such approval. In the event the Contractor fails to keep in effect at all times insurance coverage as herein provided, County may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
- H. The certificate of insurance must include the following provisions stating that:
 - 1. The insurer will not cancel the insured's coverage without prior written notice to County, and;
 - 2. The County of El Dorado, its officers, officials, employees and volunteers are included as additional insured on an additional insured endorsement, but only insofar as the operations under this Agreement are concerned. This provision shall apply to the general liability policy.
- I. The Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be in excess of the Contractor's insurance and shall not contribute with it.

- J. Any deductibles or self-insured retentions must be declared to and approved by the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
- K. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the County, its officers, officials, employees or volunteers.
- L. The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
- M. Contractor's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
- N. In the event Contractor cannot provide an occurrence policy, Contractor shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
- O. Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with Risk Management, as essential for protection of the County.

ARTICLE XVI

Interest of Public Official: No official or employee of County who exercises any functions or responsibilities in review or approval of services to be provided by Contractor under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of County have any interest, direct or indirect, in this Agreement or the proceeds thereof.

ARTICLE XVII

Interest of Contractor: Contractor covenants that Contractor presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Contractor further covenants that in the performance of this Agreement no person having any such interest shall be employed by Contractor.

ARTICLE XVIII

Conflict of Interest: The parties to this Agreement have read and are aware of the provisions of Government Code Section 1090 et seq. and Section 87100 relating to conflict of interest of public officers and employees. Contractor attests that it has no current business or financial relationship with any County employee(s) that would constitute a conflict of interest with provision of services under this contract and will not enter into any such business or financial relationship with any such employee(s) during the term of this Agreement. County represents that it is unaware of any financial or economic interest of any public officer or employee of Contractor relating to this Agreement. It is further understood and agreed that if such a financial interest does

exist at the inception of this Agreement either party may immediately terminate this Agreement by giving written notice as detailed in the Article in the Agreement titled, "Default, Termination and Cancellation".

ARTICLE XIX

Nondiscrimination:

A. County may require Contractor's services on projects involving funding from various state and/or federal agencies, and as a consequence, Contractor shall comply with all applicable nondiscrimination statutes and regulations during the performance of this Agreement including but not limited to the following: Contractor and its employees and representatives shall not unlawfully discriminate against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex; Contractor shall, unless exempt, comply with the applicable provisions of the Fair Employment and Housing Act (Government Code, Sections 12900 et seq.) and applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Sections 7285.0 et seq.); the applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations incorporated into this Agreement by reference and made a part hereof as if set forth in full; and Title VI of the Civil Rights Act of 1964, as amended. Contractor and its employees and representatives shall give written notice of their obligations under this clause as required by law.

B. Where applicable, Contractor shall include these nondiscrimination and compliance provisions in any of its agreements that affect or are related to the services performed herein.

C. Contractor's signature shall provide any certifications necessary under the federal laws, the laws of the State of California, including but not limited to Government Code Section 12990 and Title 2, California Code of Regulations, Section 8103.

ARTICLE XX

California Residency (Form 590): If Contractor is a California resident, Contractors must file a State of California Form 590, certifying its California residency or, in the case of a corporation, certifying that it has a permanent place of business in California. The Contractor will be required to submit a Form 590 prior to execution of an Agreement or County shall withhold seven (7) percent of each payment made to the Contractor during term of the Agreement. This requirement applies to any agreement/contract exceeding \$1,500.00.

ARTICLE XXI

Nonresident Withholding: If Contractor is not a California resident, Contractor shall provide documentation that the State of California has granted a withholding exemption or authorized reduced withholding prior to execution of this Agreement or County shall withhold seven (7%) percent of each payment made to the Contractor during term of the Agreement as required by law. This requirement applies to any agreement/contract exceeding \$1,500.00. Contractor shall indemnify and hold the County harmless for any action taken by the California Franchise Tax Board.

ARTICLE XXII

Taxpayer Identification Number (Form W-9): All independent Contractors or corporations providing services to the County must file a Department of the Treasury Internal Revenue Service Form W-9, certifying their Taxpayer Identification Number.

ARTICLE XXIII

County Business License: It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.

ARTICLE XXIV

Licenses: Contractor hereby represents and warrants that Contractor and any of its subcontractors employed under this Agreement has all the applicable licenses, permits, and certifications that are legally required for Contractor and its subcontractors to practice its profession or provide the services or work contemplated under this Agreement in the State of California. Contractor and its subcontractors shall obtain or maintain said applicable licenses, permits, or certificates in good standing throughout the term of this Agreement.

ARTICLE XXV

Administrator: The County Officer or employee with responsibility for administering this Agreement is (name), (title), (department), or successor.

ARTICLE XXVI

Authorized Signatures: The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

ARTICLE XXVII

Partial Invalidity: If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

ARTICLE XXVIII

Venue: Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.

ARTICLE XXIX

No Third Party Beneficiaries: Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.

ARTICLE XXX

Entire Agreement: This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

Requesting Contract Administrator Concurrence:

By: _____ Dated: _____
Name
Title
Department

Requesting Department Head Concurrence:

By: _____ Dated: _____
Name
Title
Department

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below.

-- COUNTY OF EL DORADO --

By: _____ Dated: _____
Purchasing Agent
Chief Administrative Office
"County"

OR

-- COUNTY OF EL DORADO --

Dated: _____

By: _____

Chair
Board of Supervisors
"County"

ATTEST:
James S. Mitrising
Clerk of the Board of Supervisors

By: _____
Deputy Clerk

Dated: _____

-- CONTRACTOR --

IF CORPORATION, LLC, ETC.
(COMPANY NAME, INC.)
(A [NAME OF STATE] CORPORATION)
IF SOLE PROPRIETOR, ETC., DELETE THIS TEXT

By: _____
Name
Title
"Contractor"

Dated: _____

By: _____
Corporate Secretary

Dated: _____

(insert contract preparer's initials) (insert purchasing assigned contract #)

Exhibit “B”

Submittal Checklist

County of El Dorado RFP No. _____

Electronic Prehospital Care Report (ePCR) System

Instructions: Complete and include this form in your proposal, in a section labeled “Exhibit 1.”

Proposer Information

Name of Proposer:	
Mailing Address:	
Phone:	
Fax:	
Contact Person/Title:	
Contact Phone:	
Email:	

Submittal Checklist

This section is provided as a convenience for Proposers. In order for your response to be considered, your Proposal must include, at a minimum, the following items:

1. Cover Letter as described herein and signed by an authorized representative of your organization.
2. This Exhibit 1 Submittal Checklist – Label and tab this item as Exhibit 1
3. Background and Experience – Label and tab this item as Exhibit 2
4. References – Label and tab this item as Exhibit 3
5. Required Statements – Label and tab this item as Exhibit 4
6. Scope of Services – Label and tab this item as Exhibit 5
7. Cost Proposal – Label and tab this item as Exhibit 6
8. Agreement Terminations and/or Defaults – Label and tab this item as Exhibit 7
9. Financial Stability – Label and tab this item as Exhibit 8
10. Record – Label and tab this item as Exhibit 9
11. Project Approach – Label and tab this item as Exhibit 10
12. Reports – Label and tab this item as Exhibit 11
13. Additional Data – Label and tab this item as Exhibit 12
14. Original and nine (9) copies prepared, addressed, and submitted in accordance with the instructions herein described.



EL DORADO
COUNTY
EMS AGENCY

May

2015

***QUALITY
IMPROVEMENT
PLAN***





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Structure and Organizational Description

The El Dorado County Emergency Medical Services Agency (EDC EMS Agency) serves as the designated Local Emergency Medical Services Agency (LEMSA) in accordance with the guidelines established in Health and Safety Code 2.5 Chapter 4, Article 1, § 1797.200. et al. The EDC EMS Agency is comprised of an EMS Administrator, EMS Medical Director, QI Coordinator, Health Program Specialist, and an Administrative Technician. The EDC EMS Agency serves a combined resident population of approximately 181,058 (2010).

California Health & Safety Code Division 2.5, section 1797.204 states *“The Local EMS Agency shall plan, implement and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.”*

Under the direction of EMS Administrator and Medical Director, the EDC EMS Agency plans, implements and continually evaluates the EMS system, which includes the following specific responsibilities:

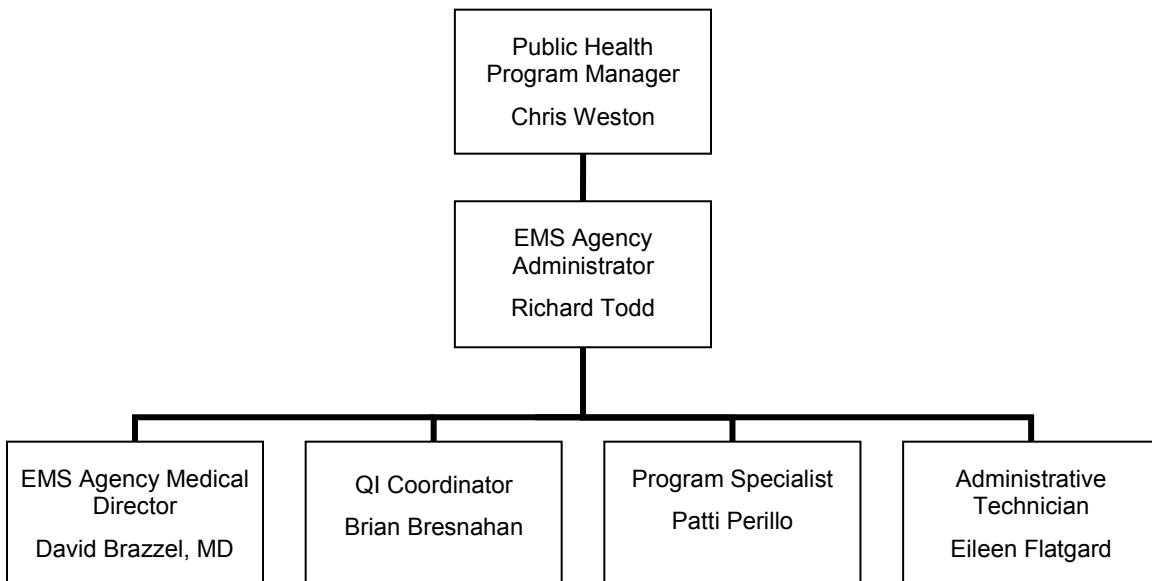
- A. Serving as an advocate for patients and resolving consumer complaints.
- B. Collaborating with other health officials to ensure a unified, coordinated approach in the delivery of health care.
- C. Carrying out California regulations relative to EMS systems.
- D. Certifying, accrediting and authorizing EMS field personnel.
- E. Authorizing and approving local EMS training programs.
- F. Developing/approving medical treatment protocols and policies for local EMS service providers (dispatchers, EMRs, EMTs, AEMTs, paramedics, and MICNs).
- G. Establishing and maintaining local EMS communication systems.
- H. In collaboration with public health, developing local medical and health disaster plans and coordinating medical and health response to disasters.
- I. Designating base/modified base/receiving hospitals and specialty care centers.
- J. Determining ambulance patient destinations.
- K. Coordinating activities and communications between EMS system participants so that care appears seamless to the patient.
- L. Providing oversight for EMS quality improvement and quality improvement activities.

- M. Coordinating community education programs related to injury prevention, CPR, public access defibrillation, etc.
- N. Collecting, analyzing and reporting on EMS data and providing that data to the California EMS Authority for statewide system evaluation.
- O. Establish contracts with service contractors.
- P. Providing technical assistance to the California EMS Authority.
- Q. Mediating conflicts between various EMS stakeholders.
- R. Providing information to public officials.
- S. Advocating for sufficient and stable funding for emergency medical services.

Mission

The mission of the El Dorado Emergency Medical Services (EMS) Agency is to ensure that the EMS system delivers the highest possible quality of prehospital emergency medical care to victims of illness and injury in the County of El Dorado.

Organizational Chart



EMS System Goals

The principal goal of the EDC EMS system is to reduce death or disability from injuries and illnesses through the provision of high quality patient care. The following methods are utilized to accomplish this goal:

- A. Developing and maintaining effective methods of EMS system evaluation focusing on improvement efforts to identify root causes of problems, intervening to reduce or eliminate these causes, and taking steps to correct the process(s) as necessary.
- B. Creating a system that is oriented to searching for opportunities to continually improve, educate and resolve issues prospectively rather than retrospectively.
- C. Creating a system that meets the specific educational needs of EMS system participants/caregivers before the needs become apparent in patient care issues.
- D. Recognizing excellence in performance and delivery of patient care.
- E. Facilitating improved communications between EMS system participants by holding/promoting educational reviews, encouraging participation in peer review audits, and establishing methods for objective feedback.
- F. Educating EMS system participant management/leadership personnel regarding the importance of commitment and dedication to the quality improvement process.
- G. Developing/encouraging EMS system participant management/leadership practices that create an acceptance and belief in the quality improvement process.
- H. Developing/encouraging EMS system participant management/leadership personnel who demonstrate their dedication to the value of continuous quality improvement by providing high quality training and educational resources, as well as encouragement and support to personnel.
- I. Empowering EMS system participant peer team leaders who are dedicated and capable of motivating personnel to participate in the quality improvement process.
- J. Demonstrating the importance of setting and obtaining goals for increasingly higher standards of patient care.
- K. Encouraging EMS system participant personnel to assist in developing higher standards of patient care through a sense of pride, accountability, and self-improvement.

Data Collection and Reporting

Currently, the EDC EMS Agency is utilizing a manual process for collecting and reporting EMS system data. Data is shared internally and/or externally as appropriate to ensure EMS system transparency and necessary quality improvement. These various data collection and reporting information include the following:

- A. Lay rescuer AED programs submit AED placement and usage notifications to the EDC EMS Agency.

- B. At this time, only two of the current twelve Advanced Life Support (ALS) service agencies are utilizing an Electronic Prehospital Care Reporting System (E-PCR). The remaining ten agencies are currently utilizing a manual (paper) Prehospital Care Report (PCR). During 2015, it is anticipated that all of the ALS service agencies will transition to a new, comprehensive and robust E-PCR System. All service agencies will be required to utilize the same E-PCR System. Once the new E-PCR system has been implemented, NEMESIS compliant data will be submitted directly into the State EMSA data repository, Image Trend, on a continual, real-time basis.
- C. EMT/public safety AED providers submit written or electronic patient care reports to the EDC EMS Agency within seven days of AED patient use. Providers also submit an annual report to the EDC EMS Agency which includes program update information and routine skills/certification verification documentation.
- D. Designated trauma centers input trauma patient data into the EDC EMS Agency contracted trauma data registry (Lancet Technology Trauma One). Both designated trauma centers have Trauma One installed at their sites and submit data on quarterly basis to the NTDB and the California EMS Authority. Additionally, both Trauma Centers provide Trauma Committee reports during the monthly Continuous Quality Improvement Committee (CQIC) meetings and Trauma Program updates at the monthly Medical Advisory Committee (MAC) meetings. EDC EMS Agency trauma data is routinely submitted to the California EMS Authority trauma data depository.
- E. Designated STEMI receiving centers collect STEMI patient data utilizing their internal data systems. Individual STEMI patient data is submitted to the EDC EMS Agency within 10 days of initial patient treatment. STEMI receiving centers also submit a National Cardiovascular Data Registry (NCDR) Executive Summary Report for their facility on a quarterly basis. Additionally, STEMI receiving centers submit the following information to the EDC EMS Agency on an annual basis:
 - 1. Number of El Dorado County patients transferred and treated at their facility with Primary PCI intervention.
 - 2. Individual Interventional Cardiologist primary and total PCI Intervention volume.
- F. Emergency ground ambulance service agencies submit a monthly report to the EDC EMS Agency that contains the following minimum information:
 - 1. Computer Aided Dispatch (CAD) response time compliance data for all established exclusive and non-exclusive contracted ALS transport services.
 - 2. Summary of call review conducted by each ALS service agency CQI representative located in the county.
 - 3. Summary of employee issues/investigations, customer service complaints, clinical complaints/issues and resolutions.

4. Summary of quality improvement and training/education activities.
- G. Prehospital service agencies report medical equipment and critical ground ambulance vehicle failures to the EDC EMS Agency within 24 hours of occurrence.
- H. The local Disaster Control Facility (DCF) for El Dorado County (Marshall Medical Center) provides an update during the monthly Medical Advisory Committee (MAC) meeting on any MCI's or full scale exercises.
- I. Relevant employers report certified/licensed personnel issues, investigations and outcomes/discipline to the EDC EMS Agency within regulatory required timeframes.

Data Indicators

Listed below are the types of data indicators that are routinely collected and reported by the EDC EMS Agency:

A. Personnel:

1. Number of First Responder Technician (FRT) and EMT certifications and re-certifications.
2. Number of paramedic accreditations and re-accreditations.
3. Number of MICN authorizations and re-authorizations.
4. Number and type of EMT/public safety AED and EMT optional skills approved programs and personnel.
5. Number and type of EMT investigations and certification actions.
6. Number and type of paramedic investigations and licensure action referrals to the California EMS Authority.
7. Number and type of approved EMS training programs.
8. Number of EDC EMS Agency CE classes held and CE certificates issued.

B. Equipment and Supplies:

1. Number and results of prehospital provider agency unit inspections.
2. Number and type of actual or anticipated equipment/supply shortages.
3. Management and usage statistics of controlled substances.
4. Medical equipment and supplies usage statistics.
5. Number and type of medical equipment failures.

C. Documentation:

1. Number of lay rescuer AED usage reports and data.
2. Number of EMT/public safety AED usage reports and data.
3. Provider compliance with documentation standards (timely completion of documentation, appropriate documentation left at the receiving hospital, etc.).
4. Number and type of incident reports and notifications submitted.
5. EDC EMS Agency and provider routine audits of patient care documentation.
6. Number of prehospital 12 Lead transmissions and unsuccessful transmission reasons.
7. Specialty care center (STEMI, stroke, trauma) data submission compliance.

D. Clinical Care and Patient Outcome:

1. Routine multi-disciplinary and subject matter expert assistance/input in the development/review/updating of EMS system policies and treatment protocols.
2. Development, review/updating and reporting of system-wide clinical indicators.
3. Prehospital provider approved pilot project training and usage statistics.
4. Submission of annual core measures data to the California EMS Authority.
5. Publishing of local EMS system data (annual public reports, etc.).
6. Provider compliance with EDC EMS Agency policies and protocols.
7. Number, type and outcome of provider clinical concerns/investigations.
8. Review and approval of EMS system participant quality improvement plans.

E. Skills Maintenance/Competency:

1. FRT and EMT personnel compliance with re-certification skills competency verification requirements.
2. AED and EMT optional skills provider compliance with skills competency verification requirements.
3. ALS provider compliance with annual infrequent skills competency verification and annual didactic training requirements.

F. Transportation/Facilities:

1. Monthly ambulance transport provider response time compliance.

2. Inspections of provider agency vehicles and facilities.
 3. EDC EMS Agency staff provider agency ride-alongs and site-visits.
 4. Ground ambulance maintenance/mileage/age required replacement tracking.
 5. Number, type and cause of critical vehicle failures.
 6. Monitor Air Ambulance contract compliance.
- G. Public Education and Prevention:
1. Lay rescuer AED placements and usage.
 2. EDC EMS Agency coordination and participation in public education and prevention activities.
 3. Provider notifications related to public education and prevention.
- H. Risk Management:
1. Routine policy and treatment protocol reviews to ensure consistency with current medical literature and guidelines.
 2. Number and type of EMS provider/personnel investigations and outcomes.
 3. Provider compliance with EDC EMS Agency policies and treatment protocols.
 4. Appropriate EMS resource utilization audits.
 5. Review and approval of Emergency Medical Dispatch and/or Priority Dispatch programs.
 6. Provider compliance with biomedical equipment and vehicle maintenance requirements.
- I. Other
1. Promote EMS Week activities.

Evaluation of Indicators

EMS system indicators are selected and updated utilizing a collaborative teamwork approach with input from EDC EMS staff and other system stakeholders. Indicators are based on anticipated or identified system needs/issues and regulatory requirements.

EDC EMS Agency staff work collaboratively to identify, collect, review and report data indicators based on job requirements/responsibilities. The collection and reporting frequency of individual data indicators is based on the type of the data and system needs.

Indicators are presented both internally and externally to the appropriate EDC EMS Agency committees on a regularly scheduled basis. Individual indicators are produced and presented on an as needed, weekly, monthly, quarterly, tri-annual, bi-annual, or annual basis.

Indicator data is presented in multiple different formats based upon the type of indicator, purpose and target audience. Specific examples include charts, flowcharts, graphs, maps, spreadsheets, reports, etc.

The EDC EMS Agency utilizes several collaborative committees (CQI, PAC and MAC) to evaluate indicators and assist in addressing the quality improvement needs, goals and responsibilities of the EMS Agency and EMS system participants. The title, meeting frequency and statement of purpose for each of these multi-disciplinary committees are described below:

A. Medical Advisory Committee (MAC)

1. Meeting Frequency: Monthly
2. Statement of Purpose:
 - Represent the position of hospitals and service agencies on prehospital care and emergency medical services issues.
 - Promote communication and coordination among all interested parties for effective response to determine the needs of prehospital care.
 - Promote county-wide standardization of prehospital care policies, procedures and protocols.
 - Recommend policies, procedures, protocols, positions, and philosophy of prehospital care and standards of care to the El Dorado County Emergency Medical Services (EDC EMS) Agency.

B. Continuous Quality Improvement Committee (CQIC)

1. Meeting Frequency: Monthly
2. Statement of Purpose:
 - To promote region-wide standardization of prehospital continuous quality improvement.
 - To monitor, evaluate and report on the quality of prehospital training, care and transportation, including compliance with laws, regulations, policies and procedures and recommend revisions and/or corrective action as necessary.

- To make recommendations specific to EMS service agencies, hospitals, and EDC EMS Agency data collection and dissemination.

C. Paramedic Advisory Committee:

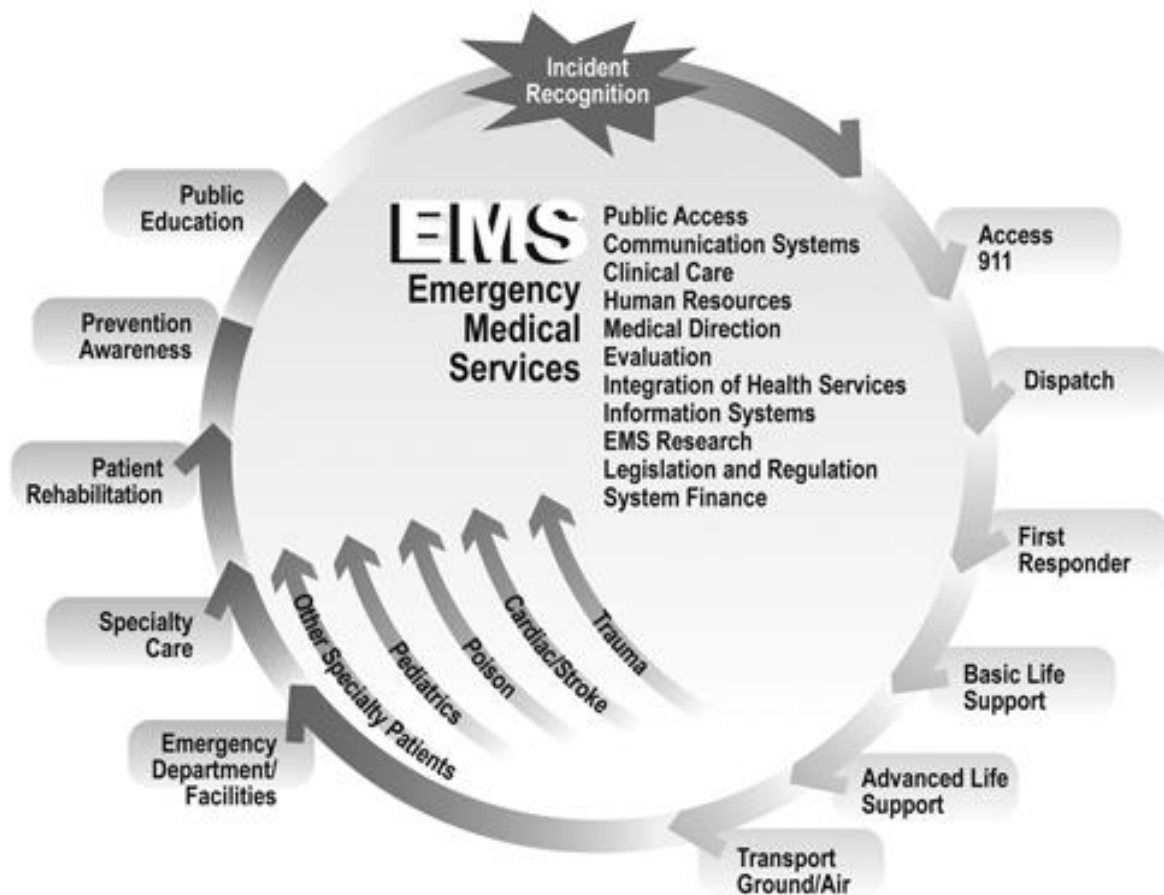
1. Meeting Frequency: Annually (monthly for a period of six months)
2. Statement of Purpose:
 - Promote county-wide standardization of prehospital policies, procedures, protocol, equipment and infrequently used skills.
 - Monitor, evaluate and report on the quality of prehospital training, care and transportation, including compliance with laws, regulations, policies and procedures as well as recommended revisions and/or corrective action as necessary.
 - To make recommendations specific to the EMS provider, hospital and EDC EMS Agency data collection and dissemination.

D. North Regional Trauma Coordinating Committee (NRTCC):

1. Meeting Frequency: Tri-annual (every four months)
2. Statement of Purpose:
 - This committee is a collection of Northern California (Region 1) EMS Agencies and other Trauma system providers established by the EMS Authority as the primary avenue for trauma system quality improvement for Region 1 (North).
 - Promote region-wide standardization of trauma care.
 - Monitor, evaluate and report on quality of trauma care in relation to prehospital/hospital training and care, including compliance with laws, regulations, policies and procedures as well as recommended revisions and/or corrective action as necessary.
 - Review potential problem trauma cases and system issues.
 - Monitor the process and outcome of trauma patient care in Region 1.
 - Make recommendations for educational activities and/or policy revisions based upon quality review activities to the appropriate EMS Agencies within the region.

Action to Improve

The EDC EMS Agency utilizes a standard Plan, Do, Study, Act approach to quality improvement that involves all appropriate system participants based on the nature and details of the individual incident or identified system issue.



The EDC EMS Agency regularly communicates quality improvement related activities utilizing the following methods:

- A. Agency staff coordinate and/or participate in multiple different meetings (EDC EMS Agency meetings, RDMHS meetings, California EMS Authority meetings, California/Nevada border state mutual aid meetings, California LEMSA Quality Improvement Coordinator meetings, Northern California Quality Improvement Coordinator meetings, County Board of Supervisors meetings, LEMSA Medical Advisory Committee (MAC) meetings, EDC Paramedic Advisory Committee (PAC) meetings, EDC Continuous Quality Improvement Committee (CQIC), County Hospital Preparedness (HPP) meetings, County Fire Chiefs meetings, JPA meetings, etc.).
- B. Meetings and interactions with individual EMS system providers.

- C. EDC EMS Agency meeting minutes, Paramedic Alerts, CQI Learning Points, and the EMS Agency website.
- D. Regularly produced EMS system reports.
- E. Interactions and presentations to the public and media organizations.

Organization and/or EMS system changes are implemented using multiple different processes specific to the type of change that is necessary.

- A. EDC EMS Agency staff regularly participates in internal staff meetings to discuss Agency activities and organizational changes.
- B. EDC EMS Agency staff regularly coordinates and attend multi-disciplinary meetings to inform system participants of organizational and EMS system changes.
- C. EDC EMS Agency policy and protocol changes are routinely released on an annual basis on July 1st (implementation date). Updated policies and treatment protocols are packaged together in a user friendly format and include a summary of changes document. The EMS Agency, both Base Hospitals, and Service Agencies coordinate appropriate training/education for all policies, protocols and EMS system changes.
- D. Current EDC EMS Agency policies and treatment protocols are available 24/7/365 on the EDC EMS website and are also available in multiple other formats (printed policy manuals, field manuals, mobile application, etc.).

Training and Education

- A. EDC EMS Agency staff members are trained/qualified/experienced EMS educators and regularly provide training/education to EMS system participants.
- B. MICN course curriculum is provided by Marshall Medical Center for both base hospitals to ensure standardized instruction to all new MICN candidates.
- C. Training/education materials for new skills/medications and annual training modules are developed by the EDC EMS Agency in collaboration with all ALS Service agencies and Both Base Hospitals. These training/educational materials are developed in a collaborative manner with input and assistance from other Agency staff, EMS system participants and subject matter experts.
- D. Other training/education materials are developed and updated on a routine basis by appropriate staff members based on job requirements, responsibilities, experience and expertise. These additional training/education materials are developed in a collaborative manner with input from other Agency staff, EMS system participants and subject matter experts.

- E. All training/educational materials are reviewed and approved by the EDC EMS Agency Medical Director prior to distribution or utilization by EMS system participants.
- F. EDC EMS Agency staff conducts regular audits of EMS system participant personnel documentation to ensure that training/education requirements are maintained.
- G. All EDC EMS Agency accredited paramedic personnel are required to obtain and maintain Pediatric Advanced Life Support (PALS).
- H. EDC EMS Agency collaborates with the El Dorado County Training Officers to conduct regular EMS training events to ensure continued compliance with regulatory requirements.

Annual Update

The following indicators were tracked, reviewed (with the assistance of appropriate technical advisory committees) and addressed as indicated over the past year:

Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan Plans for Further Action
SKL-1 Endotracheal intubation success rates	Success rates have been marginal with variances from 50-90%. It is difficult to gauge because of low call volumes in some areas (i.e., 1 failure with only 2 intubations for the year could result in a dismal success rate).	Developed Paramedic Accreditation Training and Skills (PATs) program which requires 4 supervised training intubations or 4 successful real intubations per year. We began a trial study in video intubation on several transporting units as well.
ACS-1 Aspirin administration for chest pain/discomfort rate	This has been on-going and success rates have been good with compliance above 95%.	Continued tracking of ASA usage.
EMT/Public Safety AED	AED patient usage data is submitted to the EDC EMS Agency and reviewed on a routine basis. No specific issues have been identified.	Continue to monitor AED usage data to identify QI issues or concerns.
Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan Plans for Further Action
STEMI Patient Prehospital 12 Lead Transmission	12 Lead transmission is mandatory in EDC. STEMI patient cases where a 12 Lead is not transmitted are almost exclusively isolated to service agencies that do not have transmission cell	Continue to encourage and assist in identifying funding for 12 Lead transmission access by all ALS prehospital service agencies. Continue to monitor prehospital 12 Lead transmission data and

	service.	address identified issues.
Review and Approval of EMS System Service Agency Quality Improvement Plans	Many of the QI Plans for Service Agencies in the EDC EMS region were originally written in 2012/2013 and are now due for the annual update.	Continue to review and approve Service Agency submitted QI Plans. Deliver feedback to providers related to suggested plan revisions.

The following EDC EMS Agency Policies and protocols were developed or revised with the assistance and input of multiple EDC EMS Agency Paramedic Advisory Committee over the past year:

- Protocols:
 - CHF
 - Narrow complex tachycardia
 - Wide Complex Tachycardia
 - Hyperglycemia
 - Allergic reaction
 - Dystonic reaction
 - CVA
 - Poisoning /overdose
 - Heat exposure
 - ALTE
 - Head trauma
 - ACS-Chest pain
 - General trauma
 - Burns
 - Bronchospasm
 - Pulseless arrest

- Procedures:
 - Therapeutic hypothermia
 - Needle cricothyroidotomy
 - Needle chest decompression
 - Gastric tube insertion
 - Intranasal medication administration
 - Spinal immobilization

- Policies:
 - MD at scene
 - SIDS
 - DNR
 - Pre-existing medical interventions
 - Inter-county EMT-Paramedic response and transport
 - Management of stun/taser device patients
 - On-scene photography

- Exposures
- PVADs
- Routine medical care
- STEMI destination
- Ambulance ordinance
- Ground CCTs
- Equipment inventories
- MCI