



Sacramento Metropolitan Fire District

HEADQUARTERS: 10545 Armstrong Ave., Ste. 200 • Mather, CA, 95655 • Phone (916) 859-4300 • Fax (916) 859-3702
 Website: www.metrofire.ca.gov

PURCHASING: 3012 Gold Canal Dr. • Rancho Cordova, CA, 95670 • Phone (916)859-4360 • Fax (916) 859-3729

KURT P. HENKE
 Fire Chief

REQUEST FOR FORMAL PROPOSAL (RFFP) 13-13: Comprehensive ePCR System (Revised 10/22/2013)

The Sacramento Metropolitan Fire District is requesting written Proposals for: **Comprehensive Electronic Patient Care Report (ePCR) System.**

SUBMIT SEALED WRITTEN PROPOSAL TO: Sacramento Metropolitan Fire District
 Attn: Sherry Kelly, Interim Board Clerk
 10545 Armstrong Ave., Ste. 200
 Mather, CA 95655

Indicate firm name and RFFP number on the front of each sealed proposal envelope or package
RFFP13-13: Comprehensive ePCR System

District shall not be responsible for the premature opening of a proposal, which is not properly addressed or identified. All proposals received will be stamped by date and time received. This date of receipt will prevail over postmark date.

ANY TECHNICAL QUESTIONS REGARDING THE RFFB SHOULD BE SUBMITTED VIA EMAIL TO:

Mark Jones, Purchasing Manager
Jones.mark@metrofire.ca.gov

ANY QUESTIONS REGARDING THE RFFP SHOULD BE SUBMITTED VIA EMAIL TO:

Mark Jones, Purchasing Manager
Jones.mark@metrofire.ca.gov

PROPOSERS ARE RESPONSIBLE FOR ACQUIRING AND SUBMITTING THE LATEST VERSION OF THE RFFP. FAILURE TO SUBMIT LATEST VERSION MAY BE DEEMED NON-RESPONSIVE AND THE PROPOSAL REJECTED.

RFFP SCHEDULE:

	Date	Time	
Issued Date	October 11, 2013		
Questions Deadline	October 18, 2013	4:00 pm	By email only
Submission Deadline	October 25, 2013	2:00 pm	District Headquarters
Proposals Opening	October 28, 2013	10:00 am	District Headquarters
Anticipated Demonstration Days by Appointment	TBD	TBD	
Published Dates	Saturday October 12, 2013 and Thursday, October 17, 2013		

NO EXCEPTIONS

Late submittals will not be considered. Written Proposals must be received by the time and at the location specified above. Postmarks will not be accepted. Proposals addressed to anyone other than the person specified above under "Submit Sealed Written Proposal To," section will not be accepted.

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

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INTRODUCTION

The Sacramento Metropolitan Fire District (District) is seeking competitive sealed proposals from qualified service providers for a Comprehensive Electronic Patient Care Report (ePCR) system.

BACKGROUND

The District serves a population of over 640,000 people in a 417 square mile service area. Metro Fire is the 7th largest fire agency and the 3rd largest fire-based Advanced Life Support (ALS) transporting agency in the State of California. There are approximately 550 authorized Firefighter, Emergency Medical Technician (EMT), and Emergency Medical Technician Paramedic (EMTP) positions. The District is broken into 5 battalions consisting of 36 fire stations housing 24 in- service medic units, 3 in-service reserve medics, 35 engine companies, 6 truck companies, a HAZMAT response team, a heavy rescue unit, and various support units. In 2012, the District responded to 80,229 incidents generating 37,655 Patient Care Reports (PCRs) and 11,413 Patient Non Transport Forms (PNTFs). A PNTF is a type of PCR. In 2013, the District projects that we will complete upwards of 60,000 patient care reports.

The District’s fire and emergency medical services personnel collect medical data in the field. Currently patient information is captured on a paper worksheet that first responder companies utilize to gather and pass over information to the medic unit. The medic units manually prepare a paper Patient Care Report (PCR). The District also utilizes a paper Patient Non Transport Form (PNTF) for all releases at scene.

There are four copies of the PCR and PNTF which are submitted to the District, receiving hospital, Continuous Quality Improvement (CQI) committee, and the billing company. The receiving hospital copy must be submitted no later than twenty-four hours after the transport is complete. When a base hospital is utilized for medical control, a copy of the PCR must be delivered to the base hospital within 72 hours. The District also submits required data to the Local Emergency Medical Services Agency (LEMSA) and Coroner’s Office.

Medic units transport patients to 10 local hospitals, and on occasion, three additional hospitals in surrounding counties. Sutter Health, Dignity Health, Kaiser Permanente, and the University of California Davis are the major hospital groups operating in Sacramento County. In 2012, the District experienced the following payer mix:

❖ Uninsured/Insurance not know at time of call	39%
❖ Private Insurance	20%
❖ Medicare	10%
❖ Medicaid	28%
❖ Other Insurance (Automobile, Workers’ Comp., Contract)	18%

District emergency response units are dispatched by the Sacramento Regional Fire/EMS District emergency response units are dispatched by the Sacramento Regional Fire/EMS Communications Center (SRFECC). SRFECC is the 3rd largest fire dispatch center in the State of California. The center utilizes a Northrop/Grumman computer-aided dispatch (CAD) system to initiate response of necessary fire apparatus and ambulances. The database is replicated in the DMZ. The District completes its National Fire Incident Reporting System (NFIRS) requirements with Firehouse software version 7.13.37. We utilize TeleStaff version 2.62 for our staffing needs, and billing services are currently provided by Wittman Enterprises.

The District has a Continuous Quality Improvement (CQI) committee which tracks the quality of care delivered to patients. This is a peer based process that is non-discoverable and confidential. Included in the District’s CQI process (see Appendix A) is the documentation of when the CQI Committee reviews a PCR/PNTF and when the committee exchanges information with field providers. This information is only accessible to CQI members. In addition, the District has a Quality Assurance (QA) process administered by administrative staff. This system tracks similar information to CQI, but is only accessible to District EMS Supervisors.

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

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QUALIFICATIONS

A respondent will not be considered for this project if they do not meet the following minimum requirements:

1. The respondent 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 respondent shall have at least one (1) client generating **at a minimum** 30,000 PCRs per year. For the purposes of this RFP, a PCR 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 respondent’s software shall be currently NEMSIS certified.
3. The respondent’s software shall be HIPAA compliant.

RESTRICTION ON COMMUNICATION WITH STAFF

All questions about this Proposal must be submitted in writing and include the company name. Questions must be in writing to Mark Jones, Purchasing Manager by email jones.mark@metrofire.ca.gov.

All questions must be submitted by **Friday, October 18th at 4:00PM PDT**. Any questions received after this time will not be addressed. No questions other than written will be accepted.

COSTS OF PREPARATION

Proposer assumes all costs of preparation of the proposal and any presentations necessary to the proposal process

INVOICING AND TERMS

- Vendor must accept a purchase order from the District with Government net 45 day payment terms.
- Invoices shall be submitted to: SMFD Finance Division, 10545 Armstrong Ave., Ste. 200, Mather, CA 95655

INSURANCE REQUIREMENTS (REVISED 10/22/2013)

Upon notification of award, Proposer shall furnish Metro Fire with certificate(s) evidencing insurance coverage required below. Copies of required endorsements must be attached to the provided certificates. It is the responsibility of the Proposer to notify its insurance advisor or insurance carrier(s) regarding coverage, limits, forms and other insurance requirements specified below. Building Trades Contractors and Contractors engaged in other projects of construction shall have their general liability Aggregate Limit of Insurance endorsed to apply separately to each job site or project. All documents must be received and approved by Metro Fire before work commences.

GENERAL LIABILITY shall be on an Occurrence basis (as opposed to Claims Made basis). Minimum limits and structure shall be:

- General Liability: \$2,000,000
- Products Comp/Op Aggregate: \$2,000,000
- Personal & Adv. Injury: \$1,000,000
- Each Occurrence: \$1,000,000
- Fire Damage: \$ 100,000

AUTOMOBILE LIABILITY

- Commercial Automobile Liability for Corporate/business owned vehicles including non-owned and hired, \$1,000,000 Combined Single Limit.
- Personal Lines Automobile Liability for Individually owned vehicles, \$250,000 per person, \$500,000 each accident, \$100,000 property damage.

WORKERS COMPENSATION

- Statutory

ADDITIONAL INSURED

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- The District, its officers, directors, officials, employees, and volunteers are to be endorsed as additional insured's as respects: liability arising out of activities performed by or on behalf of Proposer; products and completed operations of Proposer; premises owned, occupied or used by Contractor; or automobiles owned, leased, hired or borrowed by Proposer. The coverage shall contain no endorsed limitations on the scope of protection afforded to District, its officers, directors, officials, employees, or volunteers.

The successful proposer must furnish proof of these policies within 10 business days of the date of signed contract to the Purchasing Division: 3012 Gold Canal Dr., Rancho Cordova, CA 95670. Insurance shall remain in force for the entire term of agreement. Proposer shall provide evidence of insurance on an annual basis or upon any change of carriers. Cancellation of insurance shall be cause for the agreement's termination

EVALUATION CRITERIA

An award may be issued to other than the lowest responsible and responsive. Evaluation will be based upon but not limited to the following criteria:

- Character, integrity, reputation and judgment of vendor or firm
- Price or quote
- Prior customer satisfaction
- Prior experience and efficiency of vendor or firm
- Quality and availability of the supplies or services to the use required.
- References
- Vendor or firm past relationship with the District

PRODUCT DEMONSTRATION

Product demonstration meetings will be tentatively scheduled between October 30, 2013 and November 15, 2013. All proposers selected for a product demonstration will be contacted by District personnel giving them the date and time they have been scheduled for. If the respondent is selected for a vendor demonstration, the District will require the respondent to provide the software and a mobile device to test the software for 30 days.

OPENING OF PROPOSALS:

The proposals will be opened publicly and read aloud. Vendors are welcome to attend proposal openings. Proposal openings will be listed by vendor name, address and proposal amount only. Proposal tabulation will be done at a separate time following proposal opening and will be available to interested vendors at a later time.

CONTRACT INFORMATION

- Duration: Contract shall be in effect for FIVE (5) years from date of agreement for a period of sixty (60) months.
- Renewal: The Contract may be extended, subject to written notice of agreement from the District 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 same terms and conditions.

PROPOSAL AWARD

- Upon Proposal Award, the Successful Proposer shall provide proof to the satisfaction of the District of appropriate insurance coverage, such as a Comprehensive General Liability policy, or Worker's Compensation policy, depending upon the nature of the services or personal property requested. See Insurance Requirements, above.

SURETY REQUIREMENTS (REVISED 10/22/2013)

Bid Security

Bid Security shall be made payable to the District, in an amount of ten percent (10%) of the Proposer's maximum Bid price (less the price of any proposed computer hardware) and in the form of a certified bank cashier's check or a Bid Bond issued by a Surety. The Bid Security of the Successful Proposer will be retained until such Proposer has successfully completed the terms of the negotiated contract. If the proposer fails to deliver according to the terms of the negotiated contract, then said

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Bid Security shall be retained by the District. Bid Security of other Proposers will be returned within ten (10) days after Notification of Award.

REQUEST FOR PROPOSAL QUESTIONNAIRE

In order to evaluate the respondent's proposals, the proposer is required to describe in detail how each specification or requirement of the RFP will be satisfied. It is not sufficient to state "Will comply" or "Acknowledged", etc. Failure to provide complete, clear, concise, and definitive responses may be deemed non responsive, resulting in rejection of the proposer's RFP. In order to evaluate each vendor's response equally, the format of the response should follow the format of the RFP as listed below.

SUBMITTAL FORMAT

The request for proposal questionnaire should include the following:

- Provide one (1) original and two (2) copies, total of 3 complete packets. Also provide an electronic copy of the proposal.
- On the cover of the submittal package indicate firm name and project title: RFFP 13-13: Comprehensive ePCR System
- Proposal shall be separated in sections as follows:
 - Table of contents
 - Vendor profile
 - Implementation Support
 - Information Technology
 - Security
 - Technical Support
 - Field Use
 - Documentation Corrections
 - Hospital Integration
 - Inventory
 - CQI/QA
 - Reports
 - Cost Tables

VENDOR PROFILE

Please provide the following information on company letterhead:

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.
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 application *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 and frequently 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 respondent's ePCR application.
8. The District requires 80 devices for medic, engine, and truck companies to utilize in the field.
 - a. Include the cost of recommended devices in the hardware cost table if the respondent can supply the hardware.

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- b. All proposers that can provide hardware should submit a proposal with the cost if the proposer supplies hardware, and the cost if the District provides the hardware.

IMPLEMENTATION SUPPORT

- 1. Describe the provider’s implementation plan for the proposed application.
- 2. Outline the expected timeline to implement the application.
- 3. Identify the District’s information technology staffing requirements to support the application once the system has gone live.

INFORMATION TECHNOLOGY

- 1. The ePCR application needs to receive data from the District’s CAD system to populate call information. The manufacturer of the CAD system is Northrop Grumman and it is COBOL based. The CAD data in the DMZ is in a MySQL database. Can the software attach to the MySQL database to import data into the ePCR?
- 2. 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?
- 3. Does the application allow the field-based ePCR to integrate with TeleStaff to import crew information?
- 4. Can custom modifications be done to the ePCR application? If so, list any costs associated in doing so.
- 5. What functions can be changed by the District versus requiring vendor involvement?
- 6. What is the cost to develop additional interfaces to other applications? Is the cost hourly or a flat fee?
- 7. Describe in detail the provider’s disaster recovery recommendation/plan.
- 8. 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.
- 9. The District requires a no-fail system which allows backups without system interruptions. Describe in detail how this will be accomplished.
- 10. How often is field data saved from the mobile device?
- 11. Provide documentation of the average transmission time for data synchronization.
- 12. Describe the process for the District to add/manage custom fields.
 - a) Is there an additional cost for customization?
- 13. Do system updates require docking or physical installation? How often do system updates occur?
- 14. How does the proposer’s system recover from unexpected failure/shutdown?
 - a) How does your software handle information that is not fully committed (finalized)?
 - b) How are tickets generated during a server outage?
 - c) What happens to queued data?
 - d) How does the data catch up? Can the District control the sequence of the catch-up/recovery process?
 - e) Describe the tools that are provided to notify the District that system issues are occurring/have occurred?
- 15. Is there an additional cost for software updates, changes, patches?
- 16. How are software updates addressed? Is it the District’s responsibility to direct/request relevant changes or does the vendor apply this systematically/periodically?
- 17. Does the vendor utilize any 3rd party software as part of the ePCR application? If so, list the software.

SECURITY

- 1. Provide a detailed description of the solution’s security model and overall infrastructure.
- 2. Provide a detailed description of the encryption standard utilized by the solution.
- 3. Describe the protocol for secure data transmission and receipt.
- 4. How does the software manage access, by collection or group of user Id’s?

- 5. Please describe in detail the security levels for viewing reports and patient information. What access is allowed for each level?
- 6. Describe in detail the process to view who accessed a PCR/PNTF and information that was changed throughout the life of the report.

TECHNICAL SUPPORT

- 1. The District requests 24x7 technical supports.

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- a) Is there a help-line to address critical operational problems- technical and applications?
 - b) Is the help-line a 24x7 operation?
 - c) Is the help-line a toll free number?
 - d) What is the expected response time for problem resolution?
 - e) Describe in detail the escalation process for a reported problem.
 - f) Is there a website available to report problems?
 - g) How many support employees are dedicated to the ePCR application?
 - h) How many support employees would be allocated to the District?
 - i) Is the technical support organization based in the United States?
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.

FIELD USE

1. Does the application allow for the creation of customized "Close Call" rules mandating that required fields be completed prior to submitting a report?
 - a) If the application has this capability please describe in detail how it works.
 - b) Can the close call rules be customized dependent upon the patient's chief complaint?
 - c) Can the close call rules be customized dependent upon the type of procedure performed?
 - d) Is there an additional cost associated with these customizations?
 - e) Can close call rules be added at a later date to accommodate field studies?
 - f) If yes, can the District add these fields without support from the proposer?
 - g) Can crews override field requirements in special circumstances?
 - h) If yes, how is this accomplished?
2. Does the application provide the option for field personnel to manually type in a chief complaint if the patient's complaint does not appear in a drop down menu? For example, could field personnel select "Other" and then type in the patient's complaint?
3. Does the application allow for auto-generated narratives? If yes, please describe them in detail.
4. Does the application provide speech-to-text recognition for narrative creation?
5. The District utilizes the Physio Control LP-15 cardiac monitor on all of its emergency response vehicles.
 - a) Can the software upload the following LP15 data points into the ePCR application?
 - o 12-lead EKGs
 - o Vital signs including B/P, pulse, pulse oximetry, CO2 values
 - o ECG strips
 - o Electrical intervention including defibrillation, cardioversion, and pacing
 - b) Will the software allow the mobile device to show paramedics and hospital staff running views of previous ECG rhythms and uploaded data from the LP-15?
6. Does the application allow for upload of photos and video into the ePCR?
7. If so, please describe how the application allows for photo/video attachments.
8. Does the application have the ability to translate a release of liability or HIPAA notification into other languages? Please list the languages.
9. Can the application store the Sacramento County Emergency Medical Services protocols?
 - a) Does the application have the ability to list medications contained within a protocol for rapid selection and documentation by crews in the field?
 - b) Can the District update the protocols within the application without intervention from the provider?
 - c) Is there a cost to update the protocols in your program whenever a protocol is revised by the county?
10. Does the ePCR allow a method for smart search and automatic import of patient demographic data for repeat patients?

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11. Does the system allow for online postal code look-ups?
12. Does the application auto-calculate certain values such as APGAR, GCS, CPSS, age, weight conversion for standard/metric units of measure?
13. Does the application have a smart search feature for home medications with a brief description of what the medication is used for? Can field personnel also type in medications that do not appear on the drop down menu?
14. Does the application have a smart search feature for the patient's medical history? Can field personnel manually enter medical problems that do not appear on the drop down menu?
15. Does the application have the ability to import field information data in the call record to any additional data fields in the call record? 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?
16. Does the application capture EMS personnel logon information which becomes the user default values for that shift?
17. Is the unit identifier a default value?
18. Can the application capture patient, guarantor, guardian, refusal witness, and all care providers' signatures?
 - a) Describe the ease and flexibility of signature capture.
19. Does the application have the ability to document all major body parts as "Within Normal Limits"?
20. If a PCR or PNTF is accidentally deleted prior to completion, how is it retrieved?
21. Does the application have the capability to create an ePCR manually on the mobile device in the event a medic unit is dispatched to an incident in an area without cellular coverage?
 - a) If a manual ePCR was created, is the information automatically merged with the previously dispatched incident once the unit is within cellular coverage?
22. Describe the process to finalize a PCR/PNTF.
23. Describe the application's ability to create and copy information for multiple patients within a single incident.
 - a) Does the application identify the total number of patients on an incident? For example, "Patient 1 of 2".
24. Can multiple patient records be entered simultaneously within the same incident? For example, could M53, M51, and E50 all work on separate patient records within the same incident at the same time?
25. Does your application include a spell check feature?
 - a) Does it include commonly used medical terminology?
 - b) Can the District add terminology commonly used in our region to the ePCR?
26. Does the application contain commonly used medical abbreviations and symbols that would speed narrative completion?
 - a) If no, is there a way to add symbols and abbreviations contained in local protocols?
27. Can the application connect and transfer information from other responders within the system? For example, could a first responder unit begin a PCR/PNTF on one mobile device and then electronically transfer it to the transporting unit's mobile device for completion?
28. Is it possible for field personnel to start a PCR/PNTF 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 PCRs on another device?
29. What is the average completion time for a PCR/PNTF utilizing your system?
30. Is it possible to scan a face sheet, medical insurance cards, or patient identification into the ePCR?

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DOCUMENTATION CORRECTIONS

1. If data errors are discovered following report finalization, what is the process for correcting data?
 - a) What audit trail exists to depict before and after data field changes for this process?
 - b) Can data errors be corrected on multiple PCRs/PNTFs simultaneously?
2. Are amended PCRs/PNTFs identified differently by the application?
3. Are there time limitations on how long the correction process can take? If so, what are they?

HOSPITAL INTEGRATION

1. Please explain what type of information your application will electronically transfer to the hospitals.
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 PCRs to receiving facilities, base hospitals, or the Coroner's Office electronically without requiring fax or email?
5. Can your application transmit Physio Control LP-15 ECG strips and 12-lead EKGs to the emergency department?
6. Please describe how your software would integrate with local hospitals.
 - a) Do the hospitals need to purchase any additional software for the ePCR application to integrate with the hospital?
7. Can billing 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)

INVENTORY

1. Does the application contain an inventory tracking system? If yes, explain in detail how it functions.
2. If the application has an inventory tracking component, please list the reports it will generate.
3. Does the application allow for tracking of controlled substances such as morphine and versed?
4. Please list any reports the software can generate for tracking controlled substances.
5. Can the application automatically send an email alert to the EMS Supervisor whenever narcotics are administered?

CQI/QA

1. Please describe if/how the District's CQI members can continue to utilize the District's CQI process contained in **Appendix 1** (following page 21) utilizing the software.
2. 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.?
3. Can the District create custom queries without intervention from the vendor at a later date?
4. Is there an additional cost to create custom queries?
5. Can the software create a random selection of PCRs for review using:
 - a) Date range?
 - b) Number of PCRs?
 - c) Platoon assignment?
6. How does the software assure that only designated CQI members can access the information?
7. Does the software allow for specific incident types (i.e. CPR, intubation, narcotic use) to be flagged for automatic review with an email alert sent to committee members
8. 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?
9. 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?
10. 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?
11. If the District cannot continue to utilize its current CQI process with the software, please describe in detail your solution.

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REPORTS

1. How does the ePCR application provide accountability that all PCRs that should have been created actually were, and that they are complete?
2. Provide a detailed description of the post-incident PCR/PNTF audit process.
3. The District utilizes Crystal Reports software to query data. Will the District have access to all fields of the ePCR application to create queries and access data with Crystal Reports?
4. The District requires a reporting system that allows for statistical analysis of all fields in the ePCR system. Will your software reporting system allow the District the ability to track all variables with numeric and graphic displays of the data using the following variables?
 - a) Patient care procedures?
 - b) All response related time intervals for emergency response vehicles?
 - c) All patient care related time intervals?
 - d) Employee identification and rank?
 - e) Medications administered?
 - f) Date range?
 - g) Platoon?
 - h) Time of day?
 - i) Type of response vehicle (i.e. helicopter, engine, truck, boat, ambulance)?
 - j) Non transport of patients?
 - k) Patient demographics (age, gender, medical history, medications used by patient)?
5. List all of the current stock reports the ePCR system has that the District will be able to utilize?
6. Does the software have the ability to select and print ePCRs in batches?
7. Can your software export all NEMSIS required fields to the LEMSA?
8. Will the software be NEMSIS 3 compliant by December 31, 2014?
 - a) When did the respondent begin testing for NEMSIS 3?
9. Describe any standard HIPAA security reports?

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COSTING TABLES

SOFTWARE PURCHASE COSTS			
Software application costs are defined as costs to purchase the proposed software applications or modules. Please list each proposed application or module separately.			
Name Of Software	One-Time Cost	Annual Maintenance	5-Year Total Cost
Total Software Application Cost			

SERVICE COSTS			
Service costs are defined as any proposed services to support the installation, use, and ongoing maintenance of the proposed system.			
Name of Service	One-Time Cost	Annual Maintenance	5-Year Total Cost
Total Service Cost			

HARDWARE PURCHASE COSTS				
Hardware costs are defines as costs to purchase the hardware required based on the applications proposed in this proposal. Please include any costs required to provide availability, redundancy, and disaster recovery as documented in the response above.				
Item	Quantity	Unit Cost	Total One-Time Cost	Annual Maintenance Fee
Total System Hardware Costs				

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

COSTING TABLES (Continued)

SYSTEM SOFTWARE PURCHASE COSTS			
Software costs are defined as costs to purchase the required software to install and run the proposed system. Please include any costs required to provide high availability, redundancy and disaster recovery as documented in the response above.			
Item	Version	Total One-Time Cost	Annual Maintenance Fee
Operating System			
System Tools			
Other			
Total System Software Costs			

SUMMARY OF COSTS			
Category	One-Time Cost	Annual Maintenance	5-year Total Cost
System Hardware			
System Software			
Software Applications			
Other:			
Installation			
Interfaces			
Training			
System Documentation			
Updates			
Custom Modifications			
Shipping Fees			
Taxes			
Total Purchase Cost			

ASP/Remote Hosting Costs			
Please restate the items above that would be covered in an ASP/Remote Hosted solution and the associated costs for each:			
Category	One-Time Cost	Annual Maintenance	5-Year Total Cost
Software Licensing			
Other:			
Installation			
Training			
System			
Total Purchase Cost			

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

PROPOSER SUBMISSION INSTRUCTIONS

SUBMISSION PACKET

To successfully submit a Formal Proposal, Proposers are required to submit a sealed Proposal packet to the location specified in the "Submit Sealed Written Proposal To" on page 1. The Proposal packet shall contain the following documentation:

- The "Request For Formal Proposal Document" with signature, title, date, printed name and company name at the bottom of each page indicating that the formal Proposal document, including attachments, were received and read.
- Proposer must submit three (3) copies of its response, one (1) clearly marked "Original," the other two (2) clearly marked "Copy."
- Proposer is required to provide contact information to receive any Proposal amendments and changes prior to closing.
 - Proposer shall email Mark Jones at jones.mark@metrofire.ca.gov, stating intentions to submit Proposal prior to the closing date.
 - Contact information should include: vendor's name, representatives' name, phone number, fax number and/or e-mail. Failure to provide initial contact information will exclude you from receiving update notifications.
- Unless otherwise stated, it will be our understanding that all specifications requested in RFFP will be met. Unwillingness or inability to comply with any specific provisions in the RFFP may result in the Proposal being rejected.

SUBMISSION METHOD

Sealed Proposals shall be submitted using one of the following methods:

- In Person – hand delivered to the Sacramento Metropolitan Fire District to the address provided in the "Submit Written Proposal To" section.
- By mail - using certified or registered mail with return receipt requested, or by overnight delivery services to the address provided in the "Submit Written Proposal To" section. Proposal must be received by deadline.
- Faxed or e-mail proposals will not be accepted.

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

GENERAL CONDITIONS OF FORMAL PROPOSAL

1. SUBMISSION OF FORMAL PROPOSAL (herein sometimes also referred to as "response")

- 1.1. The conditions herein constitute a part of the RFFP and the Proposer acknowledges acceptance of these conditions and waives all claims, rights, demands and the benefit of any provisions of any statute, rule of law or regulation that might affect the rights of the District under this RFFP by signing the Request for Formal Proposal. Responses submitted that do not have all sheets of this RFFP will not be accepted.
1.2. All technical communications regarding this RFFP should be sent to the Technical Inquiry contact listed on page 1 of the Request for Formal Proposal. The District will assume no responsibility for oral instructions or suggestions. Should the Proposer find discrepancies in, or omissions from the specifications, or should the Proposer be in doubt as to their meaning, or any other meaning in the RFFP, the Proposer must notify, in writing by e mail, the Technical Inquiry Contact Person, who may, if necessary, send written addenda to all Proposers.
1.3. Each Proposer must make full disclosure of any relationship of any employee of the District who makes recommendations concerning the selection of Proposals or any employee who may allot work to, or order supplies from, the successful Proposer. In addition, each Proposer must reveal any details of company ownership or partnership arrangements of any immediate relative employed by District.

2. BID AMENDMENT AFTER SUBMISSION AND RFFP CLOSING DATE

- 2.1. Proposals submitted may be withdrawn and re-submitted with amendments prior to the closing date for the RFFP. Proposal amendments submitted in any other manner shall not be accepted or considered by the District.
2.2. Any attempts to amend a submitted Proposal by way of a letter or facsimile or any other document or means, which would result in a Proposal being incomplete, ambiguous, inconsistent, or otherwise non-compliant, shall result in the Proposal being rejected.

3. PATENTS

- 3.1. The successful Proposer will pay all royalties and patent license fees or other fees in respect of any intellectual property right required to perform the work stipulated in the RFFP. The successful Proposer shall, at its own expense, defend all suits and proceedings instituted against the District and indemnify the District against any award of damages, demands, losses, charges or costs made against District if such suits or proceedings are based on any claim that any of the products, documentation, parts or equipment, as supplied by the successful Proposer, constitutes an infringement, or an alleged infringement, of any patent or other intellectual property right by the successful Proposer or anyone for whose acts it is liable.
3.2. If any of the products, documentation, parts or equipment supplied by the successful Proposer constitute an infringement of patent or other intellectual property rights and its use is enjoined, the successful Proposer will, at its own expense, procure for the District, the right to continue its prior use, replace or modify the supplied item so it becomes non-infringing and meets the District's requirements, or pay District for its loss of use of the item and for consequential damages or losses which occur as a result of the actual or alleged infringement of any patent or other intellectual property

right, by the successful Proposer or anyone for whose acts it is liable.

4. GENERAL

- 4.1. The District may refuse to award a contract to a Proposer who has not complied with applicable State and Federal licensing regulations or bylaws or any other requirements.
4.2. Each Proposer warrants that the products and services it will supply to the District conform in all respects to the standards set forth by State and Federal licensing regulations.
4.3. Headings and titles in the RFFP are for convenience only and are not explanatory of the clauses with which they appear.
4.4. Any references in the RFFP to statutes or regulations are deemed to include the most recent amendments thereto or replacements thereof.

5. INDEMNIFICATION

- 5.1. The successful Proposer, by its acceptance of a purchase order, agrees to indemnify and hold harmless, the District, its agents and employees from and against all loss or expense that may be incurred by the District, its officials, officers, employees and agents as a result of bodily injury, including death at any time resulting there from, sustained by any person or persons, or on account of damage to property, including loss of use thereof arising out of, or as a consequence of, the performance of the work stipulated in the RFFP.

6. COMMITMENT

- 6.1. Proposers are advised that no commitment exists under this RFFP until such time as the successful Proposer receives official written confirmation from the Office of the Fire Chief, in the form of a letter from the Board Clerk. See item 2.18 for information regarding a Formal Agreement (Contract).

7. LIMITATION OF LIABILITY

- 7.1. Under no circumstances will a Proposer be entitled to consequential damages for any loss of profit or damage to reputation.
7.2. Under no circumstances will a Proposer be permitted to limit their liability to an amount less than two million (\$2,000,000.00) dollars.
7.3. Under no circumstances will a Proposer be entitled to limit special damages.

8. ACCEPTANCE OR REJECTION

- 8.1. The District reserves the right to reject any and/or all Proposals, as well as to cancel the project which is the subject of this RFFP. Without limiting the generality of the foregoing, any Proposal which: is incomplete, obscure, irregular, unrealistic or non-compliant; has erasures, ambiguities, inconsistency or correction(s); omits a price on any one or more items in any Schedule; fails to complete the information required in any Schedule or tabulation; and fails to include a duly executed required form may, at the District's sole discretion, be rejected. Furthermore, a response may be rejected on the basis of the Proposers past performance, financial capabilities, completion schedule or failure to comply with state or federal regulations. The purpose of the District is

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Print Name: _____ Company name: _____

to obtain a Bid/Proposal most suitable to the interests of the District and what it wishes to accomplish. The District has the right to waive any irregularity or insufficiency or non-compliance in any Proposal submitted and to accept the Proposal which it deems most favorable to its interests or to reject all Proposals and cancel the RFFP.

9. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP)

- 9.1. The District acknowledges that each response may contain information in the nature of trade secrets or commercial, financial, labor relations, scientific or technical information of or about a Proposer. The District acknowledges and agrees that responses to this RFFP are provided in confidence and protected from disclosure to the extent permitted under applicable law.

10. VENDOR PERFORMANCE AND EXCUSABLE DELAYS

- 10.1. The successful Proposer may be evaluated periodically throughout the course of work and at the end of the project as the case may be. Any evaluations will be shared with the Proposer, with the goal of immediate and permanent resolution where problems and concerns occur.
- 10.2. The District and Proposers acknowledge that delays in performance may arise due to events beyond their reasonable control. Such delays will be excusable and the relevant obligation suspended, but only for such reasonable period of time as the cause for the delay remains beyond the reasonable control of the obligated party.

11. COST OF PREPARATION

- 11.1. Proposal shall be prepared at the sole cost of the Proposer and under no circumstances will the District be responsible for these costs.

12. GIFTS AND DONATIONS

- 12.1. The successful Proposer will ensure and certify that no representative of the successful Proposer will extend any entertainment, gift, gratuity, discount, or special service, regardless of value, to any employee of the District. The successful Proposer will report any attempt by any employee of the District to obtain such favors to the Office of the Fire Chief.

13. CLARIFICATION

- 13.1. The District reserves the right to seek clarification from any Proposer to assist in the evaluation of its Proposal.

14. NEGOTIATION

- 14.1. By submitting a Proposal, a Proposer accepts that a contract may be concluded upon notification by the District. However, the District reserves the right to negotiate with any Proposer the terms and conditions of the Proposal. If the parties, after having bargained in good faith, are unable to conclude a formal agreement, the District and the Proposer will be released, without penalty, or further obligations other than any surviving obligations regarding confidentiality and the District may, at its own discretion, contact other Proposers whose Proposals are considered suitable for the project and attempt to conclude a formal agreement with them.

15. INTELLECTUAL PROPERTY

- 15.1. The successful Proposer represents and warrants that it has the sole and unrestricted right, title and interest or good and sufficient power, authority, and right, to use

any intellectual property required for the performance of the contract.

- 15.2. The successful Proposer shall pay all fees associated with the use of the intellectual property, including, but not limited to, license fees and royalties, required for the performance of the contract.
- 15.3. The successful Proposer shall hold the District, its Board of Directors, the Chief, employees, officers, and agents harmless from and against all claims, demands, losses, costs, damages, actions, suits or proceedings arising out of the successful Proposers performance of the contract which are attributable to an infringement or an alleged infringement by the successful Proposer, or anyone for whose acts they may be liable, of any intellectual property right. If the District is enjoined or there is a reasonable likelihood that it may be enjoined as a result of an injunction or claim from using any intellectual property that is incorporated into, or associated with, any product or equipment installed by the Successful Proposer, the Successful Proposer, at its sole expense, shall: procure the right for the District to continue using the infringing intellectual property; or replace or modify the intellectual property to make it non-infringing, so long as such replacement or modification does not adversely affect the performance or use of the product or equipment or the Work generally, all subject to the prior written approval by the District.

16. EXECUTION OF FORMAL AGREEMENT

- 16.1. If the Proposer's Proposal is accepted, the Proposer may be required to enter into a separate Formal Written Agreement.
- 16.2. The Formal Written Agreement will be prepared by the District and provided to the Proposer for review. The Proposer will endeavor, in good faith and in a timely manner, execute the Formal Written Agreement (Contract) and return the executed document to the District.
- 16.3. Absent a separate Formal Written Agreement, the terms and conditions of the Request for Proposal, including referenced Attachments, will prevail and act as the Contract.

17. NO COLLUSION

- 17.1. Except as otherwise specified or by reason of a provision of the contractual documents, no person either natural, or corporation, other than the Proposer, has or will have any interest or share in its Proposal or in any award or contract arising out of this RFFP. There is no collusion or arrangement between the Proposer and any other actual or prospective Proposers, in connection with Proposals submitted in response to this RFFP, and the Proposer has no knowledge of the contents of other Proposals and has made no comparison of figures or agreement or arrangement, express or implied, with any other party in connection with the making of its Proposal.

18. RIGHT TO TERMINATE THE CONTRACT

- 18.1. Any of the following occurrences or acts will constitute a material breach by the successful Proposer under the terms and conditions of the contract:

Non-performance or non-observance of any of its other covenants, agreements, or obligations hereunder, express or implied, continuing for fifteen (15) days after the District has given the successful Proposer notice in writing. If the failure cannot be

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remedied within fifteen (15) days, then the District, at its discretion, may extend, in writing, the time period, or terminate the contract; an assignment for the benefit of creditors or becoming bankrupt or insolvent, taking the benefit of any legislation for the protection of bankrupt or insolvent parties; or the appointment of a Receiver for the successful Proposer. In the event either Subparagraphs (b) or (c) occur, as set forth in this Proposal, the District will have the right to terminate the contract immediately, which shall be done in writing and sent to the Proposer via certified, U.S. Mail.

18.2. Notwithstanding anything contained herein, the District may, at any time during the term of the contract, upon giving 30-days written notice to the successful Proposer, terminate the contract, if the District is of the opinion that the services supplied by the successful Proposer are of a unsatisfactory standard to the District or that the successful Proposer no longer has the financial capability to perform its obligations under the contract. Further, the District, in its sole discretion, may terminate the agreement for reasons including, but not limited to, unethical or criminal activities upon giving 7-days written notice to the successful Proposer.

19. NO WITHDRAWAL OF BID/PROPOSAL

19.1. A Proposal is a specialty instrument by the Proposer and is irrevocable. Therefore, it may not be withdrawn after its opening until it has been considered and either rejected or accepted by the District, or the RFFP has been cancelled.

20. ACCEPTANCE OF BID/PROPOSAL

20.1. The acceptance of a Proposal by the District will be made by written notice, from the Office of the Fire Chief, addressed to the successful Proposer, at the address given in the Proposal.

21. EVALUATION CRITERIA

21.1. The District retains the option to clarify bid information and/or request on site evaluation of the product from any vendors once the bidding process is closed.

21.2. The following criteria will be utilized by the Evaluation Team to determine the successful vendor:

Compliance with mandatory elements of RFFP

21.3. No conflict of interest

21.4. Proposer adheres to the instructions of the RFFP

Service/product
compliance with scope of work/specifications
Cost

22. IF SUCCESSFUL, THE PROPOSER MAY BE REQUIRED TO PROVIDE: A CREDIT CHECK

22.1. The successful Proposer agrees to allow and authorize the District to conduct a credit check. A "Credit Application" form shall be completed and returned to the District within 24 hours after receipt by the successful Proposer, if so requested by the District.

23. PERFORMANCE GUARANTEE

23.1. A contract performance guarantee will be required in a form, type and amount, to be mutually agreed upon during contract negotiations between the District and the successful Proposer. All costs associated with obtaining

said performance guarantee will be the sole responsibility of the successful Proposer.

24. INSURANCE REQUIREMENTS

24.1. The successful Proposer shall, during the term of this Agreement and at its own expense, maintain with Insurers, satisfactory to the District's General Counsel, the following insurance policies:

24.1.1. A Commercial General Liability insurance policy for bodily injury (including death) and property damage in an amount of not less than TWO MILLION DOLLARS (\$2,000,000.00) inclusive limit for any one occurrence and such policy shall include:

24.1.2. District as an Additional Insured;
A Cross Liability clause;
Contractual Liability Coverage; and
Non-Owned Automobile Liability Clause.

24.1.3. A Professional Liability insurance policy for damages arising out of errors, omissions, or negligent acts by or on behalf of the Proposer in providing professional services under this Agreement, such insurance policy to be in an amount of not less than ONE MILLION DOLLARS (\$1,000,000.00) for any one claim, and in the annual aggregate, or such other amount as agreed to by the District and the Proposer and confirmed in writing, and such insurance shall remain in full force and effect for at least twenty four (24) months after completion of the contract, if applicable.

24.2. That said insurance policies shall include a provision for the District to be given thirty (30) days prior written notice of cancellation, and thirty (30) days prior written notice of any material change(s) requested by Proposer of said insurance policies.

24.3. The Proposer shall furnish documentary evidence, satisfactory to the District's General Counsel, of evidence of such policies and of the renewal or continuance of such insurances within ten (10) business days of any expiration date(s) thereof.

24.4. The Proposer, and not the District, shall be responsible for any deductible that may apply in any of the said insurance policies.

24.5. The Proposer covenants and agrees that the District's insurance requirements mentioned above shall not be construed to and shall in no manner limit or restrict the liability of the Proposer.

25. PROVEN SATISFACTORY PERFORMANCE

25.1. The District reserves the right to reject any Proposal based on products that have not demonstrated proven satisfactory performance through field trials or actual use by the District, or a comparable fire agency. Whether a product meets this requirement shall be at the sole decision of the District. The lowest monetary bid of any of the submitted Proposals will not necessarily be accepted

26. WARRANTY

26.1. The Proposer shall supply information regarding the warranty that the Proposer is prepared to offer to the District, including the warranty period for each item and all warranty terms and conditions.

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

26.2. The warranty and service period shall commence after systems have passed the acceptance testing by the District, if applicable.

27. MAINTENANCE AND SUPPORT

- 27.1. If applicable, the Proposer should supply information regarding maintenance and support available to support the proposed system after the warranty period has elapsed.
- 27.2. The Proposer should supply a copy of their standard maintenance agreement, if applicable.

28. INVOICES AND PAYMENTS

- 28.1. The proposer shall submit properly certified invoices to District. The invoice(s) shall contain the following information: The purchase order number, item numbers, description of supplies or services, quantities, unit prices, and discounts, if applicable.
- 28.2. When a purchase order is issued against this Contract that has the potential for multiple or partial deliveries, a separate invoice shall be generated for each completed delivery accepted by District.
- 28.3. Failure to comply with these requirements or to provide an invoice in conformance with this bid document may delay payment.
- 28.4. District does not anticipate issuing a separate contract to bind both parties to the terms and conditions of this proposal. The successful proposer's acceptance of the purchase order will be acknowledgment of the proposer's intent to be bound by the terms and conditions as stated in this document.
- 28.5. District will not be bound by prices contained in an invoice that are higher than the original proposal. If a price

increase has not been accepted in writing by District, the invoice may be rejected and returned all items to the proposer at no cost to District.

- 28.6. No advance payment shall be made for the goods or services furnished by the proposer pursuant to this Contract.
- 28.7. Standard government payment terms are net 45 days from date of receipt of goods or invoice, whichever is later.

29. NON-EXCLUSIVITY

29.1. The District may elect to purchase any items listed in this agreement from another vendor if this is beneficial and is in the best interest of District in order to fulfil its mission of providing fire and emergency services to the public.

30. REJECTION OF GOODS OR SERVICES AND REPROCUREMENT COST

- 30.1. After award, District representatives shall have the option of rejecting or refusing delivery of any and all goods or services which are not in strict conformity with the requirements of this proposal. All rejected goods or services shall be replaced.
- 30.2. Items found defective or not meeting proposal specifications shall be picked up and replaced by the successful Proposer at the next service date at no expense to the District. If any item(s) refused are not picked up within one week after notification, the item will become a donation to the District unless otherwise agreed upon by the District.
- 30.3. When a Proposer fails to furnish goods or services in accordance with terms of this Contract, and District must purchase at a price greater than the contract price, the difference may be charged to the Contractor.

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

CONTACT INFORMATION FORM

Check one Sole Owner Partnership Corporation

Firm Name: _____

Address: _____ City: _____ St _____ Zip-Code _____

Contact Name: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

PROPOSAL PACKET CHECKLIST (Revised 10/22/2013)

- Signed, filled out and responded to all pages of this RFFP
- 1 original complete packet (Marked **ORIGINAL**)
- 2 Copies of complete packet (Marked **COPY**)
- Proposal bond or Cashier's Check (10% of proposal): Amount \$ _____
- Contact Information Form (Filled out)
- Proposal Packet Checklist
- Proposer Response (use Submittal Format – Page 6 as guide)

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

APPENDIX 1

Sacramento Metropolitan Fire District

EMS Division

Policy Document

EMS Continuous Quality Improvement (CQI)

[Follows]

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Signature: _____ Title: _____ Date: _____

Print Name: _____ Company name: _____

SACRAMENTO METROPOLITAN FIRE DISTRICT		
EMS DIVISION		
SECTION TITLE:	EMS Continuous Quality Improvement (CQI)	
SECTION NUMBER:	903.00	EFFECTIVE DATE: 12/01/00 REVISION DATE: 04/01/02

The intent of the Sacramento Metropolitan Fire District (District) Continuous Quality Improvement Plan (CQI Plan) is to ensure that a high level of quality care is delivered to the public. This is accomplished through a proactive, non-punitive, and peer driven review of the care delivered to the public by district employees. This review will then help direct the EMS Education of the District towards focusing upon identified systems trends.

The Peer Review Committee is the group of employees that accomplishes the review and critique of the quality of care by the District. This standing committee sets the Standards of Care and Documentation for the District and serves as the barometer for the level of care delivered to the public. This document outlines how the Peer Review Committee works, how CQI Issues are handled, and this document displays the Standards of Care and Documentation the District strives to deliver as developed by the Peer Review Committee.

I. PEER REVIEW COMMITTEE

The Peer Review Committee is a subcommittee of the Local Emergency Medical Systems Agency CQI Process and monitors the Emergency Medical Care given to the citizens of our district. The membership of this committee helps to interpret the policies and procedures from the County of Sacramento Department of Emergency Services (DEMS) protocols and the Sacramento Metropolitan Fire District (SMFD). This committee will review all Patient Care Reports (PCR's) generated by district employees. This committee will also help promote better care by emphasizing the following:

1. Teamwork
2. Positive feedback to field personnel
3. Open to responses from field personnel
4. Open meetings

A. Committee Makeup and Selection:

1. Continuous Quality Improvement Manager (CQI Manager)
2. District Medical Director
3. 5 Shift Reps each from A, B, and C shifts

The fifteen (15) Shift Reps will be elected by a majority vote from District Paramedic. Another paramedic may nominate a paramedic meeting the membership requirements, or you may nominate yourself.

SACRAMENTO METROPOLITAN FIRE DISTRICT**EMS DIVISION**SECTION TITLE: **EMS Continuous Quality Improvement (CQI)**

SECTION NUMBER: 903.00

EFFECTIVE DATE: 12/01/00

REVISION DATE: 04/01/02

B. Membership Requirements and Responsibilities:

1. Paramedics in good standing with SMFD (including all precedent Districts) and the County of Sacramento DEMS office for the last two years.
2. Two years of experience working in the County of Sacramento.
3. Commit to eighteen (18) month term of service on the committee.

C. Rules and Responsibilities:

1. The CQI Manager, or their designee, will be responsible for the organization, review, and presentation of the material for the committee to review each month.
2. The CQI Manager, or their designee, will be the chairperson for the committee.
3. The committee members may participate in informal gatherings as requested by the SMFD EMS Division.
4. The Committee will meet the 3rd Wednesday of every month (*more often if necessary*)
5. The meeting shall follow parliamentary procedures for order.
6. The Committee serves as an advisory body to the District staff.
7. All members and guests will sign a confidentiality contract.
8. The Chairperson will appoint one member of the Committee to record the minutes.
9. CEU's will be offered in accordance with the County of Sacramento DEMS office guidelines,
10. Each Shift Rep will have one vote in the event a poll is taken. The general rule or order will be to make decisions through a consensus of the Committee members.
11. The Peer Review Committee is a subcommittee of the Local Emergency Medical Systems Agency CQI Process.

SACRAMENTO METROPOLITAN FIRE DISTRICT		
EMS DIVISION		
SECTION TITLE:	EMS Continuous Quality Improvement (CQI)	
SECTION NUMBER:	903.00	EFFECTIVE DATE: 12/01/00
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II. FLOW OF PCRS

A. Committee Review

All PCRs created by SMFD employees will be divided equally and reviewed by the fifteen (15) CQI (Shift Reps). These members will "pull" any forms according to the Mandatory Filter Audits. Any CQI member will also "pull" any form he/she feels deserves further evaluation and will be forwarded to the CQI Peer Review Committee. The "reason for review" will be listed on the Peer Reviewer Worksheet and attached to the PCR, and also written on the Peer Review Audit Worksheet Log.

B. Filters - Mandatory Peer Review Criteria

There are mandatory filters intended to help protect field personnel from single administrative review audits. These audits will help protect the agency from High Risk/Low Frequency occurrences by identifying trends and creating standards:

- Excellent Documentation
- Good Job/Field Save
- CPR/Codes/Seldom Used ALS Skills
- Versed Usage
- Helicopter
- Treatment Issues
- Documentation Issues
- Probationary Employee
- Interns
- Any trends

Any call which the Shift Rep wants input from the committee

The mandatory filters written by the Peer Review Committee are dynamic and may change depending upon the actions of the committee.

C. Presentation Format of PCRs for the Peer Review Committee

All PCRs will be categorized according to the above criteria. These PCRs will then be made into a packet so that all EMS-CQI Shift Reps will be able to review the original PCRs. There is an Audit Worksheet Log (see "**Samples**" section) attached to each packet. This worksheet will have the following columns associated with each category to be used during the review process:

SACRAMENTO METROPOLITAN FIRE DISTRICT
EMS DIVISION
SECTION TITLE: EMS Continuous Quality Improvement (CQI)
SECTION NUMBER: 903.00 EFFECTIVE DATE: 12/01/00 REVISION DATE: 04/01/02

(1) Incident #

- (a) Numbers Unique identifier and the PCR Master Number

(2) Commendations/Discrepancies or Description of Call

- (a) Text "Sticky Note" Comments

(3) Actions

- (a) None No actions need to be taken
- (b) Oral Oral interactions from a EMS-CQI Shift Rep with the EMT will accomplish the needed action
- (c) Written Written interaction will accomplish the needed action

(4) System

- (a) System Issue appears to be inherent to the system
- (b) Agency Issue appears to be inherent to the agency
- (c) Individual Issue appears to be inherent to the individual

(5) Closure Date

- (a) Date Date the reviewed is no longer on agenda

One packet with all PCRs reviewed, and the outcomes, will be stored in a locked CQI file cabinet. This information is protected from outside requests as it is protected under the Sacramento County Peer Review Process. This log will help in the identification of system/agency/individual trends.

SACRAMENTO METROPOLITAN FIRE DISTRICT		
EMS DIVISION		
SECTION TITLE: EMS Continuous Quality Improvement (CQI)		
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II. CQI ISSUES

A. Categories of CQI Issues

All EMS CQI Issues which arise, internally or externally, will be handled as either Sentinel (extreme urgency) or Non Sentinel. The following paragraphs will provide clarification on what is an Issue, a Sentinel issue or Non Sentinel and how there will be handled.

An incident will be described as a CQI Issue if it meets the following criteria:

- EMT-P forwards a perceived a CQI issue.
- Outside agency forwards a perceived a CQI issue
- LEMSA forwards a perceived a CQI issue.
- Perceived CQI issue after internal retrospective review.
- All QA issues will be forwarded to district management. District management may elect to have these issues reviewed and resolved through the Peer Review Committee.

Sentinel Issues are described as:

- Issues in which some element of the EMS System performance was detrimental to patient care.
- Any imminent threat to public health and safety.
- Any EMS actions perceived to be a liability to the District.
- Any EMS issue which needs an immediate response.

Non Sentinel Issues are described as:

- All other Issues which are not a Sentinel event.

B. Flow of CQI Issues

Sentinel issues will be investigated immediately by the ELO of the District. The ELO will inform the District Administration, the Peer Review Shift Representative, and the LEMSA of the ongoing investigation. Since these matters will require immediate action by the District, the Peer Review Committee may not formally meet until after the initial investigation; and possibly not until after corrective action has been taken by Administration. The issue will be reviewed by the Peer Review Committee. (See flow charts in Sample Section)

SACRAMENTO METROPOLITAN FIRE DISTRICT**EMS DIVISION**SECTION TITLE: **EMS Continuous Quality Improvement (CQI)**

SECTION NUMBER: 903.00

EFFECTIVE DATE: 12/01/00

REVISION DATE: 04/01/02

Non Sentinel issues will reviewed by the Peer Review Committee. Once a perceived issue is brought before the Peer Review Committee the members will decide if there is actually an issue. If the Peer Review Committee decides that there is no issue, then the review of the incident is ended.

If the Peer Review Committee decides there is an issue, then they have two options:

- Request Information via written a Peer Review Audit Sheet. . (See example in Sample Section)
- A Peer Review member will contact those involved with the incident and verbally exchange information concerning the call. This is Peer Information Exchange.

The committee will then receive feedback information from these requests for information. At this point, the committee may elect to close the review or they may use one of the following four options:

- Request (written) Information.
- Peer Information Exchange (verbal).
- Request meeting with EMT-P.
- Make recommendation to the EMS Manager.

The Committee may use any of the above options as often as needed until they close the case.

Once the review of the incident is completed, and all responses and possible corrective actions have been completed, the case will be closed. The Peer Review Committee will take no disciplinary action. All requests of information or actions from the committee are for the sole purpose of improving the quality of EMS Care delivered by the district. The responses of district employees to requests of information from the Peer Review Committee will not be accessible by district management. The incidents reviewed by the Peer Review Committee maybe forwarded to district management, but the response from district employees will not be forwarded to district management.

C. Exchange of Information between Field Personnel and the Peer Review Committee - Non-Punitive

Much of the exchange of information between the Peer Review Committee and the field personnel occur thorough verbal exchanges. This reduction of the written version of follow-up forms has reduced the normal defensive stance field personnel take upon

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any critique of their field care. This reduction in a defensive stance increases the likelihood of a positive reception and retention of the information the Peer Review Committee is trying to relay to field personnel from their peers.

The Peer Review Program will continue to emphasize the exchange of verbal and discussion-oriented information (rather than written black/white issues). Better Care through Better Communications.

D. Exchange of Information between Peer Review Committee and the Administrative (QA) EMS Division of the District

This section of the CQI Process establishes the rules for the committee to help standardize this process. The following paragraphs will identify when CQI issues will be forwarded to the QA Manager of the EMS Division.

1. When a sentinel event has occurred.
2. When an EMT has not responded to a CQI Follow-up form within a four week period.
3. When an EMT has responded to the committee in a manner deemed inappropriate by the committee.
4. When an EMT has received multiple follow-up forms following a trend, the committee will ask that EMT to come to a Peer Review meeting. If a meeting takes place, this meeting will be closed to visitors so as not to cause further stress for the EMT. If the EMT fails to attend a Peer Review meeting within four weeks of the request, the trends will be forwarded to the QA Manager of the EMS Division.
5. When an issue does lend itself to an educational opportunity the committee is unable to facilitate, this information will be forwarded to the EMS Division.

The committee has no administrative authority, and is responsible for identifying and preventing problems through a non-punitive system. Only when trends have not been corrected, or are of serious nature (sentinel), will issues be forwarded from the committee to ARFD administration.

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IV. STANDARDS FOR DOCUMENTATION

The following pages are the standards for documentation, as developed by the Peer Review Committee, which the district strives to deliver.

STANDARDS FOR DOCUMENTATION OF ALL PATIENTS

1. All areas of the Patient Care Report (PCR) are completed or lined through as set forth in SMFD policy #903.03
2. A six second portion of cardiac monitor strip is attached to the Provider, Hospital, and DEMS copies of the PCR (if monitor was utilized).
3. There will be at least two sets of vital signs obtained and documented for ALL transported patients.
4. Each ALS procedure/medication will have the identity of the paramedic documented and patient response to all treatments.
5. All extended scene times have a written explanation (Medical > 20 minutes, Trauma >10 minutes).

STANDARDS FOR CARDIAC DOCUMENTATION

1. A brief statement addressing the PQRST description of pain, discomfort, or dysfunction (in narrative or PQRST box).
 P: Provoked- what was the patient doing when the complaint started?
 Q: Quality- How does the patient perceive or describe the pain, i.e. crushing, burning, pressure, etc?
 R: Radiation- If and where the pain travels away from the source, or pain in any other place.
 S: Site/Severity- Where is the pain located? How does the patient rate pain intensity on a 1-10 scale, with 1 being minimal pain and 10 the worst pain the patient has ever felt?
 T: Time- length of time of duration of symptoms.
2. Nausea, vomiting, or diarrhea- present or absent?
3. Dyspnea- present or absent?
4. Diaphoresis- present or absent?
5. What, if anything, aggravates or alleviates the pain?

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STANDARDS FOR MEDICATION DOCUMENTATION

1. All of the following items will be documented on the treatment portion of the PCR:
 - a) The time of medication administration
 - b) The name and dosage of medication administered
 - c) The route the medication was administered
 - d) The patient's response to medication
 - e) The medication will have the identity of the paramedic documented.
2. Each medication administration will be documented separately
3. A set of vital signs will be documented around each medication administration as per county protocol.

STANDARDS FOR RESPIRATORY DOCUMENTATION

1. The following items will be documented in the narrative:
 - a) Is the patient in mild, moderate, or severe distress?
 - b) What is the patient's speaking ability (i.e. 4-5 word broken sentences, 1-2 words only, etc)?
 - c) Accessory muscle use- present or absent?
 - d) Cough/Sputum- present or absent?
 - e) Lung sounds including description of tidal volume... ie... Good, Adequate, Poor
 - f) Did the patient use any home meds? If so, did they help any?
2. The following items should be addressed in the narrative or secondary area if appropriate:
 - a) Skin signs
 - b) Pulse oximeter reading

STANDARDS FOR DOCUMENTATION OF INTUBATED PATIENTS

1. Size of the ET tube
2. Use of cric pressure/Sellick's maneuver during intubation
3. Location of tube noted in centimeters at the teeth, lips, nares, etc.
4. Type of device used to secure the tube in place
5. Use of the End-Tidal CO₂ Detector or other secondary confirmation device (LP-12 end tidal CO₂ detect, FEF, or Toomey Syringe)
6. Presence and quality of breath sounds & absence of epigastric sounds
7. Name, dose, and route of any medications used to facilitate nasal intubation
8. Confirmation of tube placement as appropriate

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STANDARDS FOR POISONING/OD DOCUMENTATION

1. What is the name and dosage of the substance or medication the patient ingested?
2. When was the substance or medication ingested?
3. Has the patient vomited since the time of ingestion?
4. Is there any concurrent alcohol or illegal drug use?
5. Was the ingestion accidental or intentional?

STANDARDS FOR ABDOMINAL PAIN/GI DOCUMENTATION

1. A brief statement addressing the PQRST description of pain, discomfort, or dysfunction in the narrative or PQRST box.
2. Nausea, vomiting, & diarrhea- present or absent?
 - a) Description of emesis and/or diarrhea if applicable
3. When was the last bowel movement? Was the stool color normal?
4. Urinary complaints i.e. polyuria, dysuria, hematuria, anuria- present or absent?
5. The following items will be addressed for female patients of childbearing age:
 - a) Vaginal bleeding or discharge- present or absent?
 - b) When was the last menstrual period?
 - c) Is there any possibility the patient is pregnant?
6. Palpation of abdomen (soft, tender, rigid, pulsating mass, ect).

STANDARDS FOR MATERNITY DOCUMENTATION

1. Is there any vaginal bleeding or discharge?
2. How far along is the patient? When is the EDC?
3. Has the patient been receiving prenatal care?
 - a) Are there any complications expected?
4. Gravida & Para?
5. Has the bag of H2O broken?
 - a) Foul odor and/or discoloration of fluid?
6. How far apart and how long are the contractions?

STANDARDS FOR CVA DOCUMENTATION

1. When was the patient last seen at neurological baseline (normal for pt).
2. What is the patient's level of consciousness? Is the current level of consciousness a change from the patient's baseline mental status?
3. Does the patient have slurred speech or any other neurodeficits?
4. When did the patient's signs and symptoms start?

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STANDARDS FOR SEIZURE DOCUMENTATION

1. Was the seizure witnessed or not?
2. Description, duration, and # of seizures.
3. When was last seizure before today?
4. What was the mental status between seizures? Any lucid moments?
5. Is the patient compliant with medication (if applicable)?

STANDARDS FOR DIABETIC EMERGENCY DOCUMENTATION

1. When did the patient eat last?
2. When did the patient last take insulin or oral medications?
3. Has the patient had an illness recently?

STANDARDS FOR TRAUMA DOCUMENTATION

1. Description of the incident and injury will include the following:
 - a) Description of mechanism of injury
 - b) Description of vehicle damage (if applicable)
 - c) Use of safety restraints & equipment (i.e. seatbelt, air bag, helmet, protective pads, etc)
 - d) Type and description of the patient's wounds
 - e) Positive or negative loss of consciousness
 - f) Document all wound treatment provided
 - g) Document status of circulation, sensation, and movement before and after splinting or spinal precautions