COUNTY OF SANTA CRUZ

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ADDENDUM # 3

Request for Proposals 17P1-001

Exclusive Emergency Ambulance Service Operator for the Santa Cruz County Exclusive Operating Area

Issued: October 20, 2017

Addendum #3 is being issued to answer questions submitted in writing after the bidders' conference in accordance with RFP Section 5.3.

Direct any questions regarding Addendum #3 to Kevin.Bratcher@santacruzcounty.us.

Addendum #3 authorization:

Kevin Bratcher — 10/20/2017

Kevin Bratcher — Date

Item #12 (Section 4.1(4))

RFP Language: Any request for ALS interfacility transport from a healthcare facility

Q1: Does this include requests to transport patients out of the County to other facilities? If so, this could significantly increase the number of unit hours required in the system and potentially impact response times and user fees.

A1: Yes. This includes any ALS transport originating in the County. While this may increase unit hours, the intention is to increase the total number of transports which, in turn, increases revenue to support more unit hours within the system.

Item #13 (Section 4.1(6))

RFP Language: All "Special Events" requiring ALS level of service, even if there is no ambulance required.

Q1: Can the County please define "Special Events"? This section requires the Contractor to provide all ALS services including standbys that do not require an ambulance. Does this exclude other ALS providers in the County (Fire Agencies) from providing those services?

A1: A special event is any organized gathering of people. When ALS medical stand-by is required by the permitting agency, or the organizer wishes to offer said services, the Contractor is the exclusive provider within the County. The Contractor may choose to subcontract this service to other ALS providers.

Q2: Also, does this require the contractor to provide services for non-paid events regardless of size or length of time?

A2: No. There is no requirement to provide non-paid event services except where in support of an allied agency event (e.g., working fire, hazardous materials spill).

Item #14 (Section 4.7.E.(2))

RFP Language: Case-by-Case Appeals

(a) Traffic related to incident (e.g., car crash). At scene determined when unit reaches related traffic.

(b) Lack of documented on-scene time; Contractor may submit global positioning system (GPS) data to confirm on-scene time – otherwise next radio transmission is used.

Q1: The Exemption language is rather specific to what can be considered exempt, given the changes in healthcare, demographics and unforeseen circumstances would the County consider exemptions due to unforeseen circumstances for "good cause"?

A1: The County desires a simplified and non-laborious process for exemptions so that leadership can spend its time on improving clinical care and other tasks more important to patient care. The County would be willing to discuss other exemptions during the contract negotiation phase that may be appropriate; however, any exemption related to something predictable or within the Contractor’s control would not be considered.

Item #15 (Section 4.12)

RFP Language: There will be no charge for these services for the first twenty-four (24) hours; however, the Contractor may charge for standby services at private events. The standby services shall be based on a Contractor's written policy that is subject to the County's approval and included in the response to this RFP.

Q1: States "there will be no charges for the first 24 hours," however there may be circumstances where funds are available to reimburse for these services. An example would be a request from CalFire to stage an ambulance at a large fire incident which could last days/ weeks. Could this requirement be rewritten to state, "that there will be no charges for the first 24 hours unless the charges can be reimbursed?"

A1: Yes. The County accepts the recommended language revision and allow for charges when they can be reimbursed.

Item #16 (Section 4.14)

RFP Language: All ambulances utilized by the Contractor shall be the Type II, "Sprinter" style and meet the current safety standards of the Commission on the Accreditation of Ambulance Services (CAAS), National Fire Protection Association (NFPA), Federal "KKK-A-1822," or similar standards organization. At a minimum, all vehicles shall meet the standards of Title XIII, California Code of Regulations as well as any LEMSA policies in effect at the time of original manufacture.

Q1: States "Sprinter" style, does this mean a van type similar to Sprinters or is the County requiring Sprinters to be used?

A1: A van type similar to Sprinters is acceptable.

Item #17 (Section 8.4.B. (b) 11))

RFP Language: The Bidder and each of its partners or shareholders must provide letters from any EMS regulatory agencies (maximum of five where it operates at the credentialing level) stating that it has been in substantial compliance with their standards, including response-time requirements, if measured by the agency, for the last two years.

18) References: Contractor shall append no more than five letters of reference specifically related to the organization's current and existing:
    a) Agreements and contracts
    b) Clinical performance as an ALS contractor
    c) Quality assurance/improvement program effectiveness
    d) Response-time performance
    e) Vehicle maintenance and replacement program
    f) Relationships with first responder agencies
    g) Organization's local and/or national reputation as a contractor of ALS service
    h) Relationship with labor organizations

Note: Letters of reference must include the following:
    a) Be signed and dated by the author.
    b) Fully disclose any direct or indirect business or financial relationship between the author or organization and the Bidder.
    c) Describe the extent to which the author/organization is familiar with the Bidder and the Bidder's work/performance.

Note: Letters of reference will not be supplied by or considered from the County staff members.

Q1: Are these references the same or do we need separate letters (5 each)?

A1: Up to five (5) reference letters overall is acceptable.

Item #18 (Section 8.4.B. (m))

RFP Language: The rates will be considered inclusive of supplies and equipment utilized during patient care.
Services Current Rates
ALS emergency base rate $2,187.25
BLS emergency base rate None currently
Non-transport fee $ 141.92
Mileage $ 69.48
Oxygen $ 251.98

Q1: Rates are bundled in the RFP. The current contractor bills for ancillary supplies, and changing the method of billing would increase the base rate, but bidders will be working from the rate in the RFP which would then be artificially low. Could this cause confusion or inaccuracies when scoring the rates during the evaluation process?

A1: We could not obtain the information necessary to answer this question prior to issuance of Addendum #3 per Section 3.4 - Scheduled Activities. We will provide the answer to this question in a subsequent addendum as soon as possible.

Item #19 (Section 8.4.B. (n) 3))

RFP Language: Minimum: Contractor shall agree to partner with the County and its EMS stakeholders to review and improve the EMS system. This shall include funding one (1) full-time medical professional (i.e., paramedic, registered nurse, nurse practitioner, or physician assistant) that will be located at the LEMSA whose sole responsibility will be high-system user diversion and facilitation of innovation. This person shall have access to a vehicle equipped with ALS equipment and supplies as well as other tools necessary (i.e., point of care testing) to perform field visits and other tasks. As other best practices are implemented locally, Contractor shall agree to share information and support these programs.

Q1: Contractor is to fund a FTE medical professional to be located at the LEMSA with a vehicle and ALS equipment/supplies.
- Who does this FTE work for the Contractor or County?
- Who manages and assigns work to this FTE?

A1: The FTE will be a contractor employee. A workstation will be made available at a County facility to better facilitate a working relationship with the County agencies necessary to support a diversion program. Contractor will be solely responsible for hiring and employment related decisions including managing and assigning work. If Contractor so desires for County to take on the oversight of a diversion program for high-utilizers of the emergency medical system and other innovative programs, the Contractor may contract for the provision of services with the County or other acceptable agency as approved by the County.

Item #20 (Section 4.17.A.)

RFP Language: The revenue premise for this RFP is a traditional fee-for-service system for ambulance calls. There is no general County subsidy offered as part of this procurement. It is also recognized that it may be in the best interest of the community to encourage other types of "at-risk" payment systems with local managed care programs and systems. Any existing contractual agreements or immediately anticipated arrangements, including membership programs, must be stipulated in the response to this RFP by the bidder

Q1: Is it the intent of the County to encourage or discourage contractual discounts for managed care programs?

A1: The County believes any managed care contracts should not have a negative impact on 911 revenue to the detriment of the 911 system as a whole. That said, the County is interested in knowing about any anticipated strategies with managed care programs and systems that may better the overall healthcare and/or EMS system within the County. One example would be a treat-and-release program with managed care providers that does not incentivize transport, but an alternate disposition in the best interests of the patient while ensuring no revenue loss to the Contractor.

Item #21 (Section 7.1 & Attachment 8)

RFP Language: All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed $10,000 without the express written permission of the County.
a. a. As to all insurance coverage required herein any deductible or self-insured retention exceeding $5,000 shall be disclosed to and be subject to written approval by County. Contractor shall provide insurance covering claims made as a result of performance of this Contract and shall maintain tail insurance in effect for not less than two (2) years following completion of performance of this Contract. If any insurance coverage required in Contract is provided on a "Claims Made" rather than "Occurrence" form, Contractor agrees that the retroactive date thereof shall be no later than the date first written above (in the first paragraph on page 1), and that it shall maintain the required coverage for a period of three (3) years after the expiration of Contract (hereinafter "post Contract coverage") and any extensions thereof.

Q1: Section 7.1 states a $10,000 deductible/self-insured limit while Attachment 8 states a $5,000 limit.
A1: $10,000

Q2: Section 7.1 states the PL policy must have a 2-year tail policy while Attachment 8 states 3 years.
A2: Two (2) years is sufficient tail policy coverage.

Q3: Should there be duplicate sections for insurance? Which section should the contractor adhere to?
A3: The more stringent standard should be adhered to. During the contract negotiation phase, any discrepancies can be discussed further.

Item #22 (Section 8.4.B. (g))

RFP Language: Rate Increase for rate adjustments, which may be based on the Bay Area Consumer Price Index (CPI) and/or other appropriate indexes reflecting increased costs of operations. The Contractor may propose rate changes to the County no more frequently than annually unless the Contractor can demonstrate to the satisfaction of the County that, due to extraordinary changes in reimbursement or the cost structure of the Contractor's operations which were beyond the control of the Contractor, an undue financial hardship would be placed on the Contractor in the absence of an immediate rate consideration.

Q1: How does the County anticipate addressing that CPI, when adjusted for the small fraction of responsive payers, is often less than 1% and will not keep pace with employee compensation and other cost escalators?
A1: The County will utilize the “CPI-All Urban Consumers, medical care commodities in West urban” to better match the increasing costs of health care. At a minimum, the Contractor may request a rate increase of three (3.0) percent annually. Any rate increase request will be reviewed based on financial reports and respective profit margin.

Item #23 (Attachment 1)

Q1: Is the payor mix for 2016 available? If so, can the County provide it?

A1: We could not obtain the information necessary to answer this question prior to issuance of Addendum #3 per Section 3.4 - Scheduled Activities. We will provide the answer to this question in a subsequent addendum as soon as possible

Q2: What are the actual reimbursement payment amounts that coincide with Attachment 1, Figure 7?

A2: We could not obtain the information necessary to answer this question prior to issuance of Addendum #3 per Section 3.4 - Scheduled Activities. We will provide the answer to this question in a subsequent addendum as soon as possible

Item #24 (Attachment 4)

Q1: Does every agency listed in the Key Contacts provide ALS First Response? If not, which agencies are excluded?

A1: No. Aptos/La Selva, Central Fire, Santa Cruz City/University of California Santa Cruz, Scotts Valley, and Watsonville provide ALS First Response currently.

Q2: Is the contracted provider always responsible for the ALS first response time?

A2: Yes. The Contractor is ultimately responsible for meeting the ALS first response time. This can be met with any ALS resource, such as and ALS fire first response vehicle, ALS quick response vehicle, or an ALS ambulance.

Q3: Are bidders free to contact/hold discussions with every agency listed in Attachment 4?

A3: Yes.

Item #25 (Attachment 5)

Q1: Can the County provide the most recent 1-year indicators score card?

A1: The values included on the sample report cards are provided more as examples than to be interpreted as precise calculations of current clinical benchmarks. It is the County's intention to create accurate and objective data search formulas for each benchmark using ImageTrend data that can be externally validated by the Contractor. Therefore, newer report card data is not relevant.

Item #26 (Section 4.2)

Q1: Are all calls triaged for appropriate response level at the time of dispatch?

A1: Yes, when possible. Calls that cannot be triaged due to challenges with the reporting party, such as language, third-party, etc., will be assumed to be Code-3 until appropriate triage is possible or first arriving EMS resource. Historical EMS run data includes response level information.

Q2: Will the provider be contractually responsible (liquidated damages, etc.) for the Fire Department first response times?

A2: Yes. It is up to the Contractor and Subcontractor to determine their relationship as it pertains to first response services, including liquidated damages.

Q3: Could a quick-response vehicle be used by the Contractor to fulfill the ALS response time?

A3: Yes.

Q4: Please clarify if it's acceptable for bidders to contact/have discussions with the fire agencies within the County?

A4: Yes. It is acceptable and encouraged to contact local fire agencies to develop the best proposal possible.

Q5: What is the "strict formula" referenced with regard to compensating the fire agencies?
A5: This reference is related to not paying more than the value provided by fire agencies to avoid any kickback issues with Medicare/MediCal.

Item #27 (Section 4.3)

Q1: Can the County provide copies of the complete EMS Run Data, including detailed GPS and GIS data, from NetCom CAD for 2011-2016?
A1: Yes. Contact Kevin Bratcher for the EMS run data.

Q2: Can the County provide detailed boundary data?
A2: Each call within the EMS run data includes the zone it is located within.

Item #28 (Section 4.5)

Q1: Which fire agencies do and do not provide ALS first response within the County.
A1: Aptos/La Selva, Central Fire, Santa Cruz City/University of California Santa Cruz, Scotts Valley, and Watsonville provide ALS First Response currently. The rest do not provide ALS First Response.

Q2: Again, will the provider be contractually responsible (liquidated damages, etc.) for the Fire Department response times? If so, what leverage does a contracted private provider have to promote first responder compliance with response times?
A2: Yes. It is up to the Contractor and Subcontractor to determine their relationship as it pertains to first response services, including liquidated damages. The Contractor may negotiate with fire agencies any strategy for response time compliance. One example would be a pass-through for liquidated damages specific to first response.

Item #29 (Section 4.5.E.)

Q1: Can the County confirm that "Emergency Transfers" will be subject to the same response time requirements and liquidated damages as Code 3 911 calls?
A1: Yes. These patients have a condition which any delay could result in placing the patient's health in immediate jeopardy and emergent transfer to a higher level of care is required.

Item #30 (Section 4.7.A.)

Q1: What is the total cost in liquidated damages that has been incurred and paid by the current provider between 2012 and end of 2016?
A1: We could not obtain the information necessary to answer this question prior to issuance of Addendum #3 per Section 3.4 - Scheduled Activities. We will provide the answer to this question in a subsequent addendum as soon as possible.

Item #31 (Section 8.4.B. (e))

Q1: Can the County provide the current wage scales and benefit packages for the incumbent workforce?
A1: Please contact United EMS Workers, Local 4911, to discuss current wage scales and benefit packages with the labor representative; see Attachment 4 for contact information.

Item #32 (Section 4.7.C.)

Q1: Can the County provide the current EMSIA agreement or confirm that it's acceptable for bidders to contact EMSIA for a copy of the latest agreement?
A1: It is acceptable for any Bidder to contact the EMSIA; the contact is listed in Attachment 4.

Q2: Please clarify if the EMSIA agreement fee (currently valued at $293,323) is in addition to the hourly fee first responder reimbursement proposed in the RFP?
A2: Currently, the EMSIA agreement includes ALS first responder fees and backup ALS transport reimbursement. Each Bidder needs to determine if and how it will subcontract for first response and/or transport including reimbursement.

Q3: If FRALS units are utilized, are the fire agencies fully responsible for meeting the response time standard (i.e., contractor not responsible for these times with regard to compliance/liquidated damages, etc.)?
A3: No. It is up to the Contractor and Subcontractor to determine their relationship as it pertains to first response services, including liquidated damages. The Contractor may negotiate with fire agencies any strategy for response time compliance. One example would be a pass-through for liquidated damages specific to first response.

Q4: Can the County provide copies of all current FRAL-related policies/procedures?
A4: These are available through the County's EMS Agency and EMSIA websites.

Item #33 (Section 4.10)

Q1: What is the incentive for the fire agencies to meet response times? Again, will the contracted provider be held contractually responsible for ALS first response times that do not meet the RFP's response time standards?
A1: It is up to the Contractor and Subcontractor to determine their relationship as it pertains to first response services, including liquidated damages. The Contractor may negotiate with fire agencies any strategy for response time compliance. One example would be a pass-through for liquidated damages specific to first response.

Item #34 (Section 4.15)

Q1: What ePCR system does each fire agency currently utilize?
A1: ImageTrend is utilized by all first responder and transport agencies within the County.

Item #35 (Section 4.17)

Q1: Can the County provide additional information on the "public funding opportunities" referred to in this section?
A1: With the current dynamic nature of healthcare reform, the County is looking for a partner that will work together to take advantage of opportunities not yet known. A good faith effort is expected and required.

Item #36 (Section 4.22)

Q1: What is the Proposal Submission Fee? Will it be announced prior to Letter of Intent deadline? (How can potential bidders determine if they would like to bid if they do not know the costs associated with submitting a proposal?)
A1: The Proposal Submission Fee is $10,000. This fee was approved on 9/26/17 by the County Board of Supervisors.

Item #37 (Section 5.12)

Q1: Section: 5.12: Again, what is the "County-approved" Proposal Submission Fee?
A1: The Proposal Submission Fee is $10,000. This fee was approved on 9/26/17 by the County Board of Supervisors.

Item #38 (Section 8.4.B.(d))

Q1: Does the shift scheduling cap at 48 hours exclude strike teams/disaster response?
A1: Yes. Any declared disaster would be exempt and the Contract Administrator would also have the authority to exclude any unusual events from this mandate.

Q2: Can the County provide clarification on the following: “Wages should be structured so as to recognize multi-cultural capability…”? Does this refer to preferential pay for bilingual skills among field staff?
A2: Yes; that is one example.

Item #39 (LEMSA documents)

Q1: LEMSA documents: Can the County provide copies of all current LEMSA policies and all LEMSA education programs?
A1: These are available through the County’s EMS Agency website.

Item #40 (Section 8.4.B. (g))

Q1: The RFP refers (p. 47 and elsewhere) to bidders submitting “financial information” separately in a sealed envelope. Which sections, specifically, of the RFP need to be submitted separately?
A1: All financials shall be in a separate envelope. This includes cost and revenue forecasts, other financial statements and budget, financing, and any other financial information provided – Section 8.4.B (g).

Q2: Are the Proposed Patient Charges also to be submitted in a sealed envelope?
A2: Yes. Please provide proposed patient charges in the sealed envelope with financials.

Item #41 (Section 8.4.B. (l))

Q1: Can the County provide a copy of the draft “Tactical casualty care training policy” referenced on p. 50, as well as any other “draft” policies in development that would impact this contract?
A1: Draft policies are available on the County’s EMS Agency website. Specific to tactical casualty/medical care, the State EMS Authority is requiring all counties to develop a policy on this topic. Similar to any draft policy, the County will work with its EMS committees and stakeholders before finalizing. This includes coordinating any related training with the Contractor and First Responder agencies.

Item #42 (Section 8.4.B. (m) 4))

Q1: Who is the payor for the non-transport fee?
A1: The Bidder should have experience in determining who the potential payors may include when charging a non-transport fee.

Item #43 (Section 8.4.B. (n) 1) (g))

Q1: In order to develop a budget, can the County provide detailed information on each of the specific communications interfaces that will be required by the agencies listed?
A1: Section 4.13 describes the necessary radio frequencies and capabilities. GPS capability for vehicle tracking is also required.

Item #44 (Section 4.2.A.)

Q1: References compensation for Fire ALS First Response "following a strict formula”. Can the formula for calculating the compensation be obtained?

A1: This reference is related to not paying more than the value provided by fire agencies to avoid any kickback issues with Medicare/MediCal. It is up to each Bidder to determine how and to what extent it will subcontract with fire agencies and determine the appropriate formula for compensation.

Item #45 (Section 4.5.E.)

Q1: Health Care Facility Calls - are these calls/transports included in the 14,000 estimated emergency transports?

A1: No. ALS health care facility calls are not included.

Q2: If the Health Care Facility Calls are not included can an estimated number be provided for bidders?

A2: This information is not currently collected by the County. Contact information for the two receiving hospitals is included in Attachment 4. Bidders are encouraged to contact the hospital representatives to estimate the volume.

Item #46 (Section 5.12)

Q1: Proposal Submission Fee, at what point in the RFP process will the amount of this fee be determined? It references the cost of reviewing the proposals as a factor in determining the fee yet it must be submitted with the proposal.

A1: The Proposal Submission Fee is $10,000. This fee was approved on 9/26/17 by the County Board of Supervisors.

Item #47 (EMS Medical Director)

Q1: The County EMS Medical Director is not listed as a key contact for potential bidders, yet the RFP suggests a strong bias for clinical innovation and clinical outcome metrics. Will potential bidders have the opportunity to interface with Medical Director to obtain the Medical Director's perspective on what direction/innovation he is most interested in pursuing?

A1: It is correct that the County is placing a strong bias for clinical innovation and clinical outcome metrics for the next Contractor. The County EMS Medical Director attended the bidders' conference and was available to discuss the strong clinical focus. It would be inappropriate for the Medical Director, as a representative of the County, to have individual conversations with potential bidders. It is the County's intention for the Medical Director to work closely with the Contractor as it relates to clinical innovation and outcome metrics, including revising as necessary for what is realistic and within the Contractor's ability to control.

Item #48 (Report Cards)

Q1: Can the transport report card be redacted and/or clarified to reflect that these are not the current scores of the incumbent provider since this data is not currently being tracked?

A1: New transport and first responder report cards are included in this Addendum with no values. The values originally included on the sample report cards were provided more as examples than to be interpreted as precise calculations of current clinical benchmarks. A rough data search was conducted using ImageTrend to obtain preliminary values – however, additional work is necessary to truly refine and determine the current values. Sample values were added (i.e., those in blue) to demonstrate how the report card works overall; no implication about the true current values for these criteria is meant. It is the County's intention to create accurate and objective data search formulas for each benchmark using ImageTrend that can be externally validated by the Contractor. This formula process will be transparent and fair to the provider. Overall, any criteria included must be 1) measurable, 2) improvable, and 3) reflect value to the patient.

Santa Cruz County Transport Report Card			
Criterion	**Goal**	**Weighted Value**	**Score**
Cardiac Arrest			
End-tidal CO2 monitored	90.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Respiratory Distress			
Mental Status assessed/documented	90.0%	3.0%	
bronchodilator administration for wheezing	85.0%	3.0%	
Airway Management			
End-tidal CO2 performed on any successful ET intubation	90.0%	3.0%	
Other confirmation techniques (e.g., visualize chords, chest rise, auscultation)	90.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
STEMI			
ASA administration	90.0%	3.0%	
Sp02 recorded	95.0%	3.0%	
12 LEAD EKG acquired within 5 minutes	80.0%	3.0%	
Scene time less than 15 minutes	80.0%	3.0%	
Transport to STEMI center rate (with notification)	95.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Stroke			
Time last seen normal	90.0%	3.0%	
Use of a prehospital BEFAST stroke scale	90.0%	3.0%	
Scene time less than 15 minutes	80.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Trauma			
PAM scale recorded	90.0%	3.0%	
Scene time less than 15 minutes	50.0%	3.0%	
Trauma center destination	90.0%	3.0%	
Complete documentation (see System QI P&P)	90.0%	3.0%	
Safety			
Employee injuries per 10,000 hours worked	1.00	2.0%	
Employee turnover rate	25.0%	8.0%	
Protocol compliance rate per chart review (high acuity, AMA/RAS, & random)	90.0%	10.0%	
Patient Satisfaction (use standardized questions to allow inter-agency comparison)			
Communication by medics (patient and family)	97.2%	3.0%	
Care shown by the ambulance crew	94.4%	2.0%	
Skill and professionalism of our ambulance crew	93.8%	2.0%	
Cleanliness of ambulance	94.1%	2.0%	
Ride of the ambulance	92.3%	2.0%	
ePCR Submission Compliance			
At time of patient drop off (over 90 days)	90.0%	2.0%	
High acuity (ROSC, STEMI, Stroke, Trauma) cases at time of drop off	95.0%	2.0%	
Completed within 24 hours	100.0%	2.0%	
Total Standards		**100.0%**	

Green: Meet/Exceed Goal	**Criteria**
Orange: 0-20% Below Goal	1) Measurable
Red: >20% Below Goal	2) Must be improvable
	3) Reflect value to the patient

Santa Cruz County First Responder Report Card			
Criterion	**Goal**	**Weighted Value**	**Score**
Cardiac Arrest			
End-tidal CO2 monitored	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Respiratory Distress			
Mental Status assessed/documented	90.0%	4.0%	
bronchodilator administration for wheezing within 10 minutes	85.0%	4.0%	
Airway Management			
End-tidal CO2 performed on any successful ET intubation	90.0%	4.0%	
Other confirmation techniques (e.g., visualize chords, chest rise, auscultation)	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
STEMI			
ASA administration within 5 minutes	90.0%	4.0%	
Sp02 recorded	95.0%	4.0%	
12 LEAD EKG acquired within 5 minutes	80.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Stroke			
Time last seen normal	90.0%	4.0%	
Use of a prehospital BEFAST stroke scale	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Trauma			
PAM scale recorded	90.0%	4.0%	
Complete documentation (see System QI P&P)	90.0%	4.0%	
Safety			
Protocol compliance rate per chart review (high acuity, AMA/RAS, & random)	90.0%	10.0%	
Patient Satisfaction (use standardized questions to allow inter-agency comparison)			
Degree to which the firefighters took your problem seriously	94.0%	4.0%	
How well the firefighters explained things in a way you could understand	95.4%	4.0%	
Skill of the firefighters	94.1%	4.0%	
Extent to which the firefighters cared for you as a person	94.1%	4.0%	
Professionalism of the firefighters	94.1%	4.0%	
ePCR Submission Compliance			
Transfer of Care (TOC) critical ePCR elements completed within 10 minutes of patient departure from scene	90.0%	3.0%	
Full ePCR completed within 24 hours	100.0%	3.0%	
Total Standards		**100.0%**	

Green: Meet/Exceed Goal	**Criteria**
Orange: 0-20% Below Goal	1) Measurable
Red: >20% Below Goal	2) Must be improvable
	3) Reflect value to the patient