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POLICY MEMORANDUM 1900

EFFECTIVE DATE: October 10, 2024

REVIEWED/APPROVED BY:

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AUTHORITY:

SUBJECT: EXCLUSIVE OPERATING AREA (EOA) REQUEST FOR PROPOSAL (RFP) AND CONTRACTING PROCESS

Health and Safety Code (H&SC), Division 2.5, Sections 1797.200, 1797.230

PURPOSE:

To establish a process for Solano County Emergency Medical Services Cooperative (SEMSC) to regularly conduct a competitive bid for Exclusive Operating Area (EOA) ambulance services to ensure residents and visitors have appropriate access to emergency ambulance transportation. This policy supports the effective delivery of EOA ambulance services, following established standards of care and performance, for the betterment of Solano County's residents and visitors.

- I. **EMERGENCY MEDICAL SERVICES (EMS) SYSTEM STUDY AND EVALUATION**
 - A. Solano County Emergency Medical Services (EMS) Agency system will evaluate its current delivery system and identify improvement opportunities. The results will refine the current system delivery and be incorporated into a Request for Proposal (RFP) for EOA ambulance services. The RFP shall include certain critical components to ensure the ambulance services meet and exceed the community's needs.
 - B. The Solano County General Services Department, on behalf of the Department of Public Health and SEMSC, will invite proposals from qualified organizations to

bid on the emergency ambulance service for an EOA. The SEMSC is authorized to plan and implement such an EOA as provided for under California H&SC, Section 1797.224. The EOA represents all incorporated and unincorporated areas of Solano County ("County"), except the City of Vacaville. Proposals will be accepted for one provider servicing the entire EOA. That provider may subcontract as warranted to deliver optimal service to residents and visitors.

II. STATE MANDATED RFP REQUIREMENTS

- A. California H&SC Section 1797.230 may include the following components for any ambulance RFP process:
1. Employment retention requirements for the employees of the incumbent ambulance service.
 2. Demonstrated experience serving similar populations and geographic areas.
 3. Diversity and equity efforts addressing the unique needs of vulnerable and underserved populations of the service area.
 4. Financial requirements, including requiring a private ambulance service provider to show proof of insurance and bonding.
 5. A description of the ambulance service provider's public information, education activities, and community involvement.

III. SEMSC RFP REQUIREMENTS

- A. The SEMSC may require additional components beyond those mandated by the State of California such as, but not limited to, listed below:
1. Demonstrated ability to meet the EMS needs of the county through a patient-centric approach.
 2. Define the levels of ambulance service to be provided through the defined exclusive operating area.
 3. Require key performance indicators to ensure a high level of patient care
 4. Ensure a comprehensive continuous quality improvement process with sufficient staff to monitor key performance indicators, identify trends, and educate the workforce.
 5. Define response time performance needed to meet the expectations of the SEMSC.
 6. Develop liquidated damages for underperformance by failing to achieve the key performance indicators.
 7. Describe the partnership with the existing first responder agencies, including training and education.
 8. Provide ambulance dispatch services in accordance with required performance criteria.
 9. Identify the key management responsible for oversight of the service.
 10. Demonstrate experience providing ambulance services through the organization, Subcontractor, or local leadership.
 11. Demonstrate experience with resource system status planning for optimal deployment of units.
 12. Support existing and new mutual aid requests as needed.
 13. Define vehicle type and equipment to be used.
 14. Describe employee wellness processes and steps to mitigate fatigue issues.

IV. **CONTRACT REQUIREMENTS**

The resulting contract shall demonstrate the following items per H&SC 1797.230:

- The contract will provide for the payment of comparable wages and benefits to all ambulance service employees that are generally consistent with those provided to ambulance service employees in the same geographic region.
- Staffing levels for ambulance service employees will be comparable to the staffing levels under the County's previous contract.

A. Overview

The Solano County General Services Department, on behalf of the Department of Public Health and its Emergency Medical Services (EMS) Agency, will invite proposals from qualified organizations to bid on the emergency ambulance service for an exclusive operating area (EOA). The EMS Agency is authorized to plan and implement such an EOA as provided for under California Health and Safety Code (H&SC), Section 1797.224. The EOA represents all incorporated and unincorporated areas of Solano County ("County"), except the City of Vacaville. The Provider may subcontract as warranted to deliver optimal service to residents and visitors.

B. Exclusive Operating Areas

The County is currently divided into three zones. Zone B covers the areas of the cities of Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vallejo, and their unincorporated areas which represent the competitive EOA and Zones A and C are covered by the City of Vacaville recognized under 1797.201.

The competitive RFP is for 9-1-1 ambulance services that includes the cities of Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vallejo, and the unincorporated areas. The ambulance transport volume of multiple communities allows for all areas to be served - whether urban or rural. This approach ensures the County's low population areas, and the densely populated cities are served equally. The authority of the LEMSA allows the restriction of operations to one emergency ambulance provider within the EOA. However, except as provided in statute and regulation, nothing limits a Provider from subcontracting part or all the ambulance service for the betterment of the County residents and visitors. One example of a regulation that provides subcontract requirements is H&SC, Section 1797.231.

C. Scope

This defines the solicitation for the selection of the single provider of ground emergency ambulance service for the EOA. The operation of such an emergency ambulance service shall be consistent with the provisions of this procurement process, including staffing and performance.

All the following transports originating in the EOA shall be referred to the holder of the exclusive Contract, who shall be responsible for all responses and ground transports as follows:

- (1) Made in response to 9-1-1/ Public Safety Answering Point (PSAP) requests;
- (2) Made in response to requests for ambulance service transmitted through an authorized 9-1-1/PSAP;

- (3) Made in response to requests for ambulance service made directly to the ambulance provider from a seven-digit telephone call without going through an authorized 9-1-1/PSAP and transported to an Emergency Department (ED);
- (4) Any request for ALS or ALS-RN interfacility transport from a healthcare facility; and
- (5) All "Special Events" requiring the presence of an ALS ambulance.

D. Coordination within the Exclusive Operating Area

The local fire agencies currently provide first responder EMS services in the EOA for emergency 9-1-1 requests for service. The SEMSC considers the fire agencies an essential partner in the provision of EMS within the EOA. This includes agreements between the current Provider and local fire departments for the current use of advanced life support (ALS) first responders to extend the ambulance response times in some communities. All Providers shall clearly state their plans to continue this benefit and how they will work with existing public service agencies.

E. Level of Care

The exclusive Contract holder will provide staffed ambulances for all initial requests for ground emergency ambulance service, including ALS, critical care paramedic, and ALS-RN urgent and scheduled ground ambulance service, as well as special event ALS ambulance stand-by originating within the EOA. Interfacility transports at the basic life support (BLS), critical care transport (CCT), or Mental Health level are specifically not included. Air ambulance transports are excluded as well. Specialty care transports, such as neonatal and high-risk obstetrics, which require a specialized team from outside of the EOA, are outside the services to be provided.

F. Response Time Standards

Provider must provide 24-hour, 365 days per year coverage for all Code-3 requests for service for the term of the Contract, as defined by approved medical dispatch protocols. Code-3, for purposes of this policy, is defined as all requests receiving a response with lights and siren for presumed life-threatening or non-life-threatening emergency conditions. The Provider must guarantee response times, as specified by the SEMSC. The time standard will be set per population density, subzone, and call urgency. Established response times will be consistent with EMS industry best practices and other California county EMS agreements then in effect.

If an ALS provider assesses a patient and determines they do not require an ALS ambulance transport, a BLS unit may be requested "no code" following the non-emergency response time criteria. The time will be measured from time of BLS request to BLS unit arrival.

The SEMSC desires a methodical and careful transition to some 9-1-1 requests not using lights and siren. Provider must agree to provide 24-hour, 365 days per year coverage for all Code-2 requests, as defined by medical dispatch protocols. Code-2, for purposes of this policy, is defined as any call that does not require lights and siren but must have a response due to a presumption of an urgent, but non-life-threatening, medical condition. The response is defined as Code-2 by

the MPDS call type and SEMSC Medical Director guidance. During the term of the contract, there may be opportunities for BLS units to respond or transport 9-1-1 patients based on low acuity calls as approved by the EMS Medical Director.

If an ALS or BLS first responder assesses a patient and determines they do not require an ALS ambulance transport, a BLS unit may be requested following these same response time criteria. The time will be measured from time of BLS request to BLS unit arrival. Established response times will be consistent with EMS industry best practices and other California county EMS agreements then in effect.

G. Public Provider Partnership (PPP)

The current EMS system fully appreciates the value of first responders and the care available prior to the ambulance arrival. When a PPP agreement is in place, the transport response times are extended. Extended response times through a PPP agreement will be consistent with EMS industry best practices and other California county EMS agreements then in effect.

H. ALS Interfacility

Provider shall respond to hospital and healthcare facility requests for ALS interfacility transfer in the following manner and using the following definitions: This Contract includes ambulance interfacility transports for ALS, ALS-RN, and Critical Care Paramedic. Any removal of 9-1-1 resources to perform transports outside of this Contract is at the risk of the associated response time compliance impact. Separate from this Contract, provider may perform interfacility transports originating within the County.

I. Dispatch Services

Successful Provider shall provide an emergency medical dispatch center for the dispatching of its ambulances; public safety units will not be dispatched by the center. All Emergency Medical Dispatch (EMD) staff shall be trained and authorized to provide pre-arrival instructions, dispatch medical calls, and be certified in the Clawson Medical Priority Dispatch System, and receive extensive training specific to local conditions, geography, existing 9-1-1/PSAP centers, and first responder personnel in the County. Provider shall cooperate, train with, participate in quality-control procedures, and communicate with each of the County's 9-1-1/PSAPs to assure a smooth delivery of dispatch services.

In addition, Provider shall warrant and provide key features of an in-County dispatch center, such as:

- Prompt access to CAD data (within eight hours of request during weekdays);
- Familiarity of staff with local conditions;
- Familiarity with public safety dispatching procedures;
- Access of dispatch staff to local training;
- Access of dispatch staff to local quality improvement activities;
- Access of dispatch staff to local meetings with local public safety personnel; and,

- Access by SEMSC staff to dispatch observation sessions and unannounced inspections.

The Provider shall provide sufficient EMS dispatcher staff at the EMS dispatch center to allow prompt answering all telephone requests for ambulance service (within five telephone rings) with no telephone request for immediate ambulance response shall be placed on hold except for rare times of extreme system overload. This includes ring down lines with hospitals and other dispatch centers.

The following minimum standards form the objective performance data for EMS Dispatch operations:

- a. For each month, a minimum of 98 percent of calls for service through the 9-1-1 system shall be answered in five rings or less.
- b. Ninety (90) percent of medical calls shall be completed (i.e., call answered to unit dispatched) within 90 seconds, and 99 percent shall be completed within 120 seconds (i.e., NFPA 1221 standards)
- c. For each month, no more than one-tenth of one percent of 9-1-1 calls that require the dispatch of an ambulance, per approved dispatch protocols, may be placed on hold at any time before an ambulance is dispatched.
- d. Should the Provider receive the initial call, first-response agencies shall be notified regarding emergency responses within 60 seconds of call receipt, 98 percent of the time from call receipt/phone pick up, as directed by the County.
- e. Achieve and maintain Accredited Center of Excellence (ACE) accreditation within 24 months of Contract start.

The dispatch computer utilized by the Provider shall include security features preventing unauthorized access or retrospective adjustment and full audit trail documentation. SEMSC will be provided access to all data maintained by the CAD system as necessary to analyze demand and determine deployment procedures. The Provider will allow SEMSC to install an interface with the CAD to collect and monitor CAD information and patient care reports and provide access to the SEMSC to voice recording systems. This CAD and SEMSC-approved patient care report access shall be connected at the Provider's expense.

The interface made available to the SEMSC shall provide real-time monitoring of the Provider's CAD screens and, at a minimum, provide the location and status of active ambulance calls, pending calls, location, and status of ambulances and crews.

In the future, if Solano County determines a consolidated Fire-EMS dispatch center is in the best interest of the EMS System, the Provider agrees to cooperate with consolidating its dispatch function within the new center.

J. Exemption Requests

The SEMSC, in its sole discretion, may grant exemptions to response-time performance requirements stated herein for declared multi-casualty incidents, disaster events, or other situations. Such calls will be excluded when calculating performance compliance. To be eligible for such an exemption, the Provider shall notify the SEMSC or its designee within 15 days at the end of the prior month.

The Provider may apply for an exemption to response-time compliance calculations for those exemptions approved by SEMSC. Acceptable exemptions will be consistent with EMS industry best practices and other California county EMS agreements. An annual report of approved exemption types and frequency will be produced annually and presently publicly at an SEMSC meeting.

K. Other Response Time Issues

The Provider will not be held responsible for response-time performance on an emergency response to a location outside the EOA. However, Provider shall use its best efforts in responding to mutual aid calls. Responses to emergencies located outside the EOA will not be counted in the number of total calls used to determine compliance.

For each response in which the Provider's management or field staff fails to report the at-scene time, the next radio or electronic transmission will determine on-scene time.

The Provider will provide the necessary staffing to avoid having no ambulances available, known as "Level 0." If the Provider drops below Level 0, that is, there is a pending call without an ambulance going enroute within two (2) minutes; this is defined as "Level -1."

L. Performance Standards - Clinical

The SEMSC and EMS stakeholders are strong proponents of the Institute for Health Improvement (IHI) focus on the "Triple Aim" – 1) improving the patient experience of care (including quality and satisfaction); 2) improving the health of populations; and 3) reducing the per capita cost of health care. As such, there is significant importance in providing a high level of patient care beyond arriving at the patient's side in a timely manner. Clinical research indicates this may be more important than the speed of the response. Therefore, the SEMSC Medical Director has identified certain key performance indicators that impact the patient's probability of a positive outcome. The SEMSC Administrator has identified benchmarks that indicate a well-functioning, EMS transport provider. These criteria and benchmarks are based on standards set by data-driven research and/or respected EMS organizations. Each criterion must meet three factors to be included; it shall be 1) measurable by the system, 2) manageable by the provider, and 3) meaningful to the patient.

M. Radio Equipment

Provider's ambulance vehicles used to perform services under this Agreement shall be equipped with two-way radios capable of communicating with its dispatch center and with, area hospitals, and field supervisors. All ambulance vehicles shall be equipped with MedNet radios as a backup communication

link to area hospitals and with radios capable of communicating with the County Sheriff's communication center and with fire resources. Additionally, the Provider's dispatch center shall record, and time stamp, all communications from units and said recordings shall be synchronized with the CAD system, which, in turn, shall be synchronized with the National Institute of Standards and Technology (NIST) Internet Time Service (ITS) or other national standard approved by the SEMSC. Recordings of communications shall be maintained for a minimum of 120 days. There shall be at least one portable and one mobile EMS VHF radio on every on-duty ambulance, supervisor vehicle, or other Provider EMS vehicle. The Provider is responsible for general maintenance and programming of these EMS VHF radios. The County holds and maintains the license for these frequencies.

N. Vehicle and Equipment Requirements

All ambulances utilized by the Provider shall meet the standards of Title 13, California Code of Regulations as well as any SEMSC policies in effect at the time of original manufacture. Vehicles shall not exceed 275,000 miles.

Equipment shall meet the minimum standards set forth by SEMSC Policy #5510 and California Code of Regulations, title 13 § 1103.2, part of the standardized equipment list developed by EMS stakeholders and be generally consistent with equipment utilized by field crews today.

O. Data Collection and Evaluation Requirements

The Provider shall complete all forms and data reports required by the SEMSC and in compliance with California H&SC, Section 1797.227, including field-assessment forms and standardized data requests and shall cooperate and participate in field research as requested including special medical and trauma studies. Providers shall describe their reporting systems and confirm compatibility with OCU system. The ePCR shall be delivered electronically to the emergency department (ED) following SEMSC Policy #2220 and California Code of Regulations, title 22, Division 9, Section 100402. This includes that all ePCRs shall be 95 percent completed and the data available for review by the receiving hospital and SEMSC within 24 hours. All ePCR submission standards may be audited over any three-month period.

P. Financial Requirements

Provider shall have a firm commitment to maintain:

- Financial capacity to commence all services on or before the implementation date; and
- Financial resources to ensure service delivery for at least the primary Contract period of five (5) years. This may include, but is not limited to, payroll, depreciation, and other ongoing expenses.

It is incumbent upon the Provider to allow independent reviewers and County staff to determine Provider:

- Understands and documents all costs associated with the Contract;

- Has documented all revenue sources; and
- Has fully described and documented all sponsoring organization's commitments to maintain financial support (if any) for the term of the Contract.

All Provider costs shall be clearly defined and justified. Failure to justify these costs in detail and to meet the levels of independent verification of financial information requested may result in disqualification or non-selection.

Q. Use of Subcontractors

The Provider will be fully responsible for all work performed and will be considered the Prime Provider. Any subcontracting or other legal arrangements made are the Provider's sole responsibility. Any Contract that is entered into between the selected Provider and the Subcontractor (s) shall contain provisions for federal, state, and local access to the books, documents, records, and inspection of work. Provider awarded any Contract shall obtain SEMSC written approval of Subcontractors prior to execution of Contract.

The Provider may use the experience, personnel, and knowledge of the subcontractor when answering an RFP.

R. Clinical Quality/Innovation

The Provider shall demonstrate the level of clinical sophistication that will be possessed by its field and management staff. The SEMSC is placing a significant emphasis (and related proposal scoring weight) to the clinical sophistication of the Provider. There is data-driven research justifying certain care paths in a timely manner for EMS patients. Provider will need to demonstrate a significant commitment to field, supervisor, and manager resources to drive clinical excellence through training, education, proactive steps, retrospective chart reviews, etc. Specifically, detail the percentage of time budgeted for each supervisor and manager related to quality.

The Provider shall prepare a continuous quality improvement (CQI) plan meeting the standards consistent with California Code of Regulations Title 22, Chapter 12, Section 100400, and the California EMS Authority System Model Guidelines. The plan shall describe:

- (a) new hire training and orientation;
- (b) a management philosophy and approach focused on achieving an environment of continuous improvement and innovation;
- (c) continuous learning and development of staff and management;
- (d) service to all internal and external EMS providers and customers; and
- (e) commitment to participate in and contribute to the SEMSC CQI process as well as a commitment to cooperate with system research.