CITY OF PLACENTIA
CALIFORNIA

OFFICIAL NOTICE

REQUEST FOR PROPOSALS
FOR
9-1-1 ADVANCED LIFE SUPPORT EMERGENCY MEDICAL SERVICES
RFP NO. 2018-01

REQUEST FOR INFORMATION NO. 2
January 30, 2019

To: All Interested Parties

Subject: REQUEST FOR INFORMATION NO. 2 – Request for Proposals for 9-1-1 Advanced Life Support Emergency Medical Services; RFP No. 2018-01

This following is a response to Request for Information No. 2 in accordance with the RFP documents and services noted above. Portions of the RFP specifications not specifically mentioned in this response remain in force.

Q:
1) We are requesting additional information regarding the work / time commitment for a few items in the RFP. To properly understand the full commitment of the agreement and properly assess the financial burden, it will be helpful to understand what the commitment would entail so we can allocate our staff resources appropriately. There are three sections of the RFP that we are requesting more information on regarding this commitment:
   • On page 7 of RFP under A.1. Intent, it states “EMS care medical oversight for other city departments.…,” how much of a commitment is this?
   • On page 43 of RFP the last paragraph reads “…maintain a representative in the City’s Emergency Operations Center (EOC) when the EOC is activated.…,” how often does this happen and what is the time commitment?
   • On page 46 of the RFP under 5. Administrative and Support Services, it asks to assign someone as the primary representative to the City and some examples of the duties this person would fulfill. However, it is not clear the amount of work and time commitment that this position would have? How often are these meetings?

2) Exhibit G – Proposers References (Page 66 of RFP)
   • Are there any restrictions on who may be used as a reference? For example, could a person who works for a hospital or other healthcare facility within the City of Placentia be used as a reference?

3) EMS Call Statistics (Page 9-10 of RFP)
   • In order to provide an accurate representation of the potential revenue from this contract, we ask for further information regarding the EMS Call Statistics.
     i. How many of the EMS Incidents from the past 3 years were ALS assessment only vs. ALS Transport vs. cancelled?
     ii. What is the payer mix for the EMS Incidents for the past 3 years? For example, what percentage of the patients had Medicare, medicaid, private insurance, etc.?

A:
1) This provision referenced on Page 7 essentially states that the service provider’s paramedics responding to EMS calls shall be considered the highest emergency medical authority on scene. The provider will work with City departments such as the Police Department, Lifeguards, and BLS Ambulance providers and provide EMS care medical oversight while on scene and when
making treatment and transport level of care decisions. In addition, as the proposal states, the service provider shall provide support to the City in terms of coordinating CPR and AED training to City staff including the City’s C.E.R.T. program. It is unknown at this time how many hours per year the service provider would need to commit to these efforts so proposers should make some assumptions based on a maximum total of 150 full and part-time employees. As stated in the RFP the City is interested in examining new and innovative programs service providers could implement under a resultant agreement. The City is interested in developing programs for tactical medics to work with our SWAT teams and seek to improve our citizens quality of life by encouraging community health programs. These types of programs should be identified and discussed by proposers if they elect to propose such programs. The City’s EOC only activates during serious emergencies or natural disasters. The City expects its service provider to participate in periodic tabletop emergency planning activities as it will have an active role in the City’s emergency response plan. The City would anticipate a total of 10 hours per year dedicated for this purpose. Regarding Administrative and Support Services, the City anticipates a commitment of four (4) hours per month for this effort. However, it is the City’s expectation that its service provider be fully engaged with the community as well as actively seeking out partnerships and collaborations with community stakeholders and other local healthcare providers. The City’s RFP also goes on to state that the City expects its service provider to participate in EMS pilot programs created by OCEMS.

2) There are no specific restrictions on who can be used as a reference, however references should be limited to those persons or entities who can attest through their own experiences working with and knowledge of a proposer’s capabilities to service this contract, and the proposer’s overall performance on similar scope of work as this contract. Hospitals and health care facilities/providers along with public agencies would be appropriate referrals.

3) A new data map providing an aggregate of all Patient Care Reports describing Placentia patient dispositions has been uploaded to the City’s website www.placentia.org/fireemsrfp This data covers the time period of July 1, 2017 – June 30, 2018. The City does not currently have payer mix data as requested in this RFI. A PDF copy of a payor mix report available to the City has also been posted to the website.

END OF RESPONSE TO RFI NO. 2

Very truly yours,
CITY OF PLACENTIA