# Sumter County RFP

# Rural/Metro Response to Questions

# January 12, 2011

## The following are the issues that I need clarified by AMR and R/M:

1. I need for both to adjust their customer rates to match the current LSEMS rates that are as follows: (BLS, Non-Emergency $300.00; BLS, Emergency $350.00 ; ALS, Non-Emergency $430.00 ; ALS, Emergency $475.00 ; ALS2 $575.00 ; Mileage $8.25 / mile; Rural Mileage $10.50 / mile). This will provide for AMR to include the non-emergency transport operation as well as provide for the appropriate comparison at the adjusted subsidy proposed. This is the first primary work for confirming the costs to each other and to our existing service.

   We feel that the proposed marginal rate increase would not have a significant impact on the residents of Sumter County. Our proposed BLS emergency rate is more than $50 below the average BLS rate stated in the "Florida ADPI EMS Transport Fee Survey April 2010," distributed at the December 15, 2010, meeting. Further, our ALS1 emergency rate was just over $12 from the average ALS rate provided in the survey. These two bundled rates encompass the majority of the transports generated in the system.

   In addition, the insurance payer mix for Sumter County referenced in the RFP—51% Medicare, 8% Medicaid and 15% self pay (no pay), totaling 81% of reimbursements—would not generally be affected by a rate increase. Medicare and Medicaid would continue to pay for services in accordance with their respective fee schedules, and those individuals who are unable to pay or choose not to pay (15% self pay), would continue not to pay for transport. The bulk of the increase would impact contracts and insurers, such as motor vehicle insurance.

   However, should the County desire to maintain the current rates, the proposed subsidy would increase by $200,000 per year for a total of

$1,520,000 annually, and we would commit to the same terms and conditions as stated in the RFP.

2. Question: AMR to confirm that ALL dispatch will be located in Sumter County

   Rural/Metro will commit to locate all Sumter dispatch services within Sumter County—including our offer to provide Fire dispatch services—the cost of which is built into our subsidy requirement.

3. AMR to confirm that the open positions for this contract will be considered for displaced LSEMS employees first, before existing AMR employees and general public.

   Rural/Metro commits to offering displaced employees of LSEMS consideration for open positions before existing Rural/Metro employees. We also commit to provide LSEMS employees with compensation and benefits commensurate with or superior to the current provider.

4. AMR to confirm existing and proposed 800MHz radio system upgrade are included in their final pricing.

   Rural/Metro will provide 800MHz radio system capable of communication with Fire services as standard equipment in all Rural/Metro response units, as well as the Rural/Metro Communications Center.

5. AMR to confirm fire dispatch is not included; however, confirm they are open to providing that service.

   Should the County desire, Rural/Metro will provide Fire dispatch services, with a Communications Center located in Sumter County, utilizing TriTech CAD.

6. AMR to confirm CAAS accreditation will be achieved for the Sumter County operation no later than 6 months from the start of operations.
   Please refer to our response to question No. 11.

7. R/M to confirm the non-adjusted (see item 1 above) subsidy is $1,320,000.
   Please see our response to question No. 1.

8. R/M to confirm 54 FTE for the shift coverage
   First, we would like to apologize for any confusion caused regarding this issue at our oral presentation. As it turns out, the number of FTEs outlined in our proposal was correct at 48.

   The reason for the confusion is that some in the industry might staff 24-hour units with 7 versus 6 FTEs to cover for vacation and sick time. We proposed to cover these units with 6 FTEs and then built into our budget vacation and sick time coverage using overtime.

   Provided below is our proposed schedule, with an additional column for FTE count:

| Proposed Rural/Metro Initial Deployment Schedule | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Shift Type** | **FTE's** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| 10 Hour - 4 Days | 2 | 7:00 | 7:00 | 7:00 | 7:00 | ----- | ----- | ----- |
| 10 Hour - 4 Days | 2 | ----- | ----- | 9:00 | 9:00 | 9:00 | 9:00 | ----- |
| 10 Hour - 4 Days | 2 | 8:30 | 8:30 | 8:30 | ----- | ----- | ----- | 8:30 |
| 24 Hour - 7 Days | 6 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 24 Hour - 7 Days | 6 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 24 Hour - 7 Days | 6 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 24 Hour - 7 Days | 6 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 24 Hour - 7 Days | 6 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 24 Hour - 7 Days | 6 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 8 Hour - 5 Days | 2 | ----- | ----- | 16:45 | 16:45 | 16:45 | 16:45 | 16:45 |
| 8 Hour - 5 Days | 2 | 8:00 | ----- | ----- | 8:00 | 8:00 | 8:00 | 8:00 |
| 8 Hour - 5 Days | 2 | 15:45 | 15:45 | ----- | ----- | 15:45 | 15:45 | 15:45 |

| | |
|---|---|
| **Weekly Unit Hours:** | **1,248** |
| **Peak Staffing Level:** | **9** |
| **Minimum Staffing Level:** | **6** |
| **FTE's Required:** | **48** |

9. R/M to confirm City of Orlando approved the 2-year extension of service
   Yes, the contract has been extended through January 31, 2013, with an option for a 90-day extension from that time.

10. R/M to confirm dispatch will be located in Orlando including fire dispatch if accepted as an additional option for Sumter County

Should the County desire, Rural/Metro will commit to locate all Sumter dispatch services within Sumter County—including our offer to provide Fire dispatch services.

11. R/M to confirm CAAS accreditation will be achieved for the Sumter County operation no later than 1 year from the start of operations.

Rural/Metro's Central Florida CAAS accreditation was renewed on Feb. 28th 2010 and extends through Feb. 28th, 2013. Any significant change in service, such as expansion, must be reported to CAAS as soon as possible. The CAAS board reviews the change in service and determines whether the current accreditation will cover the change or whether a separate application will be required. We spoke with a CAAS representative regarding the possible expansion into Sumter County, and they stated that the Central Florida accreditation would most likely cover the Sumter Operation beginning day one of the start-up. However, the CAAS board cannot rule on the matter until the County has officially announced the contract award.

If awarded the contract, Rural/Metro will immediately notify CAAS of the change in service as required. If at that time they require a new application, we will make every effort to prepare and forward it to CAAS immediately, if they will accept the application before we begin operations. CAAS will then review the documentation, ask for clarification if needed, arrange for a site review, and present it to the CAAS board for action on accreditation. If an application is necessary, Rural/Metro commits to expedite the process and complete accreditation as quickly as possible but no later than the first anniversary of service.

12. R/M to confirm the number of clinicians (R/M and other) overseen by Dr. Geeslin.

Dr. Geeslin will oversee Rural/Metro's Clinical Quality Improvement Program and be responsible for the medical performance of all employed

Paramedics and EMTs. We anticipate that 48 employees will work directly in the Rural/Metro Sumter County system. Dr. Geeslin is also the Medical Director for Rural/Metro of Central Florida, Sumter County Fire Department and The Villages Public Safety. In addition, he will oversee the performance of the Associate Medical Director (Dr. Frank Fraunfelter) and will work closely and cooperatively with the receiving hospitals' emergency room staff.

13. AMR to confirm the number of clinicians (AMR and other) overseen by Dr. Nelson.
    No response necessary from Rural/Metro.

## Ambulance Service RFP – Clarifications

### Rural Metro

- The assumption that a service unit (transport call) would take an average of one hour of crew time is inaccurate given the rural areas of Sumter County – I would recommend that Rural Metro reevaluate the service / unit time for transports in the Sumter County Fire Rescue coverage areas

  As stated in our proposal, we use task time in our capacity planning calculations as a component of estimating demand (which drives staffing levels). What might not have been clear is that when we calculate task time we look at all calls, including those that might be cancelled enroute (the time units are not available to handle other calls). By looking at calls cancelled enroute in addition to those that are transported, the average can be considerably less than one might expect. For example, in Orlando where we have, at times, considerable delays offloading patients at emergency departments, our average task time is 00:50:56 (considerably less than the one-hour estimate used).

  Further, we believe our initial deployment plan was conservative enough that if the actual task times are longer we can still meet the response time requirements requested.

- It was not this evaluator's interpretation that ambulances stationed in Sumter County would be dispatched from as remote a location as Orange County – this location would not be acceptable for possible future integration of fire rescue dispatch into a common center in the opinion of this evaluator – Rural Metro could please reevaluate the possibility of locating a dispatch center in Sumter County (and associated costs) for improved interaction with both fire service agencies

  Rural/Metro will commit to locate all Sumter dispatch services within Sumter County—including our offer to provide Fire dispatch services.

- Rural Metro could please provide a full disclosure of Medical Direction:
  Who covers for Dr. Geeslin when he is not available?

  Backup coverage for Dr. Geeslin will be provided by Dr. Frank Fraunfelter.

  Where is Dr. Geeslin's back-up physician based?

  Dr. Fraunfelter resides in Marion County. He is the Medical Director of Marion County and is Associate Medical Director for The Villages Public Services Department.

  What other agencies do Dr. Geeslin and his back-up provide Medical Direction services for in the State of Florida?

  Dr. Geeslin is currently EMS Medical Director for Sumter County Fire, The Villages Public Safety and Rural/Metro of Central Florida. Dr. Fraunfelter is the Medical Director of Marion County and is Associate Medical Director for The Villages Public Services Department.

**American Medical Response – AMR ?**

- Upon review it would appear that AMR proposes less transport units (ambulances) than provided by the incumbent or the alternate proposal –

AMR could please provide more detail in call demand / hour / location (systems status management) on how their proposal would NOT be a reduction to the current level of service

The County's RFP clearly required a deployment proposal that incorporates both 911 and non-emergency interfacility transports. As required to be a responsive bid, Rural/Metro's deployment plan addresses both 911 and non-emergency interfacility transports.

More importantly, however, the volume of non-emergency transports is so small that if we removed the volume, we would still need the unit hours we proposed in order to meet the 911 response-time requirements. In many respects, the 911 deployment plan requirements in Sumter County are more geographic based than demand based.

The table on the following page provides a breakdown of the call demand by category (nature). One can see that the non-emergency transport demand only makes up 6.9% of the total volume—hardly enough to radically change unit hour deployment:

| Sumter County Call Nature Breakdown | | |
|---|---|---|
| **Nature** | **Total** | **%** |
| Abdominal Pain / Problems | 383 | 2.9% |
| ACUITY I (no priority symptoms) | 1 | 0.0% |
| Allergies (Reactions) / Envenomations (Stings) | 122 | 0.9% |
| Animal Bites / Attacks | 19 | 0.1% |
| Assault / Sexual Assault | 78 | 0.6% |
| Back Pain (Nontraumatic or Nonrecent Trauma) | 155 | 1.2% |
| Breathing Problems | 1,221 | 9.2% |
| Burns / Explosion | 15 | 0.1% |
| Carbon Monoxide / Inhalation / HAZMAT | 10 | 0.1% |
| Cardiac or Respiatory Arrest | 148 | 1.1% |
| Chest Pain (not Trauma) | 1,368 | 10.3% |
| Choking | 37 | 0.3% |
| Convulsions / Seizures | 297 | 2.2% |
| Diabetic Problems | 252 | 1.9% |
| Drowning / Diving / Scuba | 3 | 0.0% |
| Electrocution / Lightning | 2 | 0.0% |
| Emergency Transport | 103 | 0.8% |
| Eye Problems | 15 | 0.1% |
| Falls | 1,513 | 11.4% |
| Golf Cart Accident | 56 | 0.4% |
| Headache | 94 | 0.7% |
| Heart Problems / AICD | 268 | 2.0% |
| Heat / Cold Exposure | 40 | 0.3% |
| Hemmorhage / Laceration | 383 | 2.9% |
| Inaccessible / Entrapment | 3 | 0.0% |
| Medical Alarm | 293 | 2.2% |
| Misc | 11 | 0.1% |
| Non Emergency Transport | 917 | 6.9% |
| Not alert (acute change) | 1 | 0.0% |
| Overdose / Poisoning | 67 | 0.5% |
| Pregnancy / Childbirth / Miscarriage | 64 | 0.5% |
| Psychiatric / Abnormal Behavior | 18 | 0.1% |
| Public Assist | 93 | 0.7% |
| Sick Person | 2,228 | 16.8% |
| Special Detail | 109 | 0.8% |
| Stab / Gunshot / Penetrating Trauma | 14 | 0.1% |
| Stand By | 339 | 2.6% |
| Stroke (CVA) | 349 | 2.6% |
| Structure Fire - Apartment | 1 | 0.0% |
| Structure Fire - Commercial | 13 | 0.1% |
| Structure Fire - Residential | 62 | 0.5% |
| Traffic / Transportation Accident | 787 | 5.9% |
| Traffic / Transportation Turnpike | 41 | 0.3% |
| Traumatic Injury (Specific) | 253 | 1.9% |
| Unconscious / Fainting | 680 | 5.1% |
| Unknown / Man Down | 315 | 2.4% |
| | | |
| **Grand Total** | **13,241** | **100.0%** |

- AMR indicates that they could accept and hire all current ambulance service employees assigned to Sumter County at their current rate of pay. AMR proposes a local manager for Sumter County that is a current employee of AMR. How would AMR employ the incumbents assigned to Sumter County including supervisory positions at their current rate of pay while staffing a lesser number of units than currently provided?
- AMR could please provide a full disclosure of Medical Direction: Dr. Nelson is listed as primary Medical Director with Dr. Halpern as his cover (back-up). Is there another layer of physician coverage if neither is available? What other agencies do Dr. Nelson, Dr. Halpern and any other covering physician(s) provide Medical Direction services for in the State of Florida?

## Questions for Ambulance RFP

### AMR

1. Can the company provide a list of U/HU numbers for other counties in which they provide emergency services to compare to the number they have generated for Sumter.
2. Are the "Medical Officer of the Day trained to the physician level
3. How does a crew member reach either Dr. Nelson or Dr. Halpern?
4. How often does the medical director interact with the crew members

### Rural Metro

1. Has the city of Orlando extended the contract for Rural Metro?

   Yes. The contract has been extended through January 31, 2013, with an option for a 90-day extension from that time.

   a. Is this extension resulting from an actual feasibility study

      Yes. Orlando Fire Department will be conducting a 20-month feasibility study to determine if the City should provide EMS transport services, or if the service should continue to be outsourced.

b. Is this extension resulting simply as part of a permanent transition?

The Orlando Fire Chief told us that they are conducting an EMS transport feasibility study over the next 20 months. It was presented to City Council that, upon conclusion of the study, a determination would be made regarding the future of EMS transport after February 1, 2013.

2. Does the profit cap apply to revenues generated from emergency and non-emergency calls?

Yes. We view our Sumter County proposal as a complete system.

3. Quality Assurance
   a. Do 100% of the calls get QAed?

      Yes, currently R/M reviews 100% of calls. If awarded the contract, the same QA processes would apply in Sumter County. QA staff performs the initial review. The QA Supervisor then reviews all Trauma Alerts, STEMIs, Stroke alerts, Cardiac Arrests, infrequent invasive procedures, and all calls deemed questionable by the initial reviewer.

   b. When does the QA occur?

      Ideally, all calls are reviewed within 24 hours of completion. Utilizing the ePCR system, we set event "triggers" that notify the Duty Supervisor of situations that require immediate review. Weekend responses are QA reviewed on Monday, or sooner if necessary, by the Duty Supervisor.

   c. How many incidents does Tracie Ryan QA, and will she be the actual QA officer for the Sumter County operation?

      Tracie and the QA staff review 100% of our ePCR reports. We intend to have the QA Supervisor work in our Sumter County business

office; therefore, Tracie will not be able to provide QA for the Sumter Operation. Rural/Metro will select a candidate with equal or superior qualifications to perform QA for Sumter County responses. We will review the qualifications and seek approval from the Medical Director, Sumter County Fire and The Villages Public Safety prior to extending a job offer. This person will work closely with and under the direction of Dr. Geeslin and the local Rural/Metro General Manager.

4. What is the return rate of the customer satisfaction surveys?

   We are seeing a return rate of 7.5% with our current demographic population.

5. Is the one (1) hour task time identified in the proposal based on an industry standard, or is this assumption based upon data gathered from within the existing system?

   As stated in our proposal, we use task time in our capacity planning calculations as a component of estimating demand (which drives staffing levels). What might not have been clear is that when we calculate task time we look at all calls, including those that might be cancelled enroute (the time units are not available to handle other calls). By looking at calls cancelled enroute in addition to those that are transported, the average can be considerably less than one might expect. For example, in Orlando where we have, at times, considerable delays offloading patients at emergency departments, our average task time is 00:50:56 (considerably less than the one-hour estimate used).

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