



## Legislation Details (With Text)

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**Title:** Discussion of Ambulance RFP  
30 Minutes

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**Attachments:** 1. 1 Ambulance RFP powerpoint Updated, 2. 2 RFP Emergency Medical Transport RFP #20-098-TMG \_Council draft 2-25-20 with Exhibits, 3. 3 Response Time as a Sole Performance Indicator in EMS, 4. 4 Evidence Based Performance Measures for EMS

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**TO:** Mayor and Town Council Members

**FROM:** Jill Keimach, Town Manager  
Deborah Robberson, Assistant Town Attorney

**DATE:** February 27, 2020

**DEPARTMENT:** Town Manager

### AGENDA TITLE:

Discussion of Ambulance RFP

### SUMMARY STATEMENT:

On March 24, 2019 Town staff presented a number of questions to Council. The intent was to determine, with the upcoming expiration of the existing Paradise Valley ambulance contract with PMT, whether the Council desired to extend the existing contract or engage in a solicitation process. The Council directed staff to conduct a procurement.

That process led to a number of follow-up issues that exceeded the expertise of staff, and staff has consulted with both a local and national consultant to guide the structure of the proposed RFP. One is a local Emergency Medical Specialist and resident; the other is Matt Zavadosky, EMS Senior Associate with the Center for Public Safety Management, LLC, which provides public safety technical services for the International City/County Management Association (ICMA).

Most individuals assume that the faster an ambulance arrives at the scene, the better the patient outcome. In fact, there was one study in Seattle in 1979 that 'determined' that an 8-minute response time improved the chances of patients under cardiac arrest. More recent research indicates that

other performance measures are also important for patient outcomes, rather than relying solely on an ambulance response time as a performance measure. Two studies that further discuss this issue are attached.

In general, response time should not be the SOLE performance criteria for 911 emergency ambulance service because:

- only 1-2% of EMS responses involve cardiac arrest so other performance measures should focus on the remaining 98% of the calls;
- the ambulance may be called after the first responders arrive and assess the situation and as necessary, start CPR or a defibrillator (AED);
- defibrillators are available in most buildings and all PV police vehicles and are now designed to be used immediately by bystanders; and
- the data for response time is not uniformly measured. The critical measurement is the time beginning when the call is placed into dispatch to the arrival of medical assistance at the patient; ambulance response time may be only a fraction of the time it takes for the patient to receive medical assistance. The control the Town has through this RFP, however, is only the response time for the ambulance once it receives the dispatch call.

In preparation for this RFP, the Town reviewed a number of studies and looked at a number of recent RFPs in both Arizona and nationally. Several Counties in California have recently looked at how 911 emergency ambulance service is provided and is now considered the 'cutting edge' of EMS service. Scottsdale and Glendale both recently went out to bid for new 911 ambulance service contracts. All were reviewed by staff and discussed with the two consultants. A number of elements in the proposed RFP are based on the newest research related to EMS services, as well as the recent solicitation by Contra Costa County. The goal of the RFP is to update the Town's 911 emergency ambulance service by incorporating performance standards, in addition to response times.

Thus, a key change from the current emergency ambulance services contract is using a performance-based contract, rather than a level of effort contract. That means that the RFP sets performance requirements and allows the ambulance provider to propose the methodology it will use to meet the required performance standards. As an example, the previous contract did not require specific response times for calls. Instead, it required an ambulance dedicated to use in Paradise Valley to be stationed in the Town. The draft RFP does not include that requirement. Instead, it sets performance standards and seeks proposals that meet the requirements. The RFP continues the requirement for ALS ambulance service; i.e., where the ambulance is staffed by at least one paramedic.

The result of this procurement will be the award of a performance-based contract. The contract will require the Contractor to achieve and maintain high levels of performance and reliability. Failure to meet specified service standards may result in financial consequences and may lead to termination of the contract by the Town Council.

The essential areas where performance must be achieved include:

1. Ambulance response times;
2. Contractor provided ambulances, equipment, materials and supply requirements;
3. Ambulance staffing levels including personnel with current and appropriate levels of certification/licensure;
4. Clinical performance consistent with approved medical standards and protocols;
5. Management and field supervision;
6. On-going training and continuing education;
7. Collaboration with other emergency responders and medical personnel;
8. Comprehensive quality improvement and compliance activities and results;
9. Accurate and timely reporting; and
10. Customer and community satisfaction with the services provided.

The following is historic call volume in Paradise Valley, which is important to providers of 911 emergency ambulance services because they receive compensation only in connection with patient transports:

<u>FY Year</u>	<u>Incident</u>	<u>No. Transports</u>
2017	810	488
2018	846	452
2019 (thru 9-15-19)	565	317

The Paradise Valley ambulance service has operated for years without subsidy. It is the Town's desire that the emergency ambulance providers will continue to operate without a subsidy, but the enhanced performance standards established in the RFP may require funding support. The RFP sets a preference for no Town subsidy, but allows for alternative proposals to identify service and performance levels that that may present different financial considerations.

The proposals received by the Town will be reviewed by an evaluation committee that will score the proposals according to the following weighted criteria. It is anticipated that the committee will consist of two experienced professionals/experts from outside the Town, PD representative, and staff representative.

The Town's consultant would be available to advise the committee:

<u>Criteria</u>	<u>Weight (100 points)</u>
Methodology/Fleet Summary	50 %
Financial Considerations/Cost of Services to Town	30 %
Firm Experience & Qualifications	20 %

The Methodology/Fleet Summary category evaluates, among other things, ambulance fleet/materials/equipment, ambulance deployment plan including ability to meet response times, quality improvement processes, in-service training, employee recruitment, preceptor qualifications. The Firm Experience and Qualifications category evaluates, among other things, firm structure, history, previous experience, evidence of sound financial position, litigation disclosure, compliance with insurance and security provisions.

Each Proposer will use its own expertise and best judgment in deciding on the methods to be employed to achieve and maintain the performance required under the resulting contract.

Next Steps.

1. Council input on RFP
2. Council directs issuance of RFP
3. Proposals submitted.
4. Staff and consultant review for responsiveness to RFP
5. Responsive Proposals evaluated by Proposal Review Committee
6. Recommendation to Council

The Town is waiting to receive its second and final review of the draft RFP by the Consultant which will be forwarded to the Council prior to the meeting.

**BUDGETARY IMPACT:**

Each initiative will be analyzed separately for its budgetary impact as the project is considered by Council.

**ATTACHMENT(S):**

Presentation

Evidence Based Performance Measures for EMS

Response Time as a Sole Performance Indicator in EMS