

DEC 22 2014

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Ralph McBroom
TODAY'S DATE: December 15, 2014

DEPARTMENT: Purchasing

SIGNATURE OF DEPARTMENT HEAD:

REQUESTED AGENDA DATE: December 22, 2014

SPECIFIC AGENDA WORDING: Consideration and approval of the award of RFP 2015-502 Consulting Services for Emergency Medical Services to **Medic Health in the amount of \$25,693.00. A conference call with the proposer Dr. David Williams is scheduled during court at 11:00 A.M. to answer questions.**

PERSON(S) TO PRESENT ITEM: Ralph McBroom

SUPPORT MATERIAL:

TIME: 5 min	ACTION ITEM:	<u> x </u>
	WORKSHOP	_____
(Anticipated number of minutes needed to discuss item)	CONSENT:	_____
	EXECUTIVE:	_____

STAFF NOTICE:

COUNTY ATTORNEY: X	IT DEPARTMENT:
AUDITOR: _____	PURCHASING DEPARTMENT: _____
PERSONNEL: _____	PUBLIC WORKS: _____
BUDGET COORDINATOR:	OTHER: _____

*******This Section to be Completed by County Judge's Office*******

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____

MEDIC HEALTH

PROPOSAL

Submitted in Response to

**Consulting Service for
Emergency Medical Services
Johnson County, Texas**

November 14, 2014

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EXECUTIVE SUMMARY

Introduction of Firm/Team. A description of the firm including a brief history, size, number/location of offices and other pertinent information. Location of the office that will provide the consulting service.

Company Background and Experience

The roots of Medical Health began nearly 25 years ago in a small town in Western Massachusetts, inside a home, with a patient. A person who needed help and called 911 would be the first of thousands of faces, held hands, and life stories that represent the mission of prehospital emergency care. Institute for Healthcare Improvement Senior Fellow and Dartmouth University Medical School Professor Emeritus Paul Batalden, M.D. says “Every system is perfectly designed to get the results it gets” and each patient is expecting you to work day and night to create and lead a system that they can access easily, takes care of their health needs, is reliable, and is provided at a reasonable cost.

Medic Health is an international consultancy supporting communities and organizations to assess, design, procure, and improve EMS systems. Our approach is patient and community centered, evidence-based, and data driven. Our aim is to enable communities to have the highest quality service, at a reasonable cost, and with a sustainable ability to evolve as governmental and healthcare environments transform.

Dr. David M. Williams founded Medic Health in 2013 to fill an unmet need in the industry.¹ We were formed at the urging of communities and provider organizations that were unsatisfied with established consultancies and consulting methods based on decades old experience and thinking. Communities needed a firm with modern ambulance service and healthcare experience and able to apply best practice and research-based structures and processes to EMS with an objective and sustainable methodology. They also wanted a personal consultant engagement that built local capability and capacity with customized service.

¹ Medic Healthcare Group is a Texas registered d/b/a of TRUESIMPLE, LLC. TrueSimple Improvement (www.truesimple.com) was founded in 2004 and provides quality improvement advising to healthcare and education systems.

While Medic Health is a new name and innovative approach, it builds on 25 years of EMS experience and 14 years of acting as an internal and external improvement advisor and expert EMS systems consultant to governments, hospitals, and for-profit and not-for-profit provider organizations. Our professional project portfolio includes work in Texas, the United States, Canada, Europe, Asia, and the Middle East.

Medic Health has a single office based in Austin, Texas and has consultants located throughout North America. Our staff of six is a blend of fulltime consultants and project specific subject matter experts. This allows us to remain a lean and responsive organization yet bring the right subject matter experts to meet the needs of any project at a reasonable cost.

Main Office Contact Information & Website

Medic Health

Attention: David M. Williams, Ph.D.

5011 W Park Drive

Austin, Texas 78731-5023

Tel (512) 850-4119

Website: www.medichealth.com

Email: dave@medichealth.com

QUALIFICATIONS AND EXPERIENCE

Names and qualifications of the account executive, marketing personnel and other key team members responsible for providing consulting services. Description of experience in providing consulting services to public agencies and/or joint power authorities.

Your Consulting Team

Our small team includes three professionals with experience working with communities and EMS agencies in Texas. We have also consulted across the United States and abroad. We have experience working within city and county government and consulting and providing legal counsel to governments. Our team includes:

- David M. Williams, Ph.D. (Austin, TX) - Dave consults with EMS systems in the United States and abroad. He has worked with communities and service providers to improve care quality, enhance performance transparency, and reduce cost.
- Todd Hatley (North Carolina) - Todd also consults with EMS systems in the United States and abroad. He helps communities use data to understand how things are performing and simple process to make things work reliably and predictably.
- Greg Hudson, Esq. (Austin, TX) - Greg has served as an attorney to county government, managed ambulance procurement and contracting processes, and provided legal council to EMS providers all in Texas.

The following resumes tell you about our employment history, education, honors, and include a paragraph or two about the experience we bring that makes us different. We welcome questions about our experience.

David M. Williams, PhD, Project Director – Lead Consultant

Education

- PhD in Organizational Systems, Saybrook University, 2010
- MS in Emergency Health Services Management, University of Maryland Baltimore County, 2002
- BS in EMS Management, Springfield College, 1996

Professional Experience

- Chief Executive, Medic Health, 2013-Present
- Chief Improvement Advisor, TrueSimple, 2005-Present
- Improvement Advisor/Faculty, Institute for Healthcare Improvement, 2009-Present
- Vice Chairman of the Board, CommUnityCare (Federally Qualified Health Center-FQHC), 2012 - Present
- Teaching Faculty, The George Washington University School of Medicine EMS Management Major, 2007- 2011
- Consultant, Fitch & Associates, 2004-2010
- Commander, Austin-Travis County EMS, 1998-2004
- Firefighter/Paramedic, 1990-2009

Publications, Honors, Certifications

- Williams, D.M. (2010). *The individual, organizational, and system obstacles to patient-centric emergency medical services system design* (UMI Number 3422365).
- Author/Researcher, JEMS 200-City and Salary Surveys, *Journal of Emergency Medical Services*, 2004-2010
- Editorial Board, *Journal of Emergency Medical Services*, 2004-2010,
- Associate Member, UCLA Pre-Hospital Care Research Forum
- Board Member, National EMS Management Association, 2004
- Improvement Advisor Certification, Institute for Healthcare Improvement, 2010
- Six Sigma Black Belt, Aveta Solutions, 2008

Dr. Williams started his career in ambulance service in 1990 and served as a paramedic in cities across America. For the last 14 years, he has acted as an internal and external improvement advisor and expert EMS systems consultant to governmental agencies, hospitals, and for-profit and not-for-profit organizations. Dr. Williams is one of only a few researchers to study EMS system design. His published doctoral research focused on patient-centric EMS system design. Dr. Williams is known for leading objective,

ethical, evidence-based, and collegial processes that focus on the needs of the patient and the community and incorporate evidence-based and best practice methods.

Dr. Williams taught undergraduate courses in emergency services at The George Washington University School of Medicine EMS Management program and at the St. Edward's University Public Safety Management program. He has published 100 articles including the JEMS 200-City and Salary Surveys (2004-2010) and co-authored a report on EMS for the International City/County Management Association (ICMA). He is a frequent speaker and advisor on EMS improvement in the U.S., Canada, the Middle East, and Europe.

Dr. Williams is on the faculty of the Institute for Healthcare Improvement (IHI) and is an IHI improvement advisor able to support teams through leading systemic improvement. He has advised large healthcare system programs and multi-hospital improvement collaboratives in the U.S. and Europe.

He is a member of the 2013 Leadership Austin Essential Class and is Vice Chairman of the board of CommUnityCare, the Federally Qualified Health Center system serving the City of Austin, Texas.

Todd Hatley - Consultant

Education

- PhD in Business Administration, Minor in Industrial/Organizational Psychology Northcentral University, Present -
- Master of Business Administration/Master of Healthcare Administration Pfeiffer University, 1999
- Bachelor of Science in Business Administration, Cum Laude North Carolina Wesleyan College, 1989

Professional Experience

- Chief Executive Officer—Integral Performance Solutions, LLC, 2005 – Present
- Adjunct Graduate Faculty—Health Sciences, Western Carolina University, 2008-Present
- Lean Six Sigma Instructor—North Carolina State University, 2007- Present
- NC Award for Excellence Examiner—North Carolina State University, 2007
- Chief Operating Officer—HealthAnalytics, LLC, Lakeland, Florida, 2005

- Adjunct Assistant Professor-Department of Emergency Medicine, PreMIS Executive Director & Associate Director of Clinical Research—University of North Carolina-Chapel Hill, School of Medicine, 2002-2005
- Performance Improvement Coordinator — New Hanover Health Network, 1999-2001
- Director of Emergency Medical Services— FirstHealth of the Carolinas, 1997-1999

Publications, Honors, Certifications

- Using QI Data in EMS, “Improving Quality in EMS,” Iowa: Kendall/Hunt Publishing Company January 2005.
- Elderly Trauma & Air Medical Transport “Principle of Advanced Trauma Care,” New York: Delmar Publishing; 2002.
- “Flight Paramedic Scope of Practice: Current Level and Breath,” Journal of Emergency Medicine; March 1999.
- Series 65 – Register Investment Advisor
- Six Sigma Master Black Belt (SSMBB).
- Past Certified Quality Manager (CQM) – American Society for Quality

Over the last 20 years Todd has helped individuals, teams as an EMS system consultant, administrator, researcher, teacher, and improvement expert. Todd has worked with clients across North America and the Middle East on EMS system assessments, competitive procurements, and process improvement.

He has been involved in numerous EMS projects including being a taskforce member for the National EMS Information Systems, Advisory Board Member of the NCHICA Emergency Department Data Development Process, Review Team Representative for National EMS Research Agenda for the Future, and faculty member for the National Highway Traffic Safety Administration’s Quality Management Initiative.

Todd completed his Six Sigma Master Black Belt Training at North Carolina State University under Blanton Godfrey co-founder of IHI and the past CEO of the world renowned Juran Corporation. He has taught Six Sigma workshops and coached six sigma students throughout the United States and Canada.

Todd has also been involved in numerous professional organizations including being the past and inaugural president of the National EMS Management Association, past president of the NC Paramedic Association, member of the North Carolina Industrial and Organizational Psychology Association, and Todd is a senior member of the American Society for Quality.

Greg Hudson, Esq., Texas Legal Counsel with EMS Expertise

Education

- Juris Doctor, The University of Texas School of Law, 1987
- BBA in Finance, The University of Texas at Austin, 1983

Professional Experience

- Partner, Hudson & O'Leary, L.P.P., 2006-Present
- General Counsel, Montgomery County Hospital District, 1998-Present
- Partner, Hudson & Brustkern, L.L.P., 2001-2006
- Partner, Bickerstaff, Heath, Smiley, Pollan, Keyer, & McDaniel, L.P.P., 1987-2001

Publications, Honors, Certifications

- Member of the State Bar of Texas and Texas Bar Foundation. Licensed to practice in all federal courts in Texas, the United States Court of Appeals for the Fifth Circuit and the Supreme Court of Texas.

Mr. Hudson is a founding partner of Hudson & O'Leary, L.L.P., a firm specializing in local government representation, including county and municipal law. Mr. Hudson has more than 20 years of experience representing local governments and is based in Austin, Texas. His practice includes experience in health care law and emergency medical services. Mr. Hudson regularly advises Emergency Services Districts in matters related to emergency medical services law, contracting, and procurement. He has also practiced election law, including redistricting, contracts, litigation and real estate transactions.

He has served as General Counsel to Montgomery County Hospital District and outside legal counsel to Nueces County Hospital District, Tarrant County Hospital District, Brewster County Hospital District, Bexar County Hospital District, and Liberty County Hospital District in a variety of matters. Mr. Hudson has also served as City Attorney

for the cities of Marfa and Presidio (TX) and served as County Attorney Pro Tem for Jeff Davis County (TX).

Sample Portfolio of Recent EMS Consulting Work

Our consultants are actively involved in consultations around the world. Here are descriptions of current and recent projects.

Mecklenburg County EMS, Charlotte, NC

A large metropolitan EMS system engaged Dr. Williams in a multi-year project to advise the leadership team to pursue enhancing their entire organization through a method known as quality as a business strategy. The process involves a multi-stage project to clarify aims, conduct stakeholder research, and map the organization as a system of linked processes and then use improvement science to measurably enhance process reliability.

Institute for Healthcare Improvement, Cambridge, MA

Since 2009, Dr. Williams has served as expert faculty and as an improvement advisor with IHI. Currently, he is working with the Research and Development team as the subject matter expert on ambulance service systems and as an improvement advisor. This spring the team is conducting two 90-day global scans to develop a strategy for improving patient safety and clinical quality in ambulance service. The work is predicted to produce 3-4 peer-reviewed papers this year. Topics include a driver diagram for ambulance service, a measurement strategy for key care pathways, an ambulance trigger tool for non-acute conditions, and an early warning score.

Hamad Medical Corporation Ambulance Service, Doha, Qatar

As part of a Hamad Medical Corporation national patient safety initiative, Dr. Williams is working with the leadership of the national ambulance service serving the City of Doha and the country of Qatar in the Middle East. Doha is a rapidly growing city of 1.8 million with a global presence. Acting as an improvement advisor and ambulance service subject matter expert, the yearlong engagement aims to design and pilot patient safety and care reliability processes. Dr. Williams supports the senior leadership team in

strategic design and mentors the chief critical care paramedic leads to build new pathways and use the scientific method to rapidly test ideas to improve reliability.

Greenville County, Greenville, SC

In 2007, Dr. Williams completed a comprehensive EMS assessment of the Greenville County (S.C.) EMS system. In 2012, Dr. Williams was invited back to work with Greenville County and Greenville Health System to assess the EMS system and introduce options for transforming it into an integrated healthcare delivery model that includes nurse triage, alternative destination, and treating patients in the community using medics. Phase 1 was a review of the system and various options. Phase 2 will transform the system to a new model of delivery and efficiency.

Regional EMS Authority, Reno, NV

The ambulance system received a \$10 million innovation grant from the Centers of Medicare and Medicaid Services (CMS) to pilot use of nurse triage, community paramedics, alternative transport, and use of medics for readmission avoidance. Dr. Williams acted as an improvement advisor and supported the development of the operational plan, the driver diagram of their change concepts, and the associated measurement system. Dr. Williams trained the management team on improvement methods and coached the project leads on the first year execution of a three-year project.

Consultant Proposal Questionnaire

Johnson County is interested in entering into a relationship for Emergency Medical Service consultant who is able to assist with the development of an RFP and assistance in the evaluation of proposals. This will require a consultant who is experienced with counties in Texas and/or other public entities, and who is available and accessible to the County Staff. To assist in the evaluation of qualifications please answer the following questions:

(1) Please explain what separates your company from its competitors and what specifically qualifies you to be a consultant for Johnson County.

Medic Health is not...

- The EMS consulting firm that has been in business the longest.
- The biggest EMS consulting firm.
- The EMS consulting firm with the largest portfolio of completed engagements.
- The EMS consulting firm that writes reports and gives opinions.
- First EMS consulting firm on a Google search.

Medic Health is...

- The only EMS consulting firm that uses a modern, client centered, results-based approach.
- The only EMS consulting firm that embeds the findings of EMS research continually into our work.
- The only EMS consulting firm that begins every project by learning from what communities and stakeholders hope to accomplish from the project and then working to co-create a process to get there.
- The only EMS consulting firm to include clinical performance and patient experience as core criteria for measuring results in addition to response time reliability.
- The only EMS consulting firm that not only understands improving system design and operations, but also how to improve care quality and clinical outcomes.
- The only EMS consulting firm with a lead consultant with undergraduate and graduate degrees in the management of EMS systems.
- The only EMS consulting firm with a lead consultant who has researched and published on patient-centered EMS system design.
- The only EMS consulting firm collaborating with the Institute for Healthcare Improvement to design and improve EMS care processes around the world.
- The only EMS consulting firm working with the National Highway Traffic Safety Administration Office of EMS and National Association of State EMS Officials to lead the development of nation-wide key performance indicators for EMS.

- The only EMS consulting firm that brings a well-defined and objective proposal process with reliable scoring.
- The only EMS consulting firm with expertise in patient safety and improvement science.

(2) Please disclose your past and present financial relationship to any and all Emergency Medical Service companies. Be specific relating to disclosure of types of income including commissions, fees and overrides.

Medic Health is currently not engaged in any contract or financial arrangement with any ambulance company providing services or bidding on local community request for proposals. We do not receive any income including commissions, fees and overrides from any EMS companies.

The EMS profession in the United States is relatively small and there are just a handful of EMS consultants. As a result we have worked with EMS companies across the United States. The following are a list of EMS companies served:

- Acadian Ambulance Service (2009) – Texas market analysis
- American Medical Response (2012) – Patient care and safety improvement collaborative
- Lifeguard Ambulance (2012) – Leadership development training
- Transcare Ambulance (2005) – Leadership development training

We have also indirectly worked with mid- and senior leaders of companies (including CareFlite) through work as faculty for the American Ambulance Associations Ambulance Services Manager program and the International Academies of Emergency Dispatch Communication Center Manager programs between 2004 to 2009.

(3) Please list the number and types of RFPs you have completed in the past 12 months for any government entities. Provide at least one real example of savings realized as a result of a single RFP.

Our consultants have completed several RFPs in the last few years and one in the last 12 months.

Bastrop County, Texas (2014) – Mr. Hately managed a competitive procurement for the County of Bastrop. The incumbent provider had a tax subsidy \$382,999 per year. The RFP process resulted in a new provider, whom was a regional provider also serving a contiguous county, proposing and contracting to deliver similar or better service with no tax subsidy.

(4) Please list three of your most significant accomplishments on behalf of a government entity. For each accomplishment, please include a client or former client with phone number who can confirm each accomplishment.

Please note that while every community has an EMS system, half of ambulance service in the United States is provided by non-governmental entities. EMS consultants regularly work with local governments and provider organizations. The following is a list of only the governmental clients.

Mecklenburg EMS Agency, Charlotte, North Carolina – We lead the leadership through an organizational transformation using a process known as quality as a business strategy. The multi-year engagement included clearly defining the organizations mission, understanding the community and costumer needs to align services, developing a portfolio of strategic improvement initiatives, mapping the organization’s linked processes, using key performance indicators to monitor progress, and implementing a method for continuous improvement. The project changed the way the leadership manage the EMS system, reduced waste, and focused attention on key needs, which the executive director credits with aiding the EMS system to navigate what could have been a difficult year. To learn more, contact executive director Joe Penner at jpenner@medic911.org or (704) 943-6196

Regional EMS Authority (REMSA), Reno, Nevada – The ambulance authority charged with providing ambulance service to the Reno metropolitan area received a \$10 million innovation grant award from the Centers of Medicare and Medicaid Services (CMS) to develop and test EMS system design changes to improve patient experience, enhance the care of the population, and reduce costs. We supported the leadership in developing the design of the work including the change strategy, extensive family of measures, and method for rapidly testing and improving their processes. The project is one of the only first round innovation projects to be successful and achieve its aims and it is the largest EMS award to date. To learn more, contact director Brenda Staffan at bstaffan@remsa-cf.com or (775) 851-5781. Mrs. Staffan is also co-author of the American Ambulance Association's *Structured for Quality Guide*, which is a publication created for communities to support their ambulance procurement processes.

Hamad Medical Corporation, Doha, Qatar – Hamad Ambulance Service is the national prehospital care provider for Qatar and a governmental entity. A year ago, we began working with the leadership to develop the first ambulance trigger tool to detect patient harm. The tool is now in testing and the results will be published in a research journal in 2015. Building on the work, we have now grown the project to include full system improvement effort aimed at developing and improving the essential processes and measures for key conditions including trauma, stroke, cardiac arrest, and heart attacks with the intent to publish and share the results with the industry. The leadership team is also committed to pursuing the quality as a business strategy approach described above occurring in Charlotte. To learn more, contact the CEO Dr. Robert Owen at rowen@hmc.org.qa or (+974) 4439 7504.

(5) Please list the due diligence steps you normally take before recommending an EMS Provider.

Medic Health executes projects using standardized, objective, and evidence-based processes. Our staff is responsible for the process design and reliability and does not have influence over the selection decision. Stakeholders are engaged and involved from design, through data collection, recommendations, and selection. We use data and peer-

reviewed methods as our foundation and all of our processes are open source. We are also transparent with our clients and disclose all potential conflicts.

Successful selection of a qualified EMS provider is the result of an objective and clear proposal process. The proposal awarded the most points for successfully meeting the RFP criteria will be the most qualified EMS provider. To accomplish this, we take several steps:

Preparation

- 1) We clearly identify the specifications of the EMS system you want and the clinical and service outcomes you desire. This helps us understand the potential cost to serve your community.
- 2) We determine what the current and predicted call volume for the EMS system is and the distribution of insurance used by the patients to understand what the system can fund on insurance reimbursement.

We develop a request for proposal document that clearly profiles the EMS system data and your requirements. Included are minimum qualifications for prospective bidders such as confirmation they have successfully served a community of similar size and volume, proof of current financial standing, and evidence they can meet the specifications outlined in the request for proposal including references.

Proposal Evaluation

- 1) Provider organizations must meet minimal qualifications for the proposal to be accepted for evaluation. The evaluators will review and confirm minimum qualifications. Only EMS provider organizations meeting minimum qualifications are advanced for proposal review.
- 2) Reviewers use a clearly defined rubric to independently score each proposal. The proposal with the highest score is the most qualified proposal.
- 3) As part of the review process, communities currently served by the proposing EMS providers may be contacted to determine their success in serving the community and patients.

- 4) The final scores are calculated and confirmed. Any reviewer questions or concerns are discussed.
- 5) A recommendation based on the results of the complete, objective proposal process are summarized and recommended.

PAST PERFORMANCE OR SIMILAR ASSIGNMENTS

The Respondent shall demonstrate a proven track record in providing Emergency Medical Services to governmental agencies, or other relevant assignments in handling consulting services. Provide a list of recent relevant experience of key personnel and their responsibilities on similar projects.

We have experience in procuring and contracting ambulance services for communities across Texas and in other states as well. The following describe several engagements similar to your project. Most of the projects are also similar in size. We would be happy to discuss any of these projects in more detail.

Bastrop County - Bastrop, Texas

Bastrop County is an 896 square miles, central Texas County in the Austin-Metro Area with a population of 74,141. Starting in 2013, Mr. Hatley advised Bastrop County to develop a request for proposal, chose a qualified bidder, and support contracting an exclusive provider. The competitive procurement process is in progress and will conclude this year.

Brewster County - Alpine, Texas

Brewster County is a 6,193 square miles, west Texas, border County with a population of 9,316. In 2013, Mr. Hudson prepared and facilitated a competitive request for proposal, including developing an RFP and evaluation criteria, advertising the process, and the bid proposer conference. Mr. Hudson drafted, negotiated and finalized EMS services agreements for Brewster County with the selected provider for consideration and approval of the Brewster County Commissioners Court. Mr. Hudson provided legal counsel and document drafting throughout the solicitation and award process.

City of Orlando - Orlando, Florida

The City of Orlando is major tourist destination in Central Florida. The city is 110.7 square miles and has a population of 249,562. In 2009, Mr. Hatley supported the City Purchasing Department and the Orlando Fire Department to develop an RFP process for basic life support ambulance service. The RFP process included the RFP document, scoring and evaluation process, proposer conference, and execution of the process resulting in a recommendation of reward and negotiating the contract.

Hays County Emergency Services District 7 - Wimberley, Texas

Wimberley is small town with a population of 2,625 in the Austin-Metropolitan area. In 2007, Mr. Hudson prepared a competitive RFP process for ambulance service including RFP document preparation, drafting the RFP notice and evaluation criteria, supported the proposers conference, and assisted with responses to questions. He assisted with related public information issues and outreach regarding EMS solicitation. Upon award, he drafted the proposed EMS services contract for the chosen EMS provider.

Hays County Emergency Services District 1 - Dripping Springs, Texas

Dripping Springs is small town with a population of 1,788 in the Austin-Metropolitan area. In 2003-2005 Mr. Hudson prepared a competitive RFP process for ambulance service including RFP document preparation, drafting the RFP notice and evaluation criteria, supported the proposers conference, and assisted with responses to questions. He assisted with evaluation of proposals and selection of a new EMS provider and negotiated the initial agreement and annual renewals with the chosen EMS provider.

EMS System Assessment, Design, and Improvement Experience

EMS consultants serve communities in a number of ways. Ambulance procurement projects are one service but less frequent than projects focused on EMS system audits or performance improvements. Below is a sampling of the diverse community EMS systems our consultants have worked with.

Table 1. EMS System Review Experience

Westchester County, NY	Metropolis, IL	Great Barrington, MA
Daytona Beach, FL	Kansas City, MO	Long Island, NY
San Diego, CA	Allentown, PA	Wake County, NC
Tulsa, OK	Jersey City, NJ	Ft. Wayne, IN
Bronx, NY	Tyler, TX	Ashtabula, OH
Grand Rapids, MI	Pinellas County, FL	Atlanta, GA
Merced, CA	Seattle, WA	Scottsdale, AZ
Cedar Rapids, IA	Cumberland County, NC	Cheyenne, WY

MANAGEMENT PLAN AND/OR APPROACH

Description of the approach and methodology for soliciting proposals for Emergency Medical Services on behalf of Johnson County.

Medic Health Values and Frameworks

Medic Health approaches each engagement as a partnership with a preference to deeply collaborate with client organizations and stakeholders who have valuable knowledge and experience in the community, in the EMS system, and have a vested interest in a successful outcome. The approach describes how we achieve this aim and blend adherence to state and local regulations, industry best practices, research evidence, and our diverse experience.

Aims that Guide Practice

In 2001, the Institute of Medicine released *Crossing the Quality Chasm: A New Health System for the 21st Century*.² The report included six aims for improving healthcare. These six aims are the foundation of how EMS systems should be designed and operated and are key tenants of our process.

- **Safety** – Build structures and processes that enable patient and provider safety.
- **Effectiveness** – Use evidence-based processes and practices from objective guidance and implement just the right amount to achieve the aim.

² Institute of Medicine (IOM). (2001). *Crossing the Quality Chasm. Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press.

- **Patient-Centeredness** – Care must be centered on the needs of the patient and include patients in improvement.
- **Timeliness** – Service is reliably on time and when and where the patient needs it.
- **Efficiency** – Reduce waste and develop effective and efficient processes that produce outcomes.
- **Equity** – Every patient deserves equal access and quality of care.

These six aims are imbedded in our approach and the results we produce.

Evidence-Based and Patient Centered Design

Prehospital emergency care systems, like healthcare systems, should be designed and operated to provide evidence-based care and to serve patients through delivery of timely, appropriate, and effective care. EMS systems today are struggling to meet this aim.³

Most EMS systems are based on system specifications developed in the 1970s and 1980s and primarily focused on population dense communities. The primary clinical driver during that period was out-of-hospital cardiac arrest and trauma and response time reliability was a key aim. There were also a larger number of medically necessary patient transports to emergency departments making ambulances the primary care vessel; supported by medical first response. The assumptions behind these system designs are not as valid today and changes in research findings, system considerations, and the continually evolving healthcare reform effort need to shift how we look at system design.

Peer reviewed research on clinical and operational practices in the EMS environment provide guidance in a number of areas that should guide system design.⁴ There is consensus that EMS can influence outcomes in several care pathways including ST-Elevation Myocardial Infarction, Stroke, Trauma, Respiratory Distress, and Sudden

³ Eckstein, M. (2013, December). The ambulance industry struggles to go the distance. *Health Affairs*, 32(12). 2067-2068.

⁴ NHTSA. (2001, Dec. 31). National EMS Research Agenda. NHTSA: Washington, DC.

Cardiac Arrest.⁵ This expanded scope of key care areas must be included in system design considerations, but they may only represent a third to half of ambulance requests.⁶ Nearly 50% of calls are low acuity or basic life support emergencies and also deserve consideration. System design should include attention to these evolving considerations.

The Institute of Medicine (IOM) report on ambulance systems in America titled *EMS at the Crossroads* devotes a chapter to describing the development of the 21st century emergency care system.⁷ It specifically discusses the current challenges of fragmentation, lack of coordination and accountability, a need for system integration, and the value of regionalization of services. It makes several recommendations that are very relevant to local communities and integral to system design considerations.

The Affordable Care Act is transforming healthcare policy providing the right care, at the right time, and at the most efficient cost to the patient. This has resulted in changes in payment policy and is expected to eventually trickle down into ambulance service. While the exact future is unclear, we expect and are already seeing a paradigm shift that the 911 call and ambulance transport is considered a failure of the healthcare system and attention is moving to prevention, navigation, alternative transport, and more appropriate destinations rather than emergency departments. While ambulance requests may temporarily increase with greater access to health coverage, many predict the number of ambulance transports will decline over time as health plans, hospital systems, and others focus attention on better managing the health of the population.

These considerations may initially appear as major challenges to communities and EMS systems. We view these emerging changes differently because they provide the incentive and permission to begin with the patient in mind, define evidence-based care pathways,

⁵ National EMS Advisory Council (2009, December). *EMS Makes a Difference: Improved clinical outcomes and downstream healthcare savings. A Position Statement of the National EMS Advisory Council*. Washington DC: NEMSAC.

⁶ Institute for Healthcare Improvement (2014, March). *Improving Prehospital Emergency Care Reliability & Safety, Wave 30*, Cambridge, MA Research & Development Team Report

⁷ Institute of Medicine. (2006). *Emergency medical services at the crossroads*. Washington, DC: The National Academies Press.

and then develop system designs that can achieve them in effective and efficient ways. Beginning with evidence-based design and a focus on outcomes offers a strong foundation for effective system design.

Approach to Achieve the Scope of Work

This section describes the approach to achieve the scope of work outlined in the Request for Proposal. We predict that these steps may be further defined and enhanced with input from Johnson County.

Project Management & Meetings

Competitive procurement processes are extended projects with many steps and deadlines, multiple documents, and frequent stakeholder engagement. Onsite work is essential and is supported by effective offsite action periods. We use a number of tools to support projects including a project management system and a web-meeting platform.

Steering Group Meeting & Project Charter

At the start of the project, we welcome coming to Johnson County and meeting with key stakeholders. The aim of the meeting serves several objectives:

- Introduce Johnson County stakeholders and the Medic Health
- Confirm clear understanding of the scope of work
- Predict barriers or constraints to the work
- Define key quality indicators of a successful engagement
- Discuss and define timelines for key project milestones
- Establish a preferred communication plan and regular progress reporting
- Define assessment points to review progress and plan next steps
- Develop a project charter that describes what we co-create

In our experience it is important to meet early in the process and agree to an objective project charter. This enables us to create shared expectations, be aligned on milestones and timelines, and prevent predictable failures. It also supports establishing a positive working relationship early and provides us with time in the community.

Review Existing Contract and Compliance Materials

Existing contract documents and any reporting related to the EMS system and incumbent provider are helpful to aid understanding your current EMS system. We will review all available materials and meet with Johnson County staff to appreciate the context around the contract and to identify what you see as the successes and opportunities for improvement to build upon for your next contract.

Review and Identify EMS System Design Options

We will work with Johnson County stakeholders to support defining and outlining the core structure of the EMS system for the county. This will include the EMS system delivery model, performance expectations, incentives and penalties, and other specifications necessary for executing the competitive RFP process.

The process will include learning the specific aims the community and key stakeholders have for the EMS system and any known or predicted constraints (e.g. subsidy, revenue) to consider. When applicable we will develop and present EMS system design concepts that meet these aims and conform to your known constraints.

EMS System Design Concepts may include:

- Structural Attributes of System Design
- Public Policy Options Matrix
- Geographic Scope
- Standard Setting and Enforcement
- Division of Functions
- Production Strategies
- Service-Area Allocation
- Consequences of Chronic Failure to Perform
- Business Structure and Financing Strategy
- Management Level Required⁸

There will be plenty of opportunity to ask questions, provide input, and propose modifications. It's important we support you in appreciating the potential and

⁸ American Ambulance Association (2008) *EMS Structured for Quality*. McLean, VA: AAA. P.14.

limitations of key considerations and we will continuously provide attention to outcome-based considerations that provide sustainable assurances to Johnson County while leveraging the innovation of the prospective bidders for the benefit of the patient and taxpayer.

Review Relevant EMS Ordinances and Policies

We review any ordinances or related policies within Johnson County addressing the EMS system and ambulance service. The review includes confirming the request for proposal document adheres to local considerations and also assures that local ordinances or polices do not conflict with what the county is trying to accomplish with a competitive RFP process.

Request for Proposal Process Execution Strategy

The timeframe from the start of the process to the beginning of a new EMS provider can vary and depends on the will of the community and the complexity if the contract. Reaching consensus on the preferred timeframe for full execution of the process is important at the start of the engagement and will inform the execution strategy milestones and their deadlines.

The American Ambulance Association *EMS Structured for Quality* requires several specific minimum standards for an ambulance procurement process. The proposed process adheres to the minimum requirements the AAA recommends.

At the start of the RFP process it's important to establish specific process and policies for:

- The submission of responses;
- Receiving responses;
- Response evaluation;
- Response rejection;
- Award notification;
- Protests and appeals; and
- Contract cancellation

Table 2. EMS RFP Process Steps

-
1. Review system design options and establish new EMS ordinance
 2. Develop the RFP Documents
 3. Advertise and issue the RFP documents
 4. Conduct pre-procurement process conference
 5. Proposals due; review may include written materials and references, oral interviews or presentations, or site visits.
 6. Selection committee announces recommendation
 7. Johnson County approves recommendation
 8. Final contract negotiations
 9. Contract Execution
-

Source: American Ambulance Association *EMS Structured for Quality*

Develop the Request for Proposal Document

Our approach to developing request for proposal documents is to include only the details required for potential bidders to understand the specifications and expectations we provide a clear description of expectations of the proposal submission and how proposals will be evaluated.

The RFP includes specifications across several categories including the following:

Table 3. AAA Recommended Content of the RFP Document

-
- Clinical and response-time performance
 - Medical communications center options
 - Quality of equipment and maintenance
 - Cultural diversity
 - Customer service
 - Community education and information program
 - Fair accounts and receivables practices
 - Cost control and risk management
 - Key management personnel
 - Treatment of incumbent workforce
-

Source: American Ambulance Association *EMS Structured for Quality*, pg. 70

Medic Health achieves inclusion of these recommend categories by organizing the RFP document based on the criteria used for the Texas Quality Foundation and based on the Baldrige Criteria for Performance Excellence (see table 4).

Medic Health will write a draft RFP with the approved elements. The RFP draft document is an original and written specifically for the Johnson County EMS system. The RFP document is not a template or cut and pasted from other RFPs created for other EMS systems. This assures the document is specific to the needs and requirements of Johnson County. The complete draft RFP will be submitted to Johnson County for internal review and requested revisions will be addressed as necessary. The drafting of the RFP document is a collaborative process and will require continuous communication and input from the Johnson County staff, stakeholders, public officials, and other groups/individuals as necessary.

Advertise and Issue RFP to Qualified Prospective Bidders

A successful RFP process requires a minimum of two (2) qualified bidders. We recommend multiple methods for advertising and issuing the RFP to qualified bidders including:

- Posting RFP on Johnson County Purchasing website
- Nationwide RFP databases
- Notify Texas Ambulance Association
- Notify American Ambulance Association
- Notify known qualified regional and national ambulance companies

The intent is to reach all qualified and interested ambulance companies early in the process. We will work with Johnson County to develop the appropriate plan that will support broad notification.

Table 4. 2013-2-14 Criteria for Performance Applied to EMS RFP Categories

Category	Sub-Categories	EMS RFP Context
Organizational Profile	Organizational Description	Describes the organization, its core competencies, governance, and mission, vision, and values.
Leadership	Organizational Situation	Describes organizational authority, key leadership roles, compliance and risk, ethics and social responsibility, and community engagement and partnership.
	Senior Leadership Governance & Societal Responsibilities	
Strategic Planning	Strategic Development	Describes the organizations process to plan forward for changes in the local, regional, and national market and have a formal process to scan, create action plans, and execute to continuously align the EMS system for sustainability.
	Strategic Implementation	
Customer Focus	Voice of the Customer Customer Engagement	Describes how the organization solicits and engages patients and community stakeholders in understanding the EMS system quality and to enhance improvement and reliability.
Measurement, Analysis, and Knowledge Management	Measurement, Analysis, and Improvement of Organizational Performance	Describes the methods the organization uses to analyze data over time to understand reliability to improve performance, reduce variation, and address attributable causes. Includes low and high tech methods to access and share essential data to support performance effectiveness.
	Knowledge Management, Information, and Information Technology	
Workforce Focus	Workforce Environment Workforce Engagement	Describes how the organization develops employee capability and capacity across employee groups. Includes focus on engagement, development, compensation, and customer service training.
Operational Focus	Work Processes Operational Effectiveness	Describes organizational approach to establishing key health care and business processes. This includes meeting patient expectations and continual improvement. It also includes waste control, supply-chain management, and employee safety.
Results	Health Care and Process Results Customer-Focused Results Workforce Related Results Leadership & Governance Results Financial and Market Results	Describes the portfolio of measures and performance expectations for an organization and the results it aims to achieve. This includes response time reliability, key care pathways, safety, employee measures, and financial viability.

Source: Adapted 2013-2014 Baldrige Healthcare Criteria for Performance Excellence

Conduct Pre-Procurement Process Conference

A pre-procurement process conference with prospective bidders is an important event early in the RFP process. The aim of the conference is to provide a forum for potential bidders to receive answers to any questions about the RFP and the process. This will be the only time questions will be received and answered and all bidders are provided equal opportunity to participate and receive the uniform information. Written summaries are optional, but must be distributed to all known potential bidders.

We recommend hosting the pre-procurement conference via a web meeting. This enables both local and national EMS providers to participate and it reduces the burden and time commitment for the EMS providers and county staff. The date, time, and details of the conference are included in the RFP document and are scheduled for early in the process to allow prospective bidders to review the RFP, bring questions, and provide answers with ample time to draft proposals. We will support Johnson County staffs to schedule, plan, and facilitate the conference.

Proposal Review and Scoring

The proposal review and scoring process is critically important to the success of the RFP process. Failures in this process have been associated with bidder challenges and litigation in recent years. Many of the protests include questioning panel member objectivity, inter-rater reliability, and subjective scoring rubrics absent of operational definitions. See the appendix for a recent article in *EMS Insider: Broken Bids: It's Time to Reform the Ambulance Procurement Model*.

To reduce risk to Johnson County and to provide a fair and transparent process to the prospective bidders, the proposal review and scoring process must be simple to understand, well defined, transparent, and the process must be executed as described with assurances to prevent error. This section describes the proposed submission, review, and scoring of proposals process for Johnson County.

The first step is identifying who will review the proposals and securing their time for immediately following the proposal deadline. We will also work with the Johnson

County staff to identify the ideal review committee member characteristics. Potential review panel members include:

- Accountant
- Local Medical Director
- Executives from another Johnson County entity
- Community Representatives
- Outside EMS experts⁹

Legal counsel and our consultants are involved as non-voting facilitators and advisors.

Proposals will be submitted in paper and electronic formats in sealed boxes by a prescribed date and time. Late proposals will not be accepted. Using a checklist, all proposals are reviewed to confirm inclusion of the required elements and the EMS providers meet minimum qualifications.

The review and scoring of the proposals will take some time. We may include orals from the bidders to support the reviewers in asking clarifying questions about proposal details to support the scoring. These orals are not presentations or interviews, but for clarification purposes.

Medic Health will develop the files required for the panel review including agendas, operational definitions, scoring worksheets, and other guidance. We will oversee and facilitate the proposal review process and assure it follows the process described in the RFP document and RFP procedures exactly. We will inform and advise the review panel members at every step of the review and answer questions as appropriate

At the close of the review committee, Medic Health will calculate the score and provide a written summary of the findings and recommendations of the review panel to Johnson County staff.

⁹ American Ambulance Association (2008). *EMS Structured for Quality*. McLean, VA: AAA. P.69.

Contract Negotiations

Following notification of intent to award, Medic Health’s counsel Greg Hudson, Esq will support Johnson County staff in negotiations and modifications with the chosen provider to efficiently reach a final, agreeable contract. He will also assist the Johnson County staff with drafting the agreement with the chosen provider. The agreement may be drafted using a specific Johnson County agreement template modified to meet the scope of the RFP and proposal considerations. We also have examples of agreements used in Texas and across the United States that may support drafting the agreement.

Summary

Reaching a transparent, objective, and fair selection of an EMS provider results from well-defined specifications, sound design, a clear process, and a smooth execution. An effective RFP can support selection of a qualified EMS provider who can be a strong community partner and quality service provider.

FEE PROPOSAL

All submissions must include a detailed fee proposal in a format that relates directly to the Consulting Services in the RFP. Fee proposals shall include all direct and indirect costs, including profit and overhead for the entire project. Fee proposals are subject to negotiation. Other specifics about compensation are stated in Section Compensation of this RFP. Provide an outline of hourly rates for your services, as well as any proposed fee schedule you would like to have considered.

The price proposal is summarized in Table. The total project cost quote is all-inclusive and there will be no additional fees, charges, or expenses under the described scope of work. We welcome negotiating with you to reach the appropriate balance that achieves your scope of work and meets your budget.

Table 5. Summary of Price Proposal

<i>Professional Time & Fees</i>	<i>Hours</i>	<i>Price</i>
Steering Meeting & Project Charter	12	\$3,000
Contract & Compliance Report Review	4	\$1,000
Identify System Considerations	4	\$1,000
Review Ordinances and Policies	4	\$1,000
Develop RFP Documents	24	\$6,000
Distributing RFP to Qualified Bidders	4	\$1,000
Pre-bid Conference	4	\$1,000
Proposal Review and Evaluation	24	\$6,000
Contract Negotiations	16	\$4,000
Total Professional Service Fees	666	\$24,000
<i>Expenses</i>	<i>Units</i>	<i>Cost</i>
Lodging @ \$85/Night	5	\$425
GSA Mileage @ \$0.6/mile	1,050	\$630
GSA Per Diem @ \$85/person/day	7.5	\$638
Total Expenses		\$1,693
Total Proposal Cost (All Inclusive)		\$25,693

REFERENCES

Include five (5) current references of government entities, including; Organizational name and address, Name of person to contact, and Telephone number of contact person.

Three current and three past client contacts are provided in the appendix in the required **Vendor Reference** form.

Appendix

Addendums & Questions

This proposal was completed and submitted in advance of receiving any addendums or responses to vendor questions.

Required Forms & Certificates

All of the forms and certificates required in the RFP are included in the pages to follow in the order below.

- Instructions/Terms of Contract
- General Terms and Conditions
- Insurance and Bond Requirements
- Proposal Form
- Vendor Information Form
- Residence Certification
- Vendor References
- Checklist for Vendors
- W9

EMS Insider Article – Broken Bids: It’s time to reform the competitive ambulance procurement model

INSTRUCTIONS/TERMS OF CONTRACT:

SUBMISSION OF PROPOSALS: **Four (4) complete sets** of all proposal documents (original and three (3) copies) shall be sealed and submitted as vendor's response to:

Johnson County Purchasing
Ralph McBroom, C.P.M. Purchasing Agent
1102 E. Kilpatrick, Suite B
Cleburne, Texas 76031

Sealed proposals shall be received no later than: 2:00 P.M., November 18, 2014.

MARK ENVELOPE: RFP 2015-502 Consulting Services for Emergency Medical Services FOR JOHNSON COUNTY.

LATE PROPOSALS: Proposals received in the County Purchasing Department after submission deadline will be considered void and unacceptable. Johnson County is not responsible for lateness or non-delivery by mail service/carrier, etc., and the date/time stamp in the Purchasing Department shall be the official time of receipt.

The deadline for receipt of all questions is 12:00 (Noon), Central Standard Time, Monday, November 11, 2014.

PROPOSAL SHALL INCLUDE: This RFP and all additional documents submitted. Each proposal shall be placed in a sealed envelope, **signed by a person having authority to bind the firm in a contract** and marked clearly on the outside as shown on the COVER SHEET. FACSIMILE TRANSMITTALS SHALL NOT BE ACCEPTED.

The enclosed Request for Proposal and accompanying Specifications are for the vendor's convenience in submitting an offer for the referenced products and/or services for Johnson County.

Johnson County appreciates vendor's time and effort in preparing this proposal.

If vendor does not wish to submit a proposal at this time, but wishes to remain on the vendor list for this commodity, please submit a "No Offer" by the same time and at the same location as stated in the COVER SHEET. If a response is not received in the form of a "Proposal", "Proposal" or "No Offer", vendor shall be removed from the vendor list. For the vendor's convenience, a "No Offer" response is acceptable by fax. If vendor wishes to be removed from the vendor list, or to change contact information and/or to be added to the vendor list for another commodity, please contact the Johnson County Purchasing Department. Include as much of the following information as possible when making such a request: Company Name, Representative, Address, Telephone Number, Fax Number and commodity and/or service

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provided.

Awards are usually made in a Regular Session of the Johnson County Commissioners Court, following the proposal opening. Results will be sent to those who submitted a proposal.

IT IS UNDERSTOOD that the Commissioners Court of Johnson County, Texas reserves the right to reject any or all proposals as it may deem to be in the best interests of Johnson County. Receipt of any proposal shall under no circumstances obligate Johnson County to accept the lowest dollar submission. The award of the contract shall be made to the responsible vendor, whose proposal is determined to be the lowest evaluated offer resulting from negotiation, taking into consideration the relative importance of price and the other evaluation factors set forth in the request for proposals. Johnson County also reserves the right to award all or part of a proposal unless otherwise stated in the specifications.

FUNDING: Funds for payment have been provided through the Johnson County budget approved by the Commissioners Court for this fiscal year only. State of Texas statutes prohibit the obligation and expenditure of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that may arise past the end of the current Johnson County fiscal year shall be subject to budget approval.

ALTERING PROPOSALS: Any interlineations, alteration, or erasure made before opening time must be initialed by the signer of the proposal/Proposal, guaranteeing authenticity.

WITHDRAWAL OF PROPOSAL: A proposal may not be withdrawn or canceled by the vendor without the permission of the County for a period of ninety (90) days following the date designated for the opening of proposals, and vendor so agrees upon submittal of vendor's proposal/Proposal. Proposals may be withdrawn at any time prior to the official opening by notifying the Johnson County Purchasing Department in writing.

PROPOSALS WILL BE received and publicly acknowledged at the location, date and time stated in the COVER SHEET. Vendors, their representatives and interested persons may be present. *The proposals shall be received and acknowledged only so as to avoid disclosure of the contents to competing vendors and kept secret during negotiations.* However, all submissions shall be open for public inspection after the contract is awarded, except for trade secrets, financial information, and other confidential information contained in the proposal and identified as such by vendor. As applicable, submit a minimum of one copy of confidential information, sealed and marked as confidential with submission.

PERMITS: All construction related permits, fees, and licenses required by any government entity or agency are the responsibility of the vendor and shall be a part of the proposal.

SALES TAX: Johnson County is exempt by law from payment of Texas Sales Tax and Federal Excise Tax, therefore the proposal shall not include sales taxes. Tax exemption certificates will be executed by the Johnson County Purchasing Department.

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CONTRACT: This Proposal, accompanying documents, and any negotiated terms, when properly accepted by the Johnson County Commissioners Court, shall constitute a contract equally binding between the successful vendor and Johnson County. Prices shall remain firm for the entire contract period. No different or additional terms will become a part of the contract with the exception of Change Orders.

A request for redetermination of the contract terms requires a minimum of thirty (30) days written notice, prior to the end of the contract period. All requests shall be written form and shall include supporting documents. Johnson County reserves the right to accept or reject any/all of the price redetermination as it deems to be in the best interest of the County.

CHANGE ORDERS: No oral statement of any person shall modify or otherwise change, or affect the terms, conditions, or specifications stated in the resulting contract. All change orders to the contract SHALL be made in writing to the Johnson County Purchasing Department, who shall submit change order to the Johnson County Commissioners Court for approval. No item, service, etc. on change orders shall be acted upon before it has been approved by the Johnson County Commissioners Court.

CONFLICT OF INTEREST: No public official shall have interest in this contract except in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171. State Law (CHAPTER 176 of the Local Government Code) requires the filing of a CONFLICT OF INTEREST QUESTIONNAIRE BY CERTAIN INDIVIDUALS AND BUSINESSES.

ETHICS: The vendor and/or vendor's representatives shall not offer nor accept gifts or anything of value, nor enter into any business arrangement with any employee, official or agent of Johnson County.

EXCEPTION/SUBSTITUTIONS: All proposals meeting the intent of this request for proposal will be considered for negotiations. Vendors taking exception to the specifications, or offering substitutions, shall state these exceptions in the section provided or by attachment as part of the submission. If offering other than specification, vendor must certify article offered is equivalent to specifications. When offering other than specified brand, vendor shall submit as part of the RFP, specifications, illustrations, and complete descriptive literature. The absence of such a list shall indicate that the vendor has not taken exception(s) and the vendor shall be responsible for performing in strict accordance with the specifications of the RFP. Johnson County Commissioners Court reserves the right to accept any and all or none of the exception(s)/substitution(s) it deems to be in the best interest of the County.

DESCRIPTIONS: Whenever an article or material is defined or used in the RFP specifications by describing a proprietary product or by using the name of a manufacturer, model number, or make, the term "or equal" if not inserted, shall be implied. Any reference to specified article or material shall be understood as descriptive, NOT restrictive, and is used to indicate type and quality level desired for comparison purposes unless otherwise noted. Proposals must be submitted on units of quantity specified, extended, and totaled. In the event of discrepancies in



extension, the unit prices shall govern.

ADDENDUM: Any interpretations, corrections or changes to this RFP and Specifications will be made by addendum, unless otherwise stated. Issuing authority of addendum shall be the Commissioners Court and/or the Purchasing Department. Addendum will be mailed, emailed, or faxed to all that are known to have received a copy of the RFP. Vendors shall acknowledge receipt of all addenda and include receipt and response to addenda with submission.

PROPOSAL MUST COMPLY with all federal, state, county and local laws concerning the type of article and/or service being offered.

DESIGN, STRENGTH, QUALITY of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

ALL HARDWARE, OR ANY OTHER ITEM offered in this proposal must be new and unused, unless otherwise specified, in first-class condition and of current manufacture.

MINIMUM STANDARDS FOR RESPONSIBLE PROSPECTIVE vendors: A prospective vendor must affirmatively demonstrate vendor's responsibility. A prospective vendor must meet the following requirements:

1. Have adequate financial resources, or the ability to obtain such resources as required.
2. Be able to comply with the required or proposed delivery schedule.
3. Have a satisfactory record of performance.
4. Have a satisfactory record of integrity and ethics; and,
5. Be otherwise qualified and eligible to receive an award.

Johnson County may request references and other information sufficient to determine vendor's ability to meet the minimum standards listed above.

FACTORS IN AWARD: Proposals will be based on, but not limited to, the following factors: unit price, total proposal price, delivery date, results of any testing or demonstrations, special needs of Johnson County, prior experience with this or similar products or services, vendor reputation, vendor's past performance record with Johnson County or other counties, an evaluation of the vendor's ability, estimated cost of supplies and/or maintenance, warranty terms, ability to integrate with equipment already owned by the County, and estimated surplus values. In general, Johnson County will award an agreement or contract to the vendor whom, in the judgment of the Johnson County Commissioners Court, is best able to provide the product or services most likely to satisfy the needs of the County, allowing the county optimum value for the public funds expended. By state law, Johnson County is bound to purchase from the responsible vendor who submits the lowest and/or best Proposal.

REFERENCES: Johnson County requests vendor to submit, with this RFP, a list of references (listing name, mailing address, and telephone number), of at least three (3) and not to exceed five (5) in number, who can attest to the ability of the vendor to



supply/perform the goods/services under the contract being Proposal. REFERENCES PROVIDED SHALL BE OTHER COUNTY GOVERNMENT ENTITIES WHEN POSSIBLE.

VENDOR SHALL PROVIDE with this response, all documentation required by this RFP. Failure to provide this information may result in rejection of submission.

SUCCESSFUL VENDOR SHALL defend, indemnify and save harmless Johnson County and all its officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful vendor, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from proposal award. Successful vendor shall pay any judgment with costs, which may be obtained, against Johnson County growing out of such injury or damages.

TERMINATION OF CONTRACT: This contract shall remain in effect until contract expires, delivery/completion and acceptance of products and/or performance of services ordered or until terminated by either party with a thirty (30) days written notice prior to any cancellation. The successful vendor must state therein the reasons for such cancellation. Johnson County reserves the right to award canceled contract to next best vendor as it deems to be in the best interest of the County.

TERMINATION FOR DEFAULT: Johnson County reserves the right to enforce the performance of this contract in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default of this contract. Johnson County reserves the right to terminate the contract immediately in the event the successful vendor fails to:

1. Meet delivery or completion schedules;
2. Otherwise perform in accordance with the accepted submission;
3. Submit Verification of Insurance prior to commencement of work; and,
4. Submit Proposal, Performance, or Payment Bond, as applicable, prior to commencement of work.

Breach of contract or default authorizes the County to award to another vendor, purchase elsewhere and charge the full increase in cost to the defaulting vendor.

REPRESENTATIVE SUBMITTING OFFER affirms that they are duly authorized to execute this contract, that this company, corporation, firm partnership or individual has not prepared this Proposal in collusion with any other vendor, unless clearly outlined, and further affirms that the contents hereof have not been communicated by the undersigned or by any employee or agent to any other vendor or to any other persons engaged in this type of business prior to the official opening of this offer. And further, that the manager, secretary or other agent or officer signing this Proposal is not and has not been for the past six months directly nor indirectly concerned in any pool or agreement or combination to control the price of supplies, services or equipment Proposal on, or to influence any person to Proposal or not to Proposal thereon.

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The undersigned declares that the amount and nature of the materials to be furnished is understood and that the nature of this offer is in strict accordance with the conditions set forth in this document and is a part of the proposal/Proposal, and that there will at no time be a misunderstanding as to the intent of the specifications or conditions to be overcome or pleaded after the proposals are opened.

PATENTS/COPYRIGHTS: The successful vendor agrees to protect Johnson County from claims involving infringements of patents and/or copyrights.

CONTRACT ADMINISTRATOR: The contract administrator, Purchasing Agent, will serve as sole liaison between the Johnson County Commissioners Court and affected Johnson County Departments and the successful vendor. Unless directly outlined in this specification the vendor shall consider no one but the Contract Administrator authorized to communicate, by any means, information or suggestions regarding or resembling this RFP throughout the proposal process. The Contract Administrator has been designated the responsibility to ensure compliance with contract requirements, such as but not limited to, acceptance, inspection and delivery. The County will not pay for work, equipment or supplies, which it deems unsatisfactory. Vendors will be given a reasonable opportunity to correct deficiencies before termination. This however, shall in no way be construed as negating the basis for termination for non-performance.

PAYMENTS are processed upon receipt of invoice and after the Contract Administrator has determined that the items have been received in good condition, that all terms have been met, and that no unauthorized substitutions have been made. All payments must be approved in the regular meetings of the Commissioners Court, in accordance with the State of Texas Prompt Payment Act, Chapter 2251, Government Code VTCA. Successful offeror(s) is required to pay subcontractors within ten (10) days.

REMEDIES: The successful vendor and Johnson County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.

VENUE: This agreement will be governed and construed according to the laws of the State of Texas. This agreement is performable in Johnson County, Texas.

ASSIGNMENT: The successful vendor shall not sell, assign, transfer or convey any contract resulting from this RFP, in whole or in part, without the prior written consent of Johnson County.

SILENCE OF SPECIFICATION: The apparent silence of these specifications as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

INSURANCE REQUIREMENTS: Vendor shall procure, and maintain for the duration of the RFP 2015-502 Consulting Services for Emergency Medical Service

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contract, insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the vendor, vendor's agents, representatives, employees or subcontractors. The cost of such insurance shall be the responsibility of the vendor. The County, all public officials, employees, and volunteers shall be named as additional insureds.

A. Minimum Limits of Insurance

Comprehensive General Liability, to include contractual liability:

1. Commercial and Comprehensive Liability
 - \$ 1,000,000.00 CSL BI & PD per Occurrence
 - \$ 2,000,000.00 General Aggregate
 - \$ 2,000,000.00 Products/Completed Operations Aggregate
 - \$ 1,000,000.00 Personal/Advertising Injury
 - \$ 3,000,000.00 Fire damage

2. Automobile Liability
 - \$ 1,000,000.00 each accident Combined Single Liability
 - \$ 1,000,000.00 each accident uninsured/Underinsured Motorists combined Single Liability

All owned, non-owned, hired and all vehicles used by Vendor with a combined single limit of \$ 1,000,000.00 covering personal injury (including bodily injury and property damage).

3. Worker's Compensation
 - Statutory - V.T.C.A, Labor Code, Chapter 401 ET.SEQ.

B. Other Insurance Provisions:

1. All Coverage's

Each insurance policy required herein shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or limits except after thirty (30) days prior notice by certified mail, return receipt requested, has been given to County.

C. Acceptability of Insurers:

Insurance is to be placed with insurers licensed in the State of Texas, rated by Moody's Investors Service Inc., and rated A- or better by A. M. Best or A or better by Standard and Poors.

D. Verification of Coverage:

Vendor shall furnish the County with certificates of insurance and evidence of endorsements

RFP 2015-502 Consulting Services for Emergency Medical Service

9
[Handwritten signature]

effecting coverage required herein. The certificates for each policy are to be signed by a person authorized by that insurer to bind coverage on its behalf and to be received by the County prior to commencement of any work. The County reserves the right to require complete, certified copies of all insurance policies at any time.

BOND REQUIREMENTS: If applicable, a Proposal Bond may be required. Pursuant to the provisions of Section 262.032 (a) of the Texas Local Government Code, if the contract contemplated by this request is for proposal for the construction of public works, or will be under a contract exceeding \$ 100,000.00, Johnson County may require the vendor to execute a good and sufficient Proposal bond in the amount of five percent (5%) of the total contract price. Said bond shall be executed with a surety company authorized to do business in the State of Texas.

If applicable, a Performance Bond shall be required. Pursuant to the provisions of Section 262.032 (b) of the Texas Local Government Code, within thirty (30) days of the date of the signing of a contract or issuance of a purchase order following the acceptance of a proposal by Johnson County Commissioners Court, the successful vendor shall furnish a performance bond to Johnson County for the full amount of the contract if the contract exceeds \$ 50,000.00. Such bond shall be for the purpose of insuring the faithful performance of the work in accordance with the plans, specifications and contract documents associated with the contract.

If applicable, a Payment Bond (Bond for Labor and Material) shall be required. Pursuant to the provisions of V.A.T.S., Article 5160 and Government Code 2253, if the amount of the contract awarded to the successful vendor exceeds \$ 50,000.00, then said successful vendor shall execute a payment bond in the amount of the contract, solely for the protection and use of payment bond beneficiaries with awarded vendor, all claimants supplying labor and material in the performance of the work provided for in said contract, for use of each such claimant.

Vendor shall provide the following with Proposal submission:

- References of any city and/or county agencies currently doing business with vendor along with outside firms. Provide entity name, contact name, address, telephone number, and/or email address;
- Completed W9 Form; and,
- Other documentation as may be specified within this proposal/Proposal.

ANY QUESTIONS relating to this Request for Proposal and Specification(s) shall be directed to Ralph McBroom, C.P.M. Purchasing Agent, in writing by fax (817-556-6385) or by email PUR@johnsoncountytexas.org.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Heaton Bennett Insurance 3933 Steck Avenue, Suite B119 Austin TX 78759	CONTACT NAME: Estella Hernandez PHONE (A/C No. Ext.): (512) 372-8311 FAX (A/C. No.): (512) 372-8818 E-MAIL ADDRESS: Estella@insureaustin.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Markel American Insurance	NAIC #
INSURED TrueSimple, LLC DBA Medic Health 5011 Westpark Dr Austin TX 78731	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES **CERTIFICATE NUMBER: CL1441406270** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDITIONAL INSURED (Y/N)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER ACCIDENT <input type="checkbox"/> LOC.		MG-837935	7/3/2014	7/3/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED EQUIPMENT (EA ACCIDENT) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COVERED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A Professional Liability		MG-837935	7/3/2014	7/3/2015	Each Occurrence 1,000,000 General Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured Status As Required By Written Contract

CERTIFICATE HOLDER (512) 372-8818 Estella@insureaustin.com **FOR BID PURPOSES ONLY** Contact: Estella Hernandez Heaton Bennett Insurance 3933 Steck Ave. #B119 Austin, TX 78759	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Nancy Heaton/KLB <i>Nancy Heaton</i>
--	--

PROPOSAL SHEET

**RFP 2015-502 Consulting Services for Emergency Medical Service
for Johnson County, Texas**

- Submit a total proposal price below.
 - \$25,693

Vendor Information

The undersigned affirms that they are duly authorized to execute a contract, that this company, corporation, firm, partnership or individual has not prepared this Proposal in collusion with any other officer, and the contents of this Proposal as to prices, terms, or conditions of said Proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this Proposal. And further, manager, secretary or other agent or officer signing this Proposal is not and has not been for the past six months directly nor indirectly concerned in any pool or agreement or combination to control the price of supplies or to influence any person.

Company Name	TRUESIMPLE, LLC d/b/a Medic Health	
Address	5011 W Park Drive	
City/State/Zip Code	Austin, Texas, 78731-5011, USA	
Phone:	Office: 512-850-4119 Cell: 512-680-0588	Fax: N/A Email: dave@medichealth.com
Signature of authorized Proposer		
Print Name	DAVID M WILLIAMS	
Job Title	Owner / Consultant	

Residence Certification


Pursuant to Texas Government Code §2252.001 *et seq.*, as amended, Johnson County requires a Residence Certification. §2252.001 *et seq.* of the Texas Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of §2252.001 are stated below:

- (3) "Nonresident Proposer" refers to a person who is not a resident.
- (4) "Resident Proposer" refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

I certify that TRUESIMPLE, LLC d/b/a Medic Health is a Resident Proposer of Texas
(Company Name)
as defined in Texas Government Code §2252.001.

I certify that _____ is a Nonresident Proposer as
(Company Name)
defined in Texas Government Code §2252.001 and our principal place of business is

(City and State)

Signature: 

Current VENDOR REFERENCES

Please list three (3) references of current customers who can verify the quality of service your company provides. The County prefers customers of similar size and scope of work to this Proposal. **THIS FORM MUST BE RETURNED WITH YOUR PROPOSAL.**

REFERENCE ONE:


GOVERNMENT /COMPANY/BUSINESS NAME: National Association of State EMS Officials	
ADDRESS/CITY/STATE/ZIP: 201 Park Washington Court Falls Church, VA 22046-4527	
CONTACT NAME/TITLE: Dia Gainer, Executive Director	
BUSINESS PHONE/FAX: 703.538.1799	Federal Project - EMS Performance Measures
CONTRACT PERIOD: 10/2014 - Present	SCOPE OF WORK:

REFERENCE TWO:

GOVERNMENT /COMPANY/BUSINESS NAME: Town of Huntington, NY	
ADDRESS/CITY/STATE/ZIP: Town Hall (Room 106) 100 Main Street, Huntington, NY 11743!	
CONTACT NAME/TITLE: Terry McNally, Chief Fire Marshall	
BUSINESS PHONE/FAX: 631-351-3138	
CONTRACT PERIOD: 07/2014 - Present	SCOPE OF WORK: EMS Contract Compliance Analysis

REFERENCE THREE:

GOVERNMENT /COMPANY/BUSINESS NAME: Hamad Ambulance Service	
ADDRESS/CITY/STATE/ZIP: P.O.Box 3050 Doha, Qatar	
CONTACT NAME/TITLE: Dr. Robert Owen, Chief Executive Officer	
BUSINESS PHONE/FAX: (+974) 4439 7504	
CONTRACT PERIOD: 01/2013 to Present	SCOPE OF WORK: Nation-wide EMS system improvement

Signature: 

Past VENDOR REFERENCES

Please list three (3) references of current customers who can verify the quality of service your company provides. The County prefers customers of similar size and scope of work to this Proposal. **THIS FORM MUST BE RETURNED WITH YOUR PROPOSAL.**

REFERENCE ONE:

GOVERNMENT /COMPANY/BUSINESS NAME: Mecklenburg EMS Agency	
ADDRESS/CITY/STATE/ZIP: 4525 Statesville Rd, Charlotte, NC 28269	
CONTACT NAME/TITLE: Josef Penner, Executive Director	
BUSINESS PHONE/FAX: (704) 943-6196	
CONTRACT PERIOD:01/2012 - 05/2014	SCOPE OF WORK: EMS System Improvement

REFERENCE TWO:

GOVERNMENT /COMPANY/BUSINESS NAME: Bastrop County, Texas		***Project Consultant: Todd Hatley
ADDRESS/CITY/STATE/ZIP: 804 Pecan Street, 104 Loop 150 W (Grady Tuck Building), Bastrop, TX 78602		
CONTACT NAME/TITLE: Blake Clampffer, Emergency Management		
BUSINESS PHONE/FAX: 512 581-4022		
CONTRACT PERIOD: 2013	SCOPE OF WORK: EMS Provider RFP	

REFERENCE THREE:

GOVERNMENT /COMPANY/BUSINESS NAME: Brewster County, Texas		***Project Consultant: Greg Hudson
ADDRESS/CITY/STATE/ZIP: P.O. Box 1630, Alpine, Texas, 79831		
CONTACT NAME/TITLE: Kathy Killingsworth - County Judge		
BUSINESS PHONE/FAX: 432.837.2412		
CONTRACT PERIOD: 2013	SCOPE OF WORK: EMS Provider RFP	

JOHNSON COUNTY CHECK LIST FOR VENDORS

- All items listed below represent components that comprise the Proposal/Proposal package.
- All items listed should be returned to Johnson County Purchasing as part of the Proposal/Proposal packet. The entire packet becomes a legal and binding contract. Items not returned could result in Proposal/Proposal being rejected.
- If your packet does not include all checked items it is the vendor's responsibility to contact Johnson County Purchasing immediately.

- X 1. INSTRUCTIONS/TERMS OF CONTRACT:
Read and initial each page at the bottom.
- X 2. GENERAL TERMS AND CONDITIONS:
Read and initial each page at the bottom
- X 3. INSURANCE AND BOND REQUIREMENTS:
Read and initial each page at the bottom. Also include copy of any insurances and/or bonds that are required with this Proposal/Proposal.
- X 4. SPECIFICATIONS:
Read and understand specifications of Proposal/Proposal.
- X 5. PROPOSAL FORM
Provide complete Pricing.
- X 6. VENDOR INFORMATION FORM:
Name of Company, address, telephone number, Fax number and your signature in INK
- X 7. RESIDENCE CERTIFICATION:
Completed
- N/A 8. . CONFLICT OF INTEREST QUESTIONNAIRE:
Completed and file with the Johnson County Clerk's office. Provide a copy in Proposal/Proposal packet.
- X 9. VENDOR REFERENCES:
Completed
- X 10. OTHER:
 N/A FINANCIAL STATEMENTS
 N/A GUARANTY & PERFORMANCE BONDS
 N/A VEHICLE FORMS
 X CHECK LIST FOR VENDORS

RFP 2015-502 Consulting Services for Emergency Medical Service

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return)
DAVID M WILLIAMS

Business name/disregarded entity name, if different from above
TRUESIMPLE, LLC

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
5011 W PARK DRIVE

City, state, and ZIP code
AUSTIN, TEXAS 78731

List account number(s) here (optional)

Requester's name and address (optional)

Exempt payee

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
			-					

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
26			-	4827068				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *D.M. Williams*

Date ▶ 01/01/2014

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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Columns by David M. Williams > Broken Bids

Broken Bids

It's time to reform the competitive ambulance procurement model

Published on November 4, 2014 by David M. Williams

Read the headlines around the country about competitive ambulance bid processes and it sounds like a train wreck. Spokane, Wash., is considering reopening its bid process after community members questioned its fairness after only receiving one bid. The Alameda County, Calif., bid award resulted in a major lawsuit between bidders. Merced, Calif., had to start over after a bidder protested what they claimed was a "flawed process." Two bidders protested the Napa County, Calif., process claiming bias and scoring discrepancies. These are newspaper stories and not representative of all the facts, but there are enough of these stories to question the legacy process in place and look to modernize it for today's EMS.

Background of ambulance RFPs

Communities have used the request for proposals (RFP) process for ambulance service for decades. Back in 1987, former EMS consultant Jack Stout and JEMS founder James O. Page famously facilitated a "Battle of the Bids" preconference at EMS Today in Anaheim, Calif. Stout advocated that competitive bidding was good for communities because it introduced entrepreneurial competition, and good for the profession because it raised the bar and encouraged providers to innovate and improve.

Cities and counties across the U.S. that use the private sector for the provision of ambulance services are the primary producers of RFPs. California is unique and has a requirement in its health and safety code that demands a competitive process unless the existing provider is grandfathered, having been in service prior to 1981 and there have been no significant provider changes.

RFPs are traditionally produced by a community's purchasing office, legal counsel or through the engagement of an EMS consultant. The American Ambulance Association advocates for the engagement of an EMS consultant, theorizing that this will support creating standards and performance expectations that are evidence-based and reasonable.¹

Assessment of the issues with RFPs

Last year, professor Richard A. Narad at California State University, Chico studied the most recent RFPs released in California.² He presented his findings to the EMS Administrators' Association of California and is currently preparing a paper for peer-reviewed publication. Without giving away the meat of Narad's findings, here are some key issues identified in his work and our own analysis. These are the same issues expressed to me by ambulance service providers who regularly produce proposals in response to these RFPs.

- RFP documents produced in-house are not custom designed for each procurement. Attorneys and purchase officers often start with boilerplate templates and then add the ambulance specifications. EMS consultants reuse the same core template from previous engagements and change the specifics for each client. There is little or no improvement over time.

- The RFP process mixes legal, pass/ fail and competitive criterion. Criterion may not be clearly



David M. Williams, PhD is a researcher and consultant at the international ambulance service consulting practice Medic Health (@Medic_Health /

www.medichealth.com). He is also an improvement advisor with the Institute for Healthcare Improvement and is the lead prehospital emergency care faculty. He advises organizations to apply improvement science to improve patient access, enhance quality and reduce per capita cost.

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- › Will Healthcare Reform Challenge All Ambulance Transport?
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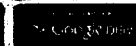
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stated and the relationships within the RFP scoring process are not always defined.

- RFP review scoring systems range from highly subjective to semi-objective, with little potential for inter-rater reliability. This leaves them open to contesting. Weighting and prioritization of criterion don't always match the stated aim of the RFP. For example, the RFP may state that quality is important, but then weigh price higher.
- RFPs ask bidders to produce performance and services that exceed the known or predicted collections of the service area and no tax subsidy is provided. Rarely is validation presented that the performance can be achieved.
- RFPs criterion for the future contract are heavily weighted on strict response time goals (e.g., 8 minutes and 59 seconds at 90th percentile compliance) that are not supported by peer-reviewed evidence or cost (e.g., zero tax subsidy), which may limit the potential services available to communities.
- Communities are required to go out to bid, but some may not have the will to change or improve, resulting in an RFP for which only the incumbent bidder will submit a proposal.
- The RFP constraints and bidding burden limit potential bidders to only a few companies, hindering competition and resulting in a small number of proposals. This can be due to the lack of a viable or sustainable system.
- RFPs are absent of focus on the clinical care quality, patient experience and innovation that reduces the overall cost per capita.

Recommendations for improving the RFP process

RFPs remain an important process for communities and should drive the innovation so badly needed in the ambulance service market. It is not the 1980s anymore and modern competitive bid processes need to reflect the state of the current science and the design of today's EMS.

The following recommendations help the process evolve.

RFP Design: Reviewing RFP documents is painful and really makes you feel for the proposal writers and the evaluators who have to read them. RFP documents should be lean and incorporate only what's necessary to clearly describe the requirements, define the proposal specifications and explain the scoring criteria. Legal requirements and pass/ fail criterion should be clearly identified. Competitive criteria should include clear objectives and constraints, and map directly to a defined scoring rubric.

Standardized RFP documents are acceptable, but the authors must ensure the criterion matches the local context. Carbon copy RFPs don't serve anybody. Inclusion of local data to assist potential bidders to conduct analysis and produce proposals is strongly preferred.

Research & System Design: While it's well known that peer-reviewed research on prehospital care and EMS system design is not as robust as we hope, there are papers that should influence RFP design.³ Response time goals are frequently the sole performance standard and evidence is growing that the 8 minute 59 seconds is an antiquated target.^{4,5,6} There is evidence that the pre-hospital role in key clinical pathways such as ST-elevation myocardial infarction, stroke, cardiac arrest, trauma and sepsis can influence outcomes.⁷

Criterion should also reflect guidance from the *EMS Agenda for the Future*, the Institute of Medicine *EMS at the Crossroads* report and the *Baldrige Criteria for Performance Excellence*.

Finally, EMS systems are supposed to be for the patient's benefit, but there is rarely mention of patient experience.

Economics: When developing an RFP, it's important to understand what the service area can sustain on its own. With a historical call volume and payer mix, it's possible to calculate the reasonable revenue the system can expect. If the desire is to provide ambulance service without providing tax subsidy, then this number becomes the key calculation to accurately predict a system budget. This calculation is important to informing what is possible for a private provider to accomplish within the constraints of reimbursement. If a community wants more, it needs to be



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prepared to contribute tax subsidy. Zero subsidy is achievable for many, but it may not be desirable.

Competition: Harnessing the entrepreneurial creativity of the private provider in a competitive process is one of the essential attributes of an RFP. The RFP should provide the specifications and constraints to ensure communities get professional, experienced and reliable service providers, but should limit extraneous requirements that may limit the pool of possible bidders and the number of eventual proposals.

Assessment & Scoring: Evaluation of proposals should be transparent with a clear scoring rubric and inter-rater reliability that reduces the risk of the outcome being contested or overturned.

Conclusion

It's 2014 and the future opportunities and constraints for EMS systems have changed since the 1980s—so should the RFP process. Creating evidence-based, efficient and reliable system designs that leverage entrepreneurial creativity in a fair RFP process is possible by following a few common sense steps.

Disclosure: The author is an EMS consultant.

References

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7. Myers, J. B., Slovis, C. M., Eckstein, M., Goodloe, J. M., Isaacs, S. M., Loflin, J. R., et. al. Pepe, P. E. (2008). Evidence-Based Performance Measures for Emergency Medical Services Systems: A Model for Expanded EMS – Benchmarking. *Pre-hospital Emergency Care*, 12(2), 141. doi:10.1080/10903120801903793.

David M. Williams, PhD, is a researcher and consultant at the international ambulance service consulting practice Medic Health (@Medic_Health, medichealth.com). He is also an improvement advisor with the Institute for Healthcare Improvement and is the lead prehospital emergency care faculty. He advises organizations to apply improvement science to improve patient access, enhance quality and reduce per capita cost.

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