



OFFICE OF COUNTY MAYOR GLENN JACOBS

Procurement Division, 1000 N. Central Street, Suite 100, Knoxville, TN 37917

KNOX COUNTY GOVERNMENT PROCUREMENT DIVISION ADDENDUM I TO REQUEST FOR PROPOSAL 3454 EMERGENCY MEDICAL SERVICES

ADDENDUM DATE: August 11, 2023

BUYER: Jay Garrison, CPPO, CPPB

ORIGINAL CLOSING DATE: September 12, 2023 at 2:00 PM, local time

The following is for is to be amended.

1.) **Correct the Appendix number to Appendix 1.**

4.6 RELEVANT INFORMATION REGARDING SERVICE AREAS: The County specifically makes no promises or guarantees concerning the number of emergency calls or transports, quantities of patients, or distance of transports that are associated with this procurement. Every effort has been made to provide accurate information, but the Proposers are to use their professional judgment and expertise to develop their economic and operational plans and proposals.

	Annual Response and Transport Volume				
	2018	2019	2020	2021	2022
Total Responses	59,152	60,461	62,242	65,237	63,927
Total Transports	44,248	43,751	43,237	43,932	43,281
Average Loaded Miles	N/A	N/A	N/A	N/A	8.1

A. Historical Service Volume

The County call volume must be determined by any potential Contractor. There has been no independent validation of this data and Proposer's are encouraged to use their own means to analyze the service to determine response and transport volumes. The County does not guarantee any number of responses or transports.

Service Level	2022
ALS E	68.6%
ALS Assessment	0.0%
ALS NE	0.0%
ALS 2	1.8%
BLS E	29.5%
BLS NE	0.0%
SCT	0.0%
<u>Total</u>	<u>100%</u>



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Current provider is required to obtain County approval for established transport rates. The current emergency ambulance service rates are included in Appendix 1.

2.) Correct the Appendix number to Appendix 3

8.8 REPORTS REQUIRED: Unless otherwise stated, the contractor shall provide, within ten (10) business days after the first of each calendar month, reports dealing with its performance during the preceding month as it relates to the clinical, operational and financial performance stipulated herein. Contractor shall document and report to the County, either electronically or in writing in a form approved by the County, response time compliance and customer complaints.

Detailed descriptions of specific clinical performance measures are provided in Appendix 3. Reports shall include, at a minimum.

3.) Add to last paragraph below.

No alternative delivery system shall be implemented without prior approval from Knox County, including contract amendments where necessary to the below language.

4.1 SCOPE OF WORK:

Schedule A: Emergency Medical Services

Knox County is seeking the highest quality Emergency Medical Service, who can provide Primary 911 Service for Ambulance/EMS responses in Knox County Tennessee. This Service provider will be very reliable and available to provide Advanced Life Support (ALS) Emergency. The services include, but are not limited to, the management and operation of ambulances, Advanced Life Support (ALS) and Basic Life Support (BLS). The minimum requirements for Emergency Medical Services are detailed below:

- ❖ The awarded Contractor shall be responsible for providing Knox County Emergency Communications District (KCECD) with ambulance response to emergency requests throughout Knox County which are defined as Priority 1 Emergent Request, Priority 2 Urgent Request, and Priority 3 Low Acuity request, as well as additional associated support services such as behavioral health transports and decedent transports. The awarded Contractor will be exclusively responsible for providing all emergency responses and transports in Knox County. The awarded Contractor shall be responsible for furnishing vehicles with suitable supplies and equipment. All vehicles operated in conjunction with this service must be fully operational. The Contractor shall oversee fleet maintenance.
- ❖ The Contractor will not bill the County or the patient for transportation of those enrolled in the Indigent Care program
- ❖ The awarded Contractor must demonstrate clinical excellence, superb response time performance, cost containment.
- ❖ Employees of the Contractor must maintain professional appearance and observe appropriate decorum. Proposals must adequately establish current and continued compliance with the following:
 - Tennessee Code Annotated, Section 68-140-201, *et seq.*
 - Rules of The Tennessee Department of Health, Chapter 1200-12-1, *et seq.*
 - Knox County Ordinance, Chapter 22, Article III.
- ❖ At a minimum, any awarded Contractor will maintain the following standards for personnel, equipment and supplies:



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- Each Paramedic (EMT-P) will obtain and maintain certification or licensing as follows:
 1. The vehicle operator or driver shall possess such special class licenses and endorsements as are required for ambulance by the Tennessee Department of Safety or the individual's state of residence,
 2. Tennessee Paramedic license from the TDH Office of Emergency Medical Service,
 3. American Heart Association or Red Cross CPR (1 and 2 person, FBAO infant, child, and adult conscious and unconscious, plus AED),
 4. Advanced Cardiac Life Support (ACLS),
 5. Pre-hospital Pediatric Life Support or Pediatric Advanced Life Support (PALS), and
 6. Pre-hospital Trauma Life Support (PHTLS) or the advanced level of International Trauma Life Support (ITLS).
 - Each EMT/AEMT will obtain and maintain certification or licensing as follows:
 1. The vehicle operator or driver shall possess such special class licenses and endorsements as are required for ambulance by the Tennessee Department of Safety or the individual's state of residence,
 2. Tennessee EMT/AEMT license from the Office of Emergency Medical Service,
 3. American Heart Association or Red Cross CPR (1 and 2 person, FBAO infant, child, and adult conscious and unconscious, plus AED).
 - Communications personnel shall be certified as Basic Telecommunicator and Emergency Medical Dispatchers (EMD) by the standards set forth in the Association of Public Safety Communication Officials (APCO).
 - ALS and BLS Ambulance Equipment as set forth by the Tennessee Department of Health, EMS at a minimum.
 - ❖ Communication Equipment and Costs – The successful proposer shall be required to operate on Knox County's Communication Centers dispatching software at the Contractors' cost. The Contractor shall have a direct electronic connection between the County's CAD and the patient electronic reporting system. Below is a list of the current County dispatch software:
 - Hexagon CAD
 - Intrado Viper 7 (911 call handling)
 - Equature (Recording System)
 - Trunked P25 radio system (\$52.00 per year / for each radio)
- The successful proposer shall make lease payments to the Knox County Emergency Communication District. The lease payment is \$3500.00 per month per console, \$20.00 per square foot annually for office space, and \$1000.00 per data rack annually in the data room.
- The County requires that only 911 operations occur within Knox County Emergency Communication District. If the EMS Contractor elects to connect their CAD to the County's CAD, the county would consider shared expense and connection within the first six months of service and retro back to the first day of the contract. Furthermore, all on-duty and off-duty units will be equipped with AVL and GPS data and shared with the County.
- ❖ The County encourages and will take under consideration, the proposing of alternate service delivery methods including, but not limited to, the incorporation of local area ALS First Responder Non-Transport groups, Mobile Integrated Healthcare Programs, and/or Healthcare Navigation and Quick Response Vehicle programs. Understanding that these groups play a vital role in the delivery of services to Knox County citizens, proposers shall submit information to incorporate each agency. Any proposed service delivery system which does not incorporate current ALS First Responders will be required to provide independent documentation/analysis that proposed system will meet County and State regulations and community standard of care. No alternative delivery system shall be



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implemented without prior approval from Knox County, including contract amendments where necessary.

4.) Revise language in second paragraph to:

(e.g., staging areas for hazardous materials/violent crime incidents, limit of vehicular access, etcetera),

6.6 RESPONSE TIME MEASUREMENT METHODOLOGY: Contractor's response times shall be calculated monthly to determine compliance with the fractal standard set forth in this RFP. The following are applicable:

A. Time intervals

For the purposes of the agreement, response times shall be measured from the time of alert by the Knox County Emergency Communications District (KCECD) until arrival at incident location by the first arriving transporting ambulance or the unit is cancelled by the calling party or a public safety or first responder agency.

Arrival at incident location means the moment an ambulance crew notifies Contractor's Dispatcher that the vehicle is fully stopped at the location where the ambulance shall be parked while the crew exits to approach the patient. In situations where the ambulance has responded to a location other than the scene (e.g., staging areas for hazardous materials/violent crime incidents, limit of vehicular access, etcetera), arrival at scene shall be the time the ambulance arrives at the designated staging location or nearest public road access point to the patient's location.

5.) Add Part D. below.

8.2 PATIENT EXPERIENCE EVALUATION:

- A. Contractor shall deploy at its own expense a third-party company to conduct patient experience surveys that will provide patients with an opportunity to provide feedback regarding their experience with the Contractor's service. The survey tool shall provide patient experience performance data for each employee that provided care to patients that completed the survey during the survey period. The survey tool shall provide a comparison of the Contractor's patient experience performance against other EMS agencies. The survey process must be conducted by a third party company.
- B. At a minimum 10% of patients who receive care from the Contractor shall receive a survey. Businesses and congregate care living facilities may be excluded.
- C. The survey shall be conducted within fifteen (15) calendar days of the service delivery date and done so separately from the ambulance bill.
- D. The contractor will share the survey results with Knox County upon request, no more than 15 days after such request is submitted.



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6.) Revise second paragraph below:

Knox County would require the successful contractor complete the accreditation process within forty-eight (48) months after the execution of the resulting Contract.

SECTION IX, TAB V

PART 3. INFORMATION AND ANALYSIS: This section should detail how the selection, management, and effective use of information and data support key organization processes and action plans, as well as the organization's performance management system. The Contractor will be required to utilize a comprehensive model of quality management. Knox County prefers the Baldrige Performance Excellence Program or similar. This model must be patient centered and encompass clinical improvement. It should incorporate compliance assurance, process measurement and control and utilize first responder agencies, medical communications center operations and EMS. The clinical indicators measured by all system participants must be developed through collaborative efforts of all first responder agencies, the Contractor, the Contractor's Medical Director, and the County. Statistical analysis and reports will be monitored and should be submitted monthly, or as requested by the County.

Commission on Accreditation of Ambulance Services (CAAS) Accreditation, although not required to be considered for award of this RFP, is strongly encouraged by Knox County. Knox County would require the successful contractor complete the accreditation process within forty-eight (48) months after the execution of the resulting Contract.

7.) Delete bullet:

- Describe how the Contractor's Medical Direction incorporates local physician involvement, interaction, credentialing, tasks and disciplinary involvement and/or responsibilities.

SECTION IX, TAB V

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Commission on Accreditation of Ambulance Services (CAAS) Accreditation, although not required to be considered for award of this RFP, is strongly encouraged by Knox County. Knox County would anticipate the successful contractor complete the accreditation process within forty-eight (48) months after the execution of the resulting Contract.



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In addition to the information request above, proposals must provide the following:

- A description of the organization's program selection, management, and use of information and data in support of key organization processes and action plans.
- Detail the main types of collected information and data, financial and non-financial, and how each type relates to key organization processes and action plans.
- Describe how performance data from all parts of the organization are integrated and analyzed to assess overall organization performance in key areas. Describe how the principal financial and non-financial measures are integrated and analyzed to determine:
 - Clinical performance
 - Operational performance
- Detail **how this information is utilized in relation to overall improvement of organization performance.**
- ~~○ Describe how the Contractor's Medical Direction incorporates local physician involvement, interaction, credentialing, tasks and disciplinary involvement and/or responsibilities.~~

8.) Replace the Insurance Checklist with the attached revised checklist.

End of Addendum I.

**Jay Garrison, CPPO, CPPB
Procurement Coordinator
Knox County Procurement Division**

This addendum is issued from the Knox County Procurement Division, Suite 100, 1000 North Central Street, Knoxville, TN 37917. The telephone number is 865.215.5777 and the fax number is 865.215.5778.



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**ATTACHMENT A
KNOX COUNTY PROCUREMENT DIVISION
INSURANCE CHECKLIST
PROPOSAL NUMBER 3454**

THE CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGES & ENDORSEMENTS WITH "YES" AND ITEMS 20 TO 23

REQUIRED	NUMBER	TYPE OF COVERAGE	COVERAGE LIMITS
YES	1.	WORKERS COMPENSATION	STATUTORY LIMITS OF TENNESSEE
YES	2.	EMPLOYERS LIABILITY	\$100,000 PER ACCIDENT \$100,000 PER DISEASE \$500,000 DISEASE POLICY LIMIT
YES	3.	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO-SYMBOL (1)	COMBINE SINGLE LIMIT (Per -Accident) \$ 1,000,000
			BODY INJURY (Per -Person)
			BODY INJURY (Per-Accident)
			PROPERTY DAMAGE (Per-Accident)
YES	4.	COMMERCIAL GENERAL LIABILITY	LIMITS
		<input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR	EACH OCCURRENCE \$3,000,000
			FIRE LEGAL LIABILITY \$100,000
			MED EXP (Per person) \$5,000
		GEN'L AGGREGATE LIMITS APPLIES PER	PERSONAL & ADV INJURY \$5,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GENERAL AGGREGATE \$2,000,000
		PRODUCTS-COMPLETED OPERATIONS/ AGGREGATE \$2,000,000	
YES	5.	PREMISES/OPERATIONS	\$1,000,000 CSL BI/PD EACH OCCURRENCE \$2,000,000 ANNUAL AGGREGATE
YES	6.	INDEPENDENT CONTRACTOR	\$1,000,000 CSL BI/PD EACH OCCURRENCE \$1,000,000 ANNUAL AGGREGATE
YES	7.	CONTRACTUAL LIABILITY (MUST BE SHOWN ON CERTIFICATE)	\$1,000,000 CSL BI/PD EACH OCCURRENCE \$1,000,000 ANNUAL AGGREGATE
NO	8.	XCU COVERAGE	NOT TO BE EXCLUDED
YES	9.	UMBRELLA LIABILITY COVERAGE	\$5,000,000
		PROFESSIONAL LIABILITY	
NO	10.	<input type="checkbox"/> ARCHITECTS & ENGINEERS	\$1,000,000 PER OCCURRENCE/CLAIM
NO		<input type="checkbox"/> ASBESTOS & REMOVAL LIABILITY	\$2,000,000 PER OCCURRENCE/CLAIM
NO		<input type="checkbox"/> MEDICAL MALPRACTICE	\$1,000,000 PER OCCURRENCE/CLAIM
NO		<input type="checkbox"/> MEDICAL PROFESSIONAL LIABILITY	\$1,000,000 PER OCCURRENCE/CLAIM
NO	11.	MISCELLANEOUS E & O	\$500,000 PER OCCURRENCE/CLAIM
NO	12.	MOTOR CARRIER ACT ENDORSEMENT	\$1,000,000 BI/PD EACH OCCURRENCE UNINSURED MOTORIST (MCS-90)
NO	13.	MOTOR CARGO INSURANCE	
NO	14.	GARAGE LIABILITY	\$1,000,000 BODILY INJURY, PROPERTY DAMAGE PER OCCURRENCE
NO	15.	GARAGEKEEPER'S LIABILITY	\$500,000 COMPREHENSIVE; \$500,000 COLLISION
NO	16.	INLAND MARINE BAILEE'S INSURANCE	\$
NO	17.	DISHONESTY BOND	\$
NO	18.	BUILDERS RISK	PROVIDE COVERAGE IN THE FULL AMOUNT OF THE CONTRACT UNLESS PROVIDED BY OWNER.
NO	19.	USL&H	FEDERAL STATUTORY LIMITS



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20. CARRIER RATING SHALL BE BEST'S RATING OF A-V OR BETTER OR ITS EQUIVALENT.
21. THE COUNTY SHALL BE NAMED AS AN ADDITIONAL NAMED INSURED ON ALL POLICIES EXCEPT WORKERS' COMPENSATION AND AUTO.
22. CERTIFICATE OF INSURANCE SHALL SHOW THE PROPOSAL NUMBER AND TITLE.
23. OTHER INSURANCE REQUIRED _____

INSURANCE AGENT'S STATEMENT AND CERTIFICATION: I HAVE REVIEWED THE ABOVE REQUIREMENTS WITH THE PROPOSALDER NAMED BELOW AND HAVE ADVISED THE PROPOSER OF REQUIRED COVERAGE NOT PROVIDED THROUGH THIS AGENCY.

AGENCY NAME: _____ AUTHORIZING SIGNATURE: _____

PROPOSER'S STATEMENT AND CERTIFICATION: IF AWARDED THE CONTRACT, I WILL COMPLY WITH THE CONTRACT INSURANCE REQUIREMENTS.

PROPOSER NAME: _____ AUTHORIZING SIGNATURE: _____