

Emergency Medical Services Agency

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Public Health Department

Santa Clara Valley Health & Hospital System



December 8, 2008

Electronic Transmission Only

To: Wayne Davis
General Manager
American Medical Response

From: Josh Davies *JR Davies*
Section Manager

Copy: Bruce H. Lee
EMS Director/Contract Administrator

Subject: Master Agreement Extension ~
Staff Review and Recommendations Deliverables

In follow-up to the *Staff Review and Recommendations – AMR Exclusive Operating Area Agreement Extension Report* (August 29, 2008), your letter of response dated October 8, 2008, and the meeting between AMR and our Agency; several of the recommendations identified are in need of completion by AMR.

It is our intent to submit the final two-year agreement extension to the Board of Supervisors shortly. However, progress towards completion of these recommendations is contingent upon our intent to extend your service agreement. Clearly not all of the items can be implemented immediately; in such cases a brief description and estimated completion date should be identified.

Please review each item below. A status update has been provided where applicable.

Staff Recommendations of August 29, 2008

Recommendation 1 - Reporting Timelines

Revise the Master Agreement to state “records and reports will be submitted in accordance with a schedule that is approved by the County”. This will replace the current data submission timelines which are often unreasonable and do not afford subcontractors and Contractor to complete comprehensive data reporting. This item addresses a recommendation also found in the Fitch and Associates Performance Report.

Disposition:

This item has been satisfied. AMR did not request any timeline changes to contract language.

Dedicated to the health of the whole community

The Public Health Department is a division of Santa Clara Valley Health & Hospital System, owned and operated by the County of Santa Clara.

Recommendation 2 – Enhanced Reporting

The Contractor has agreed to produce enhanced reports that graphically represent performance data, trending, and results of quality improvement activities. These reports will be cooperatively developed by the County, subcontractors, and Contractor. This item addresses a recommendation also found in the Fitch and Associates Performance Report.

Disposition:

This item has not been implemented.

Recommendation 3 – Care & Management of Obese Patients

- (A) The County will open discussions with stakeholders (through the Prehospital Providers Advisory Committee) to review current minimum inventory requirements to evaluate the need for increased equipment/supply to manage obese patients.

Disposition:

This item is currently in progress.

- (B) The Contractor has agreed to authorize the use of STAR units for the transport of obese patients when the Contractors Bariatric Unit is not in-service/available. The Contractor will develop a procedure for the request and use of this resource for approval by the County. The use of STAR units for this purpose is not relevant to the STAR Addendum of the Master Agreement.

Disposition:

This item has not been implemented.

Recommendation 4 – Community Education

- (A) The Contractor will develop a two-year Community Education Plan, coordinated with system stakeholders and subcontractors, and the County. This plan must be approved by the County prior to implementation as identified in the MA. The plan will identify countywide initiatives such as mass CPR training, “ICE: In-Case-of-Emergency”, “April Pools”, etc.

Disposition:

This item has not been implemented.

- (B) The Contractor may continue to provide additional community programs; however, all materials must be approved by the County as identified in the MA.

Disposition:

Materials have not been provided for approval.

Recommendation 5 – National Incident Command System (NIMS) & Standardized Emergency Management System (SEMS) Compliance

- (A) The Contractor must comply with all NIMS/SEMS training and operational practice requirements. This includes the training of administrative and management personnel consistent with the NIMS integration center and direction provided by the State and County.

Disposition:

No documentation has been provided.

- (B) The Contractor shall insure that all records, reports, and process are NIMS/SEMS compliant. This shall include documenting supervisor activities related to system response, incident records and reports, financial tracking, etc. The County will not authorize reimbursements for resource use that is not authorized via the NIMS/SEMS process.

Disposition:

No documentation has been provided.

Recommendation 6 –Hazardous Materials First Responder Operations

The County would like the Contractor to train all 911 System Ambulance field crews to the Federal Hazardous Materials First Responder Operations (FRO) standards. The County will assist by coordinating available grant funding opportunities to cover course costs, backfill and overtime costs when possible.

The Contract must insure compliance with applicable OSHA and CalOSHA standards.

Disposition:

No updates have been provided. A statement in the letter of October 8, 2008 from AMR indicates the intent to apply for an EMS Trust Fund allocation; however the closing date for annual Trust Fund requests is September 15th of each year.

The County has procured additional Air Purified Respirators for AMR. Equipment will be provided upon satisfaction of this item and vendor delivery.

Recommendation 7 – Increasing and Evolving Threat Planning

- (A) In order to insure that the Contractor remains vigilant to appropriate planning for increasing and evolving threats, the Contractor shall develop and implement an internal Emergency Operations Plan (EOP). The plan shall include components of a continuity of operations plan (COOP), in addition to areas identified by the County. Examples of content include training of personnel in the use of air purified respirators, staff personal preparedness, medical supply and equipment stockpiling, infrastructure protection and hardening, etc. (Reference: MA, Item F (2)).

Disposition:

No documentation has been provided.

- (B) The Contractor shall exercise this plan semi-annually in cooperation with the County and appropriate allied agencies.

Disposition:

No documentation has been provided.

Recommendation 8 – Customer Satisfaction Program

- (A) The Contractor shall implement a customer service program prior to June 2009. This program must be approved by the County and include a proactive review of services provided to patients by the Contractor. All results shall be provided to the County and citizenry.

Disposition:

No documentation has been provided.

- (B) The EMS Agency will work to cooperatively with all stakeholders to develop a countywide EMS System patient satisfaction program.

Disposition:

The County has not started work on the Countywide project.

Recommendation 9 – Exemption Review Process

Revise language in the MA/subcontracts that identifies that the Exemption Review Process may be revised at the discretion of the Contract Administrator. Remove all existing language that identifies the exact process for the review and replace with the current Exemption Review Process (attached) that will be added as an Annex to the Master Agreement. This item addresses a recommendation also found in the Fitch and Associates Performance Report.

Disposition:

This item has been satisfied and will be reflected upon adoption by the Board of Supervisors.

Recommendation 10 – Urbanization Code Update

- (A) The Contractor shall insure the revision of urbanization codes, used for the evaluation of performance time compliance, by July 1, 2009. Urbanization coding must be updated at least annually to insure appropriate response time determination, commensurate with the population of the County (Reference: MA, Item D (2)).

Disposition:

Status unknown.

- (B) The Contractor shall insure that all subcontractors revise urbanization codes, used for the evaluation of performance time compliance, by July 1, 2009. Urbanization coding must be updated at least annually to insure appropriate response time determination, commensurate with the population of the County (Reference: MA, Item D (2)).

Disposition:

Status unknown.

Recommendation 11 – Saratoga Fire Protection District

The Saratoga Fire Protection District will be served by Santa Clara County Fire Department. Services provided by the District will not be reduced, only transferred to the County Fire Department. The Master Agreement and subcontracts must be revised to reflect this change.

Disposition:

This item has been satisfied and will be reflected upon adoption by the Board of Supervisors.

Recommendation 12 – Contractors Services/Public Education

Pursuant to *Section P – Public Education* of the Master Agreement, the Contractor will provide materials for approval by the County prior to use.

Disposition:

Materials have not been provided for approval.

Recommendation 13 – Quality Assurance and Improvement Plan (non-clinical)

The Contractor will develop and/or revise a comprehensive quality assurance and improvement plan, as identified earlier in this document, for approval by the County.

Disposition:

Materials have not been provided for approval.

Recommendation 14 – County Service Agreement Compliance Review

The Contractor will participate in the standard County Service Agreement Compliance Review process, as identified earlier in this document.

Disposition:

The materials have been provided with this document. Quarterly meetings will be scheduled by the EMS Agency in the month of December 2008.

Recommendation 15 – Data Review

The County requests that the Contractor convene a meeting between their data management personnel and EMS Agency personnel. The purpose of this meeting will be to review report generation, format, data processing and content. This item addresses a recommendation also found in the Fitch and Associates Performance Report.

Disposition:

This item has been satisfied but must be integrated into Recommendation 2 – Enhanced Reporting.

Recommendation 16 – Financial Review

- (A) The County requests that an independent external review of the Contractors financial records commensurate with the Contractors annual end-of-(fiscal) year report, at Contractors cost.

Disposition:

This item has been satisfied as described in the Master Agreement.

- (B) The County requests that the Contractor provide an annual report (starting with Calendar Year 2007) detailing payer-mix data. This report includes those covered by private insurance (by sponsor), unsponsored, Medicare/MediCal, etc.

Disposition:

No documentation has been provided.

Recommendation 17 – Emergency Vehicle Operations

The County requests a review of the existing Emergency Vehicle Operations policies and training requirements (including emergency vehicle operating policies) for those responsible for operating emergency vehicles.

Disposition:

No documentation has been provided.

Attachments:

- Santa Clara County Public Health Department Contract Monitoring Report

Contract #: _____

Program Name: _____

Contract Monitor: _____

Part I - Contract Monitoring Compliance Survey

INSTRUCTIONS: The Contract Monitor and Contractor must complete this questionnaire prior to commencement of the Services Agreement.

NOTE: If this Contractor performs functions or activities that involve the use or disclosure of protected health information (PHI) ON BEHALF OF, or PROVIDES SERVICES TO, a covered HIPAA entity, to comply with the HIPAA Privacy Rule, HIPAA Business Associate language must be included in the Service Agreement (for more information, please refer to SCVHHS Policy HHS#585.18).

Questions		Comments		
Describe, in general, all of the services your agency provides to the community.				
1.	Is the contractor a HIPAA Business Associate?	YES	NO	
1a.	If yes, is HIPAA Business Associate language included in this Service Agreement?	YES	NO	
2.	Does this contractor maintain a Compliance plan?	YES	NO	
2a.	Does the contractor document staff training?	YES	NO	
3.	Does this contractor maintain a Safety Plan establishing safety as a priority?	YES	NO	
4.	Does this contractor maintain a Grievance policy/procedure?	YES	NO	
5.	Is the contractor required to submit an audited financial statement to PHD on an annual basis?	Yes	NO	

6.	Is there a Board of Directors?	Yes	NO	
6a.	Are minutes of meetings and attendance records available?	Yes	NO	
6b.	Does the contractor provide PHD with a list of current and active members of the Board?	Yes	NO	
7.	Does the contractor verify the licensure, certification and professional status of its staff as appropriate, including exclusion from State and Federal healthcare programs?	Yes	NO	

I hereby certify that I am authorized to complete this form on behalf of _____ (name of contractor) and that to the best of my knowledge; the above is true and factual.

 Contractor Signature Date

Title _____

Part II - Contractor Mid-Year Progress Report
 (To be completed by contractor and submitted with 2nd quarter invoice.)

CONTRACTOR: _____ DATE: _____

PROGRAM NAME: _____

ADDRESS: _____

CONTRACT #: _____ CONTRACT AMOUNT: _____

NAME(S) OF PERSON(S) & TITLE(S) COMPLETING THIS FORM: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ CONTRACTOR WEB SITE: _____

PUBLIC HEALTH DEPARTMENT PROGRAM MONITOR: _____

INSTRUCTIONS: The contractor is to answer the following questions as they relate to the contract number stated above. Please attach any additional comments on a separate page.

PROGRAM SERVICES				
Questions	Response /Comments			
1. What types of services are funded by this contract?				
2. What efforts have been made to seek and apply for other or additional sources of revenue for this program?				
3. What collaborative efforts or community linkages does this program utilize to augment or enhance program services?				
4. How are clients recruited?				
5. What are the eligibility requirements to obtain program services and how do you validate the information provided?				
6. Does the program require a fee from the participant to obtain services? If yes, please explain.	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> </table>	Yes	No	
Yes	No			

Questions		Response/Comments	
PROGRAM STAFFING			
7. Is the program currently staffed as planned in your original Contract Work Plan? If no, please explain.	Yes	No	
8. Do you provide training to your staff and/or volunteers? If yes, please describe.	Yes	No	
PROGRAM EVALUATION			
9. Describe how a clients' progress is monitored and evaluated?			
10. Name and describe the types of documents that would be contained in a client file?			
11. Describe how statistical data is tracked for <u>Service Delivery Goals and Client Outcomes</u> . Indicate the method of verifying data. (e.g. MIS system, case managers, etc.).			
12. If your program is not meeting its <u>Service Delivery Goals and/or Client Outcomes</u> , explain the reason(s) and any corrective action begun.			
13. How are records maintained? By whom and for how long?	Client records?	Financial records?	General Business records?
OTHER			
14. Would you like any technical assistance? If so, what specifically?	Yes	No	
<p><i>I hereby certify that I am an authorized Representative of the above Agency and to the best of my knowledge believe that the data report is true and accurate.</i></p> <p>Representative's Name and Title: _____</p> <p>Representative's Signature and Date: _____</p>			
<p>FOR PHD STAFF ONLY</p> <p><i>I have reviewed the above information and have determined the contractor's performance</i></p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Non-satisfactory and a corrective action plan is attached.</p> <p>_____ <i>Program Monitor Signature</i> _____ <i>Date</i></p>			

**Part III
 MID-YEAR STAFF INTERVIEW**

Optional for contracts \$100,000 or less. Required for contracts over \$100,000.

Note: Do not use Staff's actual name or any other identifying information.

Staff Code: (Such as: Staff 1, Staff 2) _____

Percent of time billed to contract: _____

Date of Interview: _____

Question	Response/Comments		
1. Describe the services provided by this program. How do they relate to the overall goals and objectives of the program?			
2. How are clients recruited?			
3. Does your program require fees from clients' to pay for services? If yes, what amount and for what services?	Yes	No	
4. What are the eligibility requirements for this program and how is the information received validated?			
5. Is there a client tracking system in place? If so, please describe.	Yes	No	
6. Does your program develop a plan to meet <u>Service Delivery Goals and Client Outcomes</u> ? If yes, how is this done?	Yes	No	
7. Describe procedures used to measure and evaluate your program. How often is this done?			
8. Who is responsible for maintaining client files?			
9. Do you have other job assignments besides this project? If yes, please describe these other assignments?	Yes	No	
10. Do you have any other comments and/or suggestions that you wish to make regarding your program and/or activities?			

Part IV
MID-YEAR PARTICIPANT INTERVIEW

Optional for contracts \$100,000 or less. Required for contracts over \$100,000.

Note: Do not use participant's actual name or any other identifying information.

Participant Code: (Such as: #1, #2) _____

Date of Interview: _____

Questions		Response/Comments		
1. How did you find out about this program? (Newspaper, friend, other agency.)				
2. When did you start the program and what eligibility requirements did you have to meet?				
3. Have you ever had to pay for any services received? If yes, what was the amount and how much did you pay?	Yes	No		
4. Have you been referred to other programs for supportive services (e.g. transportation, legal, housing etc.)?	Yes	No		
5. Describe the type(s) of services you have received from this agency and how often you receive these services?				
6. How often is your progress reviewed with you (weekly, monthly, quarterly etc.)? Please explain.				
7. If attending classes, are the materials you use helpful? Is there enough for everyone? Does the instructor appear to know the subject(s) being taught?	Yes	No	N/A	
8. Has program staff been knowledgeable and helpful in meeting your needs? If yes, please describe how they have assisted you.	Yes	No		
9. Are you satisfied with the services that have been provided to you? If not, please explain.	Yes	No		
10. Are there any other comments or suggestions you have regarding this program?				

PART V SUMMARY OF MID-YEAR REVIEW

Optional for Contracts \$100,000 or less.

Instructions: The Program Manager is to fill out the following summary of Mid-Year Review based upon contract review, on-site visit, and administrative, staff and participant interviews.

Questions			Response/Comments
1. Is the contractor providing services as stated in the contract? If no, please explain.	Yes	No	
2. Were the clients/participants satisfied with the services that they received? If no, please explain.	Yes	No	
3. Based on quarterly reports, is the contractor meeting its contract Work Plan Service Delivery Goals and Client Outcomes? If no, summarize where the contractor is not meeting their goals.	Yes	No	
4. Does the program staffing generally meet those as outlined in the contract Work Plan? If no, summarize where staffing issues are a concern.	Yes	No	
5. Does the contractor evaluate and monitor the program? If no, explain how the contractor submits statistical reports?	Yes	No	
6. Does the contractor submit Quarterly Reports or other required reports in a timely manner? If no, please explain?	Yes	No	
7. Does the contractor maintain records? For what period of time? If no, please explain.	Yes	No	
8. Were the files consistent with activities described in the Work Plan?	Yes	No	
9. Does the contractor require technical assistance? If yes, please explain.	Yes	No	
10. Does the contractor require any additional follow-up that would not be part of a corrective action plan? If yes, explain.	Yes	No	
11. Does the contractor require a corrective action plan based upon the results of monitoring visit? If yes, explain and fill out <u>Part VIII - Corrective Action Plan</u> .	Yes	No	

I hereby certify that based upon my review, the above is true and factual.

 Program Monitor Signature

 Date

PART VI END-YEAR PROGRAM REVIEW

Instructions: The Program Manager/Monitor is to fill out this Final Program Review at the end of the first year of the contract. It is to be based on the Mid-Year Review report, and the results of all progress reports.

Questions			Response/Comments	
1. Did the contractor provide the services as described in their contract? If no, please explain.	Yes	No		
2. Were the clients/ participants satisfied with the services that they received?	Yes	No		
3. Did the contractor meet all of its <u>Service Delivery Goals and Client Outcomes</u> based upon the Contract Work Plan and Progress Reports? If no, please explain.	Yes	No		
4. Was the staffing consistent with the contract? If no, please explain.	Yes	No		
5. Were programmatic progress reports submitted, and on time? If no, please explain.	Yes	No		
6. Did the agency measure and evaluate its performance outcomes (<u>Service Delivery Goals and Client Outcomes</u>)? If no, please explain.	Yes	No		
7. Did the contractor demonstrate efforts to seek and apply for other sources of revenue for this program? Please explain.	Yes	No		
8. Did the contractor seek to collaborate their efforts with other community agencies? If no, please explain.	Yes	No		
9. Did the contractor comply with all corrective action findings, if any? If no, which deficiencies/problem areas remain unresolved?	Yes	No		
Based upon analysis of the progress reports and the mid-year program review, is the contractor recommended for future funding and/or contract renewal?			Yes	No

Manager/Monitor's comments: If you would like to make any additional comments about this program please attach an additional sheet.

I hereby certify that based upon my review, the above is true and factual.

 Program Manager/Monitor Signature

 Date

**PART VII
FOLLOW-UP/TECHNICAL ASSISTANCE REPORT**

Instructions: This report is only to be used if the contractor requires follow-up or requests technical assistance. It is intended to assist you in developing follow-up notes and noting the needs for technical assistance by the contractor.

Dates where follow-up or technical assistance was noted.	
Explain the nature of the contact (technical assistance and/or follow-up).	
Describe action(s) to be taken, as a result of the contact.	
Describe the outcome of your contact.	

Program Manager/Monitor Signature

Date

**PART VIII
CORRECTIVE ACTION PLAN**

Instructions: This form is to be used if the contractor requires corrective action. Corrective action is needed if the contractor is not in compliance with the terms and conditions of the contract. This report is to be completed and mutually agreed upon by both the program manager/monitor and contractor.

List the area(s) where the contractor is not in compliance with the contract.	
Provide a detailed description of activities (developed with the contractor) that will assist contractor to reach contract compliance.	
Provide a timeframe in which activities are to be implemented to assist the contractor reach contract compliance.	
List possible actions that may be taken by the County if the contractor will be unable to meet contract compliance.	

I hereby certify that this Corrective Action Plan was developed in collaboration with the contractor and has been mutually agreed upon by both parties.

Program Manager/Monitor Signature

Date

Contractor Signature

Date