Outlook

Re: Columbia County Ambulance Service Area Franchise RFP #S-C00055-00010854

From Jessica Kosydar <Jessica.Kosydar@columbiacountyor.gov>
Date Wed 10/30/2024 1:25 PM
To Jeff Pricher - SRFD <jpricher@srfd.us>
Cc Jaime Aanensen <Jaime.Aanensen@columbiacountyor.gov>; Josh Marks - SRFD <jmarks@srfd.us>

Chief Pricher-

Your email was received on 10/28/24 at 10:25pm. I will include these additions in Scappoose's application for ASA 2.

Additionally, Chief Marks supplied a list of personnel and their active license numbers this morning by hand, 10/30/24. Thank you.

In regards to process, the requests for additional information were sent to the POCs for each application with an exception to one applicant as the POC is out. In that case, it was sent to the person currently serving in that contact's position. There is room for improvement in this and noted for the future. Moving forward, I will have a secondary contact requested on the cover page for redundancy.

Thank you,

From: Jeff Pricher - SRFD <jpricher@srfd.us>
Sent: Monday, October 28, 2024 10:24 PM
To: Jessica Kosydar <Jessica.Kosydar@columbiacountyor.gov>
Cc: Jaime Aanensen <Jaime.Aanensen@columbiacountyor.gov>; Josh Marks - SRFD <jmarks@srfd.us>
Subject: Re: Columbia County Ambulance Service Area Franchise RFP #S-C00055-00010854

Good evening,

As I was going through emails late this evening I came across this email. Apologies for the delay, but the original email was sent after business hours on Wednesday October 23rd (After 1700 or 5PM). I was off

on Thursday (in only for a short meeting) and Friday our offices are closed. With meetings and other job requirements today, I was not able to sit down and triage my in box till after your deadline.

In the future, for important information or needs, please feel free to give us a quick phone call with a heads up. It might yield faster results. I receive over a hundred emails a day (not exaggerating) which makes it hard for me to reply quickly, especially if I have been out of the office.

On our ASA application, there are two people listed for contact. Our agency tries to build redundancy into as much of our operation as possible. Is there any reason that the other POC was not emailed these questions from the committee, if an expedited reply was needed?

Correct me if I am wrong, but the county has had our RFP for over seven (7) weeks. Giving us in essence a one day turn around with a deadline is not providing reasonable accommodation.

I will do my best to answer the questions that have been bulleted, but without more context, I am not sure I can give the committee everything they might be looking for.

1. **List of personnel and active license numbers**
    a. We will hand deliver this to you tomorrow. We do not want to email these based upon our internal security practices.

2. **Current Mutual Aid Agreements**
    a. A copy of each was included in the submittal.

3. **Outline of QA plan**
    a. Attached to this email.

4. **Plan for GPS transponders that work with PSAP**
    a. We are not currently planning on implementing anything that works with the PSAP. Without a standard, a reasonable standard, we cannot expend public funds on technologies that do not work. Anything we invest in now, will likely be obsolete in the future when something is available. In the last 4 months, another Ambulance agency in the county had to turn off part of the AVL system due to conflicts with the CAD, Pre-hospital Care Reports (PCR) and record management systems. This entity spent a lot of money for something that did not work and caused other challenges with providing accurate times which are needed for accurate reporting and QA measures. Based on this, we did not invest in the technology (we knew this was going to happen).

        When the PSAP switched CAD vendors in 2016 we were promised an iOS solution. We invested in iOS devices only for the CAD vendor to be bought by another CAD vendor that did not want to support iOS devices. As a result, the PSAP current CAD relies on a Mobile Data Terminal (computer mounted in the vehicle), Cradle Point device, and Cell and Data subscription for the Cradle-point. This solution requires several monthly and annual subscription fees which are cost prohibitive. There are other alternatives but the PSAP refuses to look at other options, only the most expensive one.

        i. The county has waived the AVL provision of the ASA document - this is on the record in a public meeting.
        ii. The state does not require this.

iii. With our rural response area, is not possible to implement complete AVL with the current CAD system that the PSAP utilizes.
iv. During the ASA revision process, this was supposed to have been removed. This was never agreed upon by anyone at any of the meetings, and there is no documentation that supported the addition of AVL language to the ASA plan. This came from the contractor that the county hired.
v. The CAD system that the PSAP utilizes is regional. The county has no authority over how and what CAD the PSAP use.
vi. GPS transponder is a very specific component. The county has not provided a specification that would lend any of the respondents to the RFP to actually provide a solution. Every cell phone or iPad in our inventory is a GPS transponder. Unfortunately, the PSAP does not have the ability to interface with them.

b. Scappoose Fire has **two (2)** other platforms that we are utilizing right now that provide AVL
   i. Team Awareness Kit (TAK)
      1. TAK was developed by the military for **C**ommon **O**perating **P**icture (COP). It worked so well for the special forces, it was released in a civilian version.
      2. Scappoose Fire has been vetted by the federal government to obtain the software and credentials to have a hosted TAK server. We funded the development and build out of this server that we are currently using every day.
      3. The platform utilizes cell enabled devices (Phones and Tablets that are android or iOS) through background software that provides realtime location. We have this implemented in almost all of our frontline apparatus (Fire/Medical) and several of our staff. The software is a free download and there are no ongoing costs as we are not charging ourselves a subscription fee.
      4. We are currently hosting other agencies at the local and state level on our TAK server.
      5. All of our previous purchased iOS devices work well with this system.

   ii. Spot Trace GPS
      1. The Spot Trace is a true satellite based tracking device. It is low cost at $490 a year for three devices.
      2. With satellite tracking, we have near real time visibility in areas that are cell denied. The refresh rate is every two minutes.
      3. Spot interfaces with Intterra, which is a regional platform used by Washington County, Clackamas county fire agencies and Portland Fire. ODF and other federal agencies have and are using the Spot Devices.
      4. We are looking to see if there is a way to interface the Spot Trace with TAK.

5. **Maintenance Records indicate an ambulance involved accident; however, there were no reports made to the county. (Refer to ASA Plan page 18) How will such incidents be reported in the future?**
   a. Can the committee provide specifically on page 18 where there was an obligation to report to the county? There are several listed, but question in this email does not list which one.
   b. The effective date for referencing page 18 is May 21, 2024. The repairs to the ambulance occurred prior to the effective date of the current ordinance. Thus, we were still under the provisions of Ordinance 2016-1. In that version of the ASA, we only had to report to the County if services were disrupted for more than 24 hours (Section 17, page 7).
   c. At no time was our ability to provide two ambulances 24/7 jeopardized through our maintenance activities. We staff two (2) ambulances 24/7 and have the ability to provide three (3) during most days during peak hours.

d. We keep a fourth ambulance licensed but not stocked in the event there are repairs necessary to any of the frontline ambulances.
e. We keep a fourth ambulance in the event there is a catastrophic failure of any of the three frontline ambulances due to the 1.5 year build time of new ambulances.
f. We do not know who to report ASA reportable items to:
    i. The ASA document refers to an ASA Administrator on page 18. On page five (5) it is defined and it clearly states that the Board of Commissioners is to identify that person.
    ii. Ordinance 2024-1 adopts the ASA plan, but failed to identify who the ASA administrator is.
    iii. Ordinance 2016-1 which was provided during the RFP process (previous ASA document) stated that the person was to be identified by resolution. However, no such resolution was recorded in 2016.
    iv. ORDER NO. 3-2019 identified the Health Department director as the administrator of the Columbia County Ambulance Service Ordinance, but all of this was superseded by Ordinance 2024-1. Specifically, the ASA plan that was adopted calls out that this person was to be identified. At this time, no person has been officially identified.
    v. A targeted search of the Columbia County Oregon website does not list an Ambulance Service Area Administrator.
    vi. It will be helpful if the county identifies this person in the near future and clarifies what exactly needs to be communicated.
    vii. The question above talks about accident, however the ASA document talks about Ambulance Crash. These are two different things. If the intent of the county is to report all accidents, we can, but that needs to be clarified in the ASA document. Moreover, do we need to notify the county for every scrape, ding, pothole damage, damage caused through backing, any damage to the ambulance or rock chip or other similar type accident that may or may not temporarily take the ambulance out of service?

As was stated above, I wish we had more time to respond to the committee's questions, especially to get clarifications. We will be by in the morning to drop off the document that identifies all of the employees.

If you can clarify a couple of the questions above, we will get that information to you as soon as possible. I will be out of the office on Wednesday working with other government agencies and not available. However, Chief Marks should be available to assist.

I have cc'ed Chief Marks in this email to keep him aware of this process in the event I am unavailable.

Thanks again for reaching out with the questions.

Respectfully,

Jeff Pricher
Fire Chief
Scappoose Fire District
52751 Columbia River Highway
P.O.BOX 625
Scappoose, Oregon 97056
503-543-5026 (PH)

971 278-2369 (Direct)
971-325-4788(CELL)
503-543-2670 (FAX)
jpricher@srfd.us
http://www.ccfiremarshal.com
www.srfd.us

From: Jessica Kosydar <Jessica.Kosydar@columbiacountyor.gov>
Sent: Wednesday, October 23, 2024 17:04
To: Jeff Pricher - SRFD <jpricher@srfd.us>
Cc: Jaime Aanensen <jaime.aanensen@columbiacountyor.gov>
Subject: Columbia County Ambulance Service Area Franchise RFP #S-C00055-00010854

Upon review of your proposal for ASA 2, our review committee is requesting:

- **List of personnel and active license numbers**
- **Current Mutual Aid Agreements**
- Outline of QA plan
- Plan for GPS transponders that work with PSAP
- Maintenance Records indicate an ambulance involved accident; however, there were no reports made to the county. (Refer to ASA Plan page 18) How will such incidents be reported in the future?

To be included in the recommendation to The Board of Commissioners, documents must be received electronically via email to jessica.kosydar@columbiacountyor.gov by 4:00PM on Monday, October 28, 2024.

Thank you,

Jessica Kosydar
Emergency Preparedness Coordinator

Columbia County Public Health
jessica.kosydar@columbiacountyor.gov
503-397-7309 Office | 971-328-2746 Cell
230 Strand Street | St. Helens, OR 97051

Columbia County
Public Health
Prevent. Promote. Protect.

Scappoose Rural Fire Protection District
Quality Assurance & Continuous Quality Improvement
Program Overview

To maintain compliance with **O**regon **A**dministrative **R**ule (OAR) 333-250-320, Scappoose Rural Fire Protection District has implemented the following **Q**uality **A**ssurance (QA) and **C**ontinuous **Q**uality Improvement (CQI) Program.

SRFD began using Image Trend as our report management system in April 2018. Image Trend was selected for its integrated QA/CQI module, among other reasons. We have created several categories within this module to target our various call types for review.

CQI Committee:

Scappoose Rural Fire Protection District has 5 Paramedics and EMTs who make up the CQI Committee. This committee has been in existence since the mid 2000's and was revised in April 2022. Members are selected by the **E**mergency **M**edical **S**ystems (EMS) Division Chief and the EMS Coordinator. Committee members are in ongoing, informal communication with the EMS Coordinator and EMS Division Chief if they have any questions or concerns about their role as CQI reviewers.

Workflow In General:

CQI committee members have each been issued an alternative profile in Image Trend. When performing CQI reviews, the committee members log in using their unique alternate ID. This allows them to remain anonymous when providing feedback and making comments in the QA/CQI module. There is no direct communication between the reviewer and the author of the **P**atient **C**are **R**eport (PCR).

If a PCR is reviewed and the reviewer has a concern that they feel needs to be brought to the attention of the EMS Coordinator, a message is sent through the Image Trend QA/CQI module to the EMS Coordinator identifying the concern. Concerns brought to the EMS Coordinator's attention will be reviewed and, if necessary, escalated to the EMS Division Chief. The EMS Division Chief will determine if the issue needs to be escalated to the Medical Director.

Ambulance Transports:

All EMS responses resulting in a patient transport to the hospital are reviewed by the Company Officer on duty utilizing the Image Trend QA/CQI module. The expectation is that all patient care reports will be complete and sent electronically to the receiving hospital in accordance with OAR.

Company Officers perform a **Q**uality **A**ssurance (QA) review of the PCRs for completeness and to ensure they contain all relevant information to satisfy billing requirements. If there are any noted deficiencies, the PCR is sent back to the author for completion.

PCRs that appear complete and have no noted deficiencies are sent forward to the billing company. If the Billing company discovers any deficiencies that were missed by the Company Officer, the Billing company alerts the EMS Coordinator. The EMS Coordinator contacts the Company Officer who performed the QA review and the author of the PCR. The Company Officer advises the author of the PCR of the identified deficiency and provides direction for completion of the PCR as appropriate. If the noted deficiency can't be corrected, the Company Officer and the author are provided remediation related to documentation requirements for PCRs.

Transports with the following provider impression or treatment including but not limited to Myocardial Infarction, Altered Mental Status, Childbirth, Overdose/Drug Ingestion, Death in the field, Code 3 transports, low frequency high risk procedures and low frequency medication delivery will be reviewed by the EMS chief and other committee members for completeness and to ensure current protocol was followed.

Refusals:

Refusals are sent to the CQI committee members through the Image Trend QA/CQI module and must be reviewed by at least three members of the committee. The EMS Coordinator monitors the progress of the refusal PCR as it moves through committee review. When a PCR has been reviewed and commented on by the required number of reviewers, the EMS Coordinator reviews the PCR and any comments made by the committee members. The EMS Coordinator compiles the comments and observations made by the committee members and provides a summary of the feedback to the author of the PCR through the Image Trend QA/CQI module.

Lift Assist / No Patient Identified:

The EMS Coordinator reviews all Lift Assist / No Patient Identified PCRs utilizing the Image Trend QA/CQI module to ensure completeness and adherence to protocol. Any noted deficiencies are documented, and the author of the PCR is contacted and advised. Authors are remediated as necessary regarding Lift Assist / No Patient Identified documentation requirements as well as requirements that elevate a Lift Assist / No Patient Identified contact to a Refusal.

Other PCRs:

PCRs not resulting in a transport to the hospital by the ambulance, such as declared death on scene, patient transfer to Life Flight, etc. are reviewed by the EMS Coordinator for completeness and adherence to protocol. Any noted deficiencies are documented, and the author of the PCR is contacted and advised/remediated, as necessary.

Future Improvements To Be Implemented:

1. Begin a review of additional targeted calls following the same process as is performed for refusals. These would be specific call types or defined call criteria that would flag a call for review. The targeted call types would be rotating throughout a year and the best effort to perform a focused review of a variety of call types will be accomplished.
2. Utilize collected data from CQI reviews to drive evidence-based continuing education opportunities directly related to agency performance.
3. Provide quarterly reports to individual EMS providers that provide personal clinical indicator information and feedback.
4. Develop quarterly reports providing aggregate data of clinical and other activities to agency staff.

SCAPPOOSE RURAL FIRE PROTECTION DISTRICT EMS PERSONNEL NAMES AND NUMBERS

NAME	NUMBER	LEVEL	ISSUED	EXPIRATION
Ahlers, Zach J (127753)	127753	Paramedic	5/9/23	6/30/25
Anderson Jr., Robert S (122132)	122132	Paramedic	6/20/23	6/30/25
Bautista Jr., Miguel (136295)	136295	Oregon EM	5/11/23	6/30/25
Bernier, Kyle J (201217)	201217	Paramedic	9/17/24	6/30/25
Booth, Brandon D (147146)	147146	Paramedic	5/9/23	6/30/25
Brehm, Collin James (144644)	144644	Emergency	5/9/23	6/30/25
Cardoos, William E (147178)	147178	Paramedic	4/11/23	6/30/25
Chaffeur, Ken Tristan (133774)	133774	Paramedic	5/9/23	6/30/25
Curio, Kathryn (145036)	145036	Paramedic	5/9/23	6/30/25
Denley, Matthew J (131788)	131788	Paramedic	5/2/23	6/30/25
Dietz, Erik N (134041)	134041	Advanced E	5/9/23	6/30/25
Dubois, Brian A (126065)	126065	Paramedic	5/9/23	6/30/25
Gandara, Lonny Ray (121732)	121732	Paramedic	5/15/23	6/30/25
Gonzalez, Ian Rodrigo (209742)	209742	Emergency	5/3/24	6/30/25
Greenup, Cade Lloyd (204349)	204349	Emergency	5/15/24	6/30/26
Greisen, Michael S (102673)	102673	Paramedic	5/15/23	6/30/25
Hennigan, Timothy R (119201)	119201	Paramedic	5/2/23	6/30/25
Heuer, Brian M (125735)	125735	Paramedic	5/9/23	6/30/25
Hughes, Jeremiah Patrick (204027)	204027	Paramedic	5/9/23	6/30/25
Kerr-Bryant, Janina (201755)	201755	Paramedic	5/4/23	6/30/25
Krieck, Justin W (134727)	134727	Paramedic	5/9/23	6/30/25
Liebig, Paul C (140125)	140125	Emergency	5/15/23	6/30/25
Marks, Joshi	125658	Paramedic	5/10/23	6/30/25
Mathews JR, Keith Allan (145055)	145055	Advanced E	1/24/23	6/30/25
Miller, Adam Paul (206679)	206679	Advanced E	7/5/23	6/30/25
Oxford, Karla Marie (208429)	208429	Emergency	6/8/23	6/30/25
Pricher, Jeff	124957	Paramedic	5/9/23	6/30/25
Ramsey, Jackson Philip (207531)	207531	Emergency	5/4/23	6/30/25
Schoof, Megan Elizabeth (2007432	200743244RN	Registered Nurse		
VanDolah, Chloey Lynn Ivy (204881	204881	Emergency	5/16/24	6/30/26
Wenner, Brian M (140976)	140976	Paramedic	5/9/23	6/30/25
Wiley MD, J	MD198764	Doctor of M	11/1/23	
Zimbrick, Austin J (145856)	145856	Paramedic	5/9/23	6/30/25