

From: Jessica Kosydar <Jessica.Kosydar@columbiacountyor.gov>
Sent: Wednesday, October 23, 2024 5:02 PM
To: Gerald Cole <coleg@crfr.com>; Eric Smythe <smythee@crfr.com>
Cc: Jaime Aanensen <Jaime.Aanensen@columbiacountyor.gov>
Subject: Columbia County Ambulance Service Area Franchise RFP #S-C00055-00010854

Upon review of your proposal for ASAs 3 & 4, our review committee is requesting:

- Outline of QA and QI process
- Deployment plan (staffing model, hours of operation)

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

From Eric Smythe <smythee@crfr.com>

Date Thu 10/24/2024 2:19 PM

To Jessica Kosydar <Jessica.Kosydar@columbiacountyor.gov>; Gerald Cole <coleg@crfr.com>

Cc Jaime Aanensen <Jaime.Aanensen@columbiacountyor.gov>

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To be clear, you are asking with less than one weeks' notice for this information.

- QA/QI is a multi-level process that includes the original EPCR author, reviewed by his/her Lieutenant. Any missing or errors that are found are sent back to the author for correction. The EMS Chief or his/her designee then pulls a number of reports off of each shift for a secondary review and return, if necessary, prior to it going to our third-party billing company. Our third-party billing company also reviews and sends reports back if they are missing documentation or information. Mandatory review are CPR, Trauma, and refusals. Currently, a administrative Lieutenant reviews all patient refusal charts for accuracy and proper documentation.
- CRFR operates three (3) staffed stations: St Helens, Fairgrounds, and Rainier 24/7 and can respond up to 4 ALS ambulances during that time frame. CRFR also staff's paramedic only units : 7a-7p and 3pm-3am (12-hour units) 7 days a week to augment our normal daily operations. Our model follows our demographics including peak call times, generally between 8am and 11pm.

Eric Smythe
Fire Chief
Operations/Prevention/Training
Columbia River Fire and Rescue

270 Columbia Blvd
St Helens OR 97051
Office: 971-813-4241 Ext 1001
Cell: (503)396-1180
smythee@crfr.com



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Fw: CQI Process

From Eric Smythe <smythee@crfr.com>

Date Thu 10/24/2024 9:20 PM

To Jessica Kosydar <Jessica.Kosydar@columbiacountyor.gov>; Jaime Aanensen <Jaime.Aanensen@columbiacountyor.gov>

 4 attachments (3 MB)

CQI screenshot 1.jpg; CQI screenshot 2.jpg; CQI screenshot 3.jpg; CQI screenshot 4.jpg;

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Attached is screenshots of how our members company officers and chief Officers, CQI and QA our patient care reports.

Eric Smythe
Fire Chief
Smythee@crfr.com
Office 971-813-4241 Ext 1
Cell 503-396-1180

From: Eric Wonderly <wonderlye@crfr.com>

Sent: Thursday, October 24, 2024 3:01:15 PM

To: Eric Smythe <smythee@crfr.com>

Subject: CQI Process

Hi Chief,

Attached are 4 screenshots showing our CQI process.

On the right side, there is the completed PCR that the reviewer scrolls through looking for information.

On the left side there are 15 questions that the reviewer scrolls through and answers. This ensures PCR completeness and accuracy.

If there is anything missing or something that needs fixing, the PCR is returned to the author with comments on what it needs. Once the author completes the PCR, it is sent to billing.

Let me know if you need any other information.

Thanks,

Eric Wonderly

Lieutenant / Paramedic

Columbia River Fire & Rescue

503-397-4711

Reviewer Status: Not Started

Is the correct shift identified?
 Yes
 No

Is the correct Unit Call Sign identified?
 Yes
 No

Is mileage documented (including tenths of a mile)?
 Yes
 No
 N/A

Was patient's mailing address confirmed?
 Yes
 No

If the patient is complaining of pain, is the pain
100 100
Validation CQI

Billing Review Form

Call Information

Finished On: 10/20/2024 20:31:02 Dispatch Date/Time: 10/20/2024 16:33:07
 Shift: C Shift Incident Number: OF240009244 Unit#: M476
 Author: [Redacted] Apparatus ID: 7317
 Complaint Reported by Dispatch: Chest Pain (Non-Traumatic) City: RAINIER
 Dispatch Priority: Emergent Response Urgency: Immediate Response: Code 3 Transport: Code 1
 Disposition: Patient Treated, Transported by this EMS Unit
 Hospital: PeaceHealth St. John Medical Center Mileage: 3.8

Patient Information

Name: [Redacted] Gender: Female Weight: 160lb / 72.6kg
 Date of Birth: [Redacted] Age: 67 Years Incident Apartment, Suite, or Room:
 Address: [Redacted] Patient Apartment Number:
 Patient's Home Address is The Same As Mailing Address? No
 Mailing Address: [Redacted] Incident Location Apartment Type:
 City: Rainier State: Oregon
 Zip Code: 97048

If the patient is complaining of pain, is the pain scale recorded? (Either Vitals or Narrative)
 Yes
 No
 N/A

If this is a suspected COVID-19 contact, are the COVID-19 presenting symptoms documented in the Provider's Primary or Secondary Impression?
 Yes
 No
 N/A

If this is a suspected COVID-19 contact, is the Hospital Team Activation correctly documented?
 Yes
 No
 N/A

If this is a suspected COVID-19 contact, is the patient's temperature recorded?
 Yes
 No
 N/A

100 100
vitals/csgl

Medical History / Medications

Medical History: Resp - COPD
Cirrhosis
CVA

Current Medications

Current Medications

Albuterol Sulfate

Advair

Oxycodone

Sertraline

Current Medications Yes

Confirmed With

Patient?:

Medication Allergies

Medication Allergies

No Known Drug Allergy

Complaints / Impressions

Primary Symptom: Nausea

Other Associated Symptoms: Vomiting; Weakness

Provider's Primary Impression:

Hypovolemia

Provider's Secondary Impressions:

Impressions:

Patient is No

complaining of pain:

COVID-19 Requirements

Incident Status: Requires Review

Are protocols used correctly documented?
(Preferably 2 Listed)

Yes
 No
Clear

Add Comment

Was the initial position / situation in which the patient was discovered documented?

Yes
 No
Clear

Add Comment

Is the patient's preferred gender identity and pronouns consistent throughout the PCR?

Yes
 No
Clear

Add Comment

If an ECG was performed, is it attached to the report with a documented interpretation?

Yes
 No
 N/A
Clear

Add Comment

Were all required signatures included on report? Is the "typed name" present with date and time

100 Validation 100 CQI

COVID-19 Requirements

Is this a Suspected COVID-19 Patient? Yes

Crew Member	Suspected EMS Work Related Incident	Exposures Nature of Incident Being Reported	Personal Protective Equipment Used	Briefly Describe the Situation
[Redacted]	[Redacted]		Gloves Mask-Surgical (Non-Fitted) ; Gloves	

Destination Team Pre-Arrival Alert or Activation Hospital Team Activations Date/Time of Destination Prearrival Alert or Activation

Protocols Used

Protocols Used Nausea & Vomiting Universal Patient Care

Narrative

Patient Care Report Narrative: M476 responded to report of unresponsive 67 y/o female. Arrived to find husband stating his wife has been c/o abd pain, nausea, and vomiting most of the day. He stated that she seems very confused and weak now. Pt was found laying in bed, conscious, alert to name and location but seemed somewhat lethargic and confused at times. Pt denied any pain or complaints initially but later stated she was nauseated and having abd pain. Pt was found to have elevated CBC, Tachycardia, was non-febrile, and elevated BP. After moving the pt to our gurney, she was much more alert, oriented, and spoke full sentences while answering questions. IV was initiated and Zofran was given to address her nausea. Pt rested in position of comfort with no change in complaints during transport. Pt was moved to ED room #19 and report was given to RNs.

Vital Signs / ECG

Arrived at Patient: 10/20/2024 16:40:00

Incident Status: Requires Review

Save Print Messages Attachments (2) Addendums History Locked Hide Sections 23/91 Back

No
 N/A
 Clear
 Add Comment

Were all required signatures included on report? Is the "typed name" present with date and time stamp?
 Yes
 No
 N/A
 Clear
 Add Comment

If all required signatures are not present, is there an explanation provided by the author? If not, return to author for explanation before sending forward to billing.
 Yes
 No
 N/A
 Clear
 Add Comment

Are ALL appropriate attachments (i.e. Facesheets, ECG, Worksheets) attached to the report?
 Yes
 No
 N/A
 Clear
 Add Comment

100 100
Validation CQI

Vitals?

Vital Time	CBG	GCS	Temp	Pain	Crew Member
10/20/2024 16:43:39	260	Opens Eyes to verbal stimulation Confused (>2 Years); Cries but is consolable, inappropriate interactions Obeys commands (>2Years); Appropriate response to stimulation 13	36.3	Not Applicable	[Redacted]
10/20/2024 17:13:12		Opens Eyes spontaneously Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts Obeys commands (>2Years); Appropriate response to stimulation 15			[Redacted]

ECG

Date/Time	Cardiac Rhythm	ECG Type	Method of ECG Interpretation	Crew Member
10/20/2024 16:43:39	Sinus Tachycardia	4 Lead	Manual Interpretation	[Redacted]
10/20/2024 16:45:00	Sinus Tachycardia	4 Lead	Manual Interpretation	[Redacted]

Was An ECG Performed? Yes
 Did you document your ECG, Manually Interpret, and Attach a Rhythm Strip to this PCR? Yes

Medical Devices

EKG Comments	Crew Member
Import Event 'Waveform'	[Redacted]
Import Event 'Waveform'	[Redacted]

Time: 10/20/2024 16:46:14
File Name: Philips_20241020164614_12id_01.jpeg

