

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the Matter of Accepting)
the Proposal Evaluation Report) **RESOLUTION**
and Recommendation for awarding) **95- 118**
an Exclusive Emergency Ambulance)
Service Contract)

WHEREAS, Multnomah County Emergency Medical Services has issued a Request for Proposals for an Exclusive Emergency Ambulance Service Contract as approved by the Board; and

WHEREAS, the proposals received by the County have been evaluated by an independent committee, as required in the Request for Proposals; and

WHEREAS, the committee has produced a report recommending the better proposal and that report has been forwarded to the Board by the County Health Officer; now therefore

IT IS HEREBY RESOLVED that the Board accepts the report and recommendations of the committee and instructs Multnomah County Emergency Medical Services to prepare a contract for execution with the recommended proposer.

APPROVED this 25th day of May, 1995



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Beverly Stein, Chair

REVIEWED:

LAURENCE KRESSEL, COUNTY COUNSEL
for MULTNOMAH COUNTY, OREGON

By 

Jacqueline Weber

Emergency Ambulance Service

Request for Proposals

Proposal Review Committee

Recommendations

May 12, 1995



**MULTNOMAH
COUNTY**



THE ABARIS GROUP

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May 12, 1995

Gary L. Oxman, MD, MPH
Health Officer
Multnomah County
426 SW Stark
Portland, Oregon 97204

Dear Dr. Oxman,

Attached please find the report of the Multnomah County Ambulance Review Committee. The Committee has completed their work and a summary of their findings and scores are attached.

Please let me know if there are any questions or additional needs. On behalf of the Committee and the Technical Review Group, we would like to thank you for the pleasure of supporting Multnomah County on the emergency ambulance selection process.

Yours truly,

A handwritten signature in dark ink, appearing to read "Mike Williams". The signature is fluid and cursive, with the first name "Mike" being more prominent than the last name "Williams".

Mike Williams
President



Multnomah County
Emergency Ambulance Service
Request for Proposal

Proposal Review Committee - Recommendations

Summary

A Request for Proposal (RFP) for emergency ambulance service to the Multnomah County Ambulance Service Area (ASA) was distributed on January 6, 1995 to interested parties having submitted a Letter of Intent. On April 17, 1995, completed responses were received from two applicants: American Medical Response Northwest and Multnomah Emergency Transport System (METS), a joint venture of the Portland and Gresham Fire Departments.

A four-member Proposal Review Committee met and conducted an extensive review of the proposals. The review involved an exhaustive analysis of the written proposal compared to the RFP and an examination of the strengths and weaknesses of each individual proposal as compared to the standards established in the RFP and the scoring system approved by the Board of Commissioners. The Committee interviewed key staff from AMR Northwest and METS. Following the review and interviews, significant discussion occurred amongst the panel members regarding the proposals in general and on the relative merits on each applicant's specific approach as supplied in the written proposal and interview. Following this discussion, each individual member of the panel ranked the applications according to the specific weighted criteria contained in the RFP.

Based on the discussion and ranking of the proposal, the Proposal Review Committee recommends the AMR Northwest proposal to Multnomah County.

The following report is a synopsis of the Committee's process and key observations.

Overview of Process

A four-member Proposal Review Committee, as appointed by the Health Officer, met May 7th and 8th for an orientation to the RFP process and to learn of the emergency ambulance needs of Multnomah County. Prior to their meeting, a technical advisory group consisting of two financial experts appointed by the Health Officer met to review the financial components of the proposals and to make recommendations to the Proposal Review Committee. The Proposal Review Panel and the Technical Advisory Group comprised the following individuals:

**MULTNOMAH COUNTY
AMBULANCE REVIEW COMMITTEE**

Review Committee Member:	Affiliation:
M. Kent Coxon	EMS Coordinator Sonoma County Santa Rosa, CA
David Johnson, MD	Director of the EMS Academy Emergency Medicine Faculty University Hospital Albuquerque, NM
Garry MacPherson	Battalion Chief City of Poway Fire Department Poway, CA
Todd Valeri	General Manager American Ambulance Fresno, CA
Financial Technical Advisory Group:	
Nancy McClain, CPA	Consultant Milwaukee, OR
Ed Perry	Senior Project Manager David M. Griffith & Associates Carmichael, CA

Conflict of interest issues were addressed by the Ambulance Review Panel and the Technical Advisory Group. Each member signed a comprehensive written conflict-of-interest statement.

Approximately two weeks before the official meetings, each Committee and Group member was provided a complete copy and reviewed the RFP, the applications and RFP addendums.

During the two days of meetings, Committee members thoroughly discussed each application relative to each of the major headings of the RFP. The Committee members also heard a verbal report from the Technical Advisory Group on the financial aspects of both proposals. Each Committee member was encouraged to raise and discuss any comments, positive or negative, or to raise any questions relative to each section of the proposals.

Upon completion of the review and discussion, representatives from each proposer were invited to make a presentation of their proposals and to answer questions from the Committee. The discussion by Committee and Group members during their meetings was vigorous and probing. Particular attention was placed on the rating system and the priorities established by the minimum standards in the RFP.

After the interviews, additional Panel member discussion took place wherein proposal scoring occurred. Only the four Committee members scored the proposals. As required by the RFP process, each Committee Member individually scored the proposal based on the criteria and specific process identified in the RFP, as follows:

Primary Score:

1. Proposer's credentials and qualifications - 40 points
2. Compensation package and working conditions for prehospital personnel - 15 points
3. Response time commitments - 15 points
4. Level of clinical sophistication - 10 points
5. Equipment maintenance and management - 10 points
6. On-site key personnel - 10 points
7. Initial (ambulance) coverage status plan - 15 points
8. Implementation plan for Systems Status Plan Coordinator - 10 points
9. First responder program - 10 points
10. Miscellaneous requirements - 5 points
11. Public Information and Education Program - 10 points
12. Billing and collection program - 10 points
13. Costs/charge documentation and recommendations - 15 points
14. Patient Charges - 190 points
15. Fiscal strength - 15 points

Total Available Points: 380 points

Key Innovations/Enhancements Score:

1. Response time/performance standards
2. Compensation package and working conditions
3. Level of clinical sophistication
4. Equipment maintenance and vehicle management
5. Community education program
6. Reductions in patient charge level
7. Exceptions, which are in the best interest of the County
8. Overall program enhancements or innovative approaches

Total available key innovations/enhancements - 10 points

A summary of the Committee's scores averaged by category is attached to this report. The Committee's summarized analysis of each application is as follows.

Summary of Application

The AMR Northwest is from an ambulance provider that currently operates in Multnomah County and serves about 70 percent of the proposed franchise. They also have operations throughout Oregon including operations in Clackamas and Washington Counties and they operate the ambulance franchise in Clark County, Washington. The AMR Northwest proposal would place 19 units in the field at "peak load" periods and provided a specific plan for varying the level of ambulances in the field for the remainder of the day depending on historical demand and conditions. AMR Northwest met or exceeded the credentialing requirements.

The METS proposal, is a joint venture between the City of Portland's Fire Bureau and the City of Gresham's Fire Department. The joint venture would operate through an intergovernmental agreement. A lead role was established with the Portland Fire Bureau. The METS proposal would place 14 24-hour units in the field, supplemented by 3 "peak load" units and advance life support engine responses. METS proposal met or exceeded the credentialing requirements.

Analysis

The Ambulance Review Committee believed both proposals were well written and comprehensive. Both were responsive to the requirements in the RFP to varying degrees. The Committee was impressed with the overall quality of the proposals and the documentation provided.

A categorical listing of comments is as follows:

Credentials/Qualifications

AMR Northwest established that they possess extensive experience in the implementation and management of high performance ambulance systems. METS' experience with ambulance transport systems was significantly less. This fact was reflected throughout their proposal. Additionally, the METS proposal failed to fully describe an established organization that was able to develop and implement the franchise. The intergovernmental agreement was signed by the respective parties but this agreement did not have important empowerment tools or supportive documentation to the satisfaction of the Committee.

Compensation Package/Working Conditions

The METS proposal offered a superior wage and benefit program. The AMR Northwest proposal listed an attractive benefit package.

Response Time Commitments

Both proposals were essentially equal in this category.

Level of Clinical Sophistication

This category score was impacted by incumbent workforce issues. The AMR Northwest proposal defined approaches and strategies for transition. The METS proposal did not. The METS proposal indicated a distinct CQI program but the entities lacked the organizational experience with CQI that AMR Northwest documented.

Equipment/Maintenance

These two areas were rated essentially equal. The fact that the METS proposal offered a five-year life on the vehicles (as opposed to four for AMR Northwest) but a superior maintenance program balanced each of the two factors equally.

Onsite Key Personnel

The AMR proposal identified experienced personnel in the production technology for the provision of emergency ambulance service. The METS' proposal was less certain due to many of the key positions being unfilled. The METS' organization is in the process of building with many of the predictable problems left to be defined.

Initial Coverage Plan

The METS proposal did not achieve complete confidence by the Committee in this area.

The use of 24-hour units in a dynamic system status plan and their proposal's failure to proactively define workload and post change issues contributed to this concern. Their capability to effectively implement the proposed coverage plan was not demonstrated. The AMR Northwest proposal demonstrated a competent and informed coverage plan.

System Status Coordinator

Essentially both proposals were equal in this category. The METS proposal had stronger identification of the administrative component of this responsibility and the AMR Northwest proposal identified more (4 FTEs) positions for staffing this function.

First Responder Program

The METS proposal was superior in this category.

Miscellaneous

This was an undefined category that the Committee elected to give both proposals equal scores.

Public Information and Education

The AMR Northwest proposal clearly demonstrated that they were doing more with public information and education as it relates to EMS services. The METS proposal demonstrated a strong history of public information and education in the fire prevention area.

Billing and Collections

The AMR Northwest proposal indicated an experienced billing and collection system which was clearly identified in their proposal. The METS proposal had minimal detail regarding their relationship with Care Ambulance, the proposed billing agent.

Cost and Charge Documentation

AMR Northwest provided a budget that identified reasonable assumptions and projections which reflected their understanding of the service to be performed. The METS proposal did not fully disclose all costs as required, using the "freestanding entity" standard stipulated in the RFP. The Committee's was concerned that the lack of full disclosure may reflect that the sponsoring cities did not fully understand the level of subsidy required. The METS proposal also did not appear to use realistic cost projections in their assumptions. For example, the labor costs were approximately \$1.8 million for METS' program and \$3.9

for AMR Northwest's program for essentially similar unit hours. The Committee's concluded that the AMR proposal was believable due to their experience and the strong emphasis mandated on cost efficiency in the RFP scoring. Thus, there was also no incentive for the AMR Northwest proposal to overstate these costs. The METS proposal had other costing problems. Medical supplies costs appeared to be understated by a factor of four. There were no fuel costs in the METS proposal nor any penalties or fines budgeted.

Patient Charges

The formula required for this category established a mathematical calculation granting the maximum points to METS.

Fiscal Strength

Both entities have the financial strength to implement and sustain the franchise. While there were no significant concerns regarding the individual cities and their strengths, the Committee had to make broad assumptions about the cities' linkage to the commitments in the proposal due to a lack of development of the METS organization. The METS proposal was significantly limited by the lack of strong parent organization support and authorization, which was conspicuously absent in the METS proposal beyond the intergovernmental agreement document. Other limitations included the lack of further documentation on the nature and extent of the duties of METS as an organization, lack of specifically appropriated startup funds and the lack of detailed empowerment as might be evidenced by bylaws or other similar tools. The METS proposal was also vague on division of duties, problem resolution and liability factors.

Recommendations

AMR Northwest and the participants in METS are to be commended for their energy and devotion in assembling two quality proposals. The caliber and quality of both proposals challenged the Review Committee in making its final recommendation. The METS proposal was admirable and could lead to the development of a high-quality ambulance provider for the franchise. Its mere limitation is the unknown risks and uncertainties with program development and implementation. The conclusion of the Ambulance Review Committee is that the AMR Northwest proposal is best suited to meet the needs of the Multnomah ASA.

Other recommendations of the Ambulance Review Panel are as follows:

- (1) Multnomah County should review the alternative fail safe security options

presented in the AMR Northwest proposal to verify that these tools meet the security needs of the County.

- (2) AMR Northwest, in association with first responders of Multnomah County should be encouraged to build the partnerships that are necessary for long term quality EMS system.
- (3) Substantial emphasis should be placed within the provider contract on the development of a contemporary CQI program and its linkage to the medical and management structure of the organization and the EMS system in general .
- (4) The linkage to the Bureau of Emergency Communications (BOEC) dispatch center is critical to the success of this franchise. The duties of the ambulance provider and the EMS Office should be prioritized to assure concentrated effort of establishing and maintaining that link to the performance of the franchise.

**Multnomah Emergency Ambulance RFP
Review Panel Scores**

#	Category	Total Available	Total	
			AMR	METS
1	Proposer's credentials and qualifications	40	40.000	31.500
2	Compensation package and working conditions for for prehospital personnel.	15	10.000	15.000
3	Response-time commitments	15	15.000	15.000
4	Level of clinical sophistication	10	9.250	7.750
5	Equipment maintenance and management	10	10.000	9.750
6	On site key personnel	10	10.000	6.250
7	Initial (ambulance) coverage status plan	15	15.000	10.750
8	Implementation plan for Systems Status Plan Coordinator.	10	10.000	9.500
9	Firstresponder program	10	6.250	10.000
10	Miscellaneous requirements	5	5.000	5.000
11	Public information and education	10	10.000	5.500
12	Billing and collection program	10	10.000	7.750
13	Cost/charges documentation and recommendations	15	15.000	8.000
14	Patient charges	190	174.729	190.000
15	Fiscal Strength	15	13.750	10.000
	Other Innovations/Enhancements	10	1.250	4.000
	TOTAL	390	355.229	345.750