

MOTION NO. 2190

A MOTION relating to the Request for Proposals for Local Paramedic Services in Suburban King County as recommended by the Emergency Medical Services Review Committee

WHEREAS, Ordinance 2377 establishes a King County Emergency Medical Services Review Committee, and

WHEREAS, the Review Committee is responsible for recommending to the King County Council rules and procedures for the review of applications for funding under the County's mobile intensive care unit/paramedic program, and

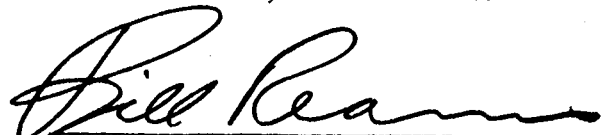
WHEREAS, on September 29, 1975, the Review Committee recommended to the Council the attached Request for Proposals for Local Paramedic Services in Suburban King County,

NOW THEREFORE, BE IT MOVED by the Council of King County:

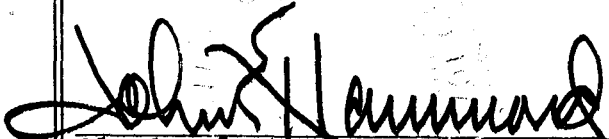
The attached Request for Proposals for Local Paramedic Services in Suburban King County is hereby adopted with the following change: On page 3, line 4, add "These funds will be made available for support of the program in 1976 should it be necessary".

PASSED this 14th day of October, 1975

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON


Chairman

ATTEST:


Clerk of the Council ACTING

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REQUEST FOR PROPOSALS

for

LOCAL PARAMEDIC SERVICES

in

SUBURBAN KING COUNTY

Prepared by:

DIVISION OF EMERGENCY MEDICAL SERVICES
KING COUNTY DEPARTMENT OF PUBLIC HEALTH
900 PUBLIC SAFETY BUILDING
SEATTLE, WASHINGTON 98104
(206) 583-2606

Approved by:

KING COUNTY EMERGENCY MEDICAL SERVICES REVIEW COMMITTEE
SEPTEMBER 29, 1975

THE KING COUNTY SUBURBAN PARAMEDIC PROGRAM - 1975

KING COUNTY, FOR SOME TIME, HAS BEEN DIRECTLY INVOLVED IN EFFORTS TO IMPROVE THE QUALITY AND QUANTITY OF EMERGENCY MEDICAL SERVICES AVAILABLE TO CITIZENS. THESE EFFORTS HAVE BEEN DIRECTED LARGELY TOWARD THE TRAINING AND EQUIPPING OF EMERGENCY MEDICAL TECHNICIANS WHO SERVE THE PUBLIC THROUGH LOCAL FIRE AND POLICE DEPARTMENTS, AMBULANCE COMPANIES AND VOLUNTEER GROUPS SUCH AS THE NATIONAL SKI PATROL AND OTHERS.

COMMUNITY DESIRE TO IMPLEMENT A PARAMEDIC LEVEL EMERGENCY MEDICAL CARE RESOURCE IN SUBURBAN KING COUNTY RESULTED IN THE FORMAL ADOPTION IN JUNE, 1975 BY THE KING COUNTY COUNCIL OF A MULTI-FACETED PROGRAM. THE NEW PROGRAM EXPANDS THE ORIGINAL TRAINING AND COORDINATION ROLES OF THE DIVISION OF EMERGENCY MEDICAL SERVICES INTO SEVERAL AREAS, ESPECIALLY THAT OF LEADERSHIP IN THE LOCAL DELIVERY OF PARAMEDIC, OR ADVANCED LIFE SUPPORT, LEVEL SERVICES.

THE NEW PROGRAM IS FOUNDED UPON SEVERAL LEGISLATIVE ACTIONS:

ORDINANCE NO. 2369 - EXPANDS THE RESPONSIBILITY AND AUTHORITY OF THE DIVISION OF EMERGENCY MEDICAL SERVICES.

ORDINANCE NO. 2377 - CREATES THE KING COUNTY EMERGENCY MEDICAL SERVICES REVIEW COMMITTEE, A SIX-MEMBER BODY OF ELECTED PUBLIC OFFICIALS WHICH IS DIRECTED TO REVIEW APPLICATIONS FOR COUNTY FUNDING OF LOCAL PARAMEDIC PROGRAMS. THE ORDINANCE ALSO PROVIDES FOR THE APPOINTMENT OF A MEDICAL ADVISORY COMMITTEE TO DETERMINE PARAMEDIC MEDICAL POLICIES.

MOTION NO. 1996 - ACCEPTS AND EDITS THE RECOMMENDATIONS OF THE CITIZENS ADVISORY COMMITTEE.

THE RESOURCES AVAILABLE TO SUPPORT THIS NEW PROGRAM IN 1975 INCLUDE \$277,000 OF A GRANT TO THE COUNTY FROM THE ROBERT WOOD JOHNSON FOUNDATION AND AN APPROPRIATION OF \$660,000 BY THE COUNTY COUNCIL.

FOR PLANNING PURPOSES, LOCAL APPLICANT GROUPS MAY ESTIMATE A POSSIBLE EXPENDITURE OF \$1.50 PER CAPITA IN 1976. THE EMERGENCY MEDICAL SERVICES REVIEW COMMITTEE WILL CRITICALLY REVIEW APPLICATIONS TO DETERMINE ACTUAL FUNDING LEVELS.

THE INTENT OF THIS *Request for Proposals* IS TO PROVIDE GUIDELINE INFORMATION TO LOCAL APPLICANT GROUPS ABOUT:

- * *What can or cannot be paid for with county funds*
- * *Who is eligible to apply*
- * *What information is required in an application*
- * *What performance commitments are necessary*
- * *The King County decision-making process*
- * *Timetable for funding and training*

IT ALSO IS THE SPECIFIC INTENT OF THE PARAMEDIC PROGRAM THAT THE BASE OF EFFICIENT AND EFFECTIVE FIRST-RESPONSE AID UNITS OF LOCAL FIRE DEPARTMENTS REMAIN THE PRIMARY SERVICE COMPONENT. BUILDING ON THAT BASE, COUNTY FUNDS WILL BE USED TO SUPPORT THE DELIVERY OF PARAMEDIC SKILLS. LOCAL INNOVATION TO MAXIMIZE EXISTING RESOURCES, POOL MANPOWER AND EQUIPMENT, AND INTEGRATE SERVICES IS ENCOURAGED.

EACH APPLICATION MAY BE SUBMITTED IN THE FORM OF A NARRATIVE DOCUMENT ACCOMPANIED WITH THE APPROPRIATE SUPPORTING INFORMATION AND DATA. NO SPECIFIC FORMAT IS REQUIRED, BUT ALL POINTS LISTED IN THESE GUIDELINES MUST BE ADDRESSED. LINE-ITEM BUDGETS MUST ALSO BE SUBMITTED WITH APPLICATIONS.

FUNDING OF LOCAL PROGRAMS BEYOND THE DATES LISTED IN THIS DOCUMENT IS CONTINGENT UPON ANNUAL APPROPRIATIONS BY THE KING COUNTY COUNCIL.

WHAT CAN OR CANNOT BE PAID FOR WITH COUNTY FUNDS

1. Permitted expenditures generally include:

Personnel salaries (including training time), uniform expenses, consumable medical supplies, radio communications equipment for paramedic use, call-receiving and radio dispatching costs for emergency medical service calls, inservice and EMT training costs and related equipment.

2. Prohibited expenditures include:

Vehicles, fire-fighting equipment and present or increased levels of fire-fighting services, new buildings or remodeling, honorariums for attending meetings.

3. Other funding requirements:

- a) Separate accounting of paramedic program funds should be kept and be available for periodic audit by King County.
- b) Funds received by an applicant for the paramedic program must be used exclusively for the purposes stated in the application as approved by the County.
- c) No substantial change in an approved program and its accompanying budget may be made without prior written approval from the County's Division of Emergency Medical Services.
- d) Annual reports of program and fiscal affairs must be submitted to the County.
- e) Applicants must have paramedics trained in programs approved by King County and certification as a paramedic must be from the King County Health Officer as provided in RCW 18.71.200.
- f) Each applicant must represent that it is a public instrumentality or a non-profit, tax-exempt organization within the provisions of Section 501 (c) (3) of the United States Internal Revenue Code of 1954 as amended. Any change in tax status will terminate King County of any obligation to make further payments.
- g) Persons employed under this program may not receive pension benefits from the Law Enforcement Officers and Fire-Fighters retirement system unless a specific exception is granted by the EMS Review Committee.

4. Funding priorities will be given to:

- a) Applicants which have single call-receiving and radio dispatching centers.
- b) Applicants which will use County funds to support paramedic level services.
- c) Applicants from the six service areas identified by the County.
- d) Applicants from rural service provider agencies which demonstrate an improvement in local services below the paramedic skill level and which include maximum multi-jurisdictional cooperation.

WHO IS ELIGIBLE TO APPLY?

1. Applications will be received from the six service areas identified by the County or from agencies which serve rural areas outside the limits of those six areas.
 - a) In order to insure that emergency medical services needs are met, applications must represent at least 80 percent of the service area's population.
 - 1) Funding preference will be given to those applications which represent 100 percent of an area's population.
 - 2) Formal resolutions of participation and first-response service delivery commitment must be included in all applications from all local Fire Departments within the area.
 - b) Service provider groups may elect to have one agency within an area be the host government to receive the County funds and to be responsible for the program management, whether or not that agency actually delivers all or part of the services. Fees for services in local plans are encouraged.

Arrangements may be made with private ambulance companies to deliver these services provided that such arrangement and related contracts are approved by the County. Included in the County review will be proposed fee schedules.
 - c) A Public Hospital District may be the applicant and/or host government for a service if all requirements of this section are otherwise fulfilled.

2. Applications for funding from service provider agencies in the rural area outside the six identified areas will be considered on an individual basis, if necessary, but groups of agencies are encouraged to develop serving plans on the same basis as set forth for the six service areas.
3. Applications for funding must be based upon existing boundaries of local municipalities and/or Fire Protection Districts.

WHAT INFORMATION IS REQUIRED IN AN APPLICATION?

1. Each application must include:
 - a) Name of applicant agency
 - b) Mailing and business addresses of applicant agency
 - c) Names and addresses of agencies participating in the application's paramedic program.
 - 1) Names and addresses of agencies in the service area which are *NOT* participating.
 - d) A description of existing aid units, EMT personnel, call-receiving procedures, dispatching procedures, volume of aid incidents, average response times, type of mutual aid agreements in effect with adjacent jurisdictions, estimated populations served.
 - e) A commitment from hospitals which serve the application area to receive emergency patients into 24-hour physician-staffed facilities and communication with paramedics and EMTs via radio or telephone for medical direction of field patient care. The training program developed by the EMS Division will provide opportunities for the development of an effective working relationship between local physicians and paramedics.
 - f) A description of how the emergency medical services of an area will be changed with County support of paramedic services.

- g) A description of how new personnel will be employed, or if existing personnel will be utilized as paramedic.
- h) A description of the serving plan for paramedics within the area's first-response emergency medical care system.
- i) A line-item budget for the funding period.
 - 1) The first funding period may begin as early as August 15, 1975 through December 31, 1975.
 - 2) The second funding period will be January 1 through December 31, 1976.
 - 3) Preferably, applications should be made for both of the above funding periods in the same document.
- 2. Each application must include formal commitments by the proper legislative body in each participating agency for participation. These statements of participation must also include a commitment to pay all program costs which may occur in excess of the County funding.
- 3. Each application must include an agreement that personnel supported directly or indirectly by County funds must have, or will attain within a specified time, certification as:
 - a) Emergency Medical Technician
 - b) Emergency Medical Technician/Phase II
 - c) Paramedic as defined by RCW 18.71.200.
- 4. Each applicant must have field units capable of utilizing the Hospital Emergency Administrative Radio (HEAR) network.
- 5. Each application must include a commitment to use a medical communications radio network of County design for communication between paramedics and physicians at County-designated hospital emergency departments. Costs for the field radios and cardiac monitor/defibrillators must be included in application budgets, although applicants may be required to purchase such equipment through the County in order to insure system compatibility.

6. Each application must include a commitment by participating agencies to utilize the Uniform Incident Report Form provided by the County for documenting care rendered in field incidents.
7. Each application must include a commitment by participating agencies to have first-response mutual aid agreements or similar arrangements in effect so the closest emergency medical service personnel will respond to aid calls without regard for political boundaries. Copies of these agreements should be included in the application.
8. Each application must include a commitment by participating agencies to allow the County's Division of Emergency Medical Services staff or Physicians participating in the Medical Review Committee to review individual cases in order to insure that medical standards are being met.
9. Each application must include a commitment by participating agencies to have field units marked with the Federally recommended orange-and-white colors and using the *Star of Life* emblem. Exceptions to this requirement will be made on an individual basis. The goal of this requirement is to present citizens with a common identity for emergency medical care resources and is not intended to cause undue hardship or expense on local agencies.
10. Each applicant must identify a Project Director who will be responsible for the overall and daily management of the service area's paramedic program as described in the application.
11. Each application must include how the public will be served in areas within the applicant service area which are not participating in the program.
12. All applicable requirements of Federal Affirmative Action programs must be fulfilled by applicants. Failure to meet these requirements may result in termination of County funding.
13. Each application must include a timetable for employment and training of personnel; and present an estimated date of initial field service for paramedic personnel.
14. Each application should include program and fiscal data for both 1975 and 1976 funding periods.
15. All applicable requirements of state anti-discrimination and emergency medical service laws, rules and regulations must be met by applicants.

WHAT PERFORMANCE COMMITMENTS ARE NECESSARY?

In addition to the requirements imposed in the preceding section, each application must include a commitment by participating agencies for the maintenance or achievement of an average first-unit response time of four to six minutes. This should be documented by a sampling of call-receiving and dispatching records. Similar response commitments and data for paramedic activity should be provided with a maximum average response time of 10 minutes permitted.

Aid unit personnel and paramedics must be available on a 24-hour basis. The staff system of service area agencies must be described in the application.

Public education in the basic skill of Cardiopulmonary Resuscitation has been shown to be effective in improving the survivor rate of local emergency medical service system. Each application should include a description of such public education efforts within the service area by participating agencies. If no such program is operating, provisions for one should be made in the application.

THE KING COUNTY DECISION-MAKING PROCESS.

1. Applications will be reviewed by:
 - a) Division of Emergency Medical Services staff
 - b) King County Health Officer
2. Applications will be recommended for approval, re-submission or denial by:
 - a) King County Emergency Medical Services Review Committee
3. Applications will be approved by:
 - a) a motion of the King County Council

TIMETABLE FOR FUNDING AND TRAINING

1. One copy of the application, including original documents fulfilling the commitment requirements and all appropriate supporting information, should be submitted to:

Paramedic Program
Division of Emergency Medical Services
900 Public Safety Building
Seattle, Washington 98104

2. Early filing of applications is encouraged. Applications received in advance of filing deadlines may also be approved for funding in advance of deadline dates if the EMS Review Committee and the County Council so decide.

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