

REQUEST FOR PROPOSALS

for

Emergency Medical Services (EMS) Electronic Patient Care Reporting  
Software

Proposal Number BC-11-20-07-07

BOARD OF COUNTY COMMISSIONERS

LEON COUNTY, FLORIDA

Release Date: October 29, 2007

RFP Title: Request for Proposals for Emergency Medical Services (EMS) Electronic Patient Care Reporting Software  
Proposal Number: BC-11-20-07-07  
Opening Date: Tuesday, November 20, 2007 at 2:00 PM

I. INTRODUCTION

Leon County requests proposals from qualified firms or individuals for a web-hosted Emergency Medical Services (EMS) Electronic Patient Care Reporting (ePCR) Software System for Leon County. The ePCR System should be a provider web-hosted solution in addition to having a web-based mobile software version that can run in online or offline mode.

II. GENERAL INSTRUCTIONS:

- A. The response to the proposal should be submitted in a sealed addressed envelope to:

*Proposal Number: BC-11-20-07-07  
Purchasing Division  
2284 Miccosukee Road  
Tallahassee, FL 32308*

- B. An ORIGINAL and five (5) copies of the Response must be furnished on or before the deadline. Responses will be retained as property of the County. **The ORIGINAL of your reply must be clearly marked "Original" on its face and must contain an original, manual signature of an authorized representative of the responding firm or individual,** all other copies may be photocopies.
- C. Any questions concerning the request for proposal process, required submittals, evaluation criteria, proposal schedule, and selection process should be directed to Keith Roberts or Don Tobin at (850) 606-1600; FAX (850) 606-1601; or e-mail at [robertsk@leoncountyfl.gov](mailto:robertsk@leoncountyfl.gov) or [tobind@leoncountyfl.gov](mailto:tobind@leoncountyfl.gov). Written inquiries are preferred.

All prospective Offerors are hereby instructed not to contact any member of the Board of County Commissioners, County Administrator, or Leon County staff member other than the contact persons listed above regarding this solicitation or their submittal at any time prior to the final evaluation and recommended ranking by County staff for this project. Any such contact shall be cause for rejection of your submittal.

- D. **Special Accommodation:** Any person requiring a special accommodation at a Pre-Bid Conference or Bid/RFP opening because of a disability should call the Division of Purchasing at (850) 606-1600 at least five (5) workdays prior to the Pre-Bid Conference or Bid/RFP opening. If you are hearing or speech impaired, please contact the Purchasing Division by calling the County Administrator's Office using the Florida Relay Service which can be reached at 1(800) 955-8771 (TDD).
- E. **Offeror Registration:** Offerors who obtain solicitation documents from sources other than the Leon County Purchasing Division or Demandstar.com **MUST** officially register with the County Purchasing Division in order to be placed on the planholders list for the solicitation. This list is used for communications from the County to prospective Offerors. Also, Offerors should be aware that solicitation documents obtained from sources other than those listed above may be drafts, incomplete, or in some other fashion different from the official solicitation document(s). Failure to register as a prospective Offeror through the Purchasing Division or online through Demandstar.com may cause your submittal to be rejected as non-responsive.

As a convenience to vendors, Leon County has made available via the internet lists of all registered planholders for each bid or request for proposals. The information is available online at <http://www.leoncountyfl.gov/Purchasing/Bid.asp> by simply clicking the planholder link to the right of the respective solicitation. A listing of the registered vendors with their telephone and fax numbers is designed to assist vendors in preparation of their responses.

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- F. Proposers are expected to carefully examine the scope of services, and evaluation criteria and all general and special conditions of the request for proposals prior to submission. Each Vendor shall examine the RFP documents carefully; and, no later than seven (7) calendar days prior to the date for receipt of proposals, he shall make a written request to the Owner for interpretations or corrections of any ambiguity, inconsistency, or error which he may discover. All interpretations or corrections will be issued as addenda. The County will not be responsible for oral clarifications.

Only those communications which are in writing from the County may be considered as a duly authorized expression on the behalf of the Board. Also, only those communications from firms which are in writing and signed will be recognized by the Board as duly authorized expressions on behalf of proposers.

- G. Your response to the RFP must arrive at the above listed address no later than November 20, 2007 at 2:00 PM to be considered.
- H. Responses to the RFP received prior to the time of opening will be secured unopened. The Purchasing Agent, whose duty it is to open the responses, will decide when the specified time has arrived and no proposals received thereafter will be considered.
- I. The Purchasing Agent will not be responsible for the premature opening of a proposal not properly addressed and identified by Proposal number on the outside of the envelope/package.
- J. It is the Proposers responsibility to assure that the proposal is delivered at the proper time and location. Responses received after the scheduled receipt time will be marked "TOO LATE" and may be returned unopened to the vendor.
- K. The County is not liable for any costs incurred by bidders prior to the issuance of an executed contract.
- L. Firms responding to this RFP must be available for interviews by County staff and/or the Board of County Commissioners.
- M. The contents of the proposal of the successful firm will become part of the contractual obligations.
- N. Proposal must be typed or printed in ink. All corrections made by the Proposer prior to the opening must be initialed and dated by the Proposer. No changes or corrections will be allowed after proposals are opened.
- O. If you are not submitting a proposal, please return the form attached at the end of the RFP, marked 'No Proposal'.
- P. The County reserves the right to reject any and/or all proposals, in whole or in part, when such rejection is in the best interest of the County. Further, the County reserves the right to withdraw this solicitation at any time prior to final award of contract.
- Q. Cancellation: The contract may be terminated by the County without cause by giving a minimum of thirty (30) days written notice of intent to terminate. Contract prices must be maintained until the end of the thirty (30) day period. The County may terminate this agreement at any time as a result of the contractor's failure to perform in accordance with these specifications and applicable contract. The County may retain/withhold payment for nonperformance if deemed appropriate to do so by the County.

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- R. Public Entity Crimes Statement: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
  
- S. Certification Regarding Debarment, Suspension, and Other Responsibility Matters: The prospective primary participant must certify to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency and meet all other such responsibility matters as contained on the attached certification form.
  
- T. Licenses and Registrations: The contractor shall be responsible for obtaining and maintaining throughout the contract period his or her city or county occupational license and any licenses required pursuant to the laws of Leon County, the City of Tallahassee, or the State of Florida. Every vendor submitting a bid on this invitation for bids shall include a copy of the company's local business or occupational license(s) or a written statement on letterhead indicating the reason no license exists. Leon County, Florida-based businesses are required to purchase an Occupational License to conduct business within the County. Vendors residing or based in another state or municipality, but maintaining a physical business facility or representative in Leon County, may also be required to obtain such a license by their own local government entity or by Leon County. For information specific to Leon County occupational licenses please call (850) 488-4735.

If the contractor is operating under a fictitious name as defined in Section 865.09, Florida Statutes, proof of current registration with the Florida Secretary of State shall be submitted with the bid. A business formed by an attorney actively licensed to practice law in this state, by a person actively licensed by the Department of Business and Professional Regulation or the Department of Health for the purpose of practicing his or her licensed profession, or by any corporation, partnership, or other commercial entity that is actively organized or registered with the Department of State shall submit a copy of the current licensing from the appropriate agency and/or proof of current active status with the Division of Corporations of the State of Florida or such other state as applicable.

Failure to provide the above required documentation may result in the bid being determined as non-responsive.

U. Audits, Records, And Records Retention

The Contractor shall agree:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
  
2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the

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records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.

3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(l)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

V. Monitoring

To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.

Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the County, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the County; and (3) the termination of this contract for cause.

W. Local Preference in Purchasing and Contracting

1. Preference in requests for proposals. In purchasing of, or letting of contracts for procurement of, personal property, materials, contractual services, and construction of improvements to real property or existing structures for which a request for proposals is developed with evaluation criteria, a local preference of the total score may be assigned for a local preference, as follows:
  - a) Individuals or firms which have a home office located within Leon, Gadsden, Wakulla, or Jefferson County, and which meet all of the criteria for a local business as set forth in this article, shall be given a preference in the amount of five percent.
  - b) Individuals or firms which do not have a home office located within Leon, Gadsden, Wakulla, or Jefferson County, and which meet all of the criteria for a local business as set forth in this article, shall be given a preference in the amount of three percent.
2. Local business definition. For purposes of this section, "local business" shall mean a business which:
  - a) Has had a fixed office or distribution point located in and having a street address

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within Leon, Gadsden, Wakulla, or Jefferson County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and

- b) Holds any business license required by Leon County, and, if applicable, the City of Tallahassee; and
- c) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

- 3. Certification. Any vendor claiming to be a local business as defined, shall so certify in writing to the Purchasing Division. The certification shall provide all necessary information to meet the requirements of above. The Local Vendor Certification Form is enclosed. The purchasing agent shall not be required to verify the accuracy of any such certifications, and shall have the sole discretion to determine if a vendor meets the definition of a "local business."

**X. Planholders**

As a convenience to vendors, Leon County has made available via the internet lists of all registered planholders for each bid or request for proposals. The information is available on-line at <http://www.leoncountyfl.gov/Purchasing/Bid.asp> by simply clicking the planholder link to the right of the respective solicitation. A listing of the registered vendors with their telephone and fax numbers is designed to assist vendors in preparation of their responses.

**Y. Addenda To Specifications**

If any addenda are issued after the initial specifications are released, the County will post the addenda on the Leon County website at <http://www.co.leon.fl.us/purchasing/>. For those projects with separate plans, blueprints, or other materials that cannot be accessed through the internet, the Purchasing Division will make a good faith effort to ensure that all registered bidders (those vendors who have been registered as receiving a bid package) receive the documents. It is the responsibility of the vendor prior to submission of any proposal to check the above website or contact the Leon County Purchasing Division at (850) 606-1600 to verify any addenda issued. The receipt of all addenda must be acknowledged on the response sheet.

**Z. Unauthorized Alien(s)**

The Contractor agrees that unauthorized aliens shall not be employed nor utilized in the performance of the requirements of this solicitation. The County shall consider the employment or utilization of unauthorized aliens a violation of Section 274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324a). Such violation shall be cause for unilateral termination of this Agreement by the County. As part of the response to this solicitation, please complete and submit the attached form "AFFIDAVIT CERTIFICATION IMMIGRATION LAWS."

**III. SCOPE OF SERVICES:**

**A. INTENT OF RFP**

Leon County, Florida has issued this Request for Proposals (RFP) for the purpose of engaging an appropriate Contractor to provide Emergency Medical Services (EMS) Electronic Patient Care Reporting Software (ePCR) for Leon County. The ePCR System should be a

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web-hosted solution in addition to having a web-based mobile software version that can run in online or offline mode.

**B. PARTIES**

Leon County intends to evaluate respondents on the basis of detailed adherence to specifications and guidelines. Proposals must identify any subcontractor relationships and indicate that the prime Contractor assumes total responsibility for all aspects of performance under the agreement.

**C. AWARD**

Leon County reserves the right to award or not award in its best interest.

**D. TERM**

The term of the Agreement will be for three (3) years, with a projected starting date of February 1, 2008 and may be renewed annually thereafter at Leon County's option, unless the County provides written notice of non-renewal to the Contractor no less than thirty (30) days prior to the expiration date of the then current term.

**E. FUNCTIONAL REQUIREMENTS**

1. Leon County requires that the software solution be a web enabled ePCR Reporting System in addition to having a web-based mobile software version that can operate in online or offline mode.
2. Automatic Service Level and ICD-9 coding built within the system.
3. Paramedics and EMTs must be able to submit the completed ePCR to the hosted web site. In addition, the ePCR must be able to be completed online at the hosted web site.
4. Supervisors should be able to view the ePCR as it is being worked on by Paramedics/EMTs in real-time. For ease of use, all navigation within the ePCR should be accessible on one page.
5. The ePCR System must be on a Monthly Subscription pricing based on an average of 30,000 calls that Leon County completes each year. This price must include Maintenance & Support (including all upgrades), Training; Mobile licenses, and Interfaces.
6. The software must have the ability to retrieve all documentation supporting the call: EKG, Images, Run data, CAD data, Audit trail. The Medical Necessity algorithm must be designed around CMS compliance.
7. The new software must generate EMS reporting required by the State of Florida (Attachment A), and be EMSTARS compliant. The ePCR data fields must be modified to meet EMSTARS compliance.
8. Leon County requires that the vendor be National EMS Information System (NEMSIS) Gold compliant.
9. Leon County requires the software to be capable of capturing electronic signatures for all Patient Care Records to include "transports" and "refusals". In addition, these signature captures must be available with multiple form completion. CAD data must be

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able to auto-populate to the form, with staff completing information that is unique to each patient.

10. The field software must be able to import the Medtronic EKG 12 lead, pulse ox, pulse, blood pressure, and CO2 to the Patient Care Record and populate the appropriate fields.
11. The mobile software must be able to attach additional files and the web version must have an option to upload files. The attachments should be associated with the appropriate Patient Care Record. The software must have the ability to scan or accept other associated documentation supporting the call to make everything electronic: Face sheets, Insurance cards, PCS forms, etc.
12. The software solution must have the functionality to interface with the EMS RightCAD (Zoll Data) application and provide real-time comparisons of CAD incidents to ePCR data to ensure timely and accurate capture of all ambulance runs.
13. The software vendor must provide integration to our CAD interface. The software must have the functionality to interface with our CAD application, providing real-time comparison of CAD incidents to ePCR data to ensure timely and accurate capture of all ambulance runs.
14. A designated person at each of the two (2) Leon County Hospitals must be able to view their own reports. Capital Regional Medical Center (CRMC) should be able to login to the hosted website and retrieve only their Patient Care Records. Tallahassee Memorial Hospital (TMH) should be able to login to the hosted website and retrieve only their Patient Care Records.
15. EMS provides TMH with a data extract file that has a .csv (comma separated value) format, which is compared to a file that TMH generates from Star. The comparison is a measure taken to ensure that Leon County EMS is only sending EMS data on patients that were actually transferred by EMS to TMH. Once this comparison is complete, TMH generates a final file known as a comparison file, which is made available for EMS retrieval and this is uploaded to our billing vendor Advanced Data Processing. Leon County requires that the vendor provide the programming necessary to complete this data extraction process.
16. The Patient Care Records must be encrypted on the hardware and at the hosted website before, during and after the transmission. The hosted website must be using a secure http connection.
17. The new software solution must provide integration to third party billing systems. Leon County currently uses Advanced Data Processing. Leon County requires an existing integration to ADPI billing. ADPI should be able to access ONLY their billing reports through the hosted website.
18. Leon County requires that their Medical Protocols be loaded locally on the same toughbooks. The Medical Protocols do not have to be a part of the ePCR system.
19. Leon County requires a quality assurance module for the new software solution. The Medical Director must be able to review individual Patient Care Records online and send comments via a secure messaging system to the appropriate individuals. This information must be tracked and allow the individuals to respond to the comments. This process should be separate from the patient care record so that quality improvement information is not made a part of the medical record.

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- 20. All staff should be able to start a ePCR on one computer and finish on another. For ease of use, all navigation within the ePCR should be accessible on one page and have a built in image of the human body to indicate injuries. The ePCR must have an auto-generation of "Standardized" Narratives and the ability to create a different narrative for the different types of calls.
- 21. All system reports should be printable to PDF or exported to Microsoft Excel or XML. In addition, Leon County requires the ability to schedule exports. The ePCR system must have the ability to store report filters which will allow ease of access for commonly run reports.
- 22. The pre-hospital data collected in the field must be integrated to CAD. Reporting functionality should support medical operations, billing and regulatory reporting. The ePCR System should be able to compare dispatch calls to patient care reports collected in the field. In addition to standard reports, the ePCR System should provide customized reporting.
- 23. Supervisors must be able to login to the hosted website and view their own individual reports and messages.
- 24. The connection to the hosted website must be obtainable through a wireless connection via air card in addition to a hard-wired ethernet connection. When using an air card wireless connection, the ePCR software must be able to connect to the hosted web site through the following service providers: Verizon, Sprint, and AT&T.
- 25. Leon County requires that access to the ePCR System be available at a minimum of 98.5% per year. In addition, the proposer must describe a plan for scheduled versus unscheduled maintenance to the ePCR System.
- 26. The ePCR software must be compatible with the Panasonic CF 19 Toughbook Windows XP Tablet Edition. The CF 19 has the Intel Core Duo Processor U2400 1.06 Ghz (Centrino), 10.4" XGA with Digitizer, 80 GB Hard Drive, 1GB RAM, Intel 802.11 a+b+g, dual pass through, TPM1.2, Bluetooth. The ePCR software must also be compatible with other applications that are installed on the same toughbook such as visual basic based software. Leon County currently uses an in-house program, TLCViewer, that was developed using ESRI using map objects and has plans to install another software application, called Wireless Information System for Emergency Responders (WISER). WISER is an electronic guidebook to help emergency responders access information instantly following hazardous-materials spills and chemical fires. (<http://wiser.nlm.nih.gov>).
- 27. Leon County requires the following reporting:
  - A. Medic Utilization – The report indicates how many times a medic has been on a call and how long they spent on the call. This is an aggregate report for a specified period of time.
  - B. Crew Utilization – The report indicates how many times a crew has been on a call and how long they spent on the call. This is an aggregate report for a specified period of time.
  - C. Skill Proficiency - For IV, Endotracheal Intubation, King Airway and others, this report indicates how many times the skill was attempted and how many times it was completed successfully as a service and by individual Paramedic/EMT.

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- D. Cardiac Arrest (Utstein Reporting) - This is data collected to track cardiac arrest results. The data collected is listed below.
- Type of cardiac arrest
  - Previous treatment
  - Bystander help
  - Defibrillation
  - Implanted device
  - Witnessed arrest
  - Rhythm
  - Chest compressions
  - Defibrillation attempts
  - Ventilation
  - Drugs
  - Return of spontaneous circulation
  - Hospital admission
  - Discharged alive
- E. Treatment and Medication Utilization - This report shows how many times a treatment or medication is performed by service and by individual Paramedic/EMT.
- F. Response Time (Average) - The overall average of the response time within a specified time period for a specific type of call.
- G. Response Time (Fractile) - This is the response time for a specific time period broken down into minute increments by percentage for specific types of calls.
- H. Destination Summary - Total and percentage of calls and what was a final disposition of those calls. Dry runs, transported routine, transported emergency, etc.
- I. Disposition - Destination summary.
- J. Nature of Call (Dispatched) - The nature of call broken down into dispatch categories.
- K. Nature of Call (On Scene) - The nature of call broken down into categories as found on scene.
- L. Treatment Exceptions - When certain treatments fall outside of accepted protocol.
- M. Florida EMS Data Set (See Attachment A)
- N. Exception Report - This report would pull the following fields from the CAD and compare them to the data in the ePCR software.
1. Date
  2. Pickup time
  3. Vehicle number
  4. Run number
  5. Run Status
  6. Pickup Location
  7. Destination

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**IV. REQUIRED SUBMITTALS:**

To assure consistency, proposals must conform to the following format:

**Table of Contents  
Sections**

- A. Introduction
- B. System Features
- C. System Requirements
- D. Support/Installation
- E. Backup/Contingency Plan
- F. Cost
- G. Training
- H. Warranty
- I. References
- J. Qualifications
- K. MWBE

The following explains what we expect in each of the major sections:

**A. INTRODUCTION**

In addition to the following listed items, this section should an overview letter containing your understanding of the County's needs and objectives.

- 1. Firm name, business address and office location, telephone number, contact information.
- 2. If a Joint Venture, list participating firms and outline specific areas of responsibility (including administrative, technical, and financial) of each firm.
- 3. Address of the office that is to perform the work.
- 4. The age of the firm, brief history, and average number of employees over the past five years.

**B. SYSTEM FEATURES**

This section shall address all the system features as described under Section III, E. Functional Requirements. Please address each item as numbered in that section. Any exceptions must be detailed.

**C. SYSTEM REQUIREMENTS**

This section shall address the complete list of system requirements. This list must include all hardware/software within which the system operates, or which are required or suggested for operation.

**D. SUPPORT/INSTALLATION**

This section shall address the type of support that the vendor is willing to provide to the County, with relation to the installation and set-up of the system. Firm should commit to delivering to the County a completed, to specifications, Electronic Patient Care Reporting System. The implementation of the ePCR system should be complete in 4 months or less from the time the contract is awarded. In addition, System Application support should be

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available 24 hours a day, 7 days a week.

**E. BACKUP/CONTINGENCY PLAN**

This section should address your contingency plan in case the servers go down or there is an interruption in service. Provide a list of any backup generators, server redundancy, replication, failover, and disaster protection. A copy of the organizations continuity of operations plan should be included.

**F. COST**

This section should address and list all system components and their respective costs, including software maintenance costs and any recommended options. Costs associated with upgrades should be noted. Response time for service/maintenance calls should also be addressed.

**G. TRAINING**

This section should address what level of training on the system the vendor will provide to the County. Associated costs should be outlined in "F" above.

**H. WARRANTY/MAINTENANCE**

This section should address the length of warranty that is provided with the system and detail what the warranty covers. Also, please provide detailed information on any continuing maintenance programs offered and costs thereof. Associated costs should be outlined in "F" above.

**I. REFERENCES**

This section should provide a list of organizations of similar size and complexity as Leon County for whom you have perform similar services. List projects which best illustrate the experience of the firm and current staff which is being assigned to this project providing the following information. (List no more than 10 projects, nor projects which were completed more than five (5) years ago.)

1. Name and location of the project
2. The nature of the firm's responsibility on this project
3. Project Owner's representative name, address, phone and fax number
4. Your project manager and other key professionals involved and specify the role of each
5. Summary of Project

**J. QUALIFICATIONS**

1. Give brief resume of key persons from your firm to be assigned to the project including but, not limited to:
  - a. Name & Title
  - b. Job assignment for other projects
  - c. Percentage of time to be assigned full time
  - d. How many years of related experience with this firm and with other firms
  - e. Specific Related Experience
    - 1) Types of projects and scope of projects
    - 2) What was the specific project involvement?
  - f. Education

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- g. Other experience and qualifications that are relevant to this project
- 2. List all outside consulting personnel if any, who will actually participate on the engagement. Indicate the experience of each in providing the particular service they will be assigned to perform and give the respective specialty of the firm.
- K.. Provide acknowledgment of Minority/Women Business Enterprise and Equal Employment Policies and level of M/WBE participation (forms attached).

**V. SELECTION PROCESS**

- A. The County Administrator shall appoint an Evaluation Committee composed of three to five members who will review all proposals received on time, and select one or more firms for interview based on the responses of each proposer. All meetings of Evaluation Committees subsequent to the opening of the solicitation shall be public meetings. Notice of all meetings shall be posted in the Purchasing Division Offices no less than 72 hours (excluding weekends and holidays) and all respondents to the solicitation shall be notified by facsimile or telephone.
- B. The Evaluation Committee will recommend to the Board of County Commissioners (BCC), in order of preference (ranking), up to three (3) firms deemed to be most highly qualified to perform the requested services.
- C. The BCC will negotiate with the most qualified firm (first ranked firm) for the proposed services at compensation which the BCC determines is fair, competitive, and reasonable for said services.
- D. Should the BCC be unable to negotiate a satisfactory contract with the firm considered to be fair, competitive and reasonable, negotiations with that firm shall be formally terminated. The County shall then undertake negotiations with the second most qualified firm. Failing accord with the second most qualified firm the Board shall terminate negotiations. The BCC representative shall then undertake negotiations with the third most qualified firm.
- E. Should the County be unable to negotiate a satisfactory contract with any of the selected firms, the Board representative shall select additional firms to continue negotiations.
- F. The selections committee members will review the responses to the RFP and rank them according to the criteria below. The rankings from each member will be averaged and the three highest averaged rankings will be asked to make an on-site demonstration of their product.

The selection criteria are:

1.	Experience of Vendor and its Staff	25 points
2.	ePCR Software (mobile and web-based)	25 points
3.	Project Approach and Quality of Response to RFP	15 points
5.	References	5 points
6.	ePCR Reporting	15 points
7.	Minority Business Enterprise Participation	10 points
8.	Local Preference	5 points
Total		100 points

**VI. INDEMNIFICATIONS:**

The Contractor agrees to indemnify and hold harmless the County from all claims, damages,

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liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this agreement by the Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense. The Contractor acknowledges that ten dollars (\$10.00) of the amount paid to the Contractor is sufficient consideration for the Contractor's indemnification of the County.

The Firm shall be liable to the County for any reasonable costs incurred by it to correct, modify, or redesign any portion of the project previously reviewed by the Firm that is found to be defective or not in accordance with the Contract Document and provisions of this agreement as a result of negligent act, error or omission on the part of the Firm, its agents, servants, or employees. The Firm shall be given a reasonable opportunity to correct any deficiencies.

**VII. MINORITY/WOMEN BUSINESS ENTERPRISE AND EQUAL OPPORTUNITY POLICIES**

**A. Minority/Women Business Enterprise Requirements**

It is the policy of the Leon County Board of County Commissioners to institute and maintain an effective Minority/Women Business Enterprise Program. This program shall:

1. Eliminate any policies and/or procedural barriers that inhibit M/WBE participation in our procurement process.
2. Established goals designed to increase M/WBE utilization.
3. Provide increased levels of information and assistance available to M/WBEs.
4. Implement mechanisms and procedures for monitoring M/WBE compliance by prime contractors.

Each bidder is strongly encouraged to secure M/WBE participation through purchase of those goods or services to be provided by others. Firms responding to this RFP are hereby made aware of the County's goals for M/WBE utilization. Respondents should contact Gary W. Johnson, Leon County M/WBE Director, at phone (850) 606-1650; fax (850) 606-1651 for additional information. Respondents must complete and submit the attached Minority/Women Business Enterprise Participation Plan form. **Failure to submit the form will result in a determination of non-responsiveness for your proposal.**

As a part of the selection process for this project, the ranking procedure will provide a maximum of ten (10) percent of the total score where M/WBE's are used as follows:

<u>M/WBE Participation Level</u>	<u>Points</u>
The respondent is certified as a Minority/Woman Business Firm with Leon County, as defined in the County's M/WBE policy.	10
The respondent is a joint venture of two or more firms/individuals with a <i>minimum participation in the joint venture</i> of at least 20% by certified minority/women business firms/individuals.	8
The respondent has certified that a minimum of 15.5% of the ultimate fee will be subcontracted to certified M/WBE Firm(s), and has identified in the proposal the M/WBE Firm(s) that it intends to use.	6

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B. Equal Opportunity/Affirmative Action Requirements

The contractors and all subcontractors shall agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.

For federally funded projects, in addition to the above, the contractor shall agree to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

In addition to completing the Equal Opportunity Statement, the Respondent shall include a copy of any affirmative action or equal opportunity policies in effect at the time of submission.

VIII. INSURANCE

*Bidders' attention is directed to the insurance requirements below. Bidders should confer with their respective insurance carriers or brokers to determine in advance of bid submission the availability of insurance certificates and endorsements as prescribed and provided herein. If an apparent low bidder fails to comply strictly with the insurance requirements, that bidder may be disqualified from award of the contract.*

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. *The cost of such insurance shall be included in the Contractor's bid.*

1. Minimum Limits of Insurance. Contractor shall maintain limits no less than:
  - a. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
  - b. Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage. (Non-owned, Hired Car).
  - c. Workers' Compensation and Employers Liability: Insurance covering all employees meeting Statutory Limits in compliance with the applicable state and federal laws and Employer's Liability with a limit of \$500,000 per accident, \$500,000 disease policy limit, \$500,000 disease each employee. Waiver of Subrogation in lieu of Additional Insured is required.

2. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

3. Other Insurance Provisions The policies are to contain, or be endorsed to contain, the

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following provisions:

- a. General Liability and Automobile Liability Coverages (County is to be named as Additional Insured).
  1. The County, its officers, officials, employees and volunteers are to be covered as insureds as respects; liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protections afforded the County, its officers, officials, employees or volunteers.
  2. The Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance of self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
  3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the county, its officers, officials, employees or volunteers.
  4. The Contractor's insurance shall apply separately to each insured against whom claims is made or suit is brought, except with respect to the limits of the insurer's liability.
- b. All Coverages

Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the County.

4. Acceptability of Insurers. Insurance is to be placed with insurers with a Best's rating of no less than A:VII.
5. Verification of Coverage. Contractor shall furnish the County with certificates of insurance and with original endorsements effecting coverage required by this clause. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the County before work commences. The County reserves the right to require complete, certified copies of all required insurance policies at any time. Certificates of Insurance acceptable to the County shall be filed with the County prior to the commencement of the work. These policies described above, and any certificates shall specifically name the County as an additional Insured and shall contain a provision that coverage afforded under the policies will not be canceled until at least thirty (30) days prior to written notice has been given to the County.

Cancellation clauses for each policy should read as follows: *Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Certificate Holder named herein.*

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- 6. Subcontractors. Contractors shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

**IX. TRAVEL EXPENSES**

Consultant travel which is not covered within the scope of the consultant's contract and which is billed separately to the County on a cost reimbursement basis must receive prior approval and will be reimbursed in accordance with the Leon County Travel Policy. Travel expenses shall be limited to those expenses necessarily incurred in the performance of a public purpose authorized by law to be performed by the Leon County Board of County Commissioners and must be within limitations described herein and in Ch. 112.06, Florida Statutes. Consultants and contractors, traveling on a cost reimbursement basis, must have their travel authorized by the department head from whose budget the travel expenses will be paid and the County Administrator

**X. ETHICAL BUSINESS PRACTICES**

- A. Gratuities. It shall be unethical for any person to offer, give, or agree to give any County employee, or for any County employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or performing in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, subcontract, or to any solicitation or proposal therefor.
- B. Kickbacks. It shall be unethical for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.
- C. The Board reserves the right to deny award or immediately suspend any contract resulting from this proposal pending final determination of charges of unethical business practices. At its sole discretion, the Board may deny award or cancel the contract if it determines that unethical business practices were involved.

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PROPOSAL RESPONSE COVER SHEET

This page is to be completed and included as the cover sheet for your response to the Request for Proposals.

The Board of County Commissioners, Leon County, reserves the right to accept or reject any and/or all bids in the best interest of Leon County.

Keith M. Roberts, Purchasing Director

C.E. DePuy, Jr., Chairman  
Leon County Board of County Commissioners

This bid response is submitted by the below named firm/individual by the undersigned authorized representative.

BY \_\_\_\_\_  
(Firm Name)

BY \_\_\_\_\_  
(Authorized Representative)

\_\_\_\_\_  
(Printed or Typed Name)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

**ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)**

Addendum #1 dated \_\_\_\_\_ Initials \_\_\_\_\_  
Addendum #2 dated \_\_\_\_\_ Initials \_\_\_\_\_  
Addendum #3 dated \_\_\_\_\_ Initials \_\_\_\_\_

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STATEMENT OF NO BID

We, the undersigned, have declined to respond to the above referenced RFP for the following reasons:

- \_\_\_\_\_ We do not offer this service
  - \_\_\_\_\_ Our schedule would not permit us to perform.
  - \_\_\_\_\_ Unable to meet specifications
  - \_\_\_\_\_ Others (Please Explain)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

We understand that if the no-bid letter is not executed and returned, our name may be deleted from the list of qualified bidders for Leon County.

Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Name (Print/Type) \_\_\_\_\_

Telephone No. \_\_\_\_\_

FAX No. \_\_\_\_\_

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**AFFIDAVIT CERTIFICATION  
IMMIGRATION LAWS**

Leon County will not intentionally award County contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 A(e) {Section 274a(e) of the Immigration and Nationality Act ("INA").

Leon County may consider the employment by any Contractor of Unauthorized Aliens a violation of Section 274A(e) of the INA. **Such violation by the Recipient of the employment provision contained in Section 274A(e) of the INA shall be ground for unilateral cancellation of the contract by Leon County.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Personally known \_\_\_\_\_  
NOTARY PUBLIC

OR Produced identification \_\_\_\_\_  
Notary Public - State of \_\_\_\_\_

\_\_\_\_\_  
(Type of identification) My commission expires: \_\_\_\_\_

Printed, typed, or stamped  
commissioned name of notary public

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.

**LEON COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION,  
AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

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MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION PLAN

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**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT**

1. The contractors and all subcontractors hereby agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.
2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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INSURANCE CERTIFICATION FORM

To indicate that Bidder/Respondent understands and is able to comply with the required insurance, as stated in the bid/RFP document, Bidder/Respondent shall submit this insurance sign-off form, signed by the company Risk Manager or authorized manager with risk authority.

A. Is/are the insurer(s) to be used for all required insurance (except Workers' Compensation) listed by Best with a rating of no less than A:VII?

YES  NO

Commercial General Liability: Indicate Best Rating: \_\_\_\_\_  
Indicate Best Financial Classification: \_\_\_\_\_

Business Auto: Indicate Best Rating: \_\_\_\_\_  
Indicate Best Financial Classification: \_\_\_\_\_

Professional Liability: Indicate Best Rating: \_\_\_\_\_  
Indicate Best Financial Classification: \_\_\_\_\_

1. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

YES  NO

Indicate Best Rating: \_\_\_\_\_  
Indicate Best Financial Classification: \_\_\_\_\_

If answer is NO, provide name and address of insurer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the Respondent able to obtain insurance in the following limits (next page) as required for the services agreement?

YES  NO

Insurance will be placed with Florida admitted insurers unless otherwise accepted by Leon County. Insurers will have A.M. Best ratings of no less than A:VII unless otherwise accepted by Leon County.

Required Coverage and Limits

The required types and limits of coverage for this bid/request for proposals are contained within the solicitation package. Be sure to carefully review and ascertain that bidder/proposer either has coverage or will place coverage at these or higher levels.



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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
And OTHER RESPONSIBILITY MATTERS  
PRIMARY COVERED TRANSACTIONS**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b) Have not within a three-year period preceding this been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and
  - d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
3. No subcontract will be issued for this project to any party which is debarred or suspended from eligibility to receive federally funded contracts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contractor/Firm

\_\_\_\_\_  
Address



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**Attachment A**

**Florida EMS Data Set (The software must be able to do reporting on the following fields)**

Number	Data Element Name	Element Type	Category
E02_04	Type of Service Requested	National	Unit/Agency Information
E02_06	Type of Dispatch Delay	National	Unit/Agency Information
E02_07	Type of Response Delay	National	Unit/Agency Information
E02_08	Type of Scene Delay	National	Unit/Agency Information
E02_09	Type of Transport Delay	National	Unit/Agency Information
E02_10	Type of Turn-Around Delay	National	Unit/Agency Information
E02_20	Response Mode to Scene	National	Unit/Agency Information
E05_01	Incident or Onset Date/Time	State	Times
E05_02	PSAP Call Date/Time	National	Times
E05_03	Dispatch Notified Date/Time	State	Times
E05_04	Unit Notified by Dispatch date/time	National	Times
E05_05	Unit En Route Date/Time	National	Times
E05_06	Unit Arrived on Scene Date/Time	National	Times
E05_07	Arrived at Patient Date/Time	National	Times
E05_09	Unit Left Scene Date/Time	National	Times
E05_10	Patient Arrived at Destination date/time	National	Times
E05_11	Unit Back in Service Date/Time	National	Times
E05_12	Unit Cancelled Date/Time	State	Times
E05_13	Unit Back at Home Location date/time	National	Times
E06_11	Gender	National	Patient
E06_12	Race	National	Patient
E06_13	Ethnicity	National	Patient
Number	Data Element Name	Element Type	Category
E06_14	Age	National	Patient

Number	Data Element Name	Element Type	Category
E08_01	Other EMS Agencies on Scene	State	Scene
E08_06	Mass Casualty Incident	National	Scene
E08_07	Incident Location Type	National	Scene
E08_15	Incident ZIP Code	National	Scene
E09_01	Prior Aid	National	Situation
E09_02	Prior Aid Performed by	National	Situation
E09_04	Possible Injury	National	Situation
E09_11	Chief Complaint Anatomic Location	National	Situation
E09_12	Chief Complaint Organ System	National	Situation
E09_13	Primary Symptom	National	Situation
E09_14	Other Associated Symptoms	National	Situation
E09_15	Providers Primary Impression	National	Situation
E09_16	Providers Secondary Impression	National	Situation
E10_01	Cause of Injury	National	Situation/Trauma
E10_03	Mechanism of Injury	National	Situation/Trauma
E11_01	Cardiac Arrest	National	Situation/CPR
E11_02	Cardiac Arrest Etiology	National	Situation/CPR
E11_03	Resuscitation Attempted	National	Situation/CPR
E11_04	Arrest Witnessed by	State	Situation/CPR
E11_05	First Monitored Rhythm of Patient	State	Situation/CPR
E11_06	Any Return of Spontaneous Circulation	State	Situation/CPR
E12_01	Barriers to Patient Care	National	Medical History
E12_10	Medical/Surgical History	State	Medical History
E12_19	Alcohol/Drug Use Indicators	National	Medical History
E14_03	Cardiac Rhythm	State	Assessment/Vital Signs
E14_04	SBP(Systolic Blood Pressure)	State	Assessment/Vital Signs
E14_05	DBP(Diastolic Blood Pressure)	State	Assessment/Vital Signs
E14_07	Pulse Rate	State	Assessment/Vital Signs
E14_09	Pulse Oximetry	State	Assessment/Vital Signs

E14_11	Respiratory Rate	State	Assessment/Vital Signs
E14_12	Respiratory Effort	State	Assessment/Vital Signs
E14_13	Carbon Dioxide	State	Assessment/Vital Signs
E14_14	Blood Glucose Level	State	Assessment/Vital Signs
E14_19	Total Glasgow Coma Score	State	Assessment/Vital Signs
E14_20	Temperature	State	Assessment/Vital Signs
E14_22	Level Of Responsiveness	State	Assessment/Vital Signs
E14_23	Pain Scale	State	Assessment/Vital Signs
E18_02	Medication Administered Prior To this Units EMS Care	State	Intervention/Medication
E18_03	Medication Given	National	Intervention/Medication
E18_07	Response to Medication	State	Intervention/Medication
E18_08	Medication Complication	National	Intervention/Medication
E19_01	Date/Time Procedure Performed Successfully	State	Intervention/Procedure
E19_02	Procedure Performed Prior to this Units EMS Care	State	Intervention/Procedure
E19_03	Procedure	National	Intervention/Procedure
E19_05	Number of Procedure Attempts	National	Intervention/Procedure
E19_06	Procedure Successful	National	Intervention/Procedure
E19_07	Procedure Complication	National	Intervention/Procedure
E19_08	Response to Procedure	State	Intervention/Procedure
Number	Data Element Name	Element Type	Category
E19_13	Tube Confirmation	State	Intervention/Procedure
E19_14	Destination Confirmation of Tube Placement	State	Intervention/Procedure
E20_02	Destination/Transferred to, Code	State	Disposition
E20_10	Incident/Patient Disposition	National	Disposition
E20_14	Transport Mode from Scene	National	Disposition
E20_15	Condition of Patient at Destination	State	Disposition

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E20_16	Reason for Choosing Destination	National	Disposition
E20_17	Type of Destination	National	Disposition
E22_01 Linkage	Emergency Department Disposition	National	Outcome and
E22_02	Hospital Disposition	National	Outcome and Linkage