

Emergency Medical Services Authority



Request for Information

RFI # C17-029

Sole Provider of Poison Control Services for California

The Emergency Medical Services Authority (EMSA) is seeking information from prospective service providers. Prospective service providers are invited to review and respond to this Request for Information (RFI). To submit a response to this RFI, you must comply with the instructions contained in this document.

Read the attached document carefully. **The RFI due date is December 15, 2017 at 3:00 PM Pacific Standard Time.** Responses to this RFI and any required copies must be submitted to the department contact noted below by mail, in person, or email.

Department Contact:

Emergency Medical Services Authority
10901 Gold Center Drive
Rancho Cordova, CA 95670
Attn: Lisa Vigil, Contracts Analyst

lisa.vigil@emsa.ca.gov

Direct any questions regarding this RFI to [Lisa Vigil](mailto:lisa.vigil@emsa.ca.gov), Contracts Analyst at lisa.vigil@emsa.ca.gov.

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I. General Information

EMSA is seeking information from prospective service providers interested in serving as the sole provider of poison control services for the State of California. The information provided will assist EMSA in determining the following:

1. If a service provider is interested in being selected as the sole provider of services;
2. If a service provider is capable of providing the types of services listed;
3. If services can be provided statewide; and
4. A service provider's experience, capabilities for rapid response, and cost effectiveness to California.

Issuance of this RFI does not create or impose any obligation on EMSA or the State of California to award any contract(s) or establish a pool of qualified service providers in connection with any funding opportunity or program described herein.

Background and Purpose

EMSA's mission is to prevent injuries, reduce suffering, and save lives by developing standards for and administering an effective statewide coordinated system of quality emergency medical care and disaster medical response that integrates public health, public safety, and healthcare.

EMSA is mandated by Health and Safety Code (HSC) § 1798.97 and § 1798.180 – 1798.183 to designate and establish minimum standards for the operation of California's Poison Control System (CPCS), which is comprised of multiple Poison Control Centers (PCC). The PCCs are certified by the American Association of Poison Control Centers (AAPCC) as regional poison centers, and defined as organizations which provide the following services to a region which it has been designated to serve:

1. Poison information, telephone management advice and consultation about toxic exposures;
2. Hazard surveillance to achieve hazard elimination; and
3. Professional and public education in poison prevention, diagnosis and treatment.

In accordance with California Code of Regulations (CCR), Title 22, Division 9, Chapter 9 Poison Control Center Regulations (Attachment A), the CPCS protects the health of Californians by providing immediate, uninterrupted, high quality emergency telephone advice to the public and health professionals for poisonous or hazardous substances exposures. Callers receive information and treatment advice from pharmacists, physicians, nurses, and poison information providers through a toll free hotline accessible 24-hours a day, 7 days a week. Services

also include providing poison prevention and care information through various educational programs to the public and professional groups.

II. Response Requirements

This section contains instructions for the submission of the RFI. Failure to comply with the RFI instructions may cause the RFI to be deemed non-compliant and non-responsive, thus ineligible for consideration. It is the Respondent’s responsibility to provide all necessary information for the State to evaluate the response, verify requested information, and determine their ability to perform the tasks and activities defined in the Scope of Work (Attachment B).

The Respondent must provide the following:

1. Completed Attachment C (Service Provider Response)

A. Format

Format	<p>Font: 12-point, Arial (excluding Excel files, original template headers and footers, and commitment or support letters)</p> <p>Margins: One inch on all sides (excluding headers and footers)</p> <p>Spacing: Single-spaced, with a blank line between each paragraph</p> <p>Pages: Numbered and printed double-sided (when determining page limits, each printed side of a page counts as one page)</p> <p>Signatures: Manual (i.e., not electronic)</p> <p>Labeling: Tabbed and labeled</p>
Page Limits	Applications shall not exceed 12 pages. Appendices are not included in this page limit.
Number of Copies of the RFI	<p>Two (2) hard copies mailed (including one copy with original signatures).</p> <p>Must email one (1) electronic version of RFI including all attachments.</p>

B. Submission of Information

All submissions and required copies must be submitted to the EMSA contact (noted below) by **December 15, 2017 at 3:00 PM Pacific Standard Time.**

Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6056
Attn: Lisa Vigil, Contracts Analyst

lisa.vigil@emsa.ca.gov

It is the sole responsibility of the Respondent to contact the Department Contact to verify receipt of the submitted RFI. Information received after the RFI due date are not valid regardless of the circumstances causing the late submittal.

C. Qualifications

It is the responsibility of the Respondent to ensure that their RFI response contains sufficient information to clearly demonstrate to EMSA its service capabilities.

III. RFI Service Provider Response Content

EMSA is requesting prospective service providers to respond with information on their resources, capabilities, experience, and qualifications. The information required to respond to this RFI is included in the Service Provider Response (Attachment C).

The response to the RFI will be used to evaluate responsiveness to requirements. The response must include any additional information the Respondent deems necessary to explain how the Respondent intends to meet the State's requirements.

IV. Review of Information

This RFI is for informational purposes and responses will not be scored. EMSA may, at its discretion, use information submitted in this RFI to identify entities that are potentially qualified to perform the required functions. EMSA may also use the information to develop a Request for Proposal (RFP), or an Invitation for Bid (IFB), or both, for poison control services to begin as early as July 1, 2018. The RFI will be distributed to a wide base of service providers in order to obtain industry representation. It is not intended that this RFI process constitute a portion of the contracting process, therefore, any participation is strictly voluntary. Conversely, failure to participate in the process will not reflect adversely upon any service provider, but may provide information regarding interest level that does not result in an RFP or IFB.

Attachment A – Poison Control Regulations

Attachment A – Poison Control Regulations

**California Code of Regulations
Title 22, Social Security
Division 9, Prehospital Emergency Medical Services
Chapter 9, Poison Control Center Regulations**

Please Note: The California Code of Regulations Title 22, Division 9, Chapter 9 will be included in this RFI by reference to Internet site:

<http://www.emsa.ca.gov/Media/Default/PDF/regs9.pdf>

Attachment B - Scope of Work

EMSA is seeking information on the provision of support for California Poison Control Services. Criteria for these services are as follows:

1. Service Provider Responsibilities:

Telephone Advice on Exposures to Poisonous or Hazardous Substances

- Poison control services must be immediately accessible by a direct incoming telephone system for the public and health professionals within the area, 24/7, 365 days a year.
- The service provider must be able to:
 - Serve the entire California population (39.3 million as of January 1, 2016), with an anticipated annual human exposure/information call volume of 340,000;
 - Answer all calls including exposures, information requests, and consultations;
 - Provide treatment advice and assistance to the public at no cost;
 - Provide interpretation in multiple languages to accommodate the communities being served;
 - Maintain the capability of accepting calls from hearing and/or speech impaired callers;
 - Maintain poison information resources, and maintain access to journal articles and published studies regarding medical toxicology; and
 - Accommodate primary and secondary answering locations in unique geographic areas for redundancy.

Public Information and Education

- The service provider must be able to develop and provide poison prevention and care information to the public and health professionals, including physicians, nurses, and prehospital emergency medical services personnel, through various educational programs.

2. Staffing Requirements

Medical Director

- Each designated system/PCC must have a medical director who is a licensed physician/surgeon and has a minimum of two years postgraduate training in clinical toxicology and/or a minimum of three years clinical experience in the last five years in toxicology or poison information sciences, and who devotes

a minimum of ten percent of their practice to treating poisoned patients. The medical director must be able to:

- Provide medical director services outside normal business hours, including weekends and holidays;
- Participate in professional medical education programs;
- Assist the Specialist(s) in Poison Information (SPI) with treatment and triage protocols;
- Approve treatment and triage protocols written and updated by the program director;
- Review the quality assurance program;
- Consult with physicians on the treatment of poisoned patients; and
- Review specialty consultants' qualifications and approve or disapprove the consultation services applicants.

Program Director

- Each designated PCC must have a program director who is a licensed pharmacist, physician or registered nurse, and has a minimum of two years postgraduate training in clinical toxicology and/or a minimum of three years clinical experience in the last five years in toxicology and/or poison information sciences, and a minimum of two years experience in the administration of a health related program. Duties of the program director must be coordinated with the medical director. The program director must be able to:
 - Supervise the PCC's organization, staff, funding, and quality assurance;
 - Determine and ensure the availability of staff;
 - Develop and update treatment and triage protocols approved by the medical director;
 - Develop and/or approve poison oriented health education programs for the public and health professionals, and coordinate with local emergency medical services agencies;
 - Develop and maintain a data collection system; and
 - Assist the SPIs with treatment and triage protocols.

Specialist(s) in Poison Information

- Each designated PCC must have SPIs who are licensed pharmacists, physicians, or registered nurses, and have training or experience in toxicology and poison information sciences. The SPIs must be able to:
 - Answer incoming calls, evaluate the poison exposure history, provide management information, and determine the necessity for additional medical consultation;
 - Update poison information files;

- Teach poison oriented health education programs; and
- Provide direct on-site supervision to Poison Information Provider(s) (PIP).

Specialty Consultant(s)

- Each designated PCC must have a qualified specialty consultant(s) trained and/or experienced to provide specialized toxicology information related to poisonings encountered in the area serviced by the PCC. The specialty consultant(s) must be able to:
 - Provide consultation services on an on-call basis, and maintain a written agreement, updated annually, with the PCC to provide these services.

Poison Information Provider(s)

- Each designated PCC may have PIPs who are unlicensed personnel, sufficiently trained in reading, understanding, and transmitting poison information, and serving the public hotline. The PIPs must be:
 - Under the direct on-site supervision of SPIs.

3. Development and Maintenance of a Quality Assurance Program

- A PCC must have a Quality Assurance Program that includes at a minimum:
 - Case review of deaths where consultation was provided;
 - Case review and critique of a sample of cases;
 - Screenings of poisoning and exposure cases by type of poison; and
 - Direct monitoring of a sample of calls or tape recordings of calls.

4. Development and Maintenance of a Poisoning Data Collection and Reporting System for Case Records

- A PCC must implement a data management system capable of collecting poison information data, which must be available from PCC case records.
 - The data, including the number of incoming calls from the public and health professionals inside and outside of the service area, categorized by county, must be submitted to EMSA on a quarterly basis.
 - Success stories, statistical data, and other supporting information must be provided to EMSA for grant reporting.

Attachment C – Service Provider Response

Interested service providers must provide a response for each item.

Current PCC providers must complete all sections. Non-PCC providers must complete Sections 1 and 3.)

<u>Section 1</u>			
I. Organization Contact			
1.1	Organization:	Name	
		Address	
1.2	Contact Person:	Name	Title
		Phone Number	Email Address
II. General			
2.1	If this funding opportunity became available, would you submit a proposal?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
III. Experience			
3.1	Identify your organization type (e.g., PCC, hospital, non-profit, etc.).		
3.2	What types of service does your organization provide?		
3.3	How long has your organization provided these services?		

3.4	What is the geographical service area and level of population served by your organization?
IV. Qualifications and Certifications	
4.1	<p>Does your organization currently comply with California's PCC responsibilities as defined in CCR § 100329?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p> <p>Describe the responsibilities currently not met, if any.</p>
4.2	<p>Does your organization currently comply with California's PCC staffing requirements as defined in CCR § 100330?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p> <p>Describe the staffing requirements currently not met, if any.</p>
4.3	<p>Does your organization currently comply with California's quality assurance program requirements as defined in CCR § 100331?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p> <p>Describe the program requirements currently not met, if any.</p>

<p>4.4</p>	<p>Does your organization currently comply with California’s data collection requirements as defined in CCR § 100332?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p> <p>Describe the collection requirements currently not met, if any.</p>
<p>4.5</p>	<p>Is your organization certified by the AAPCC?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, indicate the criteria necessary to meet this certification.</p>

Section 2

V. Services (Telephone)

<p>5.1</p>	<p>How many poison related human exposure calls does your organization receive annually?</p>
<p>5.2</p>	<p>What is the ratio of staff to the annual population served (number of calls per year, per staff)?</p>
<p>5.3</p>	<p>In the event of a communications technology issue, including a natural disaster, does your organization have a disaster backup and recovery plan established?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>If yes, explain how the telephone system is equipped to handle this.</p>

Section 3

VI. Services (Public Information and Education)

6.1	<p>Does your organization provide poison or other health related education, prevention, and treatment to educational groups?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe your organization's experience.</p>
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VII. Data Collection and Software

7.1	<p>Does your organization collect and track poison or other health related data?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, identify the type of data collected, and include how this data is documented.</p>
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7.2	<p>Does your organization use software (e.g., Poisindex) for identifying poisonous/toxic substances or other health related concerns?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, identify the software used and describe the use.</p>
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VIII. Cost Effectiveness

8.1	<p>What is the annual cost per staff member (number of staff, per total budget)?</p>
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<p>8.2</p>	<p>Does your organization conduct any associated fundraising activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide a description of these activities, and identify the entities involved.</p>
<p>8.3</p>	<p>What are the estimated costs of the annual price escalation factors?</p>
<p>8.4</p>	<p>Does your organization develop and evaluate alternative methods for providing poison or other related services, with the goal of maximizing the efficiency and cost-effectiveness of staffing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe the methods used.</p>
<p>IX. Additional Information</p>	
<p>9.1</p>	<p>Provide any other information you deem appropriate.</p>

Signature of Authorized Representative

Date

Printed Name of Representative

Title of Representative