

## **1. Response Time Standards (Section 2.3)**

The RFP requests that proposals specify intended response times for "Priority 1 (life-threatening) calls and Priority 2 (non-emergencies)." In 2025, Monroe County Emergency Communications transitioned from the Priority-based dispatch system to a medical priority dispatch protocol utilizing the following classifications: ALS Red, ALS Green, BLS Red, and BLS Green.

**Clarification Requested:** Will the Town accept response time standards structured according to Monroe County's current ALS Red/Green and BLS Red/Green classifications, or does the Town require proposals to revert to the Priority 1/Priority 2 framework? We seek confirmation that aligning our response metrics with the county's active dispatch system will not render our proposal non-responsive.

**Town of Parma Response:** The Town will accept response time standards structured according to Monroe County's current ALS Red/Green and BLS Red/Green Classifications. It is understood that this change occurred at the County level and is the new standard for prioritizing emergency response.

## **2. Patient Outcomes Reporting (Section 2.6)**

Section 2.6 requires monthly reporting to include "patient outcomes, complaint resolutions, and quality metrics (e.g., survival rates for cardiac arrests)." We wish to clarify the scope and methodology for patient outcomes reporting.

**Clarification Requested:** Currently, the regional EMS data management system does not support automated aggregated patient outcome reporting across all call types. While providers can request individual outcome data on specific case types (such as cardiac arrest cases) through manual hospital follow-up, no automated mechanism exists for comprehensive outcomes tracking. Please confirm whether the Town expects: (a) manual, case-by-case outcome tracking for specified high acuity incidents (e.g., cardiac arrest, stroke, trauma), or (b) a broader automated outcomes reporting system. If the latter, please advise on the Town's preferred data sources and reporting methodology.

**Town of Parma Response:** For purposes of this Proposal, the Town expects: manual, case-by-case outcome tracking for specified high acuity incidents (e.g., cardiac arrest, stroke, trauma). It is envisioned during the contract period that these metrics could be modified in order to produce a more meaningful monthly report.

### **3. Community Event Participation (Section 2.7)**

Section 2.7 identifies mandatory participation in 19 named community events annually, including multiple-day events such as the Hilton Fire Department Carnival (four days), Hilton Apple Fest (two days), and six football games.

**Clarification Requested:** Please clarify the following:

**Staffing Level:** What is the expected level of service for each event (e.g., fully staffed ALS ambulance on standby, BLS unit, or single EMT with medical equipment)?

**Resource Allocation:** When event standby is required, should the provider deploy the dedicated district ambulance (potentially leaving the district temporarily without coverage) or provide a separate additional unit?

**Compensation Structure:** Will standby services be included within the base contract amount, or will they continue to be billed separately on a fee-for-service basis as some currently are?

#### **Town of Parma Response:**

**Staffing Level:** The level of service expected would be a BLS unit.

**Resource Allocation:** The provider should supply a separate additional unit for the events.

**Compensation Structure:** The additional services should be listed as separate line items in the proposal and will be billed separately on a fee-for-service basis.

### **4. Transition Plan (Section 2.8)**

Section 2.8 requires a "transition plan" including "seamless handover from current providers, including data transfer and training (within 60 days of award)."

**Clarification Requested:** Please confirm the intended scope and timing of the transition plan. Specifically:

Is the transition plan required for the initial contract implementation (January 1, 2027, startup), or is it intended to address a future change of vendor scenario (e.g., following subsequent RFP at contract end)?

If applicable to initial implementation, what current provider(s) will be involved in the transition, and what specific data systems, protocols, and training documentation require handover?

**Town of Parma Response:** It was envisioned that the transition plan would be utilized for both incoming and outgoing providers for both contract beginning and end. For purposes of this proposal the incoming provider during initial implementation would have 60 days from Notice of award (Tentative November 1, 2026) to review all available data and information from the previous service provider in order to provide a seamless transition on January 1, 2027 (anticipated contract execution date). It is understood that some data sources could be proprietary and may not be available for review, the provider should execute their best judgement and best practices if this situation is encountered. In this case the previous service provider for the service area discussed in this RFP is primarily Monroe Ambulance