

**Proposed RFP Questions Tracking Form**  
**Last Updated: September 30, 2009**

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Section 4.4 m/s	09-15-09	SJRCM	Are these duplicative?	Item S deleted
Section 4.4x.4	09-15-09	SJRCM	Question is "what is the percentage of compliance with call-in procedures? Is this only for trauma surgeons?"	No. It is for all on-call personnel.
Section 5.37 Page 29	09-15-09	SJRCM	You are requesting the hospital provide an on call neurosurgical backup schedule..... Question? The ACS manual (page 45) states this it is "ideal" but does not state anywhere it is requires. It further states if the volume is low (less than 25 emergency neurotrauma cases (excluding intracranial pressure monitors) over a 24 month period) this is not essential. Are you requesting more than what the ACS is requiring? Please clarify?	Adding second sentence - "This is not required if the trauma center applicant projects that fewer than 25 emergency neurosurgical trauma procedures (excluding intracranial pressure monitors) will be done within 24 hours of admission per year".
Exhibit 8 & 9	09-15-09	SJRCM	You are requesting a listing of the Trauma CME hours for Anesthesiologists and Radiologists – Trauma CME hours are not required for these two specialties under the ACS standards? Can you please clarify?  Also in the footnote on the other specialty exhibits you state the minimum number of hours is 20 yet the standard calls for 16 hours every two years – are you requiring more than the standard calls for through ACS?	Specialists other than general surgery, orthopedic surgery, neurosurgery, and emergency medicine are "encouraged to participate in trauma –related CME activities on a regular basis" (Resources, page 112). SJRCM will propose alternative language.  Change to 16 hours per year
Appendix 7 Page 34	09-15-09	SJRCM	Section 1 is requesting the signature of the medical director of the General Surgery department. We have none of our general surgeons taking trauma call and have a fully separate trauma call panel. We also do not have a general surgery department. Why is it necessary to obtain a signature for section 1 given these facts?	This is a requirement in Title 22, Section 100259 (a) (5) (a).
General Question	09-15-09	SJRCM	The RFP asks for actual written transfer policies. The FAQ from the ACS states" Hospitals are not required to have actual transfer agreements (legal documents) however, must have a written plan. Will this suffice?	No. Transfer agreements are required by Title 22, Section 100259 (e) (5).
General Question	9-23-09	VCMC	If an East County hospital application from Los Robles or another hospital is not approved, what would be the next course of action? Would there be a possibility that a West County hospital be considered for the designation for the East County?	This has not been determined and would be done in consultation with the Trauma Working Group, and will likely require revision of the Trauma Plan including Board of Supervisor and State EMSA approval.
Appendix 3 Page 14	9-23-09	VCMC	What is supposed to go on the line for "Authorized Representative?"	Authorized Representative is the signature line. From left to right it is date, location, facility name, signature,

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Non-Collusion Affidavit			There is already a line for signature, name, and title.	address, printed name, city, title.
Page 42 8c	9-23-09	VCMC	The RFP states that Ventura EMS has the right to terminate the Agreement for "Failure, for any reason, by Contractor to meet the ninety percent (90%) for response by the trauma surgeon to Tier 1 trauma patients within any two quarters in any twelve month period" Why is the standard in the RFP 90% when the American College of Surgeons' standard is 80%, according to CD 2-6 (Green Book, page 19?)	Change to 80%
Exhibit 3 Page 53 General Surgeons, footnote 3  Also located in Exhibit 5, 6, 7, 8 and 9	9-23-09	VCMC	The RFP states that, "The criteria state that all surgeons who staff the trauma service must have a minimum of twenty (20) hours of Category I or II trauma-related continuing medical education every two (2) years with at least 50% of this being extramural." Why is the standard in the RFP 20 hours when the American College of Surgeons; standard is 16 hours annually, or 48 hours in 3 years of verifiable external trauma-related CME according to CD 6-13 (Green Book, page 39)? Nowhere is a 50% extramural standard listed in the Green Book. Will the requirements for a Ventura County trauma hospital designation be beyond ACS standards?	Change to 16 hours per year  Delete extramural.
Appendix 8 Page 36 Data Elements, e3	9-23-09	VCMC	Please define "major trauma"	This is defined in section d. on that page.
Page 18	9-23-09	VCMC	Are the numbers for 4.2.2 and 4.2.1 reversed, or is this the correct order?	Number reversed in error, no change needed
Appendix 8 Page 36 Data Elements, c	9-23-09	VCMC	Is there a standard way of calculating the average occupancy rate by month? What is the formula we should use?	Daily occupancy rate, as reported to the hospitals governing body, reported as a monthly mean.
Appendix 8 Page 36 Data Elements, e1	9-23-09	VCMC	VCMC does not have a separate surgical ICU. Should we put "not applicable" in this box or should we include average length of stay for our overall ICU?	e1 - change to – "Trauma patients in the ICU" e2 - delete "post-surgical ICU" e3 - change "Total major trauma victims" to number e2.
General Question	9-23-09	LRHMC	Throughout the document, there is reference to policies which have not been finalized and the hospital has not yet	Draft copies of Policy 1400, 1401, 1402, 1403, and 1405 are included in the County Trauma Plan and updated

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			seen. These include Ventura County EMS Policies 1401, 1403 and 1405. It is unclear whether or not policies 1402 and 1404 exist. Can you please clarify when these policies will be finalized and how the hospitals will be included in the process of development and approval of policies?	versions will be available on our website. Currently there is not a Policy 1404. These policies have been reviewed by the TWG and EMS will present final versions by November 1, 2009.
Appendix 4 4.1.1e	9-23-09	LRHMC	Is the description related to the length of time the Proposer has been providing services described in the RFP meant in the general sense or for services provided at the level now being requested/proposed by the County?	Services as a general acute care hospital treating trauma patients.
Appendix 4 4.1.10d/e	9-23-09	LRHMC	Can you provide clarification on what is being asked related to hospital to hospital communication and dedicated telephone lines with referring institutions and public safety dispatch centers?	Delete items d and e
Appendix 4 4.4x	9-23-09	LRHMC	For this section and any others related to contract/agreements to the following would be true: If a contract with a third party is required to be disclosed or provided to the County, it may be necessary to redact the names of the contracting parties and the financial terms of such contracts based on confidentiality provisions within the contract. Please clarify if this would be acceptable since the content of the contract would be provided.	This would be acceptable.
Appendix 4 4.7.2	9-23-09	LRHMC	Allowing paramedic students and paramedics to perform procedures on hospital patients creates a risk management issue and medical liability issue for both the hospital and the physicians involved. Can you clarify how this will be handled?	Professional education is required by both Title 22 and the ACS COT. Please refer to Policy 1406.
Appendix 4 4.9.5	9-23-09	LRHMC	Is compliance with VCEMSA Policy 410 sufficient to meet this requirement?	No
Appendix 6 6.3	9-23-09	LRHMC	This statement does not make sense, please clarify the request. This obligation of the hospital with both state and federal agencies is to provide inpatient medical care until patient no longer meets acute criteria and can be discharged home or to an appropriate level of care. Is the County requesting something different?	LRHMC will be submitting proposed language modification.
Appendix 6 6.7	9-23-09	LRHMC	Please clarify what information you are looking for in this statement. We will be able to provide aggregate de-	It appears that the disclosures would be OK under HIPAA because of its exception for "health oversight

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			identifiable patient data but will be limited on what can be provided based on HIPAA and CA privacy laws. What "other data" in the statement are you referring to?	activities" (45 CFR 164.512(d)), which permits disclosures to a "health oversight agency" for activities necessary for oversight of, among other things, "entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards." A similar exception is available under the state Confidentiality of Medical Information Act (Civ. Code sec. 56.10(c)(5)). In either event, the trauma center and EMS should be able to cooperate on each requested disclosure of information to ensure that all disclosures are in accordance with the confidentiality rules.
Appendix 6 6.9 and 6.10	9-23-09	LRHMC	Please clarify why this information is necessary. It is unclear why this would be necessary if we are providing financial statements in 4.1.1g to show organization viability to support a trauma program. The information requested in 6.9 and 6.10 is proprietary and the organization prefers not to disclose it.	<p>6.9 This information helps the County support the trauma system's viability over time. If the hospital does not feel this language is adequate, they can edit the statement so that the wording is something they can support. Be certain to use track changes. LRHMC will be submitting proposed language modification.</p> <p>6.10 The County is responsible for ensuring the charges are fair since the trauma system creates a monopoly. If the hospital does not feel this language is adequate, they can edit the statement so that the wording is something they can support. Be certain to use track changes. LRHMC will be submitting proposed language modification.</p>
Appendix 6 6.13	9-23-09	LRHMC	This statement should be reworded to allow the hospitals to make their best effort to maintain services but there may be cases where physician and/or non-physician providers can not be retained through this transition. Can this be clarified to allow for these types of circumstances?	Change 6.13 to "If unsuccessful in a future request for proposals for designation as a Level II trauma center, use best efforts to continue to operate as a Level II trauma center at the level that is in place at the time of the subsequent RFP or application, during any appeal or legal challenge, and the start-up period for the new trauma center.
Appendix 6 6.14	9-23-09	LRHMC	See Clarification questions on 4.7.2 Hospitals can allow observation but practice/treatment of hospital patients will create risk management and liability issues.	This is a VC EMS requirement for trauma center designation. Training of healthcare providers is an essential part of a sustainable high quality trauma care system. We are available to assist in your planning

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				efforts. See Policy 1406.
Appendix 8 Fiscal Impact E and F	9-23-09	LRHMC	Similar to questions related to 6.9 and 6.10. Please clarify why this information is necessary. It is unclear why this would be necessary if we are providing financial statements in 4.1.1g to show organization viability to support a trauma program. The information requested in E and F is proprietary and the organization prefers not to disclose it.	See answers for 6.9 and 6.10. LRHMC will be submitting proposed language modification.
Appendix 9 9.3	9-23-09	LRHMC	Non-surgical specialists listed in 5.9.4 need only be available for consultation. Therefore, there will not be a call schedule for these specialties. Please clarify what information you are looking for here.	Change 9.3 to "List all non-surgical specialists available as shown in Section 5.9.4 of the trauma center standards (Appendix 5).  Change 5.9.4 on page 26 to read "Available for consultation, per Policy 1406"
Appendix 9 9.4	9-23-09	LRHMC	Emergency physicians are in house and therefore will not have a call schedule. Please clarify what information you are looking for here.	Change to "work schedule"
Appendix 10 3	9-23-09	LRHMC	Please clarify the language "may at its sole option decide to place Contractor on probation of discontinue Contractor's designation as a trauma center." Termination should be for cause as stated in part 8 or without cause as stated in part 10 only. Why is this statement included in part 3?	The intent is to clearly state the authority of the County relative to trauma center designation. If the hospital wants this language changed, please submit changes as described on page 40 of the RFP.
Appendix 10 8c	9-23-09	LRHMC	This conflicts with section 5.32 on page 29. Should this not be the same as 5.32 which is the ACOS standard?	Yes. Changed to 80%.
Appendix 10 11	9-23-09	LRHMC	This statement is similar to what is found 6.13. It should be reworded to allow the hospitals to make their best effort to maintain services but there may be cases where physician and/or non-physician providers can not be retained through this transition. Can this be clarified to allow for these types of circumstances?	Yes. Addressed in response to question on 6.13.
Appendix 10 22	9-23-09	LRHMC	Similar to questions related to 6.9, 6.10 and Fiscal Impact E and F. Please clarify why expenditure data is necessary. The expenditure information is proprietary. Also, patient data will be limited to aggregate de-identifiable information	See responses to question on 6.9 and 6.10.  The disclosures are allowable under HIPAA because of its exception for "health oversight activities" (45

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			to ensure compliance with HIPAA and CA privacy laws.	CFR 164.512(d))
Appendix 10 23	9-23-09	LRHMC	Please clarify why the County would need a copy of Contractor's non-patient administrative records and what information this would entail. Similar to questions related to 6.9, 6.10 and Fiscal Impact E, F and 22 above. The information is proprietary.	The County as the designator of the trauma center can legally be given patient specific information and be in compliance with HIPAA and CA privacy laws. For QI patient specific information is required. If the hospital wants this language changed, please submit changes as described on page 40 of the RFP.
Appendix 10 24	9-23-09	LRHMC	Inspection of records for level of patient care is reasonable. However, please explain the needs "to audit, examine, copy and/or make excerpts or transcripts from such records, and to make audits of all invoices, materials, payrolls, records of personnel, information regarding patients receiving services, and other data related to all matters covered by this agreement" All of these records are proprietary.	The hospital is providing a service for the County. The hospital is not functioning independently in this designation rather as a conduit of the County. That means that County has liability for all aspects of the care provided to trauma patients. If the hospital wants this language changed, please submit changes as described on page 40 of the RFP.
Exhibit 2	9-23-09	LRHMC	In both paragraphs, please see the following sentence: "As owner of this material, Ventura County Emergency Medical Services Agency shall have the absolute right to disseminate the information contained therein as it deems proper." Information should be disseminated as required by law. Can you clarify?	The intent of the provision is to make clear that the trauma centers will not have the right to object to otherwise lawful disclosures of the RFP response materials by EMS. EMS would not be authorized to release the information in violation of the law. JP
Appendix 4 4.1.2	9-30-09	SJRCM	May hospitals with more than one campus include resources available at another campus in their response to 4.1.2?	ACS CD 2.2 requires that "Trauma center must be able to provide on their campus the necessary human and physical resources to properly administer acute care consistent with their level of verification.  Resources provided on a separate campus in response to 4.1.2, must be clearly identified as a second campus.