

**Functional Specification  
and  
Scope of Work  
for the Fully Integrated  
Records Management System (RMS)**

City of Santa Monica  
Request for Proposal (RFP)



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# 1. INTRODUCTION

The City of Santa Monica provides this functional specification and scope of work to define the requirements for the fully integrated electronic Records Management System (RMS) platform for the Santa Monica Fire Department (SMFD), with initial emphasis on the electronic Patient Care Record system (ePCR). The system must integrate with various client, staff, and event information data, and provide access to billing systems and collection services, as well as provide a tablet-based mobile application to be deployed within the corporate boundaries of the City. In addition to fire prevention, inspection, and suppression services, the SMFD provides basic and advanced Emergency Medical Services (EMS) programs to serve the medical care needs of the community through highly trained, certified personnel, utilizing the latest EMS technology. This is the continuous level of critical service that our community has come to know and expect. SMFD desires an integrated Records Management System (RMS) that will:

- Fully support the ePCR system
- Integrate with third party ambulance companies [e.g. Americare],
- Connect data with local hospitals and the Los Angeles County Emergency Medical System Authority (EMSA).
- Reports sent to the National Fire Incident Reporting System (NFIRS) and California Fire Incident Reporting System (CFIRS) shall be Trauma Emergency Medicine Information System (TEMIS), California Emergency Medical Services Information System (CEMSIS), and National Emergency Medical Services Information System (NEMSIS V3) compliant.
- Maintain confidentiality and security of patient data in accordance with the Health Insurance Portability & Accountability Act (HIPAA).
- Provide timely and accurate collection of patient care data
- Collect fire investigation data
- Interface to Incident Reports
- Support company level fire inspection data and billing
- Collect hydrant maintenance data
- Interface to the Target Solutions database records
- Contain a Station Log of daily activities
- Provide improved and accurate reporting of patient care and incident data
  - (a) Standard Reporting
  - (b) Ad-Hoc Reporting
  - (c) Identify cost recovery for billing purposes
  - (d) Meet EMS Quality Improvement demands

NOTE: Hardware and software indicated in square brackets [ ] are just examples, and will need review by the Santa Monica Fire Department technology administrator.

## **2. FIRE DEPARTMENT CONTACTS**

The principal contacts with the City of Santa Monica Fire Department are Tom Clemo, Deputy Chief of Operations, and Michael McElvaney, Fire Captain and Paramedic Coordinator. They will serve as the Fire Department's Project Managers and will have overall responsibility and accountability for the project.

## **3. BACKGROUND**

The Santa Monica Fire Department provides Fire and Rescue services to approximately 90,000 thousand residents and many additional seasonal visitors. The Fire Department operates out of four Fire Stations and provides EMS response, treatment, and transport, averaging 13,500 calls for service annually. The Santa Monica Fire Department delivers the EMS through six Paramedic Advance Life Support (ALS) Engine Company's. Additional resources include a Platoon Commander, a two piece Basic Life Support (BLS) Truck Company (truck and light air unit), a Hazardous Materials Response Unit, an Aircraft Response Unit and an Urban Search and Rescue (USAR) Unit. Selective resources, used as needed, include four ALS Rescue Ambulances, two Polaris Medical Carts and three Bicycle Medic Teams (consisting of two members/bikes each). The Bicycle Teams work as an Assessment Unit and the Medical Carts can be staffed as either an ALS or Assessment Unit. EMS incidents account for 80% of the total fire department 9-1-1 requests. The EMS operations for all city special events are planned and staffed through the EMS Division. A portable, automated, and fully integrated patient data record system is critical to the support and efficiency of the Fire Department's EMS delivery system.

### **A. EMS Delivery Vehicles**

The Fire Department currently utilizes the following emergency medical service delivery vehicles:

- 6 ALS Paramedic Engines
- 1 Platoon Commander
- 1 BLS Truck Company
- 1 Hazardous Materials Response Vehicle
- 1 Aircraft Rescue Vehicle
- 1 USAR Vehicle
- 4 Rescue Ambulances
- 2 Medical Carts
- 3 Medic Bicycles

### **B. Current Billing, Permits, and Collections service providers:**

- EMS paper reports sent to Americare

- Inspection billing to NorthStar System
- Event payments tracked on Permits Plus

### **C. Current Systems:**

- EMBRS
- Fire Med Pro

### **D. Current Staffing Management Software [Telestaff by Kronos]**

### **E. Current Training Management Software [Target Solutions]**

### **F. Current CAD System is Public Safety Systems, Incorporated [PSSI]**

### **G. Inspections Module Interface: Fire, Hazmat, Billing Options**

### **H. Equipment and Maintenance Tracking and Costs**

## **4. REQUIREMENTS AND SCOPE OF WORK**

The RMS software system must minimize the duplication of data entry by Fire Department personnel. The front end user interface must permit rapid entry of critical data using a standard portable pad (Windows-based tablet and desktop) as part of the work flow during an EMS incident. Drop down, radio buttons and other standard programmed user functionality must be used to enhance the data entry process.

Provide a cost proposal separately identifying costs related to implementation and ongoing costs. Identify all costs to be billed to the project, including out-of-pocket expenses such as travel and office support.

### **A. General Requirements**

1. The system must have reporting capabilities that include a highly graphical business intelligence dashboard.
2. All parts of the RMS shall comply with a standard Operating System (OS) interface designs, except where deviating from standard interface elements provides a superior functionality and/or ease of use advantage.
3. The system will utilize Commercial Off-the-shelf software (COTS) whenever possible.

4. The RMS shall be HIPAA compliant. Protected Health Information (PHI) information, whether in transit or at rest, shall be encrypted within the entire system. Access to system data and the applications that utilize it shall be restricted to authorized users.
5. The RMS shall be compliant with standard systems [e.g. NEMESIS GOLD or Health Level Seven International - HL 7]
6. The RMS shall be capable of assigning ICD-9 billing codes and condition codes as specified by the Center for Medicare and Medicaid (CMS – previously known as HCFA).
7. The RMS shall utilize standard EMS terminology and practice references throughout but allow agencies to customize that terminology to best meet their needs.
8. The application shall visually indicate the user's current position within the patient report as well as the areas the user has not yet completed.
9. The RMS will auto-fill staff information including training, title, years with department, certificates, etc.
10. The RMS shall generate a Notice of Privacy Practices acknowledgement when requested (HIPAA requirement).
11. Users shall be able to manage multiple patient reports at the same time and be able to move easily from one report to another without loss of data in any report.
12. Users shall be able to call up reference documents (e.g. protocols, Standard Operating Procedures (SOP), etc.) while entering patient data, without losing any patient data. Users shall be able to move easily back and forth between reference materials and patient reports.
13. The RMS shall provide the capability to copy or move a patient care record from one crew to another within the agency.
14. The RMS shall provide an 'inbox' for managing all RMS data routed to an individual for completion, review or follow-up.
15. The RMS shall automatically deliver notification to individual users of new patient care records requiring completion, review or follow-up.
16. The RMS shall allow users to complete a patient care report with minimal training.
17. The system must be readily available, requiring no additional equipment, hardware/software, and be a Windows tablet-based solution with interconnected capability.
18. The system must be customizable, filters and parameters can be established per user.
19. Automatically change default time and date when time changes from Pacific Standard Time (PST) to Pacific Daylight Time (PDT) and back

## **B. Data Collection Requirements**

1. The RMS shall be able to capture historical patient records and display past records of users of the EMS system. The RMS shall maintain a frequent customer list such that if certain criteria are met, a patient's previously obtained information will pre-populate certain fields.
2. The RMS shall support patient data being entered in any order allowing the user to quickly document events as they unfold.
3. The RMS shall provide the option to upload incomplete patient care records to the server for checkout and completion at a later time with status noted.
4. The RMS shall be capable of electronically attaching information generated via other means to patient records (e.g. nursing home records, medication lists, Do Not Resuscitate (DNR) orders).
5. All events, procedures, medications, assessments, and vitals shall be time-stamped and include entry user identification.
6. The RMS shall offer drop-down lists or other appropriate screen objects such as radio buttons or check boxes whenever a pre-defined set of responses are possible for a given field, to include specific intervals or measurements. The RMS shall also include "bubble help" or "tool tips" at the data field level.
7. Provide for administrator-defined add-on help at all levels of data input.
8. The user interface shall allow the user to quickly move through lists including but not limited to scrolling, pre-fill, and auto fill.
9. Open-ended lists, such as medication lists, shall include a mechanism for manual data entry to allow the user to edit the field.
10. Open-ended or long lists, such as a standardized medication list and a medication reference guide, shall allow for rapid location of data with minimal keystrokes.
11. The correct city, state, and county shall be automatically filled upon entry of the zip code field in the patient record.
12. The RMS shall allow partial or estimated age if age is not available, for later completion.
13. The RMS shall include the ability to record and calculate multiple scores including, Glasgow Coma Scale (GCS), Los Angeles Pre-Hospital Stroke Screen (LAPSS) and Appearance; Pulse; Grimace; Activity; Respiratory effort (APGAR). Additionally, the user shall have the ability to add custom scores to the configuration.
14. The RMS shall capture signatures digitally (handwritten signature captured in digital format) and include them in patient records. Digitized signatures shall be included for provider, receiving facility, refusing patient, witness, hospital, medical control, EMS reviewer, controlled substance wastage, etc. Signature capture shall utilize the whole screen. Capture an electronic signature (or equivalent) that affirms "I certify the information on this patient care record is correct".

15. The RMS shall allow the crew to capture signatures as required by the Centers for Medicare & Medicaid Services (CMS) from both the crew and receiving facility when a patient is unable to sign.
16. The RMS shall support multiple, configurable disclaimers such as Patient Accept Care/Transport, Patient Accept Care/Refuse Transport, Patient Refuse Care/Transport, etc.
17. The RMS shall support multiple languages in all disclaimers requiring a signature, and capture signatures electronically.
18. The RMS shall provide ad hoc scratchpad functionality, allowing users to handwrite notes on the screen, which can be attached to the patient care record. Alternate data formats may be attached (e.g. Text, Voice, Pictures/Photos, and Video).
19. The RMS shall allow for addenda to be included in a patient record with date and time stamp.
20. Industry standard software security systems must be in place to protect HIPAA and PHI information. Data encryption must meet the HIPAA and PHI security standards. The vendor must also provide a written overview of how their security model meets the standards as required by both HIPAA and PHI.
21. The RMS must have the ability to capture common data elements such as the electrocardiogram (ECG)/defibrillator, 12-lead ECGs, blood pressure, heart rate, oxygen saturation, capnography, cardiopulmonary resuscitation (CPR) metrics and code summaries and attach to the patient care record.
22. Escalate a patient care record to the next approval level when it is not completed within the timeframe specified.
23. The software must allow for a customizable American Medical Association (AMA) form that can be electronically signed by the patient and witness.
24. The system will be able to scan a Driver's License for patient information

### **C. Completion Rule Requirements**

1. The RMS shall include rules that will be enforced prior to the completion of a patient care record ensuring required data is entered by the user.
2. The RMS shall give visual indications of incomplete reports to include an easily accessible list of missing items with hyperlinks back to the fields requiring input and to the creator regardless of assignment.
3. The RMS shall allow agencies to customize the rules a patient care record must comply with. This shall include the ability to enforce rules based on data already entered into the patient care record.
4. The RMS shall allow rules to be flagged as required or optional.
5. The RMS software must allow administrators to set record completion and closure (locking) criteria.

6. The RMS will include provisions for back-up of system and data collected.
7. Allow the user to flag or highlight important data for other users, and send a notification message to a specific user.

#### **D. Billing**

1. The RMS must contain the designated demographic and insurance fields necessary to provide exportable billing data to the department's EMS billing contractor.
2. The RMS must have the ability to schedule and send billing data to third party billing systems and outsourced ambulance billing providers directly and electronically in a format that meets their electronic reporting language requirements. The time and frequency of the billing export information must be modifiable by the department.
3. Determine Americare interface requirements.

#### **E. Data Interface Requirements**

1. Vendor will provide a data file in the format required by the Los Angeles County EMS Agency. The system will be designed in a way that if the file format changes by Los Angeles County, the system is capable of changing formats.
2. General compatibility with a Commercial Off-the-Shelf (COTS) RMS system.

#### **F. Workflow/Screen Process Requirements**

1. Users shall be able to move quickly (max 2 key/pen strokes) and intuitively from screen-to-screen within a patient care record.
2. The RMS shall provide a user defined workflow process to route completed calls to appropriate user groups and individuals for review and quality assurance evaluations.
3. The RMS shall allow agencies to customize the workflow process to meet their needs including the ability to uniquely route patient care records based on the data entered.
4. The RMS shall include the ability to reroute completed patient care records to other user groups or individuals outside of a predefined workflow process for correction, review or Quality Improvement (QI) reasons.
5. The RMS shall store all patient records in an archived state after they have completed the workflow process.
6. The RMS shall support recalling patient care records from the archived state so they can be routed through a temporary workflow process for correction, review or Quality Improvement (QI) reasons. After completing the temporary workflow process the patient care records will automatically be returned to an archived state.
7. Authorized users shall be able to add QI comments to patient care records based on their review of content. The QI comments shall be viewable by anyone with access to them but

only edited/deleted by the user that created them. There shall be a mechanism for providing QI feedback to individual users.

8. When adding QI comments a user shall also be able to add one or more QI markers (such as Protocol Not Followed or Signature Not Obtained) to categorize the comment. The QI markers shall be searchable, reportable and customizable by a system administrator.
9. The RMS shall support customizable access levels to users during different stages of the workflow process. Access levels shall include read-only, read/write and add addenda.
10. The system must allow users to query the data using a visual, drag and drop interface. The system must suggest to the user the best visualization types to use depending on the data the user desires to see.
11. The proposed solution must have a one-screen “point-n-click entry form. This form must have a way to tap and click for incidents, have signature capture capabilities, and be able to generate a report with said signature in PDF format.

## **G. Dashboard**

1. The system must allow users to publish and view dashboards on a secure website. Dashboards must be accessible to any web browser from any device via password.
2. The dashboard screen must have the ability for the administrator to view a full audit control of the incident from origin to archiving.
3. The dashboard must display Real-Time data.
4. The dashboard will contain National Fire Protection Agency (NFPA) 1710 Response Time Analysis, Dispatcher/Call Taker Analysis, Demand Analysis, Billing Information, Incident Location, Delivery Location, or any other key index the agency tracks.
5. Be able to collect and display patient monitoring data from external devices when used [e.g. continuous waveform capnography]
6. Display data in both plain text and using advanced graphical charts and graphical user interface (GUI) format.
7. Auto refresh to ensure the most up-to-date information is being displayed.
8. Be easily customizable to specific new needs.
9. The user must be able to combine visualizations into interactive dashboards (including custom drill down paths) that may be published securely to the organization.
10. Allow customizable flagging and display for specific types of calls: ST-elevation myocardial infarction (STEMI), Cardiac Arrest, Advanced Airways, etc.
11. Display a history of record changes by date and user who made changes.
12. Provide users with the ability to customize their own menus.

## H. Reporting/Searching Requirements

1. Searches and reports shall have the ability to group by Date and Time, Location, Geographic Information System (GIS) data, Trauma Category, Outcome, Call Type, Base or Receiving Hospital, Chief Complaints, Patient Demographics, or other categories.
2. Reporting system shall have the ability to mask or omit sensitive patient data in reports.
3. Allow search and display of a “Pre Patient Care Record” previously saved with an error indicator of incomplete.
4. The RMS shall provide the ability to automatically fax a completed report to the destination facility or to a specific department at the destination facility.
5. An exact copy of the printed patient care record shall be reproducible at any time after the report has been completed.
6. The RMS shall provide administrative reports that include data from the patient care records as well as corresponding dispatch and billing information.
7. The RMS shall include a user-configurable and user query-able reporting tool using standard reports [e.g. Crystal Reports] to provide both scheduled and on-demand reporting; and send reports via email on a scheduled basis.
8. The RMS shall allow users to search for patient care records based on multiple criteria including any entered data.
9. A patient care record shall include a thorough history of their life in the RMS including information about their creation, saving, checking out, completion, review, quality improvement, archival, etc.
10. The system must allow users to monitor compliance in key clinical/operational areas: protocol compliance (STEMI, cardiac, trauma, stroke, pediatric, other), performance time/contract compliance, medic skills, syndromic surveillance, billing documentation compliance, utilization, staffing.
11. The system must allow users to compare the performance of the organization to that of their peers across key clinical and operational metrics. Users must be able to customize the demographic to which they wish to compare performance.
12. The user must be able to combine visualizations into interactive dashboards (including custom drill down paths) that may be published securely to the organization.
13. The system must allow users to publish dashboards to a secure website. Dashboards must be accessible to any web browser from any device.
14. The reporting system must have the ability to export reports into common data formats [e.g. Microsoft Excel (XLS) spreadsheets, Crystal Reports, Word comma separated values (CSV)].
15. The system must allow the generation of user-defined reports for quality improvement analysis using all data fields. Reports must have a mechanism to link back to the original

patient care report. Quality improvement reports must be exportable to Excel and PDF formats as well as have the ability to schedule via email.

16. The system shall be able to automatically or user-defined, generate real-time electronic mail to various fire department personnel on defined departmental forms, such as:
  - a. All EMS personnel and individual EMS personnel
  - b. Procedures performed by an individual
  - c. By first responder company
  - d. By protocol
  - e. Treatments done
  - f. Medication given
  - g. Protocol compliance by individual or system
  - h. All time fields from time of call to available
  - i. By patient's name, address, incident address, social security number, unit, date of service
  - j. Cardiac arrest information
  - k. Medication dosages outside of protocol
  - l. Use of controlled medications

## **I. Integration and Interface Requirements**

1. The RMS shall support interfacing with third party systems. Telestaff, Target Solutions, Microsoft Outlook and current CAD data.
2. The RMS System will be capable of interfacing with the Microsoft Exchange to allow the importing of scheduled events into a station log
3. The rules for matching patient care records with dispatched trips shall be configurable based on a 'company' and/or vehicle type. This shall include the ability to configure some company's and/or vehicle types in the system to require matching dispatch trips while others do not.
4. The RMS shall be capable of interfacing with third-party Fire Records Management systems.
5. The RMS shall be capable of interfacing with third-party billing systems and exporting data with appropriate International Classification of Diseases (ICD-9) codes.
6. The RMS shall have the capability to import, store and display ECG, vital sign and intervention data from monitor/defibrillator devices [e.g. Philips]. The system shall automatically enter this data into the patient care record and include it on the printed report.
7. The user shall have the ability to edit the data from the monitor/defibrillator devices if they need to add additional information.

8. The system will offer a standard front end product [e.g. MAC iOS or Windows based tablet] . This product will be used to collect data at the time of patient interaction and allow for transfer of this information to a Windows based product.
9. The system will offer a method for electronically transferring data from the RMS application to a hospital Electronic Medical Record. This will utilize an EMS specific Health Level Seven International (HL7) interface.
10. The system must have the ability to send (hand off) information from one device to another even in the event no internet connectivity is available.
11. The RMS data must be both printable and electronically transferable as a PDF.
12. A desirable feature of the RMS is the ability to digitally send patient information to receiving hospitals. Ability for future expansion utilizing new technology [e.g. Bluetooth] transmission of data to the RMS from medical equipment and radio systems.
13. The system must have the ability to export data into the following text and image file formats: XLS, CSV, PNG, JPG, and PDF data from the electronic RMS.
14. Data shall also be exportable to satisfy requirements for reporting purposes to the State of California EMS Authority, Los Angeles County EMS Agency, and to the California Fire Incident Reporting System (CFIRS, or NFIRS sent to the California State Marshal) Office without duplicate entry of data.
15. Allow multiple, sequential transport processes to interact with the RMS; these may be external agencies.
16. The system will allow the user to choose real-time or batch processing on selected job processes.

## **J. Hardware Requirements**

1. The RMS shall interface to a commercially supplied wireless data network.
2. The SMFD uses a windows-based tablet solution and internet capability, with network connectivity to the City data systems infrastructure.
3. Hosted solutions must be in a Tier 3 data center or better which requires a 99.9% uptime or better.
4. The system must fully implement the Microsoft Windows graphical user interface standards. The City currently operates desktop computers running Windows 7 and Windows XP Professional. The City operates Windows 2003 and Windows 2008 SR2 servers running Microsoft SQL 2003 r2 and Microsoft SQL 2008 R2.
5. The RMS must support a thin and thick client base, locally or interfaced to a server.

## **K. Software Requirements**

1. The RMS shall provide a mobile client application which can be run in a disconnected state from the server without data loss for access to patient care records for completion, review, and QI evaluation.
2. The RMS's mobile client application shall be capable of sending and receiving information via hard-wired and wireless means.
3. The RMS shall store and forward all messages from the remote mobile computers when in a disconnected state and automatically send when a connection is established regardless of the logged on user.
4. The RMS shall provide a Web-based application for alternate access to PCRs for completion, review, and quality assurance evaluation. The web browser must have intranet architecture capability.
5. Personnel shall be able to use either the mobile client or web based application to start, edit, complete and/or review their patient care reports.
6. The RMS shall use a standard database system [e.g. Microsoft's SQL Server]
7. The RMS shall utilize standard messaging services for communications from remote computers to the server.
8. The RMS shall be available for local installation to the agencies network.
9. All products shall use open technology and be SQL-based and written in standard Microsoft languages.
10. The proposed system will have a built-in notification system with a pop-up notification when a user logs in or while user is already logged-in and working.
11. The proposed application shall facilitate a way to tag each code as a common code, so that end users would be presented with a list of frequently used NFIRS codes.
12. It is required that the proposed application utilize shortcut keys such as to speed the entry of date time fields.
13. It is required that whenever a date field is presented, the application include a calendar tool, which can be used to graphically choose a date.
14. The proposed solution must have the capability to attach scanned documents, files, videos, voice messages, or pictures as needed.
15. Allow a manual patient care record to be added to the system for later processing. This might consist of a scanned file. Flag the record as visual file only.

16. Proposed solution must include the ability for the department to create customized web-based help functions related to all specific fields in the application.
17. Proposed solution must have the ability for the administrator to designate common drop down menu values and an optional spell check dictionary
18. The proposed solution must provide a separate and secure location to place sensitive attachments.
19. The Mobile device will provide a status field on the main screen that informs the user when the last auto-sync was performed.
20. The vendor must be able to provide software engineering, custom programming, and database development support, if necessary to meet the needs of the City or to interface seamlessly with existing software products.
21. The system must be under client-server architecture and multi-user functionality.
22. The system must be able to enable site-specific configuration through user definable codes and parameters.
23. The system must provide user-friendly and flexible reports. All reports must be customizable to the City's particular needs. A developer license for Crystal Reports must be included to create further customized reports.
24. Database structure and field definitions shall be provided that will allow the users to create customized reports utilizing third-party software.
25. The City prefers a site/enterprise licensing model that allows for unlimited client licenses.
26. Long term data storage of patient records will be a minimum of seven years past legal adult age (i.e. longer for minor children). [In the cloud with backup]

## **L. Systems Administration**

1. The system must have database administration capabilities that will allow the system administrator to manage user access and provide for the development of user accounts and provide for password protection. Multiple levels of user security must be available that provides for read-only, read-write, update, and full-control access. Database administration functions will provide the ability to selectively "lock" certain database tables/records.
2. The RMS shall allow the administrator to customize button labels and lists and will allow easy configuring or re-configuring of screen layouts and field status.
3. The RMS shall allow the administrator to customize data elements that are defined by NEMSIS to match the agency specific terminology and protocols without compromising NEMSIS compliance.
4. The administrator will have the ability to mask or omit sensitive patient data in reports and limit all aspects of the system entry based on security roles

5. The system administrator shall be able to automatically update the configuration of the RMS without touching every computer.
6. The system administrator shall be able to automatically update the installed version of the RMS without touching every computer.
7. The RMS shall provide an administrative tool capable of bundling and distributing file packages to any or all mobile devices on the system.
8. System administrators shall be able to easily modify the data appearing in the drop down, pop-up, checkbox, and radio button lists.
9. The RMS shall provide the ability to capture the National Highway Traffic Safety Administration (NHTSA)-recommended data elements.
10. The RMS's administrative functions shall be available system wide from the network with secured access managed through configurable security profiles.
11. The system administrator shall be able to add dynamic selectors to the reporting engine in order to limit results in a particular report.
12. The system administrator shall be able to add additional data elements to the form configuration from an available pool of miscellaneous text and date/time fields.
13. The system must have the ability to perform standard QI reports from an administrative backend.
14. Visual informatics and data mining tools which allow Fire Department administrators to analyze information that was captured on the RMS through customizable reporting options, fields, and parameters is required.
15. The system must have an administrator module that allows the designated system administrator or their designee to add users, manage the field captured data.
16. The system must visually display key metrics and trends using a wide variety of visualization types (bars charts, heat maps, scatter plots, geographical maps, line charts, bullet graphs, histograms).
17. The users must be able to drill down from the trend/key metric to the level of the individual trip/patient data.
18. The system must allow users to compare the performance of the organization to that of their peers across key clinical and operational metrics. Users must be able to customize the demographic to which they wish to compare performance.
19. The system must allow for zoom and pans on maps.
20. The system must allow the ability to control data access through row level security, destination access only, or PHI access, etc.

21. The proposed solution must provide a means to filter the view of incidents, inspections, hydrants, roster, training, and personnel. This filtering must function upon logon of a given user, to the assignment, station, and/or user level.
22. The proposed solution must provide a means for an administrator to add user-defined tabs and fields. There also must be a means for said administrator to hide/unhide non-required tabs and fields as needed.
23. The proposed solution must provide a means for an administrator to set/change field labels, set/change field default values, and set/change tab orders of fields.
24. The proposed solution must provide a means for an administrator to set a field to recommended or mandatory. If the field is set to mandatory, a date must be provided for the mandatory status to be effective.
25. The proposed solution must include the ability to lock records and require supplemental records to be created to prevent changing of original records, and audit track changes by who and when made.
26. Proposed solution must include the ability to archive database records by an administrator set date range. This function must have the ability to be scheduled.
27. Proposed solution must include the ability to purge records from the database.
28. Provide administrator-defined menus for a group of users
29. Provide for administrator-defined add-on help at all levels of data input
30. Take and add photos from device to reports (mechanism of injury), inspections, etc.

## **5. SPECIAL SERVICES**

1. Track the Los Angeles County (LACO) Life Guards calls to SMFD for their Basic Life Support (BLS) patients.
2. Special situation record fields must be customizable for events such as the Los Angeles Marathon, pier concerts, Urban Search and Rescue, Metrorail, etc.

## **6. SYSTEM SECURITY**

1. Describe in detail how security is handled for information shared between the vendor and the City via email or online.
2. The vendor must provide necessary controls to protect the City's data from unauthorized access. Please provide written details about the controls in place.

## **7. CUSTOMER SUPPORT**

1. The vendor must provide unlimited customer support during the hours of 8:00 am – 5:00 pm PST.
2. Provide procedures for after-hours support.
3. Provide a list of company holidays.
4. Provide contact points for 24 hour customer service.

## 8. TRAINING

The contractor shall provide complete user documentation, including documentation defining system errors and recovery procedures, both in print and searchable online. Also, provide an on-line tutorial linked to the help system. The contractor will provide the training to the system administrators and users as follows:

### A. System Administrators:

1. **The vendor shall define the** commonly required system administrator **training hours** allotted for training the system administrators.

### B. Users:

1. The vendor shall define **commonly used hours** to be allotted for training to the users and offered on four (4) different occasions.
2. Training for each shift (three shifts) will consist of two sessions allowing the “splitting” of the shift to minimize interruptions. An extra session will be scheduled for the personnel who were absent during the initial training
3. An online training module will be available for those users not able to attend training, or for review.

## 9. SUBMITTAL

1. Proposals to be submitted in hard copy (five copies) to Captain McElvaney.
2. Questions regarding RFP will be accepted for one week after posting of RFP. Answers to questions will be posted no later than two weeks after posting date.
3. Product demonstrations may be requested.
4. Vendor shall describe how module pricing works. The City may choose to only select one portion (for instance if EPCR and RMS are two separate products) now and install the other later. How long is the pricing good for? Is there a price increase for future years if there is a delayed implementation?

## **APPENDIX. BIDDER REQUIREMENTS**

### **BEST BIDDER**

THE AWARD, IF ANY, WILL BE MADE TO THE BEST BIDDER(S). IN EVALUATING WHETHER A BIDDER(S) IS (ARE) THE BEST BIDDER(S) PURSUANT TO THE SANTA MONICA MUNICIPAL CODE, CITY STAFF MAY UTILIZE SOME OR ALL OF THE FOLLOWING CRITERIA:

- (1) PRICE.
- (2) THE QUALITY OF THE MATERIAL OR SERVICES OFFERED.
- (3) THE ABILITY, CAPACITY, AND SKILL OF THE BIDDER(S) TO PERFORM THE CONTRACT OR PROVIDE THE MATERIALS OR SERVICES.
- (4) THE CAPACITY OF THE BIDDER(S) TO PERFORM THE CONTRACT OR PROVIDE THE SERVICE PROMPTLY, WITHIN THE TIME SPECIFIED, AND WITHOUT DELAY OR INTERFERENCE.
- (5) THE SUFFICIENCY OF THE BIDDER'S FINANCIAL RESOURCES.
- (6) THE CHARACTER, INTEGRITY, REPUTATION, JUDGMENT, TRAINING, EXPERIENCE, AND EFFICIENCY OF THE BIDDER.
- (7) THE ABILITY OF THE BIDDER(S) TO PROVIDE SUCH FUTURE MAINTENANCE OR SERVICE AS MAY BE NEEDED
- (8) ANY OTHER FACTOR WHICH WILL FURTHER THE INTENT SET FORTH IN SECTION 608 OF THE CITY CHARTER.

THE CITY SHALL HAVE ABSOLUTE DISCRETION IN DETERMINING THE APPLICABILITY AND WEIGHT OR RELATIVE WEIGHT OF SOME OR ALL OF THE CRITERIA LISTED ABOVE AND IS NOT REQUIRED TO SELECT THE LOWEST MONETARY BIDDER.

## ATTACHMENT A – BUSINESS LICENSE

### CITY OF SANTA MONICA BUSINESS LICENSE

#### WHO NEEDS A BUSINESS LICENSE?

The City of Santa Monica Municipal Code requires all businesses operating or located in Santa Monica to obtain a business license. A separate business license is required for each location and for each business activity operated in Santa Monica. The license period is July 1<sup>st</sup> through June 30<sup>th</sup> of each year.

#### Check where applicable:

1. Do you come into the City of Santa Monica to conduct business?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
2. Do you deliver parts and/or products in your own company vehicle?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If you checked “yes” to either question, please refer to the information below for business license & insurance requirements.**

- If you come into the City of Santa Monica to conduct business, you will be required to have a City of Santa Monica business license **AND** insurance (see below for descriptions).
- If you deliver parts and/or products in your own company vehicle and do not perform any service except delivery, you will be required to have a City of Santa Monica delivery license **ONLY**.

#### BUSINESS/DELIVERY LICENSE

Please call 310-458-8745 or visit our website for further information at: [www.businesslicense.smgov.net](http://www.businesslicense.smgov.net)

#### BUSINESS LICENSE APPLICATION

[APPLY ON-LINE](#)

#### DOWNLOAD FORMS TO MAIL IN OR APPLY IN PERSON

- If your business is located at a commercial location in Santa Monica, download and complete the [COMMERCIAL BUSINESS LICENSE APPLICATION](#).
- If your business is operated from your residence in Santa Monica, download and complete the [RESIDENTIAL BUSINESS LICENSE APPLICATION](#).
- If your business is located outside of Santa Monica and you come into the City to perform work or provide services, download and complete the [OUT-OF-CITY BUSINESS LICENSE APPLICATION](#).

## ATTACHMENT B – INSURANCE REQUIREMENTS

Contractor shall procure and maintain for the duration of the Agreement insurance against claims for injuries to persons or damages to property that may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, its agents, representatives, employees or subcontractors.

### Minimum Scope and Limits of Insurance

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering GCL on an “occurrence” basis, including products-completed operations and personal & advertising injury, with limits of no less than \$1,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** Insurance Services Office Form CA 00 01 covering Code 1 (any auto), or if the Contractor has no owned autos, Code 8 (hired) and Code 9 (non-owned), with limits of no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers’ Compensation and Employer’s Liability Insurance:** Workers’ Compensation insurance as required by the State of California and Employer’s Liability Insurance with limits of no less than \$1,000,000 per accident for bodily injury or disease (see footnote #1).

If the Contractor maintains higher limits than the minimums shown above, the City of Santa Monica requires and shall be entitled to coverage for the higher limits maintained by the Contractor.

### Other Insurance Provisions

1. The insurance policies are to contain, or be endorsed to contain, the following provisions:
  - a. **Additional Insured Status (CGL policy):** The City of Santa Monica, its officers, officials, employees and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of Contractor including materials, parts or equipment furnished in connection with such work or operations. The additional insured status can be provided in the form of an endorsement at least as broad as Insurance Services Office Form CG 20 10 11 85.
  - b. **Primary Coverage (all policies):** For any claims related to this Agreement, the Contractor’s insurance shall be primary as respects the City of Santa Monica, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the City of Santa Monica, its officers, officials, employees or volunteers shall be in excess of the Contractor’s insurance and shall not contribute with it.
  - c. **Notice of Cancellation (all policies):** Each insurance policy required herein shall state that coverage shall not be cancelled except after notice has been given to the City of Santa Monica.
  - d. **Waiver of Subrogation (all policies):** Contractor hereby grants to the City of Santa Monica a waiver of any right of subrogation which any insurer of said Contractor may acquire against the City of Santa Monica by virtue of payment of any loss. Contractor agrees to obtain any endorsement that may be

necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the City of Santa Monica has received the a waiver of subrogation endorsement from the insurer.

The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City of Santa Monica for all work performed by the Contractor, his employees, agents and subcontractors.

### **Deductibles and Self-Insured Retentions**

Any deductibles or self-insured retentions must be declared to and approved by the City of Santa Monica. The City of Santa Monica may require the Contractor to reduce or eliminate the deductible or retention applicable to the contracted work or provide satisfactory proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.

### **Acceptability of Insurers**

Insurance is to be placed with insurers with a current a current A.M. Best rating of no less than A:VII, unless otherwise acceptable to the City of Santa Monica.

### **Verification of Coverage**

Contractor shall furnish the City of Santa Monica with original certificates and amendatory endorsements or copies of the applicable policy language providing the insurance coverage required herein. All certificates and endorsements are to be received and approved by the City of Santa Monica before work commences. However, failure to obtain required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The City of Santa Monica reserves the right to require complete, certified copies of all required insurance policies, including the endorsements required herein, at any time.

### **Failure to Maintain Insurance Coverage**

If Contractor, for any reason, fails to maintain insurance coverage which is required pursuant to this Agreement, the same shall be deemed a material breach of contract. The City of Santa Monica, at its sole option, may terminate this Agreement and obtain damages from the Contractor resulting from said breach. Alternatively, the City of Santa Monica may purchase such coverage (but has no special obligation to do so), and without further notice to the Contractor, the City may deduct from sums due to the Contractor any premium costs advanced by the City for such insurance.

### **Subcontractors**

Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein. All exceptions must be approved in writing by the Risk Manager.

### **Footnotes**

**# 1:** Workers' Compensation insurance coverage is not required if the Contractor does not have employees. The Contractor must, however, execute the City's Workers' Compensation Coverage Exemption Declaration Form.

## ATTACHMENT C – NON COLLUSION AFFIDAVIT TO ACCOMPANY

### PROPOSALS OR BIDS

STATE OF CALIFORNIA }

COUNTY OF LOS ANGELES }

\_\_\_\_\_, being first duly sworn, deposes, and says: that she/he is:

\_\_\_\_\_  
(Insert "Sole Owner," "A Partner," "President," "Secretary," or other proper title)  
of \_\_\_\_\_

(Insert name of bidder)

Who submits herewith to the City of Santa Monica the attached proposal; that He, She, It, or They is (are) the person(s) whose name(s) is (are) (strike out words not appropriate) signed to the hereto attached proposal; that said proposal is genuine; that the same is not sham or collusive; that all statements of fact therein are true; that such proposal was not made in the interest or on behalf of any person, partnership, company, association, organization or corporation not therein named or disclosed.

Affiant further deposes and says: that the bidder has not directly or indirectly by agreement, communication or conference with anyone attempted to induce action prejudicial to the interests of the public body which is to award the contract or of any other bidder, or anyone else interested in the proposed contract; that the bidder has not in any manner sought by collusion to secure for himself, herself, itself, or themselves, an advantage over any other bidder. (strike out words not appropriate)

Affiant further deposes and says that prior to the public opening and reading of bids the said bidder:

- (a) Did not, directly or indirectly, induce or solicit anyone else to submit a false or sham bid;
- (b) Did not, directly or indirectly, collude, conspire, connive or agree with anyone else that said bidder or anyone else would submit a false or sham bid, or that anyone should refrain from bidding or withdraw his bid;
- (c) Did not, in any manner, directly or indirectly, seek by agreement, communication or conference with anyone to raise or fix any overhead, profit or cost element of his, her, its, their price, or of that of anyone else; and
- (d) Did not, directly or indirectly, submit his, her, its, or their bid price or any breakdown thereof, or the contents thereof, or divulge information or data relative thereto, to any corporation, partnership, company, association, organization, bid, depository, or to any member or agent thereof, or to any individual or group of individuals, except to the awarding authority or to any person or persons who have a partnership or other financial interest with said bidder in his, her, its, or their business. (strike out words not appropriate)

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Bidder

## **ATTACHMENT D – OAKS INITIATIVE NOTICE**

### **CITY OF SANTA MONICA OAKS INITIATIVE NOTICE**

#### **NOTICE TO APPLICANTS, BIDDERS, PROPOSERS AND OTHERS SEEKING DISCRETIONARY PERMITS, CONTRACTS, OR OTHER BENEFITS FROM THE CITY OF SANTA MONICA**

Santa Monica’s voters adopted a City Charter amendment commonly known as the Oaks Initiative. It prohibits a public official from receiving specified personal benefits from a person or entity after the official votes, or otherwise takes official action, to award a “public benefit” to that person or entity. Examples of a “public benefit” include public contracts to provide goods or services worth more than \$25,000 or a land use approval worth more than \$25,000.

The Oaks Initiative requires the City to provide this note and information about the Initiative’s requirements. An information sheet on the Oaks Initiative is attached. You may obtain a full copy of the Initiative’s text from the City Clerk.

In order to facilitate compliance with the requirements of the Oaks Initiative, the City compiles and maintains certain information. That information includes the name of any person who is seeking a “public benefit.” If the “public benefit” is sought by an entity, rather than an individual person, the information includes the name of every: (a) trustee, (b) director, (c) partner, (d) officer, or (e) ten percent interest in the entity. Therefore, if you are seeking a “public benefit” covered by the Oaks Initiative, you must supply that information on the Oaks Initiative Disclosure Form.



## CITY OF SANTA MONICA OAKS INITIATIVE DISCLOSURE FORM

All persons or entities receiving public benefits defined below from the City of Santa Monica shall provide the names of trustees, directors, partners, and officers, and names of those with more than a 10% equity, participation or revenue interest. This information is required by City Charter Article XXII—Taxpayer Protection.

**Name of Entity:** \_\_\_\_\_

Name(s) of persons or entities receiving public benefit:

Name(s) of trustees, directors, partners, and officers:

Name(s) of those with more than a 10% equity, participation, or revenue interest:

---

Public benefits include:

1. Personal services contracts in excess of \$25,000 over any 12-month period;
2. Sale of material, equipment or supplies to the City in excess of \$25,000 over a 12-month period;
3. Purchase, sale or lease of real property to or from the City in excess of \$25,000 over a 12-month period;
4. Non-competitive franchise awards with gross revenue of \$50,000 or more in any 12-month period;
5. Land use variance, special use permit, or other exception to an established land use plan, where the decision has a value in excess of \$25,000;
6. Tax “abatement, exception, or benefit” of a value in excess of \$5,000 in any 12-month period; or
7. Payment of “cash or specie” of a net value to the recipient of \$10,000 in any 12-month period.

Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**FOR CITY USE ONLY:**

Bid/PO/Contract # \_\_\_\_\_ Permit # \_\_\_\_\_

## **ATTACHMENT E – POLICY ON DOING BUSINESS WITH ARIZONA FIRMS**

### **CITY OF SANTA MONICA**

#### **CITY POLICY ON DOING BUSINESS WITH ARIZONA FIRMS**

##### **NOTICE TO APPLICANTS, BIDDERS, PROPOSERS AND OTHERS SEEKING TO DO BUSINESS WITH THE CITY OF SANTA MONICA**

##### **A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SANTA MONICA DENOUNCING ARIZONA'S ANTI-IMMIGRATION, LAW SUSPENDING OFFICIAL TRAVEL TO THE STATE OF ARIZONA AND DEVELOPING ADDITIONAL FINANCIAL SANCTIONS UNTIL SUCH TIME AS THE NEW LAW IS REVOKED**

The City Council of the City of Santa Monica adopted Resolution No. 10479 (CCS) on May 25, 2010, which requires a review of all current and likely future agreements and contracts with Arizona-based businesses to examine the feasibility of acquiring such products and services elsewhere while the Arizona law remains in effect.

Additionally, vendors offering goods or services to the City of Santa Monica must complete and sign the attached disclosure form; this applies to all solicitations, including but not limited to, bids and proposals. Please review, sign and submit the form with your bid packet prior to the closing date of bid.

Contractors that do not have headquarters in the State of Arizona and those that will not be working with Arizona-headquartered subcontractors to provide goods and/or services as specified in this solicitation will take priority in the bidding process.

NOTE: Headquarter location or residency may not be considered as a factor if prohibited by applicable law.

Failure to return this form or inability to certify as to its provisions will render your bid or proposal non-responsive.

State of Arizona Disclosure Form - see next page.



**CITY OF SANTA MONICA  
STATE OF ARIZONA DISCLOSURE FORM**

**TO BE COMPLETED BY ALL VENDORS PROVIDING GOODS AND SERVICES TO  
THE CITY OF SANTA MONICA**

Headquarter location or residency may not be considered as a factor if prohibited by applicable law.

Please check the appropriate boxes below.

Our company's headquarters are located in the State of Arizona.

☐ Yes ☐ No

Goods or services pertaining to this solicitation will be provided by a subcontractor whose business is headquartered in the State of Arizona.

☐ Yes ☐ No

If the response to the statement above was "yes", please list any and all subcontractors headquartered in the State of Arizona that may be providing goods or services (pertaining to this solicitation) to the City of Santa Monica.

If more than one, attach a list of additional subcontractors, including the physical address of each location.

Name of Subcontractor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\*\* PORTION BELOW TO BE COMPLETED BY ALL VENDORS \*\*\***

\*\*\*\*\*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Street Address of Headquarters: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (including area code): \_\_\_\_\_ Email: \_\_\_\_\_

FOR CITY USE ONLY

NOTES: \_\_\_\_\_

## ATTACHMENT F – LIVING WAGE ORDINANCE

### CITY OF SANTA MONICA LIVING WAGE ORDINANCE

#### NOTICE TO APPLICANTS, BIDDERS, PROPOSERS AND OTHERS SEEKING TO DO BUSINESS WITH THE CITY OF SANTA MONICA

#### THIS BID IS SUBJECT TO COMPLIANCE WITH THE CITY OF SANTA MONICA LIVING WAGE ORDINANCE (SEE BELOW).

The City of Santa Monica has adopted a Living Wage Ordinance, Chapter 4.65, which requires the payment of a specified minimum wage for work done pursuant to a services contract with the City where the contract amount is \$54,200 or more and requires that contractors also provide the same health care and other benefits to employees' same sex spouses and domestic partners as are provided to other employees' spouses. This Living Wage Ordinance applies to services provided by employees who do not actually work as a manager, supervisor, or confidential employee, and who is not required to possess an occupational license. The minimum wage is \$14.08 an hour for the period commencing from July 1, 2013, up through June 30, 2014. This minimum wage rate is adjusted annually each July 1. Questions concerning the Living Wage Ordinance may be directed to the City Finance Department at (310) 458-8281.

The Living Wage Ordinance applies the services sought pursuant to this bid and **bidders are required to prepare and return the Living Wage Certification Forms**. If the bidder is selected, the bidder must maintain payroll records that include, at minimum, the full name of each employee providing services under the contract, job classification and rate of pay. Bids that fail to include Certification Forms may be considered non-responsive and excluded from further consideration.

Please note that the Living Wage Ordinance sets the Minimum Wage at \$14.08 per hour and provides for an annual adjustment each July 1st, by an amount corresponding to the previous calendar year's change (January to January) in the Consumer Price Index for Urban Wage Earners and Clerical Workers in Los Angeles, Riverside and Orange Counties. **It has been determined that the minimum wage is \$14.08 an hour for the period commencing from July 1, 2013 through June 30, 2014.**



**CITY OF SANTA MONICA  
LIVING WAGE ORDINANCE**

**Certification for Providers of Services to the**

**City of Santa Monica**

**(Fiscal Year 13/14-July 1, 2013 through June 30, 2014)  
TO BE COMPLETED BY ALL CONTRACTORS PROVIDING SERVICES TO  
THE CITY OF SANTA MONICA IN EXCESS OF \$54,200**

The City of Santa Monica Municipal Code Chapter 4.65, Living Wage Ordinance (LWO), establishes a Minimum Wage of **\$14.08 per hour**<sup>1</sup> for certain employees of contractors providing services to the City where services exceed \$54,200 and requires that contractors also provide the same health care and other benefits to employees' same sex spouses and domestic partners as are provided to other employees' spouses.

An employee covered by the LWO is any person who does not actually work as a manager, supervisor, or confidential employee, and who is not required to possess an occupational license. Contractors with collective bargaining agreements covering those employees assigned to contract are exempt from the wage requirements of the Living Wage Ordinance only if the waiver is explicitly set forth in such agreement in clear and unambiguous terms.

Please prepare the following certification if you are a contractor engaging in a contract for services with the City of Santa Monica in excess of \$54,200.

Your signature on this certification grants the City permission to review any and all payroll books and records and any company documents pertaining to the benefits offered to employees to assure your compliance with the LWO during the term of the contract.

Please direct any questions and send the completed, signed Certification to:  
City of Santa Monica Finance Department  
Attention: Living Wage Compliance Section  
1717 4th Street, Suite 250  
Santa Monica, CA 90401

You can also contact staff regarding living wage ordinance questions by e-mail at [Purchasing@smgov.net](mailto:Purchasing@smgov.net) or by phone 310-458-8281.

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<sup>1</sup>Adjusted annually each July 1 by an amount corresponding to the previous year's change (January to January) in the Consumer Price Index for Urban Wage Earners and Clerical Workers 1982-84=100 for Los Angeles-Riverside-Orange County, California

**CITY OF SANTA MONICA  
LIVING WAGE ORDINANCE CERTIFICATION**

**July 1, 2013, through June 30, 2014**

**TO BE COMPLETED BY ALL CONTRACTORS PROVIDING SERVICES TO THE  
CITY OF SANTA MONICA IN EXCESS OF \$54,200**

**MINIMUM WAGE - \$14.08 per hour**

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE ☐

THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE ☐

If this contract is not subject to the Living Wage Ordinance requirements, please note the reason below and attach supporting documentation for exemption. For example, in order to be exempt pursuant to a collective bargaining agreement, a signed collective bargaining agreement must be attached.

- (a) \_\_\_\_\_ contractor is a government agency and is exempt
- (b) \_\_\_\_\_ contractor is a City grantee and is exempt
- (c) \_\_\_\_\_ contractor is a non-profit corporation and is exempt
- (d) \_\_\_\_\_ contractor is an employer whose employees are covered by a bona fide collective bargaining agreement where the waiver is explicitly set forth in an agreement in clear and unambiguous terms
- (e) \_\_\_\_\_ contractor is a corporation providing banking services

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Santa Monica's Living Wage Ordinance (LWO), and the applicability of the LWO, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all terms of the LWO, as mandated in all sections of Santa Monica Municipal Code, Chapter 4.65. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the Director of Finance in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract, which shall be grounds for termination. City shall have the right to examine all books and records of the Contractor as they relate to compliance with the LWO. Payroll records shall at a minimum include the full name of each employee performing labor or providing services under the contract, job classification, and rate of pay.

These statements are made under penalty of perjury under the laws of the State of California.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

Bid Number (if applicable): \_\_\_\_\_

Service Description: \_\_\_\_\_

## ATTACHMENT G – PERSONNEL BENEFITS

### CITY OF SANTA MONICA PERSONNEL & BENEFITS INFORMATION

Bidders are required to provide the following personnel and benefits information, which will be used by City staff as a tool to conduct bid evaluation and cost analysis for in-house versus outsourced services. Please use a separate sheet of paper if the spaces below are not sufficient.

1. Please indicate the number of **supervisors/managers** assigned to this work: \_\_\_\_\_
  - Please provide the requested information below for these employees.
  - List multiple employees in the same job classification separately.
  - Attach additional pages if necessary.

	Title	# of Annual Hours	Hourly Rate
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$

2. Please indicate the number of **full-time employees** assigned to this work: \_\_\_\_\_
  - Please provide the requested information below for these employees.
  - List multiple employees in the same job classification separately.
  - Attach additional pages if necessary.

	<b>Title</b>	<b># of Annual Hours</b>	<b>Hourly Rate</b>
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$

**NUMBER OF EMPLOYEES AFFECTED BY LIVING WAGE:** \_\_\_\_\_

3. Do your employees receive paid vacations? If so, how many days per year.

4. Do your employees receive paid sick days? If so, how many days per year.

5. Please list all paid holidays, if any.

6. Do your employees receive paid medical benefits (e.g., health, dental, vision)? If yes, do they contribute to their medical, dental, and/or vision insurances or are they fully covered by the company?

7. Do your employees receive life insurance? If yes, do they contribute to their life insurance or are they fully covered by the company?

8. Do your employees receive any type of pension (e.g., 401k) or just social security? If you do offer 401k, does the company match the employees' contribution to the program?

9. Does your company provide any safety equipment (e.g., back brace, uniforms, working boots, goggles, etc.) to your employees? If so, please list all items.

Does your company issue an employee handout [i.e. a booklet or documents that state the benefits (e.g., health insurance, retirement programs, etc.) to new hires]?

☐ Yes, for full time employees only

☐ Yes, for full time and part time employees only.

If yes for either full time or part time employees, please submit a copy of this document with the other information requested.

☐ No, please state the benefits offered to employees of your company below (attach additional sheets if necessary).

## ATTACHMENT H – EXPERIENCE STATEMENT

The following outline is a record of the Bidder's relevant experience in work of a type similar in magnitude and character to that contemplated under this contract. Please submit at least three (3) references for whom you have provided similar services in size and nature. Additional numbered pages outlining this portion of the proposal may be attached to this page.

I have a current and valid Contractor's License, in good standing, issued by the California State Department of Consumer Affairs.

I declare under penalty of perjury that the foregoing is true and correct. Executed

on \_\_\_\_\_ at \_\_\_\_\_, California.  
(Date) (City)

Contractor's License No. \_\_\_\_\_, applicable to the work.

Class	Description	Expiration Date
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1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dollar Value: \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dollar Value: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dollar Value: \_\_\_\_\_

# LIST OF E-PCR REPORTS

Patient Reports	CPAP Utilized	Pain Scale Documentati	SFTP Usage - M14 Neuro
VOLUME	DOA	Patient Volume	SFTP Usage - M15 Synco
MIDAZOLAM Use	E1 Responses	PCCC CRITERIA, NO BA	SFTP Usage - M17 SB
<12 MOS, NO TRANSPOR	E122 or R122 Responding	PCCC PTS	SFTP Usage - M2 ALOC
12 Lead Performed	E2 Responses	PCRS GROUPED BY STA	SFTP Usage - M4 Chest P
12 Lead Study (Indicated	E3 Responses	PEDS STATS	SFTP Usage - M7 Abd Pai
12 Lead Study (Not Indica	E4 Responses	PM CERT # =	SFTP Usage - M9 OD
13-36 MOS - denominato	E5 Responses	PROCEDURE = BLOOD	SFTP Usage - P1 Labor
13-36 MOS, NO BASE, NC	E6 Responses	PROCEDURE = AED	SFTP Usage - P2 Newborn
ABD PAIN	EKG	PROCEDURE = AIRWAY	SFTP Usage - P5 Peds Se
Abuse/Neglect	END OF YEAR REVIEW	PROCEDURE = BK BLOW	SFTP Usage - T1 Burns
ADD'L DOCS	ETOH/DRUGS	PROCEDURE = BVM	SFTP Usage - T2 Minor T
ADULT DEFINITION	ETT Summary	PROCEDURE = CHILDBI	SFTP Usage - T3 Major T
Advanced Airway Report	Falls	PROCEDURE = DRESSII	SFTP Usage - T4 Trauma
AED Use	Fast Mag Report	Procedure = ET and Kir	SOB, NO BASE CONTACT
Age Check	GERIATRIC STATS	PROCEDURE = ETT	SOB, CP, SY Patients
ALOC, NO BASE CONTACT	Homeless	PROCEDURE = FB REMI	SPECIAL REQUEST: DHS
ALS PATIENT	Homeless (ETOH)	PROCEDURE = IO	SUSPECTED ABUSE / NEG
ALS PATIENT, BLS TRANS	Hospital Wait Time Excee	PROCEDURE = KING AIF	SUSPECTED ETOH/DRUGS
ALS PATIENT, BLS TRANS	HTN, NO BASE AND NOT A	PROCEDURE = NO TRE	SUSPECTED POISONING,
ALS PATIENT, BLS TRANS	INCIDENT # CHECK	PROCEDURE = RESTRA	SYMPTOMATIC HTN DENC
ALS TRANSPORT w/GE	Incident Numbers	PROCEDURE = SPINAL I	SYMPTOMATIC HTN, NO I
ALS Transports	INJURIES	PROCEDURE = SPLINT	TRANSPORT REQD
ALS Transports By Year	IV's	PROCEDURE = SUCTIO	TRANSPORTS
ALS/BLS Transports	Juris Sta 1 ALS RESPON	PROCEDURE = TCP	Transports to KWH
ALS2	JURIS STA 2 ALS RESPON	PROCEDURE = VAGAL	TRANSPORTS TO SJH
ALTes	JURIS STA 3 ALS RESPON	Procedure = Needle T	TRANSPORTS TO SMH
AMA = TRANSPORT RAT	JURIS STA 4 ALS RESPON	Pulse Ox	TRANSPORTS TO UCLA
AMA BY STATION	JURIS STA 5 ALS RESPON	Pulse Oximetry in SB	Transports to WVA
BASE CONTACTED	JURIS STA 6 ALS RESPON	REC'G FACILITY = ?	TRAUMA CRITERIA OR GUIDELI
Base Hospital Cross Chec	MEDIC REPORTING LAG T	REC'G HOSPITAL VOLUI	TRAUMA CRITERIA, NON-
BE + MS	MEDICAL AND INJURY COI	RR <8	TRAUMA CRITERIA/GUIDE
BLS Transports	Medication	S/S SHOCK, NO BASE C	TRAUMA SCENE TIME > 2
BLUNT EXTREMITIES	Medication Normal Saline	Sample	UCLA Contact
Blunt Trauma With Initial	Medication Saline Lock	SFTP 1202 ALS	Unit Volume
Blunt Trauma Without Init	Medication Adenosine	SFTP 1210 CA	VA Transports
BP < 50	Medication Albuterol	SFTP 1243 ALOC	VOLUME BY STATION
BP PRIOR TO NTG	Medication Amiodarone	SFTP 1244 CP	Weak Or Dizzy
BROSELOW USE/DOCUME	Medication ASA	SFTP 1247 OD	WT CHECK
BS>240, NO BASE CONT	Medication Atropine	SFTP 1248 Pain Mgt	Complaint Count Report
C/C = CARDIAC ARREST	Medication Benadryl	SFTP 1249 Resp	Complaint Summary Rep
C/C = Thermal Burns	Medication Bicarb	SFTP 1250 SE	Medic Reports
C/C COUNT	Medication CaCl	SFTP 1251 LN	Data Integrity Reports
C/C, NO BASE AND NOT /	Medication D50%	SFTP 1252 SY	Incident Reports
CA & DOA	Medication Dopamine	SFTP 1261 Childbirth	DHS Export
CA or RA	Medication Epi	SFTP 1262 Neonate	System Administration
Cardiac Arrest	Medication Glucagon	SFTP 1264 Peds SE	
CC SOB	Medication Midazolam	SFTP 1271 Burns	
CC SOB	Medication MS	SFTP 1275 Trauma	
CC Weak	Medication Narcan	SFTP 1277 Trauma Arre	
CHEST PAIN	Medication Nitro	SFTP Fallouts	
CHEST PAIN, MI	Medication Zofran	SFTP Usage	
Chief Complaint: CP or M	Midazolam	SFTP Usage - 2 Protocol:	
CNA	No Patient Found	SFTP Usage - ALS	
CNA, NO TRANSPORT	NO TRANSPORT	SFTP Usage - CA	
CNA, TRANSPORTED	NO TRANSPORTS BY STA	SFTP Usage - M10 SOB	
COMBATIVE	NON-TRAUMA CENTER SC	SFTP Usage - M11 Rales	
COMBI Summary	NTG + SE, OB, CA, BB	SFTP Usage - M12 Whee	
Compliance - Transfer of	OD	SFTP Usage - M13 Se	
CPAP New	Pain (non CP)	SFTP Usage - M14 Neurc	

## GLOSSARY

ALS – Advanced Life Support

APGAR - An evaluation tool used to evaluate the physical condition of a newborn. The mnemonic stands for: Appearance; Pulse; Grimace; Activity; Respiratory effort.

ARFF - Aircraft Rescue Response Firefighting Vehicle

BLS – Basic Life Support

CAD - Computer Aided Dispatch system

CEMSIS - California Emergency Medical Services Information System – Established Report Format used by local EMS agencies

CFIRS - California Fire Incident Reporting System (see NFIRS)

CMS – Government Centers condition codes for Centers for Medicare & Medicaid Services (CMS)

COTS - Commercial Off-the-shelf software

DNR - Do Not Resuscitate

ECG - An electrocardiogram is a test that records the electrical activity of the heart.

EMBRs - Emergency Management Based Reporting System from Public Safety Systems Inc.

EMS – Emergency Medical Services

EMSA - Emergency Medical Services Authority

FireMedPro by Proper, LLC.

ePCR – Electronic Patient Care Reporting

GCS - The Glasgow Coma Scale is an assessment tool used in cases of traumatic brain injury. This is an easy to use chart for the EMT and EMS provider.

GIS - Geographic Information System

GUI – Graphical user interface

HIPAA - Health Insurance Portability & Accountability Act

HL7 Interface - Health Level Seven International is the global authority on standards for interoperability of health information technology with member hospitals in over 55 countries.

ICD-9 codes - A numerical list of the disease code numbers based on the World Health Organization's International Classification of Diseases (ICD-9).

LACO – Los Angeles County

LAPSS - Los Angeles Pre-Hospital Stroke Screen

LEMSA – Local EMS Agency

NEMSIS - National Emergency Medical Services Information System

NFPA – National Fire Protection Agency

NFIRS – National Fire Incident Reporting System

iOS – Mobile operating system for items like an iPhone, iPad, and iPod touch.

OSHA - Occupational Safety and Health Administration

PHI - Protected Health Information

PSAP - The unique identifier for the primary Public Safety Answering Point that answered the 9-1-1 (or other) call for the EMS Incident.

PSSI - Public Safety Systems, Incorporated

QI - Quality Improvement

RMS – Records management system

SBP – Systolic blood pressure

STEMI – Heart attack of an ST-elevation myocardial infarction

ST - The ST segment corresponds to a period of ventricle systolic depolarization, when the cardiac muscle is contracted

TEMIS - Trauma Emergency Medicine Information System: LA County data submission standards, 2012. Retrieved from: <http://www.ladhs.org/wps/>

Trauma Scores - A physiologic scoring system, designed for use in based on the initial vital signs of a patient. A lower score indicates a higher severity of injury. Used in Triage. Trauma Score is made up of a three categories: Glasgow Coma Scale, Systolic blood pressure, and respiratory rate. The score range is 0-12. In START triage, a patient with an RTS score of 12 is labeled delayed, 11 is urgent, and 10-3 is immediate, below 3 is declared dead

## VENDOR CHECKLIST

### EMS and Fire Data Collection and Reporting Evaluation Checklist

**Solution:**

**Vendor:**

## REQUIREMENTS AND SCOPE OF WORK

The RMS software system must minimize the duplication of data entry by Fire Department personnel. The front end user interface must permit rapid entry of critical data using a standard portable pad (Windows-based tablet and desktop) as part of the work flow during an EMS incident. Drop down, radio buttons and other standard programmed user functionality must be used to enhance the data entry process.

Provide a cost proposal separately identifying costs related to implementation and ongoing costs. Identify all costs to be billed to the project, including out-of-pocket expenses such as travel and office support.

SMFD desires an integrated Records Management System (RMS) that will:

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. Fully support the electronic Patient Care Record (ePCR) system		
2. Integrate with third party ambulance companies [eg. Americare],		
3. Connect data with local hospitals and the Los Angeles County EMSA.		
4. Reports sent to NFIRS/CFIRS shall be TEMIS, CEMSIS, and NEMSIS V3 compliant.		
5. Maintain confidentiality and security of patient data (HIPAA).		
6. Provide timely and accurate collection of patient care data		
7. Collect fire investigation data		
8. Interface to Incident Reports		
9. Support company level fire inspection data and billing		
10. Collect hydrant maintenance data		
11. Interface to the Target Solutions database records		
12. Contain a Station Log of daily activities		
13. Provide improved and accurate reporting of patient care and		

incident data: Standard Reporting, Ad-Hoc Reporting, Identify cost recovery for billing purposes, Meet EMS Quality Improvement demands		
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### **i. General Requirements**

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The system must have reporting capabilities that include a highly graphical business intelligence dashboard.		
2. All parts of the RMS shall comply with standard OS interface designs, except where deviating from standard interface elements provides a superior functionality and/or ease of use advantage.		
3. The system will utilize Commercial Off-the-shelf software (COTS) whenever possible.		
4. The RMS shall be HIPAA compliant. PHI information, whether in transit or at rest, shall be encrypted within the entire system. Access to system data and the applications that utilize it shall be restricted to authorized users.		
5. The RMS shall be compliant with standard systems [eg. NEMESIS GOLD or HL 7]		
6. The RMS shall be capable of assigning ICD-9 billing codes and condition codes as specified by the Center for Medicare and Medicaid (CMS – previously known as HCFA).		
7. The RMS shall utilize standard EMS terminology and practice references throughout but allow agencies to customize that terminology to best meet their needs.		
8. The application shall visually indicate the user's current position within the patient report as well as the areas the user has not yet completed.		
9. The RMS will auto-fill staff information including training, title, years with department, certificates, etc.		

10. The RMS shall generate a Notice of Privacy Practices acknowledgement when requested (HIPAA requirement).		
11. Users shall be able to own multiple patient reports at the same time and be able to move easily from one report to another without loss of data in any report.		
12. Users shall be able to call up reference documents (e.g. protocols, SOPs, etc.) while entering patient data, without losing any patient data. Users shall be able to move easily back and forth between reference materials and patient reports.		
13. The RMS shall provide the capability to copy or move a patient care record from one crew to another within the agency.		
14. The RMS shall provide an 'inbox' for managing all RMS data routed to an individual for completion, review or follow-up.		
15. The RMS shall automatically deliver notification to individual users of new patient care records requiring completion, review or follow-up.		
16. The RMS shall allow users to complete a patient care report with minimal training.		
17. The system must be readily available, requiring no additional equipment, hardware/software, and be a Windows tablet-based solution with interconnected capability.		
18. The system must be customizable, filters and parameters can be established per user.		
19. Automatically change default time and date when time changes from Pacific Standard Time (PST) to Pacific Daylight Time (PDT) and back		

## ii. Data Collection Requirements

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The RMS shall be able to capture historical patient records and display past records of users of the EMS system. The RMS shall maintain a frequent customer list such that if certain criteria are		

met, a patient's previously obtained information will pre-populate certain fields.		
2. The RMS shall support patient data being entered in any order allowing the user to quickly document events as they unfold.		
3. The RMS shall provide the option to upload incomplete patient care records to the server for checkout and completion at a later time with status noted.		
4. The RMS shall be capable of electronically attaching information generated via other means to patient records (e.g. nursing home records, medication lists, DNR orders).		
5. All events, procedures, medications, assessments, and vitals shall be time-stamped and include entry user identification.		
6. The RMS shall offer drop-down lists or other appropriate screen objects such as radio buttons or check boxes whenever a pre-defined set of responses are possible for a given field, to include specific intervals or measurements. The RMS shall also include "bubble help" or "tool tips" at the data field level.		
7. Provide for administrator-defined add-on help at all levels of data input.		
8. The user interface shall allow the user to quickly move through lists including but not limited to scrolling, pre-fill, and auto fill.		
9. Open-ended lists, such as medication lists, shall include a mechanism for manual data entry to allow the user to edit the field.		
10. Open-ended or long lists, such as a standardized medication list and a medication reference guide, shall allow for rapid location of data with minimal keystrokes.		
11. The correct city, state, and county shall be automatically filled upon entry of the zip code field in the patient record.		
12. The RMS shall allow partial or estimated age if age is not available, for later completion.		
13. The RMS shall include the ability to record and calculate multiple scores including, GCS,, LAPSS and APGAR. Additionally, the user shall have the ability to add custom scores to the configuration.		

14. The RMS shall capture signatures digitally (handwritten signature captured in digital format) and include them in patient records. Digitized signatures shall be included for provider, receiving facility, refusing patient, witness, hospital, medical control, EMS reviewer, controlled substance wastage, etc. Signature capture shall utilize the whole screen. Capture an electronic signature (or equivalent) that affirms “I certify the information on this patient care record is correct”.		
15. The RMS shall allow the crew to capture signatures as required by CMS from both the crew and receiving facility when a patient is unable to sign.		
16. The RMS shall support multiple, configurable disclaimers such as Patient Accept Care/Transport, Patient Accept Care/Refuse Transport, Patient Refuse Care/Transport, etc.		
17. The RMS shall support multiple languages in all disclaimers requiring a signature, and capture signatures electronically.		
18. The RMS shall provide ad hoc scratchpad functionality, allowing users to handwrite notes on the screen, which can be attached to the patient care record. Alternate data formats may be attached (e.g. Text, Voice, Pictures/Photos, Video).		
19. The RMS shall allow for addenda to be included in a patient record with date and time stamp.		
20. Industry standard software security systems must be in place to protect HIPAA and PHI information. Data encryption must meet the HIPAA and PHI security standards. The vendor must also provide a written overview of how their security model meets the standards as required by both HIPAA and PHI.		
21. The RMS must have the ability to capture common data elements such as the ECG/defibrillator, 12-lead ECGs, blood pressure, heart rate, oxygen saturation, capnography, CPR metrics and code summaries and attach to the patient care record.		
22. Escalate a patient care record to the next approval level when it is not completed within the timeframe specified.		
23. The software must allow for a customizable AMA form that can be electronically signed by the patient and witness.		
24. The system will be able to scan a Driver’s License for patient		

information		
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### iii. Completion Rule Requirements

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The RMS shall include rules that will be enforced prior to the completion of a patient care record ensuring required data is entered by the user.		
2. The RMS shall give visual indications of incomplete reports to include an easily accessible list of missing items with hyperlinks back to the fields requiring input and to the creator regardless of assignment.		
3. The RMS shall allow agencies to customize the rules a patient care record must comply with. This shall include the ability to enforce rules based on data already entered into the patient care record.		
4. The RMS shall allow rules to be flagged as required or optional.		
5. The RMS software must allow administrators to set record completion and closure (locking) criteria.		
6. The RMS will include provisions for back-up of system and data collected.		
7. Allow the user to flag or highlight important data for other users, and send a notification message to a specific user.		

### i. Billing

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The RMS must contain the designated demographic and insurance fields necessary to provide exportable billing data to the department's EMS billing contractor.		

2. The RMS must have the ability to schedule and send billing data to third party billing systems and outsourced ambulance billing providers directly and electronically in a format that meets their electronic reporting language requirements. The time and frequency of the billing export information must be modifiable by the department.		
3. Determine Americare interface requirements.		

## ii. Data Interface Requirements

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. Vendor will provide a data file in the format required by the Los Angeles County EMS Agency. The system will be designed in a way that if the file format changes by Los Angeles County, the system is capable of changing formats.		
2. General compatibility with a COTS RMS system.		

## iii. Workflow/Screen Process Requirements

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. Users shall be able to move quickly (max 2 key/pen strokes) and intuitively from screen-to-screen within a patient care record.		
2. The RMS shall provide a user defined workflow process to route completed calls to appropriate user groups and individuals for review and quality assurance evaluations.		
3. The RMS shall allow agencies to customize the workflow process to meet their needs including the ability to uniquely route patient care records based on the data entered.		
4. The RMS shall include the ability to reroute completed patient		

care records to other user groups or individuals outside of a predefined workflow process for correction, review or Quality Improvement (QI) reasons.		
5. The RMS shall store all patient records in an archived state after they have completed the workflow process.		
6. The RMS shall support recalling patient care records from the archived state so they can be routed through a temporary workflow process for correction, review or Quality Improvement (QI) reasons. After completing the temporary workflow process the patient care records will automatically be returned to an archived state.		
7. Authorized users shall be able to add QI comments to patient care records based on their review of content. The QI comments shall be viewable by anyone with access to them but only edited/deleted by the user that created them. There shall be a mechanism for providing QI feedback to individual users.		
8. When adding QI comments a user shall also be able to add one or more QI markers (such as Protocol Not Followed or Signature Not Obtained) to categorize the comment. The QI markers shall be searchable, reportable and customizable by a system administrator.		
9. The RMS shall support customizable access levels to users during different stages of the workflow process. Access levels shall include read-only, read/write and add addenda.		
10. The system must allow users to query the data using a visual, drag and drop interface. The system must suggest to the user the best visualization types to use depending on the data the user desires to see.		
11. The proposed solution must have a one-screen “point-n-click entry form. This form must have a way to tap and click for incidents, have signature capture capabilities, and be able to generate a report with said signature in PDF format.		

#### iv. Dashboard

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
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1. The system must allow users to publish and view dashboards on a secure website. Dashboards must be accessible to any web browser from any device via password.		
2. The dashboard screen must have the ability for the administrator to view a full audit control of the incident from origin to archiving.		
3. The dashboard must display Real-Time data.		
4. The dashboard will contain NFPA 1710 Response Time Analysis, Dispatcher/Call Taker Analysis, Demand Analysis, Billing Information, Incident Location, Delivery Location, or any other key index the agency tracks.		
5. Be able to collect and display patient monitoring data from external devices when used [e.g. continuous waveform capnography]		
6. Display data in both plain text or using advanced graphical charts and GUI interface.		
7. Auto refresh to ensure the most up-to-date information is being displayed.		
8. Be easily customizable to specific new needs.		
9. The user must be able to combine visualizations into interactive dashboards (including custom drill down paths) that may be published securely to the organization.		
10. Allow customizable flagging and display for specific types of calls: STEMI, Cardiac Arrest, Advanced Airways, etc.		
11. Display a history of record changes by date and user who made changes.		
12. Provide users with the ability to customize their own menus.		

#### **v. Reporting/Searching Requirements**

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
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1. Searches and reports shall have the ability to group by Date and Time, Location, GIS data, Trauma Category, Outcome, Call Type, Base or Receiving Hospital, Chief Complaints, Patient Demographics, or other categories.		
2. Reporting system shall have the ability to mask or omit sensitive patient data in reports.		
3. Allow search and display of a “Pre Patient Care Record” previously saved with an error indicator of incomplete.		
4. The RMS shall provide the ability to automatically fax a completed report to the destination facility or to a specific department at the destination facility.		
5. An exact copy of the printed patient care record shall be reproducible at any time after the report has been completed.		
6. The RMS shall provide administrative reports that include data from the patient care records as well as corresponding dispatch and billing information.		
7. The RMS shall include a user-configurable and user query-able reporting tool using standard reports [e.g. Crystal Reports] to provide both scheduled and on-demand reporting; and send reports via email on a scheduled basis.		
8. The RMS shall allow users to search for patient care records based on multiple criteria including any entered data.		
9. A patient care record shall include a thorough history of their life in the RMS including information about their creation, saving, checking out, completion, review, quality improvement, archival, etc.		
10. The system must allow users to monitor compliance in key clinical/operational areas: protocol compliance (STEMI, cardiac, trauma, stroke, pediatric, other), performance time/contract compliance, medic skills, syndromic surveillance, billing documentation compliance, utilization, staffing.		
11. The system must allow users to compare the performance of the organization to that of their peers across key clinical and operational metrics. Users must be able to customize the demographic to which they wish to compare performance.		

12. The user must be able to combine visualizations into interactive dashboards (including custom drill down paths) that may be published securely to the organization.		
13. The system must allow users to publish dashboards to a secure website. Dashboards must be accessible to any web browser from any device.		
14. The reporting system must have the ability to export reports into common data formats [e.g. Microsoft Excel (XLS) spreadsheets, Crystal Reports, Word comma separated values (CSV)].		
15. The system must allow the generation of user-defined reports for quality improvement analysis using all data fields. Reports must have a mechanism to link back to the original patient care report. Quality improvement reports must be exportable to Excel and PDF formats as well as have the ability to schedule via email.		
16. The system shall be able to automatically or user-defined, generate real-time electronic mail to various fire department personnel. on defined departmental forms, such as: <ul style="list-style-type: none"> <li>• All EMS personnel and individual EMS personnel</li> <li>• Procedures performed by an individual</li> <li>• By first responder company</li> <li>• By protocol</li> <li>• Treatments done</li> <li>• Medication given</li> <li>• Protocol compliance by individual or system</li> <li>• All time fields from time of call to available</li> <li>• By patient's name, address, incident address, social security number, unit, date of service</li> <li>• Cardiac arrest information</li> <li>• Medication dosages outside of protocol</li> <li>• Use of controlled medications</li> </ul>		

## vi. Integration and Interface Requirements

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The RMS shall support interfacing with third party systems. Telestaff, Target Solutions, Microsoft Outlook and current CAD data.		
2. The RMS System will be capable of interfacing with the Microsoft Exchange to allow the importing of scheduled events into a station log		
3. The rules for matching patient care records with dispatched trips shall be configurable based on a 'company' and/or vehicle type. This shall include the ability to configure some company's and/or vehicle types in the system to require matching dispatch trips while others do not.		
4. The RMS shall be capable of interfacing with third-party Fire Records Management systems.		
5. The RMS shall be capable of interfacing with third-party billing systems and exporting data with appropriate ICD-9 codes.		
6. The RMS shall have the capability to import, store and display ECG, vital sign and intervention data from monitor/defibrillator devices [ eg. Philips]. The system shall automatically enter this data into the patient care record and include it on the printed report.		
7. The user shall have the ability to edit the data from the monitor/defibrillator devices if they need to add additional information.		
8. The system will offer a standard front end product [eg. MAC iOS or Windows based tablet] . This product will be used to collect data at the time of patient interaction and allow for transfer of this information to a Windows based product.		
9. The system will offer a method for electronically transferring data from the RMS application to a hospital Electronic Medical Record. This will utilize an EMS specific HL7 interface.		
10. The system must have the ability to send (hand off)		

information from one device to another even in the event no internet connectivity is available.		
11. The RMS data must be both printable and electronically transferable as a PDF.		
12. A desirable feature of the RMS is the ability to digitally send patient information to receiving hospitals. Ability for future expansion utilizing new technology [e.g. Bluetooth] transmission of data to the RMS from medical equipment and radio systems.		
13. The system must have the ability to export data into the following text and image file formats: XLS, CSV, PNG, JPG, and PDF data from the electronic RMS.		
14. Data shall also be exportable to satisfy requirements for reporting purposes to the State of California EMS Authority, Los Angeles County EMS Agency, and to the California Fire Incident Reporting System (CFIRS, or NFIRS sent to the California State Marshal) Office without duplicate entry of data.		
15. Allow multiple, sequential transport processes to interact with the RMS; these may be external agencies.		
16. The system will allow the user to choose real-time or batch processing on selected job processes.		

## **vii. Hardware Requirements**

1. The RMS shall interface to a commercially supplied wireless data network.		
2. The SMFD uses a windows-based tablet solution and internet capability, with network connectivity to the City data systems infrastructure.		
3. Hosted solutions must be in a Tier 3 data center or better which requires a 99.9% uptime or better.		
4. The system must fully implement the Microsoft Windows graphical user interface standards. The City currently operates desktop computers running Windows 7 and Windows XP Professional. The City operates Windows 2003 and Windows 2008 SR2 servers running Microsoft SQL 2003 r2 and		

Microsoft SQL 2008 R2.		
5. The RMS must support a thin and thick client base, locally or interfaced to a server.		

### **viii. Software Requirements**

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The RMS shall provide a mobile client application which can be run in a disconnected state from the server without data loss for access to patient care records for completion, review, and quality assurance evaluation.		
2. The RMS's mobile client application shall be capable of sending and receiving information via hard-wired and wireless means.		
3. The RMS shall store and forward all messages from the remote mobile computers when in a disconnected state and automatically send when a connection is established regardless of the logged on user.		
4. The RMS shall provide a Web-based application for alternate access to PCRs for completion, review, and quality assurance evaluation. The web browser must have intranet architecture capability.		
5. Personnel shall be able to use either the mobile client or web based application to start, edit, complete and/or review their patient care reports.		
6. The RMS shall use a standard database system [e.g. Microsoft's SQL Server]		
7. The RMS shall utilize standard messaging services for communications from remote computers to the server.		
8. The RMS shall be available for local installation to the agencies network.		
9. All products shall use open technology and be SQL-based and written in standard Microsoft languages.		

10. The proposed system will have a built-in notification system with a pop-up notification when a user logs in or while user is already logged-in and working.		
11. The proposed application shall facilitate a way to tag each code as a common code, so that end users would be presented with a list of frequently used NFIRS codes.		
12. It is required that the proposed application utilize shortcut keys such as to speed the entry of date time fields.		
13. It is required that whenever a date field is presented, the application include a calendar tool, which can be used to graphically choose a date.		
14. The proposed solution must have the capability to attach scanned documents, files, videos, voice messages, or pictures as needed.		
15. Allow a manual patient care record to be added to the system for later processing. This might consist of a scanned file. Flag the record as visual file only.		
16. Proposed solution must include the ability for the department to create customized web-based help functions related to all specific fields in the application.		
17. Proposed solution must have the ability for the administrator to designate common drop down menu values and an optional spell check dictionary		
18. The proposed solution must provide a separate and secure location to place sensitive attachments.		
19. The Mobile device will provide a status field on the main screen that informs the user when the last auto-sync was performed.		
20. The vendor must be able to provide software engineering, custom programming, and database development support, if necessary to meet the needs of the City or to interface seamlessly with existing software products.		
21. The system must be under client-server architecture and multi-user functionality.		
22. The system must be able to enable site-specific configuration		

through user definable codes and parameters.		
23. The system must provide user-friendly and flexible reports. All reports must be customizable to the City's particular needs. A developer license for Crystal Reports must be included to create further customized reports.		
24. Database structure and field definitions shall be provided that will allow the users to create customized reports utilizing third-party software.		
25. The City prefers a site/enterprise licensing model that allows for unlimited client licenses.		
26. Long term data storage of patient records will be a minimum of seven years past legal adult age (i.e. longer for minor children). [In the cloud with backup]		

#### **ix. Systems Administration**

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The system must have database administration capabilities that will allow the system administrator to manage user access and provide for the development of user accounts and provide for password protection. Multiple levels of user security must be available that provides for read-only, read-write, update, and full-control access. Database administration functions will provide the ability to selectively "lock" certain database tables/records.		
2. The RMS shall allow the administrator to customize button labels and lists and will allow easy configuring or re-configuring of screen layouts and field status.		
3. The RMS shall allow the administrator to customize data elements that are defined by NEMSIS to match the agency specific terminology and protocols without compromising NEMSIS compliance.		
4. The administrator will have the ability to mask or omit sensitive patient data in reports and limit all aspects of the system entry based on security roles		

5. The system administrator shall be able to automatically update the configuration of the RMS without touching every computer.		
6. The system administrator shall be able to automatically update the installed version of the RMS without touching every computer.		
7. The RMS shall provide an administrative tool capable of bundling and distributing file packages to any or all mobile devices on the system.		
8. System administrators shall be able to easily modify the data appearing in the drop down, pop-up, checkbox, and radio button lists.		
9. The RMS shall provide the ability to capture the NHTSA-recommended data elements.		
10. The RMS's administrative functions shall be available system wide from the network with secured access managed through configurable security profiles.		
11. The system administrator shall be able to add dynamic selectors to the reporting engine in order to limit results in a particular report.		
12. The system administrator shall be able to add additional data elements to the form configuration from an available pool of miscellaneous text and date/time fields.		
13. The system must have the ability to perform standard QI (Quality Improvement) reports from an administrative backend.		
14. Visual informatics and data mining tools which allow Fire Department administrators to analyze information that was captured on the RMS through customizable reporting options, fields, and parameters is required.		
15. The system must have an administrator module that allows the designated system administrator or their designee to add users, manage the field captured data.		
16. The system must visually display key metrics and trends using a wide variety of visualization types (bars charts, heat maps, scatter plots, geographical maps, line charts, bullet graphs,		

histograms).		
17. The users must be able to drill down from the trend/key metric to the level of the individual trip/patient data.		
18. The system must allow users to compare the performance of the organization to that of their peers across key clinical and operational metrics. Users must be able to customize the demographic to which they wish to compare performance.		
19. The system must allow for zoom and pans on maps.		
20. The system must allow the ability to control data access through row level security, destination access only, or PHI access, etc.		
21. The proposed solution must provide a means to filter the view of incidents, inspections, hydrants, roster, training, and personnel. This filtering must function upon logon of a given user, to the assignment, station, and/or user level.		
22. The proposed solution must provide a means for an administrator to add user-defined tabs and fields. There also must be a means for said administrator to hide/unhide non-required tabs and fields as needed.		
23. The proposed solution must provide a means for an administrator to set/change field labels, set/change field default values, and set/change tab orders of fields.		
24. The proposed solution must provide a means for an administrator to set a field to recommended or mandatory. If the field is set to mandatory, a date must be provided for the mandatory status to be effective.		
25. The proposed solution must include the ability to lock records and require supplemental records to be created to prevent changing of original records and audit track changes by who and when made.		
26. Proposed solution must include the ability to archive database records by an administrator set date range. This function must have the ability to be scheduled.		
27. Proposed solution must include the ability to purge records from the database.		
28. Provide administrator-defined menus for a group of users		

29. Provide for administrator-defined add-on help at all levels of data input		
30. Take and add photos from device to reports (mechanism of injury), inspections, etc.		

## 5. SPECIAL SERVICES

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. Track the LACO Life Guards calls to SMFD for their BLS patients.		
2. Special situation record fields must be customizable for events such as the LA County Marathon, pier concerts, Urban Search and Rescue, Metrorail, etc.		

## 6. SYSTEM SECURITY

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. Describe in detail how security is handled for information shared between the vendor and the City via email or online.		
2. The vendor must provide necessary controls to protect the City's data from unauthorized access. Please provide written details about the controls in place.		

## 7. CUSTOMER SUPPORT

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The vendor must provide unlimited customer support during the hours of 8:00 am – 5:00 pm PST.		
2. Provide procedures for after-hours support.		

3. Provide a list of company holidays.		
4. Provide contact points for 24 hour customer service.		

## 8. TRAINING

The contractor shall provide complete user documentation, including documentation defining system errors and recovery procedures, both in print and searchable online. Also, provide an on-line tutorial linked to the help system. The contractor will provide the training to the system administrators and users as follows:

### A. System Administrators:

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. <b>The vendor shall define the</b> commonly required system administrator <b>training hours</b> allotted for training the system administrators.		

### B. Users:

Statement Criteria	Comply(C)/ Doesn't Comply(N)/ Exception(E)	Notes
1. The vendor shall define <b>commonly used hours</b> to be allotted for training to the users and offered on four (4) different occasions.		
2. Training for each shift (three shifts) will consist of two sessions allowing the "splitting" of the shift to minimize interruptions. An extra session will be scheduled for the personnel who were absent during the initial training		
3. An online training module will be available for those users not able to attend training, or for review.		