

ADDENDUM 1

(please sign and return with the submittal)

CHANGES

Change 1 - Section 1, Instructions, Subsection 1.16, Pre-Award Qualification Paragraph 1 (Page 10) is deleted in its entirety and replaced with the following:

Offeror must have been in operation a minimum of five years. The Offeror's normal business activity during the past five years will have been for providing the goods or services in this solicitation.

Change 2 – Section 1, Instructions, Subsection 1.3. Minimum Qualifications Item D (Page 5) is revised as follows:

- D. Has current certifications in each of the specialties listed immediately below in subparagraphs 1, 2, and 3 or has a current certification by either the American Board of Emergency Medicine or American Board of Osteopathic Medicine:

Change 3 – Exhibit A – Scope of Work, Item 4. Professional Certification and License Requirements Item D (page 60) is revised as follows:

- D. Has current certifications in each of the specialties listed immediately below in subparagraphs 1, 2, and 3 or has a current certification by either the American Board of Emergency Medicine or American Board of Osteopathic Medicine:

Change 4 - Exhibit A – Scope of Work, Item 5. General Requirements Item B (Page 61). is deleted in its entirety and replaced with the following:

- B. The Administrative Medical Director shall maintain a minimum onsite presence at the Phoenix Fire Department's Medical Services administrative office or be offsite representing Phoenix Fire Department at meetings, events, conferences, or attending other Fire related business on Monday-Friday, from 0800-1700, excluding City holidays, to ensure availability of medical consultation and oversight during business hours.

Change 5 – Section 2, Agreement, Subsection 2.10.8. Acceptability of Insurers (Pg 53) is deleted in its entirety and replaced with the following:

Insurance is to be placed with insurers duly licensed or authorized to do business in the state of Arizona and with an "A.M. Best" rating of not less than B+ VI. The City in no way warrants that the required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency. If the organization is self-insured the City requires a Memorandum letter of insurance from the organizations on their letterhead indicating self-insurance and the applicable statute as required by law.

QUESTIONS AND ANSWERS:

Note: Spelling, grammar, and punctuation of the questions are shown exactly as submitted by the potential respondents.

No.	Question	Answer
1.	<p>Can a current ABEM certification in emergency medicine be submitted in place of ACLS, ATLS and PALS certifications for individuals filling the administrative medical Director and Assistant medical Director positions? Change to the SOW to consider... Exhibit A - 4.D: Has current certification in 1-3 or current certification by the American Board of Emergency Medicine or American Board of Osteopathic Medicine.</p> <p>Background: All of the major emergency medicine certification and professional organizations have policy statements which equate a current certification by the American Board of Emergency Medicine Physicians (ABEM) in emergency medicine to short-course certification in advanced resuscitation, trauma care, stroke care, cardiovascular care, or pediatric care. These organization are confident that completion of ongoing continuing education required to maintain ABEM board certification is equivalent to maintaining short course short occasions in these topics. The policy statement from ABEM can be found here [abem.org]. Because of the equivalency between ABEM certification and short course certification few if any emergency medicine physicians maintain these short course certifications. Additionally, maintenance of these certifications, for a physician who maintains their ABEM certification, is not required by the Arizona Department of Health Services for individual serving in the capacity of an EMS Medical Director.</p>	<p>See Change 2 and Change 3 on page 1 of this Addendum 1.</p>
2.	<p>Request to change the line 5.B: on-site presence: The Administrative A Medical Director shall maintain a minimum onsite presence at the Phoenix Fire Department's Medical Services administrative office or be off site representing Phoenix Fire Department at meeting events, etc. on average 40 hours per week Monday-Friday, from 0800-1700, excluding City holidays, to ensure availability of medical consultation and oversight during business hours.</p>	<p>See Change 4 on page 1 of this Addendum 1.</p>

	<p>Background: While consistent on-site presence is important, the outlined schedule (Monday-Friday, 0800-1700) significantly restricts the ability of the Administrative Medical Director and Associate Medical Directors to perform their duties. An effective EMS medical director must maintain both an active clinical practice in emergency medicine (ensure the medical director stays connected with current standards of care and hospital practices), have an active academic footprint (performs research and engaged in graduate medical education), and attend in-person meets at the regional, state and national level (both ensures the voice of PFD is heard and clinical practices are meeting state and national standards). Greater flexibility in the scheduling requirement would help ensure high-quality medical direction while still meeting all contract obligations. We would request that this requirement in the SOW be modified to allow flexibility achieving the overall goal stated in the RFP of “The average usage of contracted services for the Administrative Medical Director is anticipated to be approximately 40 hours per week.”</p>	
<p>3.</p>	<p>Question about the requirement for online medical direction to be in the phoenix metropolitan area and the requirement of field response. Can this language be modified in 8.B.4... The on-duty online medical direction physician must be available and able to coordinate a medical response in the Phoenix metropolitan area—and be available to respond to the scene of significant medical emergencies if requested. Including EMS physicians capable of effective and safe field response with a response time of 1-2 hours and members of the Phoenix acute surgical response team.</p> <p>Background: Simultaneously fulfilling the roles of online medical director and field response physician during large-scale medical emergencies or mass-casualty incidents is not feasible, as each role requires distinct skill sets and dedicated attention. Separating these roles ensures effective online medical direction, uninterrupted during emergencies. First, during times of a MCI or other large scale medical events an on-line medical director becomes incredibly important. It is not possible to provide on-line medical direction and</p>	<p>No.</p> <p>The Acute Surgical response team is not the responsibility of the online medical physicians.</p>

	<p>physician field response at the same time. To preserve the ability to an on-line medical direction to provide online assistance we believe that it is critical to keep the role of the on-line physician and field physician separate. Second, EMS field response requires a unique set of skills for that physician to be safe and effective in the field. Only a handful of physicians (all currently practicing in the Tucson Metro Area) provide field response and have the experience and equipment necessary to provide this service safely. Finally, requiring field response duties from online medical direction physicians would significantly increase operational complexity and costs—illustratively, such a specialized service in the Tucson metropolitan area has cost approximately \$9 million over five years.</p>	
4.	<p>Regarding the Medical Malpractice Liability insurance requirements outlined in Section 2.10.8 (page 53), can the required professional liability coverage be provided by a self-insured entity, such as a large health care provider or state entity?</p> <p>Background: Large health care institutions and university are commonly self-insured. All of the current EMS contracts our corporation has to deliver EMS medical direction services allows submission of proof of self-insurance in leu of a separate insurance policy. Would this be an acceptable addition to the contract language?</p>	<p>See Change 5 on page 1 of this Addendum 1.</p>
5.	<p>To ensure an accurate quote on insurance, can you please provide a rough number of EMTs, A-EMTs, Paramedics and RNs working for PFD for which the AMD will be responsible for providing medical direction?</p>	<p>963 EMTs. 887 Paramedics. 0 RNs. As of the issue date of Addendum 1, however, these are subject to change.</p>
6.	<p>DEA licenses...it is clear in the RFP that all physicians must have an unrestricted DEA license. For the purpose of budgeting, all physicians maintain their personal DEA at their own expense (that DEA license is used by each physician in their clinical work). However, most fire departments need the Administrative Medical Director to obtain DEA licenses exclusively for the use of the fire department. For this proposal, will PFD cover the cost of obtaining DEA licenses for the exclusive use of PFD or will AMD need to include the cost of those DEA license in their response/proposal budget? If the AMD is to cover</p>	<p>See Exhibit B – Sample Itemized Budget Item B.</p> <p>Currently, 1 license is required exclusively for the use of the Fire Department.</p>

	the cost of DEA licenses exclusively for the use of PFD, how many DEA licenses does PFD currently or how many would PFD like to have the AMD obtain as part of this scope of work?	
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The balance of the specifications and instructions remain the same. Bidder must acknowledge receipt and acceptance of this addendum by signing below and returning the entire addendum with the bid or proposal submittal.

Name of Company: _____

Address: _____

Authorized Signature: _____

Print Name and Title: _____