

# Sole Source Procurement Instructions

Department: Fire Department

Date: 7/13/2015

Vendor: Nazir Adam, MD

It is the policy of the City of Harrisonburg that contracts/products be awarded on a competitive basis and that the use of a sole source procurement must be limited to those instances where only one source is practicably available. Personal preference for certain brands or products does not adequately justify limiting competition.

1. Explain why this is the only product or service that can meet the needs of the department making the purchase.

Currently, to meet the needs of Medical Director for the Harrisonburg Fire Department, the requirements are that the physician be certified as a Medical Director in the Commonwealth of Virginia through the Office of EMS and act as a liaison between the department and Sentara RMH. There are currently only two physicians available for this service. For over 10 years, Dr. Adam has given his time to meetings with the hospital and other agencies for the City. His biggest contribution is the amount of time he spends on the phone with the EMS Officer on medical practice for the providers. All prehospital providers for the Harrisonburg Fire Department and the EMD Communicators in ECC have been working under his license during that time. Every CE class taught by HFD is required to be endorsed by the Medical Director. Attached is a list of state requirements by regulations he's been required to adhere to.

2. Explain why this vendor is the only practicably available source from which to obtain this product or service.

The current Medical Director is the only practicably available option because the second option is already committed to services that could produce a conflict of interest between departments.

3. Explain why the price is considered reasonable.

Pricing for career departments range from \$1,000 - \$3000/month in the area. Some agencies within the Commonwealth are paying over \$100,000 annually to meet the needs of their agency.

4. Describe the efforts that were made to conduct a noncompetitive negotiation to get the best possible price for the taxpayers.

Dr. Adam has been the Medical Director for the Harrisonburg Fire Department for over 10 years. Initially, the physician practice supplemented the time by decreasing the number of shifts the Medical Director needed to work for the practice. In 2012, the physician practice announced that it would no longer supplement the time for the physicians, and they would need to receive payment directly from the agencies. At that time, we negotiated with Dr. Adam to differ charging us for his service. In October 2014, he again approached us, and we asked him to differ until the 2015/2016 year since we were currently in the middle of a budget cycle.

**Please attach this form to the Requisition and forward to Purchasing.**

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

*Larry W. Shifflett*

Date: 7/13/2015

B. The PPCR shall include the name and identification number of all EMS Personnel on the EMS vehicle and the signature of the attendant-in-charge.

C. The required minimum data set shall be submitted on a schedule established by the Office of EMS as authorized in § 32.1-116.1 of the Code of Virginia. This requirement for data collection and submission shall not apply to patient care rendered during local emergencies declared by the locality's government and states of emergency declared by the Governor. During such an incident, an approved triage tag shall be used to document patient care provided unless a standard patient care report is completed.

**12VAC5-31-570. EMS Agency Status Report.**

A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within 30 days of a request or change in status of the following:

1. Chief executive officer.
2. Training officer.
3. Designated infection control officer.

B. The EMS agency shall provide the leadership position held, to include title, term of office, mailing address, home and work telephone numbers, other available electronic addresses for each individual, and other information as required.

**12VAC5-31-580. Availability of these regulations.**

An EMS agency shall have readily available at each station a current copy of these regulations for reference use by its officers and personnel.

**12VAC5-31-590. Operational Medical Director requirement.**

A. An EMS agency shall have a minimum of one operational medical director (OMD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.

An EMS agency shall enter into a written agreement with an EMS physician to serve as OMD with the EMS agency. This agreement shall at a minimum specify the following responsibilities and authority:

1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved pursuant to 12VAC5-31-1910.
2. This agreement must identify the specific responsibilities of each EMS physician if an EMS agency has multiple OMDs.
3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting with the authorization of the operational medical director and within the scope of the EMS agency license in accordance with these regulations.
4. This agreement must provide for EMS agency personnel to have access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency.
5. This agreement must ensure that the adequate indemnification or insurance coverage exists for:
  - a. Medical malpractice; and
  - b. Civil claims.

**B. EMS agency and OMD conflict resolution.**

1. In the event of an unresolved conflict between an EMS agency and its OMD, the issues involved shall be brought before the regional EMS council or local EMS resource's medical direction committee (or approved equivalent) for review and resolution.
2. When an EMS agency determines that the OMD presents an immediate significant risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the issues in question. If an immediate risk remains unresolved, the EMS agency shall contact the Office of EMS for assistance.

**C. Change of operational medical director.**

1. An EMS agency choosing to secure the services of another OMD shall provide a minimum of 30 days advance written notice of intent to the current OMD and the Office of EMS.
2. An OMD choosing to resign shall provide the EMS agency and the Office of EMS with a minimum of 30 days written notice of such intent.
3. When extenuating circumstances require an immediate change of an EMS agency's OMD (e.g., death, critical illness, etc.), the Office of EMS shall be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency shall be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS will make a determination whether the EMS agency will be allowed to continue its operations pending the approval of a permanent or temporary replacement OMD.
4. When temporary circumstances require a short-term change of an EMS agency's OMD for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the Office of EMS shall be notified by the OMD within 15 days so that a qualified replacement may be approved.
5. The Office of EMS may delay implementation of a change in an EMS agency's OMD pending the completion of any investigation of an unresolved conflict or possible violation of these regulations or the Code of Virginia.

**12VAC5-31-600. Quality management reporting.**

An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.

**Part IV****EMS Physician Regulations****12VAC5-31-1800. Requirement for EMS physician endorsement.**

A physician wishing to serve as an EMS agency operational medical director (OMD) or an EMS training program physician course director (PCD) shall hold current endorsement as an EMS physician issued by the Office of EMS.

**12VAC5-31-1810. Qualifications for EMS physician endorsement.**

A physician seeking endorsement as an EMS physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submit documentation of his qualifications for review on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following:

1. Board certification in emergency medicine or that applicant is in the active application process for board certification in emergency medicine issued by a national organization recognized by the Office of EMS, or board certification in family practice, internal medicine, or surgery or is in the active application process for board certification in family practice, internal medicine, or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS, and PALS or present documentation of equivalent education in cardiac care, trauma care, and pediatric care completed within the past five years.
2. Completion of an EMS medical direction program approved by the Office of EMS prior to submitting application for consideration of endorsement as an EMS physician.
3. In the event that an EMS agency or training program is located in a geographic area that does not have available a physician meeting the requirements stated in subdivisions 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit his qualifications to serve as an EMS physician under these circumstances. An EMS

physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic area or agency.

A physician seeking endorsement under this section must provide documentation of successful course completion or current certification in cardiac care, trauma care, and pediatric care or equivalent education such as ACLS, ATLS and PALS completed within one year of endorsement. All or part of this requirement may be waived if the Office of EMS determines this training is not required due to the specialized nature of the EMS agency to be served.

**12VAC5-31-1820. Application for EMS physician endorsement.**

A. A physician seeking endorsement as an EMS physician must make application on forms provided by the Office of EMS.

B. The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of his application within 30 days of receipt. Final disposition of an application may be delayed pending further review by the EMS Advisory Board Medical Direction Committee as applicable.

**12VAC5-31-1830. Conditional endorsement.**

Physicians will be issued a conditional endorsement for a period of one year pending the completion of the following requirements:

1. Upon verification of EMS medical direction program attendance at one four-hour "Currents" session within the one-year conditional endorsement, the Office of EMS will reissue endorsement with an expiration date five years from the date of original issuance.
2. If the conditional EMS physician fails to complete the required EMS medical direction program or the training pursuant to 12VAC5-31-1810 within the initial one-year period, his endorsement will lapse.

**12VAC5-31-1840. Lapse of EMS physician endorsement.**

A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS will notify the EMS physician and any EMS agency or training course that the EMS physician is associated with of the loss of endorsement. Any training programs already begun may be completed under the direction of the involved EMS physician, but no other programs may be started or announced.

B. Any EMS agency notified of the loss of their OMD's EMS physician endorsement will be required to immediately obtain the services of another endorsed EMS physician to serve as operational medical director pursuant to Part II (12VAC5-31-300 et seq.) of these regulations.

C. Upon loss of EMS physician endorsement, a new endorsement may only be issued upon completion of the application requirements of these regulations.

**12VAC5-31-1850. Change in EMS physician contact information.**

An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within 30 days.

**12VAC5-31-1860. Renewal of endorsement.**

A. Continued endorsement as an EMS physician requires submission of an application for renewal to the Office of EMS before expiration of the five-year endorsement period. Renewal of an EMS physician endorsement is based upon the physician's continuing to meet and maintain the qualifications specified in 12VAC5-31-1810.

B. Completion of equivalent related continuing education programs may be substituted for formal certification in ACLS, ATLS and PALS for the purposes of endorsement renewal. Acceptance of these continuing education hours is subject to approval by the Office of EMS.

C. An EMS physician must also attend a minimum of two "Currents" sessions as sponsored by OEMS within the five-year endorsement period.

**12VAC5-31-1870. Service by an EMS physician.**

A. An endorsed EMS physician may serve within the limits of his endorsement as an operational medical director (OMD) or as a physician course director (PCD), or both.

B. The Office of EMS may limit the number and type of agencies or training programs an EMS physician may oversee in order to insure that appropriate medical direction and clinical oversight is available.

**12VAC5-31-1880. Agreement to serve as an operational medical director.**

A. An EMS physician may serve as the sole operational medical director (OMD) or one of multiple OMDs required for licensure of an EMS agency.

B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the specific responsibilities and authority as defined in 12VAC5-31-590.

**12VAC5-31-1890. Responsibilities of operational medical directors.**

A. Responsibilities of the operational medical director regarding medical control functions include but are not limited to medical directions provided directly to prehospital providers by the OMD or a designee either on-scene or through direct voice communications.

B. Responsibilities of the operational medical director regarding medical direction functions include but are not limited to:

1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes for the purpose of establishing direction of education and limitation of provider patient care functions.
2. Verifying that qualifications and credentials for the agency's patient care or emergency medical dispatch personnel are maintained on an ongoing basis through training, testing and certification that, at a minimum, meet the requirements of these regulations, other applicable state regulations and including, but not limited to, § 32.1-111.5 of the Code of Virginia.

3. Functioning as a resource to the agency in planning and scheduling the delivery of training and continuing education programs for agency personnel.
4. Taking or recommending appropriate remedial or corrective measures for EMS personnel, consistent with state, regional and local EMS policies that may include but are not limited to counseling, retraining, testing, probation, and in-hospital or field internships.
5. Suspending certified EMS personnel from medical care duties pending review and evaluation. Following final review, the OMD shall notify the provider, the EMS agency and the Office of EMS in writing of the nature and length of any suspension of practice privileges that are the result of disciplinary action.
6. Reviewing and auditing agency activities to ensure an effective quality management program for continuous system and patient care improvement, and functioning as a resource in the development and implementation of a comprehensive mechanism for the management of records of agency activities including prehospital patient care and dispatch reports, patient complaints, allegations of substandard care and deviations from patient care protocols or other established standards.
7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical and operational protocols consistent with the Code of Virginia and dispatch protocols, policies, and procedures designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, and equipment.
8. Maintaining appropriate professional relationships with the local community including but not limited to medical care facilities, emergency departments, emergency physicians, allied health personnel, law enforcement, fire protection and dispatch agencies.
9. Establishing any other agency rules or regulations pertaining to proper delivery of patient care by the agency.
10. Providing for the maintenance of written records of actions taken by the OMD to fulfill the requirements of this section.

**12VAC5-31-1900. OMD and EMS agency conflict resolution.**

A. In the event of an unresolved conflict between the OMD and an EMS agency, the issues involved must be brought before the medical direction committee of the regional EMS council or local EMS resource for review and resolution.

B. When the EMS agency presents a significant risk to public safety or health, the OMD must attempt to resolve the issues in question. If a risk remains unresolved and presents an immediate threat to public safety or health, the OMD shall contact the Office of EMS for assistance.

**12VAC5-31-1910. Change of operational medical director.**

A. An OMD choosing to resign must provide the agency and the Office of EMS a minimum of 30 days written notice of intent. When possible, the OMD should assist the agency in securing a successor for this position.

B. An agency choosing to secure the services of another OMD must provide a minimum of 30 days advance written notice of intent to the current OMD and the Office of EMS.

C. When extenuating circumstances require an immediate change of an agency's OMD (e.g., death, critical illness, etc.), the Office of EMS must be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency will be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS may authorize the EMS agency to continue its operations pending the approval of a permanent or temporary replacement OMD.

D. When temporary circumstances make an agency's OMD unavailable to serve for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the OMD must notify the Office of EMS within 10 business days so that a qualified interim replacement may be approved. Any circumstances that make an agency's OMD unavailable to serve for a period expected to exceed one-year will require a change in the agency OMD as required by this section.

E. The Office of EMS may delay implementation of a change in an EMS agency's OMD pending the completion of any investigation of an unresolved conflict or possible violation of these regulations or the Code of Virginia.

**12VAC5-31-1920. Responsibilities of physician course directors.**

A. Every basic or advanced life support training program and course requesting the award of certification or "Required" (Category 1) continuing education (CE) credits must have a minimum of one physician course director (PCD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.

B. The PCD will have the following responsibilities as they relate to the selection and training of basic and advanced life support personnel:

1. The PCD must verify that all students accepted into the course of training meet state, regional, and local prerequisites for certification.
2. The PCD must confirm that all instructors for the course are certified at or above the level being instructed or have expertise in the particular subject being taught.
3. The PCD must regularly monitor and confirm that the training program adheres to the following criteria:
  - a. Satisfaction of the minimum objectives prescribed in the Office of EMS-approved training curriculum for the course of instruction. Upon presentation of an individual's "Virginia EMS Certification Application" for the PCD's signature by the course coordinator (ALS Coordinator) of an advanced life support training program, the PCD should confirm the student's successful completion of the course including their assessed competency to perform all required skills;
  - b. Continuing education programs are based upon the objectives prescribed in the Office of EMS approved recertification curriculum;
  - c. Consistency is maintained with local medical direction protocols and guidelines;

- d. Consistency is maintained with any other local guidelines established by the regional EMS council or local EMS resource; and
- e. Any additional requirements imposed for programs conducted for a single EMS agency or other organization must comply with the minimum guidelines defined in subdivisions 3 a through d of this subsection.

**12VAC5-31-1930. Compliance with training regulations.**

A. The PCD must verify that the course coordinator and all instructors are aware that possession or distribution of study guides or other written materials obtained through reconstruction of any state or national registry of EMTs certification examination is not permitted.

B. Where violations of this section or any part of these regulations are suspected of any PCD, the Office of EMS may suspend the instruction of any ongoing courses, withhold issuance of certifications, or suspend certifications issued to the course's students, instructors, or the course coordinator until an investigation is concluded.

Investigations resulting in a finding of a violation of these regulations by a PCD may result in an enforcement action. The Office of EMS may report the results of any investigation to the State Board of Medicine for further review and action as deemed necessary.

**12VAC5-31-1940. Physician course director responsibility to students.**

A. PCD/student relationship. The PCD shall assure that students are made aware of the PCD's responsibilities for the course, and of how to contact and if possible meet the PCD during the first lessons of any certification course.

B. Hospital-based experiences and field internships. The PCD shall provide clinical oversight and operational authority for the field practice of students enrolled in an approved EMS certification training program while the students are participating in clinical and field internship training. During these training programs the enrolled students may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction when:

1. The students are caring for patients in the affiliated hospitals or other healthcare-related facilities approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of a preceptor who is a physician, physician's assistant, nurse practitioner, registered nurse or an EMS provider certified at or above the level of the training program. All preceptors must be approved by the affiliated hospital or facility.

2. The students are caring for patients during a required course field internship program with a licensed EMS agency approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

Nothing in this subsection removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care by students participating in clinical or internship training.

**12VAC5-31-1950. Physician endorsement exemptions.**

A. Endorsement as an EMS physician will be initially issued to each licensed physician currently recorded as having previously been endorsed to serve as an operational medical director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to renewal pursuant to 12VAC5-31-1860.

B. EMS physicians initially endorsed through the "grandfather" clause who fail to request renewal before expiration will be subject to compliance with the full provisions of 12VAC5-31-1810 in order to regain endorsement as an EMS physician.

**12VAC5-31-1960 to 12VAC5-31-1990. [Reserved]**

**12VAC5-31-2000 to 12VAC5-31-2260. [Repealed]**