## EMERGENCY MEDICAL AND INFIRMARY SERVICES FOR THE NEW YORK STATE FAIR

## IFB #0191

## Addendum 2 Issued September 24, 2018 Questions and Answers

\*Please note the questions that follow are taken directly from the emails received by the Department.

1. What is the opportunity for branding of the Infirmary with St. Joseph's Health signage and/or marketing of services provided to fair goers?

The placement and design of any signage must be approved by AGM.

2. For the purpose of estimating cost associated with cleaning, what is the approximate interior square footage of the building?

The Infirmary is approximately 5,850 square feet.

3. Who maintains the building? Specifically, who is responsible for the facilities needs to maintain the interior and exterior of the building both during the 13 fair days and the other 352 days of the year?

AGM is responsible for the maintenance of the interior and exterior of the building both during the Fair and non-Fair.

4. Is the selected party required to clean/maintain the two exterior bathrooms during fair days or is this maintained by fair employees?

AGM maintains the exterior bathrooms during the Fair.

- 5. How has this space been used by 3<sup>rd</sup> parties historically? If our equipment/materials are housed, who is responsible for breakage/damage should a third party use this space (i.e., disaster preparedness training by the county)?
  - Historically third parties have used the facility during non-Fair for training exercises, and AMR has used the facility during the Syracuse Nationals. Any future use of the facility and the selected vendor's equipment housed at the Infirmary during non-Fair must be approved by AGM and the selected vendor.
- 6. Who is responsible for securing space when not in use? Who has access?
  AGM will change the locks on the doors and provide keys to the selected vendor as well as keep a set of keys with AGM security. Any use of cameras or similar security systems in the interior and/or exterior of the Infirmary would be the responsibility of the selected vendor. A

cypher lock was installed on the "surgical suite" door to secure vendor-owned equipment during the non-Fair.

- 7. Is current equipment in infirmary available for purchase from current occupant? **AGM does not own the equipment.**
- 8. Section 5.2 references Subcontracting. Is the \$100,000 limit an annual limit or for the duration of the contract?

Per section 5.2 of the IFB, "The only items that may be subcontracted for purposes of this solicitation are Medical Equipment and Medical Supplies referenced in Sections 2.2(F) and 2.2(G) of this IFB." As noted in the Submission Documents, Attachment 1 - Subcontracting Form, "Subcontracting is defined as non-employee direct personal services and related incidental expenses, including travel. For vendors using subcontractors, a Vendor Responsibility Questionnaire and a Department vendor responsibility review are required for a subcontractor where: 1) the subcontractor is known at the time of the contract award; 2) the subcontractor is not an entity that is exempt from reporting by OSC; and 3) the subcontract will equal or exceed \$100,000 over the life of the contract."

- 9. Who is responsible for overhead (electricity, heating/cooling, etc.)?

  AGM will be responsible for electric, heating/cooling, water, sewer and gas costs.
- 10. Is generator back-up immediately available (given that this is a secondary triage site for mass casualty incidents, I assume the answer to this is yes)?
  There is currently not a permanent generator back-up available.
- 11. What is the remaining term on AMR's EMS contract? The AMR contract expires in May, 2020.
- 12. Are the estimated hours for staffing provided for evaluation purposes or are these intended to reflect the actual/expected maximum labor hours for each discipline? If additional hours are believed to be required, how should this be reflected in the bid?

  As noted on the Submission Documents, Attachment 1 Bid Form, "Estimated hours are subject to change depending on the Department's needs at the Department's sole discretion. The selected contractor will only be paid for the actual number of hours worked. The hourly rates below shall include all costs and profit (includes but is not limited to: Direct & Indirect Costs, Payroll, Fringe Benefits, Overhead and Profit, and Medical Equipment necessary to operate the Infirmary per Section 2.2 F. of this IFB). Prices bid on the Bid Form shall be honored throughout the term of the awarded contract subject to any price adjustment pursuant to Section 5.3 of this IFB."

The hours reflect the estimated number of hours that will be needed for the services outlined in this IFB. These hours will be used for evaluation purposes only. Any additional hours must be approved by AGM prior to or during each State Fair held during the term of the Agreement. The vendor will only be paid for the actual number of hours expended at the hourly rates bid on the Bid Form.

13. Is the Infirmary building currently wired for network connectivity?

## The Infirmary has fiber in the building for the provision of Internet access.

- 14. Is there a local ISPs that currently has a presence in the facility? Yes.
- 15. Is there a secure location inside the facility to house network infrastructure?
- 16. What physical building security is in place to protect the infrastructure and equipment? **See question 6.**
- 17. Is electronic medical documentation required? **No.**
- 18. What are the metric reporting requirements during and at the end of the event? See Section 2.2 A (vi) of the IFB for reporting requirements.
- 19. Who owns the medical record and documentation? Is this considered a SJH medical record or state?
  - Any medical records and documentation shall be considered a medical record of the selected contractor.
- 20. Are there any required manual input into system other than SJH systems? **No.**
- 21. Are there any required Interfaces with AGM for purpose of reporting?

  No.
- 22. Per section 2.2 A Administrative support should be at least 12 hours and a max of 15 hours. The administrator is the supervisor of all staff and activity and the primary contact person to all other partner agencies. This would accommodate all of the requirements of section V. See section 2.2 A of the IFB for the Scope of Services as it relates to Operations Services.
- 23. SS D Triage coverage per part 18 of the NY health law, the requirement is 2 EMT's. not 1. Dept of Ag. can require it be "at least 2 EMT's but prefer 1 EMT and 1 Paramedic" This can optimize patient care effectiveness. Paramedics can perform and assist in higher levels of patient care.
  - See Addendum 3, Amendment.
- 24. Add and F "Must be able to accommodate all kinds of patients to standard of care. Those with language barriers, pediatrics, and reasonable accommodations for those with disabilities". (my rationale is that we used a service called Interpreter on Wheels this past fair that proved to be crucial in overcoming the language barrier.

  A language access line will be provided by AGM.
- 25. Add G There is no provision for residents credentials provided by the Dept of Ag See section 2.2 B of the IFB for the Scope of Services as it relates to Physician Coverage. Physicians enrolled in an accredited residency program in NYS may assist attending Physicians to obtain experience, however, Resident Physicians will not receive any compensation by AGM for services provided at the Infirmary and will not receive any credentials by AGM.

- 26. Add H Can have medical students for their experiential learning Med students are not a requirement. They are not paid and credentials are NOT provided by the Dept of Ag. See section 2.2 B of the IFB for the Scope of Services as it relates to Physician Coverage. Physicians enrolled in an accredited residency program in NYS may assist attending Physicians to obtain experience, however, Resident Physicians will not receive any compensation by AGM for services provided at the Infirmary and will not receive any credentials by AGM.
- 27. Question sub contract the cleaning services. This is not in most Emergency Medicine competencies. Thus sub contracting out such a service is critical. Should there be an exception in the sub contracting section outlined for just such a specialty? This is more for my own education.
  - Per section 5.2 of the IFB, "The only items that may be subcontracted for purposes of this solicitation are Medical Equipment and Medical Supplies referenced in Sections 2.2(F) and 2.2(G) of this IFB."
- 28. Section 2.2 -- Administrative Support should be changed to the entire daily operational period (15 hours). This individual the manager is responsible for keeping the infirmary running smoothly by having the knowledge of how the entire operation works. They are constantly training and also serve as the point of contact for all other Fair entities, including attending daily meetings. If the administrative support is not on-site, the attending physician is pulled away from performing medical functions. Medical staff MD, RN, EMT, Paramedics should be handling medical functions. Also, the manager can fill in as a medical person as needed.

  See section 2.2 A of the IFB for the Scope of Services as it relates to Operations Services.
- 29. Part D Triage Coverage NYS health law part 18 requires two (2) EMT's for a mass gathering. One of the required EMT's should be "At least at the Paramedic Level". Paramedics *are* EMT's first. The Paramedic's skills will increase and improve operational efficiency and effectiveness of the infirmary particularly during the high volume times of each day. See Addendum 3, Amendment.
- 30. Request to add Part I to have the ability to accommodate all kinds of patients to the standard of care for example, pediatric or multiple language patients. This would allow costs to be applied to Interpreter on Wheels and Child Life Specialist services.
  A language access line will be provided by AGM.
- 31. There is no provision for Resident Physicians previously the contract stated "Physicians enrolled in an accredited residency program in NYS may assist attending Physicians to obtain experience, however, Resident Physicians will not receive any compensation by AGM for services provided at the Infirmary". Please clarify the role of the Resident Physicians going forward.
  - See section 2.2 B of the IFB for the Scope of Services as it relates to Physician Coverage. Physicians enrolled in an accredited residency program in NYS may assist attending Physicians to obtain experience, however, Resident Physicians will not receive any compensation by AGM for services provided at the Infirmary and will not receive any credentials by AGM.
- 32. Section 5.2 Subcontracting. It is stated the only items that may be subcontracted for purposes of this solicitation are Medical Equipment and Medical Supplies. The cleaning services have been

a sub-contracted activity - it is not part of medical provider core competencies. This needs to be clearly identified.

Per section 5.2 of the IFB, "The only items that may be subcontracted for purposes of this solicitation are Medical Equipment and Medical Supplies referenced in Sections 2.2(F) and 2.2(G) of this IFB."

33. Please explain the rationale of section G and "Coordinating with EMS" for medications. This will create confusion and potentially collusion regarding medical supplies. There should be a clear and clean delineation between what the separate EMS contract uses and what the Infirmary staff uses. Unless there is an agreement between said EMS agency and the Infirmary for items that are not part of the core competencies of either party.

Per section 2.2 G of the IFB, the selected vendor is only providing the medical supplies "necessary to operate the Infirmary." The EMS vendor is responsible for providing the medical supplies necessary to provide the required EMS services pursuant to their contract with AGM.

34. Can you provide a summary of services rendered and patients treated at the Infirmary at the 2018 State Fair?

Year	Patients	Brought to	Taken to	Return to	Other	Total	Fair	Patron
	Treated	Infirmary by	<b>Hospital After</b>	Fair After	Patrons	Patron	Attend.	Visit
		EMS	Treatment at	Treatment at	Visiting	Visits		Percentage
			Infirmary	Infirmary	Infirmary**			to
								Infirmary
2018	564	301	82	394	651	1,215	1,279,010	0.0950%

<sup>\*\*</sup>These include Fairgoers who needed suntan lotion, aspirin and similar needs.