

<b>Public Health</b> Seattle & King County 	<b>COMMUNITY SERVICES AGREEMENT – OTHER GOVERNMENT</b>	<b>PHSKC Agreement #</b>  4962 EMS
This Agreement is between King County and the Recipient identified below. The County department overseeing the work to be performed in this Agreement is the Department of Public Health (PHSKC).		
<b>RECIPIENT NAME</b> Renton Regional Fire Authority		<b>RECIPIENT FEDERAL TAX ID #</b> 812447873
<b>RECIPIENT ADDRESS</b> 18002 108th Ave SE, Renton, WA 98055		<b>RECIPIENT CONTACT &amp; EMAIL ADDRESS</b> Rick Marshall; rmarshall@rentonRFA.org
<b>PHSKC DIVISION</b> EMS		<b>PROJECT TITLE</b> Basic Life Support Services
<b>AGREEMENT START DATE</b> Jan 01 2020	<b>AGREEMENT END DATE</b> Dec 31 2025	<b>AGREEMENT MAXIMUM AMOUNT</b> \$2,062,015.00
<b>FUNDING DETAILS</b>		
<u>Funding Source</u> EMS Levy	<u>PHSKC Contract #</u>	<u>Amount</u> \$2,062,015.00
<u>Effective Dates</u> Jan 01 2020 TO Dec 31 2025		
<b>FUNDING SUMMARY</b> FEDERAL:	COUNTY: \$2,062,015.00	STATE:
OTHER:		
<b>IS THE RECIPIENT A SUBRECIPIENT FOR PURPOSES OF THIS AGREEMENT? No</b>		
<b>EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference:</b> Exhibit A – Scope of Work, Exhibit B1 – BLS Basic Allocation Invoice, Exhibit B2 – BLS Core Services Invoice, Exhibit B3 – BLS Training & QI Program, Exhibit B4 Mobile Integrated Healthcare Invoice, Exhibit C – Scope of Work BLS Training and Quality Improvement (QI) Program, Exhibit D- MIH Scope of Work, Exhibit E – Reserved, Exhibit F – BLS QI & Training Run Review Report		
In consideration of payments, covenants, and agreements hereinafter mentioned, to be made and performed by the parties hereto, the parties mutually agree that the Recipient shall provide services and comply with the requirements set forth in this Agreement. The parties signing below represent that they have read and understand this Agreement, and have the authority to execute this Agreement. Furthermore, in addition to agreeing to the terms and conditions provided herein, by signing this Agreement, the Recipient certifies that it has read and understands the Agreement requirements on the PHSKC website ( <a href="http://www.kingcounty.gov/health/contracts">http://www.kingcounty.gov/health/contracts</a> ), and agrees to comply with all of the Agreement terms and conditions detailed on that site, including EEO/Nondiscrimination, HIPAA, Insurance, and Credentialing, as applicable.		
<b>RECIPIENT SIGNATURE</b> DocuSigned by: 	<b>PRINTED NAME AND TITLE</b> Rick Marshall  Fire Chief	<b>DATE SIGNED</b>  2/13/2020
<b>PHSKC SIGNATURE</b> DocuSigned by: 	<b>PRINTED NAME AND TITLE</b> Michele Plorde  Division Director	<b>DATE SIGNED</b>  2/19/2020

Approved as to Form: OFFICE OF THE KING COUNTY PROSECUTING ATTORNEY  
 (This form is available in alternate formats for people with disabilities upon request.)

## **KING COUNTY TERMS AND CONDITIONS**

### **1. Agreement Term and Termination**

- A. This Agreement shall commence on the Agreement Start Date and shall terminate on the Agreement End Date as specified on page 1 of this Agreement, unless extended or terminated earlier, pursuant to the terms and conditions of the Agreement.
- B. This Agreement may be terminated by the County or the Recipient without cause, in whole or in part, prior to the Agreement End Date, by providing the other party thirty (30) days advance written notice of the termination. The Agreement may be suspended by the County without cause, in whole or in part, prior to the date specified in Subsection 1.A. above, by providing the Recipient thirty (30) days advance written notice of the suspension.
- C. The County may terminate or suspend this Agreement, in whole or in part, upon seven (7) days advance written notice in the event: (1) the Recipient materially breaches any duty, obligation, or service required pursuant to this Agreement, or (2) the duties, obligations, or services required herein become impossible, illegal, or not feasible. If the Agreement is terminated by the County pursuant to this Subsection 1.C. (1), the Recipient shall be liable for damages, including any additional costs of procurement of similar services from another source.

If the termination results from acts or omissions of the Recipient, including but not limited to misappropriation, nonperformance of required services, or fiscal mismanagement, the Recipient shall return to the County immediately any funds, misappropriated or unexpended, which have been paid to the Recipient by the County.

- D. If County or other expected or actual funding is withdrawn, reduced, or limited in any way prior to the termination date set forth above in Subsection 1.A., the County may, upon written notification to the Recipient, terminate or suspend this Agreement in whole or in part.

If the Agreement is terminated or suspended as provided in this Section: (1) the County will be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the effective date of termination or suspension; and (2) in the case of termination the Recipient shall be released from any obligation to provide such further services pursuant to the Agreement ; and (3) in the case of suspension the Recipient shall be released from any obligation to provide services during the period of suspension and until such time as the County provides written authorization to resume services..

Funding or obligation under this Agreement beyond the current appropriation year is conditional upon appropriation by the County Council of sufficient funds to support the activities described in the Agreement. Should such appropriation not be approved, this Agreement will terminate at the close of the current appropriation year.

- E. County funds must supplement, not replace (supplant) non-county funds. Recipient must ensure that County funds do not supplant funds that have been budgeted for the same purpose through non-County sources. Recipient may be required to demonstrate and document that a reduction in non-County resources occurred for reasons other than the receipt of expected receipt of County funds.
- F. Nothing herein shall limit, waive, or extinguish any right or remedy provided by this Agreement or law that either party may have in the event that the obligations, terms, and conditions set forth in this Agreement are breached by the other party.

### **2. Compensation and Method of Payment**

- A. The total Agreement compensation shall be determined annually by King County. The amount allocated for the first year shall be \$ formula(Contractor will provide basic life support services to residents of King County. Total amount this action: \$2,062,015 [\$1,635,898 (BLS), \$64,584 (Core), \$26,077 (QI), and \$335,456 (MIH)]. Subsequent allocations shall be determined by the County

consistent with the following allocation method in the form of a letter signed by the Public Health Director or designee.

1. **BLS General Allocation (Exhibit A):** As identified in the EMS 2020-2025 Strategic Plan, each BLS recipient's annual BLS Basic allocation is established in the first year (2020) by distributing the total allocation funding across all agencies, 50% based on assessed valuation and 50% based on call volumes. The first year's funding may, in the County's sole discretion, be augmented so that agencies are "kept whole" and not negatively impacted by this first year rebase. Each BLS recipient's annual BLS Basic allocation for 2021-2025 will be determined by adding the proportion of the total increase, 50% based on assessed valuation and 50% based on call volumes, to the previous year's allocation.
  2. **BLS Core Services (Exhibit A):** Recipients may submit a BLS Core Services Program application to the EMS Division to help cover unanticipated costs that cannot be accommodated within an agency's current budget. Each BLS recipient's annual Core Services Program allocation is determined by distributing the allocation across all agencies, 50% based on assessed valuation and 50% based on call volumes.
  3. **Training and QI:** Supplemental funding to enhance QI and training, as identified by the EMS Division and regional partners for Training and Quality Improvement as defined in Exhibit C – BLS Training and QI Program Scope of Work, is allotted among recipients as follows; Each agency receives 40% of the annual allocation equally distributed with remaining 60% funds distributed based on call volume.
  4. **Mobile Integrated Healthcare (MIH):** BLS Recipients will receive funding for participation in Mobile Integrated Healthcare efforts as identified by the EMS Division and regional partners and defined in Exhibit D – MIH Scope of Work. Total funding for the first year (2020) will be distributed across all agencies, 50% based on assessed valuation and 50% based on call volumes. Each agency's allocation will increase by CPI-W + 1% in subsequent years of the levy.
  5. Additional compensation may be awarded by the County in its sole discretion as follows:
    - a) **Regionalization of Initial EMT Training Project, EMT SI:** To support an expanded set of training forums as defined in Exhibit E.
- B. The County shall reimburse the Recipient for satisfactory completion of the services and requirements specified in this Agreement, payable in the following manner:
1. **BLS Basic Allocation:** Upon receipt and approval by the County of a signed invoice in substantially the form of the attached Invoice Exhibit B1. The Recipient may bill up to the full amount of the annual allocation at any time during the specified contract year if it can certify and document that its total expenditures have equaled or exceeded the full amount of the annual contract.
  2. **BLS Core Services:** Upon receipt and approval by the County of a signed invoice as set forth in Exhibit B2.
  3. **Training and QI:** Upon receipt and approval by the County of a signed invoice as set forth in Exhibit B3.
  4. **Mobile Integrated Healthcare (MIH):** Upon receipt and approval by the County of a signed invoice as set forth in Exhibit B4.
- C. The Recipient shall submit an invoice and all accompanying reports as specified in the attached exhibits or agreed upon alternatives not more than 60 working days after the close of each indicated

reporting period. The County shall make payment to the Recipient not more than 30 days after a complete and accurate invoice is received.

- D. The Recipient shall submit its final invoice and all outstanding reports within 90 days of the date this Agreement terminates. If the Recipient's final invoice and reports are not submitted by the day specified in this subsection, the County will be relieved of all liability for payment to the Recipient of the amounts set forth in said invoice or any subsequent invoice.
- E. When a budget is attached hereto as an exhibit, the Recipient shall apply the funds received from the County under this Agreement in accordance with said budget. The Agreement may contain separate budgets for separate program components and allocations. The Recipient shall request prior approval from the County for an amendment to this Agreement when the cumulative amount of transfers among the budget categories is expected to exceed 10% of the Agreement allocation amount in any Agreement budget. Supporting documents necessary to explain fully the nature and purpose of the amendment must accompany each request for an amendment. Cumulative transfers between budget categories of 10% or less need not be incorporated by written amendment; however, the County must be informed immediately in writing of each such change.
- F. Should, in the sole discretion of the County, the Recipient not timely expend funds allocated under this Agreement, the County may recapture and reprogram any such under-expenditures unilaterally and without the need for further amendment of this Agreement. The County may unilaterally make changes to the funding source without the need for an amendment. The Recipient shall be notified in writing of any changes in the fund source or the recapturing or reprogramming of under expenditures.
- G. If travel costs are contained in the attached budget, reimbursement of Recipient travel, lodging, and meal expenses are limited to the eligible costs based on the following rates and criteria.
  - 1. The mileage rate allowed by King County shall not exceed the current Internal Revenue Service (IRS) rates per mile as allowed for business related travel. The IRS mileage rate shall be paid for the operation, maintenance and depreciation of individually owned vehicles for that time which the vehicle is used during work hours. Parking shall be the actual cost. When rental vehicles are authorized, government rates shall be requested. If the Recipient does not request government rates, the Recipient shall be personally responsible for the difference. Please reference the federal web site for current rates: <http://www.gsa.gov>.
  - 2. Reimbursement for meals shall be limited to the per diem rates established by federal travel requisitions for the host city in the Code of Federal Regulations, 41 CFR § 301, App.A. Please reference <http://www.gsa.gov> for the current host city per diem rates.
  - 3. Accommodation rates shall not exceed the federal lodging limit plus host city taxes. The Recipient shall always request government rates.
  - 4. Air travel shall be by coach class at the lowest possible price available at the time the County requests a particular trip. In general, a trip is associated with a particular work activity of limited duration and only one round-trip ticket, per person, shall be billed per trip. Any air travel occurring as part of a federal grant must be in accordance with the Fly America Act.

### **3. Internal Control and Accounting System**

The Recipient shall establish and maintain a system of accounting and internal controls which complies with applicable generally accepted government accounting standards (GAGAS).

### **4. Debarment and Suspension Certification**

Entities that are debarred, suspended, or proposed for debarment by the U.S. Government are excluded from receiving federal funds and contracting with the County. The Recipient, by signature to this Agreement, certifies that the Recipient is not presently debarred, suspended, or proposed for debarment by any Federal department or agency. The Recipient also agrees that it will not enter into a sub-agreement with a Recipient that is debarred, suspended, or proposed for debarment. The Recipient agrees to notify



King County in the event it, or a sub-awardee, is debarred, suspended, or proposed for debarment by any Federal department or agency.

## **5. Maintenance of Records/Evaluations and Inspections**

- A. The Recipient shall maintain accounts and records, including personnel, property, financial, and programmatic records and other such records as may be deemed necessary by the County to ensure proper accounting for all Agreement funds and compliance with this Agreement.
- B. In accordance with the nondiscrimination and equal employment opportunity requirements set forth in Section 13. below, the Recipient shall maintain the following:
  - 1. Records of employment, employment advertisements, application forms, and other pertinent data, records and information related to employment, applications for employment or the administration or delivery of services or any other benefits under this Agreement; and
  - 2. Records, including written quotes, bids, estimates or proposals submitted to the Recipient by all businesses seeking to participate on this Agreement, and any other information necessary to document the actual use of and payments to sub-awardees and suppliers in this Agreement, including employment records.

The County may visit the site of the work and the Recipient's office to review the foregoing records. The Recipient shall provide every assistance requested by the County during such visits. In all other respects, the Recipient shall make the foregoing records available to the County for inspection and copying upon request. If this Agreement involves federal funds, the Recipient shall comply with all record keeping requirements set forth in any federal rules, regulations or statutes included or referenced in the Agreement documents.

- C. Except as provided in Section 6 of this Agreement, the records listed in A and B above shall be maintained for a period of six (6) years after termination hereof unless permission to destroy them is granted by the Office of the Archivist in accordance with Revised Code of Washington (RCW) Chapter 40.14.
- D. Medical records shall be maintained and preserved by the Recipient in accordance with state and federal medical records statutes, including but not limited to RCW 70.41.190, 70.02.160, and standard medical records practice. If the Recipient ceases operations under this Agreement, the Recipient shall be responsible for the disposition and maintenance of such medical records.
- E. The Recipient agrees to cooperate with the County or its agent in the evaluation of the Recipient's performance under this Agreement and to make available all information reasonably required by any such evaluation process. The results and records of said evaluations shall be maintained and disclosed in accordance with RCW Chapter 42.56.
- F. The Recipient agrees that all information, records, and data collected in connection with this Agreement shall be protected from unauthorized disclosure in accordance with applicable state and federal law.

## **6. Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The Recipient shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of HIPAA and any regulations enacted pursuant to its provisions. Recipient shall read and certify compliance with all HIPAA requirements at <http://www.kingcounty.gov/healthservices/health/partnerships/contracts>

## **7. Audits**

- A. If the Recipient is a municipal entity or other government institution or jurisdiction, it shall notify the County in writing within 30 days of when its annual report of examination/audit, conducted by the Washington State Auditor, has been completed.

- B. Additional audit or review requirements which may be imposed on the County will be passed on to the Recipient and the Recipient will be required to comply with any such requirements.

## **8. Corrective Action**

If the County determines that a breach of Agreement has occurred, that is, the Recipient has failed to comply with any terms or conditions of this Agreement or the Recipient has failed to provide in any manner the work or services agreed to herein, and if the County deems said breach to warrant corrective action, the following sequential procedure will apply:

- A. The County will notify the Recipient in writing of the nature of the breach;  
The Recipient shall respond in writing within three (3) working days of its receipt of such notification, which response shall indicate the steps being taken to correct the specified deficiencies. The corrective action plan shall specify the proposed completion date for bringing the Agreement into compliance, which date shall not be more than ten (10) days from the date of the Recipient's response, unless the County, at its sole discretion, specifies in writing an extension in the number of days to complete the corrective actions;
- B. The County will notify the Recipient in writing of the County's determination as to the sufficiency of the Recipient's corrective action plan. The determination of sufficiency of the Recipient's corrective action plan shall be at the sole discretion of the County;
- C. In the event that the Recipient does not respond within the appropriate time with a corrective action plan, or the Recipient's corrective action plan is determined by the County to be insufficient, the County may commence termination or suspension of this Agreement in whole or in part pursuant to Section 1.C.;
- D. In addition, the County may withhold any payment owed the Recipient or prohibit the Recipient from incurring additional obligations of funds until the County is satisfied that corrective action has been taken or completed; and
- E. Nothing herein shall be deemed to affect or waive any rights the parties may have pursuant to Section 1., Subsections B, C, D, and E.

## **9. Dispute Resolution**

The parties shall use their best, good-faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under this Agreement while attempting to resolve the dispute under this section.

## **10. Hold Harmless and Indemnification**

- A. In providing services under this Agreement, the Recipient is an independent contractor, and neither it nor its officers, agents, employees, or subcontractors are employees of the County for any purpose. The Recipient shall be responsible for all federal and/or state tax, industrial insurance, and Social Security liability that may result from the performance of and compensation for these services and shall make no claim of career service or civil service rights which may accrue to a County employee under state or local law.

The County assumes no responsibility for the payment of any compensation, wages, benefits, or taxes, by, or on behalf of the Recipient, its employees, subcontractors and/or others by reason of this Agreement. The Recipient shall protect, indemnify, and save harmless the County, its officers, agents, and employees from and against any and all claims, costs, and/or losses whatsoever occurring or resulting from (1) the Recipient's failure to pay any such compensation, wages, benefits, or taxes, and/or (2) the supplying to the Recipient of work, services, materials, or supplies by Recipient employees or other suppliers in connection with or support of the performance of this Agreement.

- B. The Recipient further agrees that it is financially responsible for and will repay the County all indicated amounts following an audit exception which occurs due to the negligence, intentional act, and/or failure, for any reason, to comply with the terms of this Agreement by the Recipient, its officers, employees, agents, or subcontractors. This duty to repay the County shall not be diminished or extinguished by the prior termination of the Agreement pursuant to the Term and Termination section.
- C. The Recipient shall defend, indemnify, and hold harmless the County, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the negligent acts or omissions of the Recipient, its officers, employees, sub-awardees and/or agents in its performance or non-performance of its obligations under this Agreement. In the event the County incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the Recipient.
- D. The County shall defend, indemnify, and hold harmless the Recipient, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the negligent acts or omissions of the County, its officers, employees, or agents in its performance or non-performance of its obligations under this Agreement. In the event the Recipient incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the County.
- E. Claims shall include, but not be limited to, assertions that use or transfer of software, book, document, report, film, tape, or sound reproduction or material of any kind, delivered hereunder, constitutes an infringement of any copyright, patent, trademark, trade name, and/or otherwise results in unfair trade practice.
- F. Nothing contained within this provision shall affect and/or alter the application of any other provision contained within this Agreement.
- G. The indemnification, protection, defense and save harmless obligations contained herein shall survive the expiration, abandonment or termination of this Agreement.

## **11. Insurance Requirements**

By the date of execution of this Agreement, the Recipient shall procure and maintain for the duration of this Agreement, insurance against claims for injuries to persons or damages to property which may arise from, or in connection with, the performance of work hereunder by the Recipient, its agents, representatives, employees, and/or sub-awardees. The costs of such insurance shall be paid by the Recipient or sub-awardee. The Recipient may furnish separate certificates of insurance and policy endorsements for each sub-awardee as evidence of compliance with the insurance requirements of this Agreement. The Recipient is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Recipient, its agents, employees, officers, sub-awardee, providers, and/or provider sub-awardees to comply with the insurance requirements stated herein shall constitute a material breach of this Agreement. Specific coverages and requirements are at <http://www.kingcounty.gov/healthservices/health/partnerships/contracts>; Recipients shall read and provide required insurance documentation prior to the signing of this Agreement.

## **12. Assignment/Sub-agreements**

- A. The Recipient shall not assign or sub-award any portion of this Agreement or transfer or assign any claim arising pursuant to this Agreement without the written consent of the County. Said consent must be sought in writing by the Recipient not less than fifteen (15) days prior to the date of any proposed assignment.
- B. "Sub-agreement" shall mean any agreement between the Recipient and a sub-awardee or between sub-awardees that is based on this Agreement, provided that the term "sub-awardee" does not include the purchase of (1) support services not related to the subject matter of this Agreement, or (2) supplies.

- C. The Recipient shall include Sections 2.D., 2.E., 3, 4, 5, 6, 10.A., 10.B., 10.G., 12, 13, 14, 15, 16, 17, 23, 24, 26, and the Funder's Special Terms and Conditions, if attached, in every sub-agreement that relates to the subject matter of this Agreement.
- D. The Recipient agrees to include the following language verbatim in every sub-agreement for services which relate to the subject matter of this Agreement:  

"Sub-awardee shall protect, defend, indemnify, and hold harmless King County, its officers, employees and agents from any and all costs, claims, judgments, and/or awards of damages arising out of, or in any way resulting from the negligent act or omissions of sub-awardee, its officers, employees, and/or agents in connection with or in support of this Agreement. Sub-awardee expressly agrees and understands that King County is a third party beneficiary to this Agreement and shall have the right to bring an action against sub-awardee to enforce the provisions of this paragraph."

### **13. Nondiscrimination and Equal Employment Opportunity**

The Recipient shall comply with all applicable federal, state and local laws regarding discrimination, including those set forth in this Section.

During performance of the Agreement, the Recipient agrees that it will not discriminate against any employee or applicant for employment because of the employee or applicant's sex, race, color, marital status, national origin, religious affiliation, disability, sexual orientation, gender identity or expression or age except by minimum age and retirement provisions, unless based upon a bona fide occupational qualification. The Recipient will make equal employment opportunity efforts to ensure that applicants and employees are treated, without regard to their sex, race, color, marital status, national origin, religious affiliation, disability, sexual orientation, gender identity or expression or age. Additional requirements are at <http://www.kingcounty.gov/healthservices/health/partnerships/contracts>; Recipients shall read and certify compliance.

### **14. Conflict of Interest**

- A. The Recipient agrees to comply with applicable provisions of K.C.C. 3.04. Failure to comply with such requirements shall be a material breach of this Agreement, and may result in termination of this Agreement pursuant to Section II and subject the Recipient to the remedies stated therein, or otherwise available to the County at law or in equity.
- B. The Recipient agrees, pursuant to KCC 3.04.060, that it will not willfully attempt to secure preferential treatment in its dealings with the County by offering any valuable consideration, thing of value or gift, whether in the form of services, loan, thing or promise, in any form to any county official or employee. The Recipient acknowledges that if it is found to have violated the prohibition found in this paragraph, its current Agreements with the county will be cancelled and it shall not be able to bid on any county Agreement for a period of two years.
- C. The Recipient acknowledges that for one year after leaving County employment, a former County employee may not have a financial or beneficial interest in an agreement or grant that was planned, authorized, or funded by a County action in which the former County employee participated during County employment. Recipient shall identify at the time of offer current or former County employees involved in the preparation of proposals or the anticipated performance of Work if awarded the Agreement. Failure to identify current or former County employees involved in this transaction may result in the County's denying or terminating this Agreement. After Agreement award, the Recipient is responsible for notifying the County's Project Manager of current or former County employees who may become involved in the Agreement any time during the term of the Agreement.

### **15. Equipment Purchase, Maintenance, and Ownership**

- A. The Contractor agrees that any equipment purchased, in whole or in part, with Contract funds at a cost of \$5,000 per item or more, when the purchase of such equipment is reimbursable as a Contract budget item, shall be treated as a capital asset, including tagging. The Contractor shall be responsible for all such property, including the proper care and maintenance of the equipment.



- B. In the event Contractor no longer provides services under a contract with the County, equipment and the equipment allocation funds/reserves are to be returned to the King County EMS Fund or transferred to a new Contractor, as determined by the County.

**16. Proprietary Rights**

The parties to this Agreement hereby mutually agree that if any patentable or copyrightable material or article should result from the work described herein, all rights accruing from such material or article shall be the sole property of the party that produces such material or article. If any patentable or copyrightable material or article should result from the work described herein and is jointly produced by both parties, all rights accruing from such material or article shall be owned in accordance with US Patent Law. Each party agrees to and does hereby grant to the other party, irrevocable, nonexclusive, and royalty-free license to use, according to law, any material or article and use any method that may be developed as part of the work under this Agreement.

The foregoing products license shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient which are modified for use in the performance of this Agreement.

The foregoing provisions of this section shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient that are not modified for use in the performance of this Agreement.

**17. Political Activity Prohibited**

None of the funds, materials, property, or services provided directly or indirectly under this Agreement shall be used for any partisan political activity or to further the election or defeat of any candidate for public office.

**18. King County Recycled Product Procurement Policy**

In accordance with King County Code 18.20, the Recipient shall use recycled paper, and both sides of sheets of paper whenever practicable, when submitting proposals, reports, and invoices, if paper copies are required.

**19. Future Support**

The County makes no commitment to support the services awarded for herein and assumes no obligation for future support of the activity awarded herein except as expressly set forth in this Agreement.

**20. Entire Agreement/Waiver of Default**

The parties agree that this Agreement is the complete expression of the terms hereto and any oral or written representations or understandings not incorporated herein are excluded. Both parties recognize that time is of the essence in the performance of the provisions of this Agreement. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of the Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Agreement unless stated to be such through written approval by the County, which shall be attached to the original Agreement.

**21. Amendments**

Either party may request changes to this Agreement. Proposed changes which are mutually agreed upon shall be incorporated by written amendments to this Agreement. Changes to the County's Agreement numbering system or fund source may be made unilaterally by the County and without the need for amendment of this Agreement. The Recipient shall be notified in writing of any changes in the Agreement number or fund source assigned by the County; provided, however, that the total compensation allocated by the County through this Agreement does not change.

**22. Notices**

Whenever this Agreement provides for notice to be provided by one party to another, such notice shall be in writing and directed to the chief executive office of the Recipient and the project representative of the County department specified on page one of this Agreement. Any time within which a party must take some action shall be computed from the date that the notice is received by said party.

**23. Services Provided in Accordance with Law and Rule and Regulation**

The Recipient and any sub-awardee agree to abide by the laws of the state of Washington, rules and regulations promulgated thereunder, and regulations of the state and federal governments, as applicable, which control disposition of funds granted under this Agreement, all of which are incorporated herein by reference.

In the event that there is a conflict between any of the language contained in any exhibit or attachment to this Agreement, the language in the Agreement shall have control over the language contained in the exhibit or the attachment, unless the parties affirmatively agree in writing to the contrary.

**24. Applicable Law**

This Agreement shall be construed and interpreted in accordance with the laws of the State of Washington. The venue for any action hereunder shall be in the Superior Court for King County, Washington.

**25. Electronic Processing and Signatures**

The parties agree that this Agreement may be processed and signed electronically, which if done so, will be subject to additional terms and conditions found at <https://www.docusign.com/company/terms-of-use>.

The parties acknowledge that they have consulted with their respective attorneys and have had the opportunity to review this Agreement. Therefore, the parties expressly agree that this Agreement shall be given full force and effect according to each and all of its express terms and provisions and the rule of construction that any ambiguities are to be resolved against the drafting party shall not be employed in the interpretation of this Agreement.

The parties executing this Agreement electronically have authority to sign and bind its represented party to this Agreement.

**26. No Third Party Beneficiaries**

Except for the parties to whom this Agreement is assigned in compliance with the terms of this Agreement, there are no third party beneficiaries to this Agreement, and this Agreement shall not impart any rights enforceable by any person or entity that is not a party hereto.

**END OF COUNTY TERMS AND CONDITIONS**

## Public Health—Seattle & King County, Emergency Medical Services Division

### Exhibit A –Scope of Work

#### Basic Life Support (BLS) Services

- A. The Recipient shall provide Basic Life Support (BLS) services within their geographic boundaries consistent with the following requirements, and in other geographic areas consistent with any mutual aid agreement.
- B. BLS services shall comply with the requirements adopted by King County pursuant to Chapter 2.35A.030 of the King County Code or by the King County Medical Program Director (MPD) pursuant to Chapter [18.73](#) RCW and shall be consistent with the scope of work, EMS Strategic Plan, and EMS Policies.
- C. Service Requirements: The Recipient shall ensure that BLS services provided under this Contract are consistent with the following requirements:
  - I. Personnel: All emergency medical services personnel providing basic life support services supported by King County funds must be certified as Emergency Medical Technicians (EMTs) as defined by RCW 18.73. Basic EMT training will be overseen by the EMS Division and in accordance with Washington state regulations.
  - II. Continuing Medical Education: EMTs will remain certified as required by WAC [246-976](#). Continuing Education and proficiency standards will be set by the EMS Division and the King County MPD. The Recipient must report completion of education and skill proficiency updates to the EMS Division annually.
  - III. Medical Standards: The Recipient shall adhere to standards of medical care for the triage, treatment and transport of patient as authorized by the Medical Program Director pursuant to RCW 18.73 and [18.71](#). Standards of medical care are delineated in the EMS Division training curriculum approved by the Washington State Department of Health, "Seattle and King County EMT Patient Care."
    - a. Scope of Practice: Evaluation and treatment activities by EMTs from agencies not described in the standards of medical care are deemed outside the scope of practice. Changes or additions to this scope of practice will be issued periodically by the King County MPD and any revisions shall be incorporated into this requirement.
    - b. Patient Confidentiality: Information concerning the evaluation and treatment of a patient by BLS personnel in the performance of their duties is to be handled as confidential material, including patient name, medical history, incident location, or any other confidential information. Confidential medical information may not be released unless the patient or his/her court-appointed representative completes and signs an Authorization for Release of Information form.
    - c. Equipment:



1. All vehicles used to deliver emergency medical services must meet vehicle standards as established by the Washington State Department of Health pursuant to RCW 18.73, unless waived by the State Department of Health Office of EMS Trauma Prevention Licensing.

Medical equipment used by personnel must meet appropriate federal or state standards or county protocols.

- d. Transportation Policy: The Recipient is responsible for developing a policy for the transport of patients from the incident scene to the treatment scene. The decision to transport a patient seen by BLS personnel will be determined by the patient's medical condition as described in the Basic EMT core curriculum and any mitigating circumstances. The mode of transport will be consistent with the patient's medical condition and provide humane, efficient and expedient care. Transport destinations should be consistent with the State Trauma System Activation Guidelines.
  - e. Record Keeping and Record Submission: An EHR record must be created to document a response to an emergency medical incident. A patient care record must be completed as accurately and thoroughly as possible. Completed patient care reports must be submitted to the EMS Division. In the case of cardiac arrest events (or other events, such as research protocols, or as defined by the MPD), notification must be provided to the EMS Division within 24 hours and completed records within the time specified (i.e., 2 days of the event in 2020) by the medical program director. Agencies are responsible for retention of the patient care record per Washington state records retention requirements.
  - f. Service Modifications: Review and modifications of BLS requirements may be conducted on a regular basis. BLS services shall be consistent with any modifications to protocols or procedures as defined by the King County Medical Program Director.
- IV. Mutual Aid Agreements: A specific plan for mutual aid with adjacent BLS and ALS agencies shall be established and available for review by the EMS Division by December 31, 2020.
  - V. Joint EMS Agency Activities: The Recipient may conduct joint non-response related activities, such as trainings or drills, with King County Medic One.
  - VI. Quality Improvement Program: The Recipient agrees to actively participate in an ongoing program of Quality Improvement consistent with the regional standards and approach established by the King County MPD, the EMS Division, and the BLS Training and QI Program. Elements of the program should include: 1) EMT assessment and oversight, 2) sentinel event and inquiry, 3) BLS patient care record review, and 4) EMT certification and recertification maintenance and oversight. The Recipient must have a written Quality Improvement Plan that specifies the BLS agency's internal quality review activities and should be available for review by the EMS Division by December 31, 2020

- VII. Performance Measurement and Review: The Recipient agrees to participate in an ongoing program of regional performance measurement and review. Performance indicators will be reported by the EMS Division on an annual basis and updated as needed. Standards for each agency will be monitored in the following major areas: total call volume and average unit response time. Mitigation activities will be initiated with agencies if needed.
- VIII. Proposed Research and Evaluation Activities: Recipient shall request and receive prior review and written approval from the King County MPD and the King County EMS Division Director for any proposed clinical research or evaluation activities involving personnel, equipment or data supported directly or indirectly by King County funds. All such clinical research and evaluation must be in compliance with State, County and local regulations and laws.
- IX. Financial Management and Oversight: Recipient shall provide annual budget information on a form provided by the EMS Division.
- X. Emergency Medical Technician (EMT) Training Program: Recipient employees, at the EMS Division's sole discretion, may participate in the EMS Division's EMT Training Program (Program) to include the following elements:
- a. Participation: The EMS Division will provide a letter to the Recipient indicating which employee(s), if any, have been selected to participate in the Program. The Recipient must sign and return the letter prior to the commencement of the Program in order for its employee to participate.
  - b. Specific Learning Objectives: To provide training and information on basic State and National Requirements for Emergency Medical Technicians and to provide clinical observation of acutely ill patients in an emergency room setting. Students will have the opportunity to observe patients history and exams, treatments and perform vital signs if applicable.
  - c. Clinical Observation: The Program includes a 10-hour clinical rotation at Harborview Medical Center whereby the Recipient employee's primary duty will be to observe, however they may be called upon to perform the following activities: Take vital signs, blood pressure, pulse, respiratory rates, temperatures and other duties as assigned by clinical staff.
  - d. Ride along: Observe patient care and treatment on a Fire Department Aid car. Main objective is to allow students the opportunity to observe a variety of career EMT skills and techniques including, but not limited to scene assessment, EMT patient interaction, patient exam, medical documentation and hospital staff interaction.
  - e. The Recipient and the EMS Division will instruct their respective staff and employees participating in the Program, to maintain confidentiality of patient information as required by law and by the policies and procedures of the Recipient and the EMS Division.



# Public Health

Seattle & King County

## 2020-2025 BLS Invoice - Basic Allocation

Contract Number:

Exhibit B1: 2020-2025 BLS Basic Allocation Invoice

Contract Period of Performance: 2020

Agency Name:

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Submit signed hardcopy invoice or PDF to:

Emergency Medical Services Division

Attn: Mary Won

401 5th Ave., Suite 1200

Seattle, WA 98104

[mary.won@kingcounty.gov](mailto:mary.won@kingcounty.gov)

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

## King County Accounts Payable Information

Purchase Order # \_\_\_\_\_  
 Supplier Name \_\_\_\_\_  
 Supplier # \_\_\_\_\_  
 Supplier Pay Site \_\_\_\_\_  
 Remit to Address \_\_\_\_\_  
 Req # and Receipt # \_\_\_\_\_  
 Invoice Date \_\_\_\_\_  
 Invoice # \_\_\_\_\_  
 Amount to be Paid \_\_\_\_\_  
 Note to AP \_\_\_\_\_  
 Payment Type (Circle One) CHECK or ACH  
 Print on Remittance \_\_\_\_\_  
 PH Program name & phone \_\_\_\_\_

Start Date      End Date  
 \_\_\_\_\_

--	--

MM/DD/YY

Invoice for services rendered under this contract for the period  
 of:

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1045572	830000	53180	002	101752				

Attach sheet for multiple POETAs

OPERATIONAL FUNDS	2020 Budget	Invoice Amount	Previous Total	Expense To Date	Budget Remaining
<b>Salaries &amp; Benefits</b>					
EMT Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Other Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Overtime	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Employee Benefits:	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Employee Salaries &amp; Benefits:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Other Costs:</b>					
Medical Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Office & Computer Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Uniforms, Fire & Safety Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Dispatch	\$ -	\$ -	\$ -	\$ -	\$ -
Communications	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -	\$ -
Misc.	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Other Costs:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2020 BLS Grand Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

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

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## For Public Health Use Only

	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					



# Public Health

Seattle & King County



## 2020-2025 BLS Invoice - BLS Core Services

Contract Number:  
Exhibit B2: BLS Core Services Invoice

Contract Period of Performance: 2020

Agency Name:

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Submit signed hardcopy invoice or PDF to:**

Emergency Medical Services Division

Attn: Mary Won

401 5th Ave., Suite 1200

Seattle, WA 98104

[mary.won@kingcounty.gov](mailto:mary.won@kingcounty.gov)

Invoice for services rendered under this contract for the period of:

## EXHIBIT B2: BLS Core Services Invoice

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	_____
Supplier #	_____
Supplier Pay Site	_____
Remit to Address	_____
Req # and Receipt #	_____
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____
Note to AP	_____
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	_____
PH Program name & phone	_____

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1127515	830000	53180		101752				\$ -
OPERATIONAL FUNDS		2019 Budget	Invoice Amount	Previous Total		Expense To Date		Budget Remaining
<b>Operations</b>								
Dispatch/Communications	\$	-	\$	-	\$	-	\$	-
EMS Student Training	\$	-	\$	-	\$	-	\$	-
Operational Supplies	\$	-	\$	-	\$	-	\$	-
Other Unplanned Expense	\$	-	\$	-	\$	-	\$	-
Subtotal Operations	\$	-	\$	-	\$	-	\$	-
<b>Capacity</b>								
Facilities	\$	-	\$	-	\$	-	\$	-
Call Volume/Utiliation	\$	-	\$	-	\$	-	\$	-
Expanded Capacity to meet added demand	\$	-	\$	-	\$	-	\$	-
Unplanned Event	\$	-	\$	-	\$	-	\$	-
Aid Car Hours	\$	-	\$	-	\$	-	\$	-
Consumable Supplies	\$	-	\$	-	\$	-	\$	-
Other Unplanned Expense	\$	-	\$	-	\$	-	\$	-
Subtotal Capacity	\$	-	\$	-	\$	-	\$	-
<b>Equipment</b>								
Vehicle	\$	-	\$	-	\$	-	\$	-
Communications	\$	-	\$	-	\$	-	\$	-
Medical & Other	\$	-	\$	-	\$	-	\$	-
Stretchers	\$	-	\$	-	\$	-	\$	-
Other	\$	-	\$	-	\$	-	\$	-
Subtotal Equipment	\$	-	\$	-	\$	-	\$	-
2020 BLS Core Grand Total		\$	-	\$	-	\$	-	\$

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

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

Print Name \_\_\_\_\_

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

For Public Health Use Only					
	Received	Entered	CM/PM Review	M Review	Official Copy Rcvd
Date					
Initial					

# Public Health

## Seattle & King County



### EXHIBIT B3: BLS Training and QI

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

## 2020-2025 BLS Invoice - BLS Training & QI Program

Contract Number:

Exhibit B3: BLS Training and QI Program Invoice

Contract Period of Performance: 2020

Agency Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Submit signed hardcopy invoice to:

Emergency Medical Services Division

Attn: Helen Chatalas

401 5th Ave., Suite 1200

Seattle, WA 98104

### King County Accounts Payable Information

Purchase Order # \_\_\_\_\_

Supplier Name \_\_\_\_\_

Supplier # \_\_\_\_\_

Supplier Pay Site \_\_\_\_\_

Remit to Address \_\_\_\_\_

Invoice Date \_\_\_\_\_

Invoice # \_\_\_\_\_

Amount to be Paid \_\_\_\_\_

Note to AP \_\_\_\_\_

Payment Type (Circle One) CHECK or ACH

Print on Remittance \_\_\_\_\_

PH Program name & phone \_\_\_\_\_

Invoice for services rendered under this contract for the period of:   
 Start Date End Date

--	--

MM/DD/YY

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1121359	830400	53180	100	101752				

Attach sheet for multiple POETAs

Direct Costs	Budget	Current	Previous Billed	Expense to Date	Balance
--------------	--------	---------	-----------------	-----------------	---------

Run Reviews and Training      \$           -      \$           -      \$           -      \$           -      \$           -

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

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

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					

# Public Health

## Seattle & King County



### EXHIBIT B4: Invoice MIH

#### 2020 – 2025 BLS Invoice - Mobile Integrated Healthcare

Contract Number:

Exhibit B4: MIH Invoice and Budget Summary

Contract Period: 1/1/2020 to 12/31/2025

Agency Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### EMS Division Invoice Contact:

Marlee Fischer ([marfischer@kingcounty.gov](mailto:marfischer@kingcounty.gov))

Public Health—Seattle & King County

Emergency Medical Services Division

401 5<sup>th</sup> Ave., Suite 1200

Seattle, WA 98104

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

#### King County Accounts Payable Information

Purchase Order # \_\_\_\_\_

Supplier Name \_\_\_\_\_

Supplier # \_\_\_\_\_

Supplier Pay Site \_\_\_\_\_

Remit to Address \_\_\_\_\_

Invoice Date \_\_\_\_\_

Invoice # \_\_\_\_\_

Amount to be Paid \_\_\_\_\_

Note to AP \_\_\_\_\_

Payment Type (Circle One) CHECK or ACH

Print on Remittance \_\_\_\_\_

PH Program Name \_\_\_\_\_

& Phone \_\_\_\_\_

Invoices for services rendered under  
this contract for the period of:

Start Date	End Date
MM/DD/YY	MM/DD/YY

For Public Health Use Only				
	Rcv'd	FM Review	Entered	Approved
Date				
Initial				

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount

Attach sheet for multiple POETAs

Direct Costs	Budget	Billed to Date	Current Report	Cumulative	Balance
Personnel Costs	\$	\$	\$	\$	\$
Program Support	\$	\$	\$	\$	\$
Vehicle/Vehicle Support	\$	\$	\$	\$	\$
Technology/Reporting	\$	\$	\$	\$	\$
Professional Services	\$	\$	\$	\$	\$
<b>Total Direct Costs</b>	\$	\$	\$	\$	\$

**Grand Total** \$ \$ \$ \$ \$

**Amount Due**

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed

Date

PH Program Manager Approval

Date

Print Name

## **Public Health—Seattle & King County, Emergency Medical Services Division**

### **Exhibit C – Scope of Work**

#### **BLS Training and Quality Improvement (QI) Program**

The **BLS Training and Quality Improvement (QI) program** seeks methods to better connect training and improvement activities consistently across the King County region. The **Run Review Segment** of this program focuses on examining EMT medical performance, decision making and EMT understanding of current education concepts.

#### **Program**

Recipient will receive funding annually to conduct an expected level or focus of standard case run review and subsequent training. The EMS Division and its regional partners will collaboratively identify and define an expected level or areas of focus on an annual basis. The expected level or focus will include both clinical and administrative review of cases. Paramedics will be responsible for the clinical review of cases; paramedics or Competency Based Training (CBT) instructors will perform the administrative review of cases.

Recipient will ensure that feedback is provided to EMT(s) within 14 days of the call. Recipient will provide subsequent training consisting of at least conducting one training class per agency per quarter.

#### **Compensation**

40% of the annual allocation will be equally distributed to agencies as a “base funding level”; the remaining 60% will be distributed based on call volume. King County may modify these percentages, in writing, as recommended by the EMS Division and its regional partners.

For compensation, agencies will submit a Run Review Report Form on a quarterly basis to the EMS Division Administrative Section, conveying:

1. Number of cases reviewed;
2. Date of trainings conducted and topics taught in class; and
3. A descriptive account of issues identified while conducting run review, including areas of achievement, deficiency and trends. This will be forwarded to the EMS Training and Education, and the Regional QI sections within the EMS Division along with invoices for compensation on quarterly, half-yearly or annual basis.



## **Public Health—Seattle & King County, Emergency Medical Services Division**

### **Exhibit D – Scope of Work**

#### **Mobile Integrated Healthcare**

**1. Purpose:**

Agencies will receive funding for participation in Mobile Integrated Healthcare (MIH) efforts. The EMS Division will make available the guidelines, aims, objectives, metrics, and reporting requirements of MIH programs. Agencies must register their MIH program with the EMS Division and identify their MIH program as a “Response” model, “Referral” model, or both.

The EMS Division and its regional partners will collaboratively identify major components of the MIH efforts, including minimum standards for “Response” and “Referral” models of providing MIH services, costs eligible for reimbursement, and reporting methods.

Costs eligible for reimbursement through this contract include expenses related to personnel, program support, vehicle/vehicle support, technology/reporting, and professional services. More detail about these categories are made available by the EMS Division.

Agencies will provide the MIH services and submit invoices for reimbursement at least annually (monthly or quarterly are also allowable).

Reimbursement requested via this scope of work should not also be requested for reimbursement under the current Basic Life Support or Advanced Life Support (where applicable) contracts with the EMS Division.

**2. The Agency shall:**

**A. General:**

- i. Comply with all requirements as specified in current Basic Life Support (BLS) contracts with the EMS Division.
- ii. Where applicable, comply with all requirements as specified in current Advanced Life Support (ALS) contracts with the EMS Division.
- iii. Register their MIH program with the EMS Division.
- iv. Assist with regional MIH assessment and report key indicators to the EMS Division, King County EMS Advisory Committee (EMSAC), and other entities as requested.
- v. Establish and keep updated an Agency Contact person or persons for the purposes of MIH efforts.

**B. Response (where applicable):**

- i. Staff the MIH “Response” unit with at least one EMT-trained and certified responder.
- ii. MIH unit may serve as a dispatched response unit to low acuity medical 9-1-1 incidents in lieu of the traditional BLS response.
- iii. Respond in a non-code status (with flow of traffic), without lights and sirens.
- iv. At scene on all dispatched incidents, a trained and certified EMT will perform the initial assessment and evaluation using standard King County EMT

Patient Care Guidelines. Activities following the initial medical assessment or for any non-dispatched interaction may include non-EMT personnel in an effort to seek the optimal patient care and appropriate disposition, including identifying if a patient could benefit from referral to follow-up treatment, care, or social service assistance and initiating that care.

C. Liability and Medical Oversight

- i. King County Medical Program Direction and medical oversight remains in place for EMT personnel. Agency should ensure liability coverage and appropriate medical direction and oversight is in place for non-EMT personnel participating in activities described in this Scope.

D. Invoices:

- i. Submit an invoice (monthly, quarterly, or annually) along with proper documentation to justify expenses requested for reimbursement.

**3. Public Health—Seattle & King County, Emergency Medical Services Division, shall:**

- A. Reimburse Agency for expenses related to the Agency MIH Program.
- B. Facilitate regular meetings of the EMS Division and Regional MIH Network (i.e., MIH stakeholder group) to maintain communication and partnership with the Agency regarding all contract funded activities.
- C. Assist with regional MIH assessment and report key indicators to the Agency, King County EMS Advisory Committee (EMSAC), and other entities as requested.
- D. Establish and keep updated an EMS Division Contact person or persons for the purposes of MIH efforts.

## 2020 BLS - BLS QI & Training RUN REVIEW Report

### 1st Quarter Run Review Report

Agency Name: \_\_\_\_\_

#### RUN REVIEW (Attach Report at Group & Topic Level)

Records reviewed for completeness & accuracy (Recorded times; response times; vitals; CPR data; data timeliness)

# reviewed

#### Records to be reviewed for clinical indicators

**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene)

#### Requirements

Review/comment to EMT within 14 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

# of records

# meeting requirement

#### TRAININGS (Date/Topic/Instructor)

Dates	Description	Instructor
Jan 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
Feb 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
Feb 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
March 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

#### Run Review

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Clinical:

Administrative:

ESO-related:

---

Other

---

## 2020 BLS - BLS QI & Training RUN REVIEW Report

### 2nd Quarter Run Review Report

Agency Name: \_\_\_\_\_

**RUN REVIEW (Attach Report at Group & Topic Level)**

# reviewed

Records reviewed for completeness & accuracy (Recorded times; response times; vitals; CPR data; data timeliness)

\_\_\_\_\_

Records to be reviewed for clinical indicators
**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

\_\_\_\_\_

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene)

\_\_\_\_\_

Requirements

# of records

# meeting requirement

Review/comment to EMT within 14 days

\_\_\_\_\_

Conduct one training class per shift/ grouping per quarter

\_\_\_\_\_

Average review/comment days

\_\_\_\_\_

**TRAININGS (Date/Topic/Instructor)**

Dates	Description	Instructor
April 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
May 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
May 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
June 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

**Run Review**

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:



Clinical:

Administrative:

ESO-related:

---

Other

---

## 2020 BLS - BLS QI & Training RUN REVIEW Report

### 3rd Quarter Run Review Report

Agency Name: \_\_\_\_\_

**RUN REVIEW (Attach Report at Group & Topic Level)**

# reviewed

Records reviewed for completeness & accuracy (Recorded times; response times; vitals; CPR data; data timeliness)

\_\_\_\_\_

Records to be reviewed for clinical indicators
**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene)

\_\_\_\_\_

\_\_\_\_\_

Requirements

Review/comment to EMT within 14 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

# of records

# meeting  
requirement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAININGS (Date/Topic/Instructor)**

Dates	Description	Instructor
Jan 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
Feb 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
Feb 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
March 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

**Run Review**

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Clinical:

Administrative:

ESO-related:

---

Other

---

## 2020 BLS - BLS QI & Training RUN REVIEW Report

### 4th Quarter Run Review Report

Agency Name: \_\_\_\_\_

**RUN REVIEW (Attach Report at Group & Topic Level)**

# reviewed

Records reviewed for completeness & accuracy (Recorded times; response times; vitals; CPR data; data timeliness)

\_\_\_\_\_

Records to be reviewed for clinical indicators
**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene)

\_\_\_\_\_

\_\_\_\_\_

Requirements

Review/comment to EMT within 14 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

# of records

# meeting requirement

\_\_\_\_\_

\_\_\_\_\_

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**TRAININGS (Date/Topic/Instructor)**

Dates	Description	Instructor
Jan 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
Feb 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
Feb 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
March 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

**Run Review**

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Clinical:

Administrative:

ESO-related:

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Other

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## 2020 BLS - BLS QI & Training RUN REVIEW Report

Cumulative -- 2020

Agency Name:

Quarterly Allocation --&gt;

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**RUN REVIEW** (Attach Report at Group & Topic Level)

**Records reviewed for completeness & accuracy** (Recorded times; response times; vitals; CPR data; data timeliness)

# of records

# reviewed

0

0

**Records to be reviewed for clinical indicators** (attach report)**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

0

0

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene

0

0

**Requirements**

Review/comment to EMT within 10 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

# of records

# meeting requirement

0

0

0

0