

STAFF COMMENTS ON THE RFP PROCESS

1. Should not the appeal process have been handled by a professional hearing officer?	It is not customary in the trauma designation process to use a professional hearing officer due to the technical nature of the trauma requirements and assessment needed during the process.
2. Why hasn't there been any comments on the "mistakes" made during the selection process?	After careful review, our consultant feels there were no mistakes in the selection process. Methodist contends that the Review Committee didn't understand or properly value various features of the Methodist proposal. The consultant and the EMS Chief have verified the Committee understood. For example - Methodist contends the Committee thought Methodist proposed only 2 operating rooms. This contention is based on a personal note made by an EMS staff, who has no recollection of what this referred to. It is common for individual surveyors to express opinions in their private notes only to have that opinion refined or changed after further review, due to a site visit or discussion with the full selection committee. It is also common to have the original "working" notes destroyed as they are no longer relevant. There is no factual basis for the Methodist contention that the Committee made mistakes.
3. The format of the report is thin and not well documented, is this the standard of practice?	Our consultant notes that trauma designation process reports tend to be short and to the point. This is partially due, in some reviews, to the fact that much of what they review cannot be disclosed (e.g. HIPPA) and that the process is very technical and difficult to translate in to a narrative public report. In addition, our consultant felt he had more than adequate documentation to support the recommendations.
4. Was our consultant's (Mike Williams) review hampered by missing documents and emails?	Our consultant felt he had more than adequate documentation to support the recommendations. He reviewed 35 pages of staff notes (used during the screening process only) and 32 pages of the survey team's notes. In addition, he read both proposals and all background documents (e.g. RFP, trauma plan). He also reviewed approximately 100 emails that were sent in support of the process. Finally, he reviewed both the protest and the rebuttal.
5. Verify that the committee considered the right number of Operating Rooms (OR).	The committee did review the correct number of ORs. The reference to "2 OR error" stated by Methodist was an inadvertent note from a County staff person who did not officially participate in the process. Methodist's number of ORs were clearly stated in their proposal.

<p>6. You studied Kaiser future capacity, what is Methodist's future capacity and demand?</p>	<p>The information is contained in Attachment D of this report back. In summary, with no planned expansion of medical/surgical beds, Methodist is likely to face some capacity issues by the year 2015."</p>
<p>7. What is the level of needed, provided or dedicated local staffing and what does that mean if anything?</p>	<p>Local staff is needed for the key positions that are required to be in house (e.g. trauma surgeon, anesthesiologist) and for those physicians that may be needed on a priority basis (e.g. neurosurgery, orthopedics). Our consultant tells us that shared staff could be acceptable for a short initial period where there is low volume but each trauma center would need their own dedicated physician staff for key specialties at some point to assure call without conflict and to allow for those medical staff to conduct required patient rounds during the daytime.</p>
<p>8. What is the staffing commitment to South Sacramento (physicians), and if all key staff are not dedicated to this region, what does that mean?</p>	<p>Kaiser has proposed an all-dedicated physician staff and Methodist's proposal and presentation, while vague on this subject, appears to assume much of their physician staffing would, for the most part, be coming from shared staff from their sister hospital, Mercy San Juan. Methodist emphasizes that their shared staffing assures experienced trauma physician staff members. Our consultant tells us the shared staff may be acceptable for the early startup period of a trauma center with low volumes but is not acceptable or sustainable over the long run.</p>
<p>9. What is meant by 95% of the records destroyed and is that true and why?</p>	<p>A County staff person may have arbitrarily estimated the number of staff and survey notes destroyed as "at 95%". However there are greater than 60 plus pages of staff and survey team members' notes including notes from three of the four survey team members. Our consultant does not believe there could be that much missing material due to excellent nature of the process documentation. There is no obligation to keep working notes and frequently in any procurement process including trauma they are destroyed before the final report is issued. Even as such their notes are not relevant as the survey team members came to a group consensus using the criteria provided. Again, our consultant felt he had ample documentation to document the process as to how the team drew their conclusions.</p>

<p>10. During the review by Mike Williams, did he make contact with survey team and why not?</p>	<p>Mr. Williams did not make direct contact with the survey team members as he indicated he preferred to use the documentation available to determine if he could recreate the decision process and logic for the final recommendation. He indicates he was able to do that to a high degree of confidence.</p>
<p>11. Is it true that Kaiser's Medi-Cal patients are treated like full service insured patients?</p>	<p>Yes, this is true and confirmed in the proposal and during their presentation. All patients they treat, whether insured, under- or un-insured are considered "members" and are afforded all "member" services including clinics, pharmaceuticals, and their nurse advice lines.</p>
<p>12. Is Methodist planning more beds?</p>	<p>Methodist is planning more ED, OR and ICU beds but no more acute care beds. Our separate report demonstrates that, unless Methodist would take mitigating steps, they would be short on inpatient beds by 2015 five years after designation. There are announced plans (Sutter and CHW) to build additional hospital and outpatient facilities in the south part of the county that could mitigate hospital capacity problems. However, this was not part of the submitted proposal.</p>
<p>13. How important was the writing style and flow of the proposals?</p>	<p>Very important, as in most trauma designation processes, the written proposal, which is generally appended to the contract, must stipulate in the clearest terms, the commitment and methodology to meet or exceed the trauma center standards. The burden of proof is on the applicant to write the clearest and most written proposal to assure an independent body understands what they are offering which is the form of the proposal.</p>
<p>14. Was the RFP not followed as it relates to "future" versus "current" capabilities?</p>	<p>The RFP was followed to a precise degree for the designation process. County staff wanted to assure the surveyors that they were not encouraging premature, clumsily arranged commitments.</p>

<p>15. Was the Methodist proposal Program Improvement Process (PIP) scattered throughout their proposal and what affect did it have on the proposer's review committee?</p>	<p>The PIP was in a well tabbed section of the proposal but there were other references throughout the document that were hard to track to the PIP. In addition, Methodist failed to provide a complete index of commitments/standards, current status and expected completion date as was required by the RFP.</p>
<p>16. Were some reviewers comments not "valued" in the selection process and why some of the strengths and weaknesses not make it into the final report?</p>	<p>All reviewer comments were valued and considered by their peer reviewers. After their own deliberations, some of the individual reviewers comments survived to the final report and some did not. This is quite common with any selection process in and outside healthcare.</p>