

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
RFP NO. 2010-29
Emergency Medical Services

December 15, 2010

ADDENDUM NO. 3

Questions / Answers

Q1 What are the top three issues/priorities UMC would like to see addressed by the emergency physician group?

A1 1) Reduce door to doctor time to 30 minutes or less; 2) Increase customer satisfaction scores; 3) Actively participate with managing patient throughput

Q2 Does the RFP include proposals on the ten urgent care centers?

A2 No, it does not. The urgent care centers are staffed by UMC employed physicians.

Q3 Is there an Emergency Medicine Pediatric fellowship?

A3 Not currently. However, it is currently being pursued and are hoping to have it in place in the next year.

Q4 What is the current time average time it takes a patient to see a doctor in the Adult ER? Pediatric ER?

A4 Adult – currently 91 minutes, Peds – 27 minutes

Q5 What are the current patient satisfaction scores? Who is the current patient satisfaction survey vendor?

A5 The current patient satisfaction survey vendor is NRC Picker. Attached are the most recent reports for Adult ED, Pediatric ED and Trauma.

Q6 Regarding Exhibit A VI Business License Requirements – is a Clark County business license required prior to submitting a response to the proposal?

A6 No, it is not required in the proposal process. However, it will be required of the successful proposer prior to award of the contract by the Board of Hospital Trustees.

Q7 How often is the ED on ambulance diversion?

A7 Rarely, it is strongly discouraged.

Q8 To whom does the Nurse Manager report? Do you have an organizational chart?

A8 See attached chart

Q9 Does UMC have any multidisciplinary committees that the ED participates in?

A9 Performance Improvement, Hospital Throughput, Medical Executive Board, Credentials, Trauma Committees, Emergency Preparedness

Q10 What are the goals of the Hospital in wanting to explore change with Physician staffing?

A10 The Hospital is not doing this RFP to change the service provider for ED services. As a county-owned hospital, UMC falls under the local government purchasing requirements and the Board of Hospital Trustees has instructed UMC to put all professional services, including physician professional services, to RFP each time the contract comes up for reconsideration.

Q11 Is the Hospital interested in retaining any or all of the current physicians?

A11 Possibly, but that is not something that we have control of. We believe that the physicians have a non-compete clause in their contracts, but we are not sure.

- Q12 Are there restrictions upon the current ED physicians that might prevent some of them from continuing to practice after a possible transition of the ED contract to another provider?**
A12 Possibly. UMC does not have access to the employment contracts that the current provider has with its employees/physicians, so we are not aware if there is language that would prohibit a physician's ability to provide services to a competitor. We believe that the physicians have a non-compete clause in their contracts, but we are not sure.
- Q13 What is the procedure for scheduling a billing audit?**
A13 UMC audit department will contact the service provider and set up a mutually acceptable schedule.
- Q14 In Addendum 2, UMC provided currently coverage of the ED and Peds ED. Does that coverage include residents?**
A14 No, the coverage includes attending physicians only. Any resident coverage is in addition to what was originally reported.
- Q15 Are the current physicians employees of the hospital or are they employees of another staffing company?**
A15 They are employees of the current provider.
- Q16 Is there a desire by the hospital to retain any or all of the current physicians? If yes, approximately how many?**
A16 See answer to Q12.
- Q17 Is "Trauma" physically separate from the Adult ED and the PEDS ED?**
A17 Yes, all 3 areas are physically separated from the other.
- Q18 Is the Trauma physician dedicated solely to the Trauma area or do they cross cover other areas of the ED when not actively engaged in care?**
A18 Yes, the trauma physician is dedicated solely to trauma. We will send ED patients to Trauma if the ED is extremely busy and trauma is slow.
- Q19 In Section 2.12.F, Addendum #2, referring to patients seen during UNSOM support education time; what number of patients seen with residents will be billed by UNSOM on a daily basis? Is this number separate from or included in your 220 patient per day estimate?**
A19 To date no patients have been billed by UNSOM. Only attending physicians are seeing the patients in the ED with the UNSOM residents. UNSOM agreed that the "direct" resident supervision did not include seeing patients, but rather the direct teaching at conferences, research, etc. The 220 patients per day volume is only for the Adult ED.
- Q20 If you can think ahead to a time 12 months from now what would you consider the most important item that would you like to see achieved by your new emergency staffing company?**
A20 Enhanced patient throughput and improved patient satisfaction scores.
- Q21 What is the average # of EMS arrivals daily?**
A21 Adult ED = 45/day; Peds ED = 10/day
- Q22 What is the average admission rate?**
A22 Adult ED = 24.5%, Peds ED = 9.1%

The RFP Opening date of December 23, 2010; 2:00:00 p.m. remains unchanged.

Should you have any questions, please contact me at (702) 383-3606 or via email at jim.haining@umcsn.com.

Issued by:

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Contracts Management

Attachment(s): 2010-29 Emergency Medical Services RFP – Addendum 3 – Adult ED Patient Satisfaction
2010-29 Emergency Medical Services RFP – Addendum 3 – Peds ED Patient Satisfaction
2010-29 Emergency Medical Services RFP – Addendum 3 – Trauma Patient Satisfaction

cc: Kim Voss

