



City of Tacoma

Questions and Answers

Electronic Patient Care Reporting System Software RFI Specification No. FD25-0189F

All interested parties had the opportunity to submit questions in writing by email to Ryan Foster, Senior Buyer by date questions were due. The answers to the questions received are provided below and posted to the City's website at www.TacomaPurchasing.org. Navigate to [Current Contracting Opportunities / Services Solicitations](#), and then click *Questions and Answers* for this Specification. This information IS NOT considered an addendum. Respondents should consider this information when submitting their proposals.

- 1. Question: Could you please confirm whether the City of Tacoma Insurance Requirements document was issued with this solicitation, as referenced in the RFI? If so, could you advise on how we can access it?**

Answer: No insurance requirements needed as this is for information only and no contract will be awarded from this solicitation. In the event a demo takes place, we will provide insurance requirements.

- 2. Question: Could you clarify the specific details you're requesting when referring to "technical specification sheets"?**

Answer: When referring to "technical specification sheets," we are requesting detailed manufacturer or vendor documentation that outlines the functional, architectural, and technical characteristics of the proposed reporting system. This includes, but is not limited to, system architecture, integration capabilities (e.g., Epic, ImageTrend Billing Bridge, Hexagon/Intergraph CAD, etc.), compliance standards (e.g., HIPAA, NEMESIS, etc.), interoperability specifications (e.g., HL7, FHIR, etc.) supported platforms, security protocols, and any relevant hardware/software interfaces.

- 3. Question: *Vendor must provide a fully integrated National Fire Incident Reporting System (NFIRS) 5.0 module. In addition, the vendor shall demonstrate a clear commitment and provide a projected development timeline to achieve full compliance with the National Emergency Response Information System (NERIS) by January 1, 2026.* Given that there are currently very few vendors who are NERIS-compatible — and there are NO vendors who are NERIS compatible and also meet TFD's requirements for discrete data sharing with EHRs (such as Epic) and, presumably, HIEs such as OneHealthPort (i.e., Washington's statewide health information exchange) — would TFD be willing to consider an ePCR-only submission AND/OR a joint proposal by an ePCR company in collaboration with a Fire RMS / NERIS company?**

This has been a trend in recent years by FDs who are seeking the widest variety of ePCR solutions they can evaluate — given the innovations that are moving quickly in the patient health ecosystem, including telemedicine, CP/MIH, interoperability, various forms of AI, Responder wellness, Post-Crash Care, POLST integration (a long-sought goal in Washington), and more — without being limited by the substantially smaller pool of options on the Fire RMS / NERIS side.



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When an ePCR-only option is willing to be considered, historically the requirement has been for the ePCR and Fire RMS vendor(s) to guarantee an integration that allows for the Fire RMS side to automatically meet its compliance requirements for medical encounters, to eliminate double-charting. This approach also aligns with the design of NERIS, i.e., to use APIs to share data between disparate charting systems rather than compelling agencies to rely on "all in one" solutions — thereby ensuring that agencies are empowered to get the best of all that they want and need, rather than sacrificing other key features merely to avoid double-charting.

Answer: Yes

- 4. Question: Is there a reason why TFD uses the phrase "Community Health or Mental/Behavioral Health" instead of "Community Paramedicine / Mobile Integrated Health in this context?"**

Answer: Yes. Community Health is the name of the ImageTrend module that is currently utilized by TFD. The functional use of this module is for myriad call types but includes many mental/behavioral health incidents.

Community Paramedicine can imply care provided by a paramedic only. TFD does not staff this team with a paramedic. Mobile Integrated Health is an acceptable term, if you choose to use it in your response.

- 5. Question: Does TFD already have (or is TFD not concerned about) a sustainable business model for its Community Health / Mental-Behavioral Health" model, or is it interested in assistance from its documentation system vendor to create a long-term sustainable model for CP/MIH in Tacoma?**

Answer: You are welcome to include sustainable funding ideas in your response.

- 6. Question: Does TFD have an interest in expanded initiatives related to Post-Crash Care (such as the Safe Streets & Roads for All grant), and working with its vendor to apply for such funds?**

Answer: Yes

- 7. Question: TFD requests a "Thin client or web-based, vendor-hosted application," but also requests information about offline operations. Please clarify whether TFD prefers a web-based or offline-operational application. Would TFD consider a Windows-based application, to ensure full offline operations?**

Answer: There is no strong preference between a web-based or offline-operational application, other than a reliable software solution that allows for data entry whether or not there is an uninterrupted internet connection.

Yes, we will consider a Windows-based application to ensure full offline operations.

- 8. Question: What hardware does TFD prefer or require?**

Answer: We currently use and prefer Apple iPads. The hardware requirement is covered in RFI Section 6.0.g *"Compatible with multiple operating system platforms, including Microsoft Windows 11 and Apple iOS devices (iPads)"*



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9. Question: Does TFD have an interest in a full-featured ePCR that can be completed using a phone?

Answer: Yes.

10. Question: Does TFD have a budget target, whether on an agency-wide basis (i.e., total cost) or per chart?

Answer: No.

11. Question: Please describe how TFD intends to use the "Sentinel Event Trigger" listed in 6.1(e)? Does TFD want to use that tool for QA/CQI, or for Responder wellness and health monitoring?

Answer: When the right conditions are met, the system will send a text or email message alerting of the event trigger. For example, when a blood product is administered, a customized text message is sent to the TFD physician advisor and EMS chiefs; second example: CPR was performed on a patient and ROSC was achieved.

Currently, our EMS and NFIRS reports can include custom questions. We are able to receive text/email notifications based on how these questions are answered by the field provider.

Yes, we certainly could use that tool for QA/CQI, Responder wellness and health monitoring.

12. Question: Does TFD have an interest in Responder health and wellness monitoring, including with respect to Post-Traumatic Stress Injury and "psychological exposures"?

Answer: Yes.

13. Question: With regard to tools such as Community Paramedicine / MIH / Behavioral-Mental Health / Community Health: If TFD elects to purchase an ePCR from one vendor, but various components with a range of specialized capabilities — such as the CP/MIH tools, or data interoperability tools, Responder health and wellness analytics, Post-Crash Care tools that can help to safeguard Responders (as well as members of the public) when Responders are on the roads, etc. — are available from other vendors, would TFD be willing to consider breaking apart the RFP so that the ePCR comes from one vendor, but other components can be obtained from other, more specialized sources? Or does TFD require an all-in-one solution, even if that means sacrificing certain specialized capabilities that the selected ePCR vendor may not provide?

Answer: Yes, we are willing to consider creative software solutions. We do not require an all-in-one solution.



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- 14. This question also speaks to budget: There are several burgeoning trends in the market right now, including toward (a) "bargain basement" pricing for ePCR but with all other features offered at supplemental prices, or (b) "all in" pricing that includes multiple components, at a flat OpEx rate that incorporates integrations, etc., without having to price each integration individually. Would TFD prefer an "all in" price or a menu of options that allows for component selection by feature?**

What emphasis will TFD place on price (cognizant of the risk that sometimes "you get what you pay for"?)

Answer: You are invited to list pricing however best fits your pricing structure/model. We prefer to see a "menu of options that allows for component selection by feature".

- 15. Question: The ability to access a patient's POLST form has been a long-sought objective in Washington State — as has the ability to interface with the statewide health information exchange, which was NOT listed on the RFI specification sheet.**

To what degree does TFD wish to interface with the statewide HIE — recognizing that a DECREASING number of hospitals will provide direct access to the Epic EHR without utilizing either an HIE or a QHIN to shield the EHR itself from external access and act as an intermediary?

Epic interoperability is listed as a specification. Does TFD currently interface with Epic and/or other hospital EHRs? Have hospitals to which TFD transports already agreed to interoperate directly?

Does TFD have an interest in the ability to access POLST forms on behalf of high-risk, seriously ill patients?

Answer: TFD does not interface with the statewide HIE. TFD does not have direct integration with Epic. Both of these are short-term goals for TFD.

- 16. Question: Does TFD have an interest in helping to establish a POLST registry for the State of Washington, including the ability to access and/or save the POLST form within the ePCR in real-time, so that the patient's critical health needs and wishes can be pulled into the ePCR directly — reducing the need for paper POLST forms and/or a call to an emergency communications center?**

The State of Oregon has an ePCR-interoperable POLST Registry that is in use by over 70 Fire & EMS agencies today.

Answer: Yes.

- 17. Question: Does TFD have an interest in helping to establish a Pediatric Special Health Needs Registry for the State of Washington, including the ability to access and/or save pediatric complex care needs data within the ePCR, so that when arriving to care for a seriously ill young person, critical health needs and wishes data can be pulled into the ePCR directly — reducing the need for paper emergency information forms and/or a call to an emergency communications center?**



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The State of Oregon has the country's first ePCR-interoperable Registry of Children & Youth with Special Health Needs, which is use by over 70 Oregon Fire & EMS agencies today.

Is TFD aware that Seattle Childrens's Hospital is a member of the Pediatric Pandemic Network, with a high-priority focus on facilitating interoperability among Fire & EMS, hospitals, and speciality care registries

Answer: Yes, and yes.

- 18. Question: What are TFD's wishes and expectations with regards to its current data system?** Current EMS data could be archived pursuant to records retention regulations, or if possible migrated into a new system/vendor.

What system is TFD currently using? ImageTrend Elite

Why is TFD looking for a new system? As a municipal fire department, prudent purchasing practice includes regular and ongoing review of our contracts and industry competitors.

Does TFD wish to keep what it has now? We wish to utilize the software that best serves the community and TFD, while considering cost, retraining, agility, reporting, and regulatory requirements.

- 19. Question: Because this is an RFI, does TFD require that the order of features presented match the solitication specifically and exactly? We ask because we have a document that we have built out based on many RFP responses, which comprehensively presents our software's features and functions, but does so in a different order. Would TFD be willing to review our technology overview in the manner that (we hope you agree) best presents the system in terms of logical flow — even if it differs from the order of the RFI?**

Answer: We do not require that it be in the exact same order. We are willing to review your response, even if it differs from the order of the RFI.

- 20. Question: Please define the data elements, surveys, SDOH elements, longitudinal ("over time") data elements and/or reports that TFD wishes to see in its Community Health / Mental-Behavioral Health system?**

Answer: These are not required elements. In your response, share what capabilities you offer related to any of the following descriptions: non-911, non-NEMESIS, low-acuity, behavioral health, alternative response, etc.



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21. Question: TFD mentions Community Health, Mental / Behavioral Health, and HIPAA....but not SAMHSA. Please explain how TFD intends to ensure that its vendor complies with federal SAMHSA laws, especially as they concern Community Health / Mental-Behaviorial Health (and/or wishes for its vendor to comply).

Answer: This will be addressed during contracting with the vendor. TFD requires compliance with all local, state, regional, and federal regulations and laws.

22. Question: The RFP cites ImageTrend's billing module. Does this mean that ImageTrend is TFD's favored vendor?

Answer: TFD currently utilizes ImageTrend, including the Billing Bridge module. If your organization can provide a billing module, please include that in your response, otherwise explain how ePCR data would integrate with Billing Bridge.

23. Question: What is TFD's timeline for adopting a new ePCR and/or Fire RMS system?

Answer: There is no current timeline to adopt a new system. Potential implementation timelines are incorporated into vendor contract negotiations.

24. Question: If TFD is willing to split its ePCR and Fire RMS engagements, what would be the timeline for each (recognizing that NERIS is not online until January 1, 2026, and therefore any vendor(s) that are participating at of the start of the process will essentially be deploying in "beta" mode.

If TFD is willing to split ePCR from RMS, what is the timeline for ePCR deployment? Is there a deadline based on an existing contract, a compliance requirement, etc.?

Answer: Yes, we are willing to split EPCR and Fire engagements. There is no current timeline or deadline.

25. Question: What is TFD's preferred or required timeline for discrete-data interoperability with hospitals, EHRs, and/or the regional HIE (and nationwide QHIN)?

Answer: This will be addressed during contracting with the vendor. There is no TFD-required timeline.

26. Question: We did not see any reference to Pulsara or similar notification tools. Please clarify whether TFD is using such notification tools (e.g., to communicate with hospitals) and whether TFD wishes to have them integrated? Does TFD have an interest in a notification tool provided by / with the ePCR vendor?

Answer: TFD does not use Pulsara or similar software-based notification systems. Yes, we are interested in any/all applicable software solutions you choose to include in your response.

27. Question: Does TFD have an interest in technologies that are designed to reduce the incidence of ambulance and fire apparatus crashes — including reduced risk for Responders while on-scene on a highway — by notifying drivers on the road that the emergency vehicle is moving with lights and/or sirens activated?

Answer: Yes



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28. Question: This is the sort of reasonable expanded functionality that may be worked into the RFP process if TFD is willing to "break it apart" into separate ePCR and Fire RMS programs. That way, each can be packaged with separate value-add.

Answer: Yes

29. Question: Can TFD please define what it means by "A.I.," and is TFD's interest in AI limited to chart completion and narratives?

Answer: The term "A.I." was not used in the RFI. Section 6.1.z reads: *"Artificial Intelligence or auto-scribe feature in SOAPED narrative format."* We are interested in any responses that utilize artificial intelligence to assist the field provider in the course of their duties. Our interest is not limited to just chart completion and narratives. The vendor shall adhere to all privacy and security laws/requirements.

30. Question: How does TFD intend to ensure that AI-completed charts have sufficiently high quality and are defensible in a courtroom?

Answer: The use of artificial intelligence is an emerging and evolving field that must be carefully vetted, particularly with regard to clinical accuracy. It is not our intent for AI to independently complete the entire report. Rather, AI may be used to capture specific chart components which are then reviewed, validated, and edited as necessary by the provider. Final responsibility for chart accuracy and completeness remains with the provider.

31. Question: What is TFD's highest level of service? Does it include critical care (ground or air)?

Answer: TFD is licensed as an ALS ground ambulance service in Washington State. We do not certify any providers as critical care paramedics (CCP, CCEMTP, FP-C, or CCP-C, etc.). TFD ALS paramedic transport units utilize patient ventilators, IV pumps, I-STAT, and video laryngoscopy. Our agency carries low titer type O whole blood, and an ultrasound device.

32. Question: Does TFD require critical care and/or advanced clinical documentation such as ventilators, RSI, etc.?

Answer: Yes.

33. Question: Does TFD co-respond with law enforcement or other stakeholders regarding Community Paramedicine / MIH / Co-Response / Community Health?

Answer: Yes, but not always.

34. Question: Does TFD have an interest in clinical tools related to syndromic surveillance / public health? If YES, would TFD be willing to accept two interoperable systems (i.e., ePCR and Fire RMS from two different vendors) if doing so meant having access to public health / syndromic surveillance, substance use intervention data, Responder wellness and health data, etc. (and that such data may not be available from a system that combines ePCR and NERIS)?

Answer: Yes, and yes.



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35. Question: Could you share what ePCR and NFIRS systems (if any) are currently in use by TFD? Are there known pain points you're looking to resolve?

Answer: TFD currently utilizes ImageTrend.

36. Question: Would you be able to provide any documentation or contact for the Intergraph (I/CAD) interface currently in use for real-time data integration?

Answer: SS911 provides a raw XML file to a shared location (on one of their servers) where our current vendor ImageTrend has a software application that monitors the shared folder for new files. The application on receipt of a new file picks up the raw XML report and parses those files to ingest the data into their database(s). The vendor handles all of the data mapping, parsing, and translations.

37. Question: Is Tacoma Fire currently integrated with Epic for hospital data exchange, or is this a future-state goal? Are there preferred methods (e.g., CareEverywhere, FHIR APIs) being explored?

Answer: There is not a current bi-directional integration. This is a future-state goal. The preferred method will likely differ between the two large hospital systems in our jurisdiction.

38. Question: Since many features in the RFI allow for custom development or programming, would the City prefer to see detailed timelines and budgets for each feature up front, or is a modular phased approach acceptable?

Answer: Modular phased approach is acceptable.

39. Question: Would the City be open to an early capabilities demo to help shape future requirements, even ahead of a formal RFP?

Answer: At this time, there is no plan for an RFP. Yes, we are open to capability demos.