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Sent: Thursday, December 10, 2015 3:45 PM

To: Dia Gainor <dia@naseonso.org>; Paul Patrick <paulpatrick@utah.gov>; Armstrong, Beth <barmstrong@asmii.net>

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Subject: Draft Cooperative Agreement - Recommended Changes

Greetings! As we discussed with Dia last week, we did get approval from the Office of Acquisition Management (OAM) to move with negotiations on A Sole Source Cooperative Agreement, but for just 16 months. The plan is hopefully for this to be funded about the time your current CAP1 ends in May, 2016, then would run for 16 months, until Sept, 2017. Following that period, we are not sure what the procurement instrument will be, but it may well change.

Your proposal was a good start, but is very weak on details and deliverables. Our key staff have reviewed it and we have the following suggestions for your consideration. These may not cover everything, but are important points to consider.

For the background, you may want to reflect some of the language in the FICEMS Strategic Plan, as it revolves around broad EMS System Goals, with more specific Objectives to achieve those goals.

The objectives for this procurement and the tasks need to be much more specific and "project" related, not just infrastructure support. These are all things that should help State EMS Offices and EMS systems to focus on overall improvement of patient care and better coordinating with overall health care system changes. These activities should result in specific deliverables, many of which will require work of the Councils, and we can support development of the deliverables, but not just infrastructure for infrastructure sake. We agree your organizational structure should be reviewed, but that should also include independent objective input, as well as internal review within your organization.

We know you are working next week on your NASEMSO Strategic Plan, but we thought it might be helpful under this new agreement to collectively develop a NASEMSO Strategy for State implementation of EMS System Improvements, including things such as target goals for state adoption of performance measures, state adoption of NEMSIS Version 3, state adoption of EMS Workforce planning and development guidelines, statewide model clinical guidelines, including updates as EBG's are published or new research, etc.

Then when you get to Councils, any support should be related to specific projects and things like developing a work plan for Model Clinical Guidelines Implementation, and the EPSC developing a work plan for EMS Workforce Guidelines implementation, or

things like that. Any budget items should be somehow tied to milestones and deliverables. Also, due to the 16 month period for this agreement, the due dates for various deliverables should not reference years, but instead months 1-16, with some going the full 16, in order to continue this past the 12 month normal period of performance.

Noah also suggested deleting Task3 in your proposal, due to the time limitation of this agreement and the time extension on the EMS Compass CAP 7.

Another point, also made by Drew prior to his retirement, is related to the Joint National EMS Leadership Forum – this is an important venue for inter-organization communication, but its guiding principle is that it has no leader. The group also advocates often for federal action, including NHTSA. NHTSA is not in a position to fund the activities of this independent group.

I know this is a lot to take in, but these are very important considerations. Please develop a revised, much more detailed proposal, with detailed milestones and deliverables, and also prepare a proposed budget. The sooner we can receive these the sooner we can negotiate with you and submit a final procurement package in an effort to get it awarded close to the end of your current CAP1.

I will be in the office most of next week, through Thursday, but then on Annual leave for two weeks.

Best wishes for a very productive Board Retreat next week, and please share our wishes for the full Board for a Very Happy Holiday!

Thanks! Susan