



A REQUEST FOR PROPOSALS

**For the Development of a
Web-Based Data Submission and Measurement System**

**Commissioned by
Canadian Patient Safety Institute**

Table of Contents

1	INTRODUCTION	3
1.1	Purpose of the Request for Proposals (RFP).....	3
1.2	RFP Timeline	3
1.3	Background and Context.....	4
1.3.1	Background of <i>Safer Healthcare Now!</i>	4
1.3.2	Background on the Central Measurement Team (CMT)	5
1.3.3	Privacy Impact Assessment	5
2	PROPOSED STATEMENT OF WORK	5
2.1	Scope.....	6
2.2	Key Activities and Deliverables	6
3	SUBMISSIONS	6
4	ELIGIBILITY	7
5	EVALUATION SYSTEM.....	8
6	DELIVERABLES	8
7	SUBMISSION GUIDELINES	9
8	CONTACT INFORMATION.....	10
9	TERMS AND CONDITIONS OF THIS RFP	10
9.1	Obligations and Rights of CPSI.....	10
9.2	Grounds for exclusion.....	10
9.3	Contract Award.....	11
9.4	Conditions of the RFP.....	11
10	APPENDIX A: WEB-BASED DATA SUBMISSION AND MEASUREMENT SYSTEM (DSM)	12
10.1	Enrollee Data Base:.....	12
10.1.1	Purpose of data base:	12
10.1.2	Creating a SHN enrollee account:.....	12
10.2	Data submission:	12
10.2.1	Use Case – Data Submission – No login	12
10.3	Reporting:	13

1 Introduction

Established in December, 2003, the Canadian Patient Safety Institute (CPSI) has a national mandate to build and advance a safer health system for Canadians. It does this by fostering collaboration between governments and stakeholders, supporting the development of patient safety initiatives that will help the Canadian healthcare system become the safest and best in the world. For more information about CPSI please visit <http://www.patientsafetyinstitute.ca/index.html>

A key initiative of CPSI is the support and coordination of the *Safer Healthcare Now!* Campaign (SHN). SHN is a patient safety initiative aimed at reducing preventable adverse events and deaths in Canadian healthcare. The role of SHN is to develop tools and provide resources to assist and support health care organizations in implementing 10 evidenced based interventions. The goal of SHN is to have healthcare organizations across Canada implementing one or more of the 10 evidenced based interventions.

1.1 Purpose of the Request for Proposals (RFP)

The purpose of the RFP is to select the most qualified vendor to engage in the design, implementation and management and/or hosting of a comprehensive web-based data submission and measurement system to improve and streamline the data collection and measurement around SHN. The successful vendor will have demonstrated experience in developing data collection and measurement tools, preferably for the healthcare organizations. The tool will be user-friendly and intuitive for all end-users.

1.2 RFP Timeline

Target Date	Event
October 16, 2008	Release of Request for Proposals for the development of the SHN Web-Based Data Submission and Measurement System
November 26, 2008	Deadline for request for clarifications
November 26, 2008	Last date on which clarifications are issued
November 28, 2008	Proposals Due
December 12, 2008	Vendors notified of the status of their proposal
January 12, 2009	Engagement Start Date
July 17, 2009	System Implemented and Launched

1.3 Background and Context

1.3.1 Background of *Safer Healthcare Now!*

The Canadian Adverse Events Study (Baker, Norton, Flintoft, et al., 2004) estimated that 7.5 per cent of patients admitted to acute care hospitals in Canada in the fiscal year 2000 experienced one or more adverse events, and that 36.9 per cent of those patients were judged to have highly preventable adverse events. To address this concern *Safer Healthcare Now!* was launched in April, 2005. Phase I of SHN focused on 6 targeted interventions and in April 2008, Phase II of the campaign was launched with the addition of 4 new interventions. The 10 SHN interventions are:

Deploy Rapid Response Teams: at the first sign of patient decline
Deliver reliable, evidence-based care for Acute Myocardial Infarction - to prevent deaths from heart attack.

Medication Reconciliation (Acute Care): Prevent Adverse Drug Events (ADEs) by implementing medication reconciliation in the acute care setting.

Medication Reconciliation (Long Term Care): Prevent adverse drug events (ADEs) by implementing medication reconciliation in long-term care (LTC) settings.

Prevent Central Line Infections: by implementing a series of evidence-based interventions in all patients requiring a central line.

Prevent Surgical Site Infections: by reliably delivering the correct perioperative antibiotics at the proper time.

Prevent Ventilator-Associated Pneumonia (VAP): by implementing a series of interdependent, scientifically grounded steps called the "VAP Bundle".

Antibiotic resistant organisms/Methicillin-resistant *Staphylococcus aureus*: Implement a series of evidence-based guidelines to prevent harm from antibiotic resistant organisms.

National Collaborative on Falls in long-term care: Prevent harm resulting from falls in long-term care settings.

Venous thromboembolism: Implement a series of protocols to ensure that general surgery and hip fracture surgery patients receive the appropriate thromboprophylaxis to prevent complications such as deep vein thrombosis and pulmonary embolus.

For each of the 10 SHN interventions, there are tools and resources available to assist healthcare organizations in their implementation. A major component of SHN is the

development of intervention specific measures that are used for monitoring and reporting quality improvement progress at a national, provincial, regional and team level.

1.3.2 Background on the Central Measurement Team (CMT)

The CMT have been responsible for development of a robust and secure data collection and analysis strategy for each intervention. This responsibility includes the creation of specific measures that includes both process and outcome measures for each of the 10 interventions (see <http://www.saferhealthcarenow.ca/ViewResource.aspx?resourceId=556> for more detail regarding instructions for data entry and submission).

1.3.3 Privacy Impact Assessment

To assess the privacy implications of the SHN data collection related to the implementation of all or any of the *Safer Healthcare Now!* (SHN) interventions a privacy impact assessment was completed for Phase 1 of the campaign.

For a copy of the Privacy Impact Assessment contact Anne MacLaurin at amaclaurin@cpsi-icsp.ca.

For detailed information about SHN and its measurement components, please visit <http://www.saferhealthcarenow.ca/Default.aspx>.

2 Proposed Statement of Work

The objective of the project is to create a web-based data submission and measurement (DSM) tool that:

- is easy and intuitive
- is visually pleasing
- is robust and scalable
- is safe and secure
- is quick to load and operate
- incorporates the SHN enrolment database
- provides analysis and reporting features
- is bilingual

The goal with this new tool is to simplify the enrolment and submission process for end users and reduce administration time for the CMT by automating analysis and reporting of the data.

See **Appendix A** for a detailed description of the required components of the online enrolment and data submission portions of the system.

All products, materials and reports prepared under this activity will be the exclusive property of CPSI.

2.1 Scope

The successful vendor will design and develop a DSM system and map out a process for implementation, management and/or hosting of the system. To assist in the project the successful vendor will be provided access to the current systems and documentation. As well, key SHN stakeholders will be available for consultation.

2.2 Key Activities and Deliverables

The project will comprise the following activities and deliverables:

- Participation in a kick-off meeting with CPSI and Central Measurement Team (CMT) staff to confirm project scope and deliverables, define communication strategy, change management plans and identify required CPSI and SHN resources.
- The vendor will prepare a prototype, design plan and change management plan for the DSM system. Included in this design plan will be an outline of the implementation, management and/or hosting plan.
- The prototype, design plan and change management plan will be reviewed key SHN stakeholders and feedback will be provided to the vendor.
- The successful vendor will develop, test and implement the DSM system.
- The successful vendor will create the necessary system documentation for administrators and end users.
- The successful vendor will be responsible for preparing and providing educational tools and support to the stakeholders and end users.

3 Submissions

Each proposal must include the following sections, along with supporting narrative. It is imperative that each section be addressed in sufficient depth to allow for a complete assessment of capacity and capabilities, in accordance with the stated criteria, outlined in Section 4. Other elements may also be incorporated, as appropriate.

- Vendor profile, including a brief overview of your organization; at a minimum, describe length of time and experience in developing software for the healthcare sector, more specifically data submission and measurement software
- Understanding of CPSI (SHN) Needs
- Proposed Approach/Methodology
 - Key milestones/deliverables must be identified
 - Proposed Work-plan
 - Timelines should be shown, including estimated start date
 - Team member lead for each activity should be identified
 - Proposed Team
 - For each team member, include:
 - Description of proposed role
 - Number of years of relevant experience
 - Education
 - Professional certifications
 - Overview of experience
 - Distribution of Work
 - Proposed level of effort by team member (i.e., number of days per activity per member)
 - Previous Project References
 - Overview of three projects, describing the work that was done and its scope, major deliverables, level of effort in person days, and cost/budget. Also include reference contact information or method of obtaining follow-up information on each of these projects.
 - References: The names and telephone numbers of two individuals, preferably within healthcare, for whom you have previously conducted similar projects. These individuals may be contacted by CPSI for references regarding the quality of your work.
- Financial Proposal
- Provide a detailed budget, with a breakdown and description of person-days, and other resource requirements.
- Appendix A – Any other supporting documentation the bidder feels is appropriate

4 Eligibility

All companies/individuals are eligible to apply. Completed proposals must meet all of the requirements set forth in the RFP. CPSI reserves the right to modify this RFP in whole or in part, at its discretion. This RFP does not commit CPSI to any costs incurred in the preparation of a proposal in response to this RFP.

Responses received after the deadline will not be considered and will be returned unopened to the vendor. It is the responsibility of the vendor to ensure that their responses reach CPSI by the designated deadline.

5 Evaluation System

All proposals received will undergo a screening process. The screening is meant to assess applications for consistency with the requirements of the RFP. Although not limited or restricted to, the following criteria may be used in evaluation of the proposals:

- Indication that the objectives of the project are understood and met;
- Strength of the proposed approach, including recognition of any difficulties associated with the project, and plans to address such difficulties;
- Experience and capability of personnel, particularly in developing a data submission and measurement system;
- Experience in developing systems for the healthcare sector;
- Adequacy, appropriateness and adherence to the total budget;
- Reasonableness of work schedule, including adherence to the required timelines;
- Experience in dealing with potentially sensitive and personal information, ability to consult effectively with management and staff within an organization; and
- Quality of past work.

Please note that the lowest price quote will not necessarily be selected. Only where two or more proposals offer work judged to be of equal value, quality, and reliability will cost be the determining factor.

6 Deliverables

The successful contractor will be required to deliver the following:

Milestone/ Deliverable	Timeline for Completion
1. Conduct a project kick-off meeting with CPSI and CMT staff.	January 12, 2009
2. Present prototype and design plan for the DSM system to be implemented. Included in this design plan will be an outline of the implementation, management and/or hosting plan for review and approval by CPSI and Key SHN stakeholders.	March 9, 2009
3. Training of all pilot users.	May 4, 2009
4. Pilot system to selected SHN sites across Canada and	May 5 – June 8, 2009

solicit feedback.	
5. Training of all users.	July 10, 2009
6. System Implemented and Launched.	July 17, 2009
7. Regular maintenance, bug fixes, updates.	Ongoing, as needed

7 Submission Guidelines

- One (1) electronic copy of the proposal must be emailed to Anne MacLaurin (amaclaurin@cpsi-icsp.ca)
- Two (2) hard copies of the proposal must be sent/delivered to the Canadian Patient Safety Institute (see address below)
- All submission must be received no later than **1200 noon MST on Friday November 28, 2008.**
- Any proposals received after this time will not be considered.
- The proposal(s) submitted shall be final and may not be altered by subsequent offerings, discussions or commitments unless requested to do so by CPSI.
- CPSI shall not be liable for any costs of preparation or presentation of the proposal to the Institute.
- CPSI reserves the right to accept any proposal in whole or in part; award one or more contracts; and reject any or all proposals.

Proposals will be accepted in English or French. Please note that critical components of French language documents received by CPSI will be translated to English. Applicants may arrange to have their application translated by a translator of their choice at the rate of \$0.25 per word. Only the cost of the translation for the Project Details and budget justification section of the application will be reimbursed by CPSI. Applicants will have up to one week after submitting their proposal to submit their translation. (Please note: the original application must still be submitted by the deadline.) Applicants must use CPSI's application form to indicate their decision to commission their own translation.

Les demandes seront acceptées en anglais et en français. Veuillez noter que les documents reçus en français seront traduits en anglais par un tiers. Avec l'accord préalable de l'ICSP, les demandeurs peuvent faire traduire leur demande par un traducteur de leur choix au tarif de 0,25 \$ le mot. Seul le coût lié à la traduction des sections « détails du projet » et « Justification du budget » sera remboursé par l'ICSP. Les demandeurs auront au maximum une semaine après l'échéancier original de soumission pour pouvoir soumettre la traduction de leur demande à l'ICSP. (Veuillez noter que la demande originale doit être soumise d'ici l'échéancier requis). Les demandeurs doivent utiliser le formulaire de demande de l'ICSP pour indiquer leur besoin de traduction.

8 Contact Information

Any questions regarding the intent or content of this RFP, or questions pertaining to the application and proposal review must be submitted in writing to the following contact, by e-mail or Canada Post within the deadline indicated in the timetable mentioned above. Under no circumstances should any other person be contacted directly throughout the RFP process.

Anne K. MacLaurin
Project Manager, Canadian Patient Safety Institute
Suite 1414, 10235-101 Street
Edmonton, AB T5J 3G1
Email: amaclaurin@cpsi-icsp.ca
Web: www.patientsafetyinstitute.ca

9 Terms and Conditions of this RFP

9.1 Obligations and Rights of CPSI

The issuance of this RFP and CPSI's receipt of any information or proposals shall not, in any manner, obligate CPSI to perform any act or otherwise incur any liabilities. CPSI assumes no obligation to reimburse or otherwise compensate the bidder or recipient of this RFP for proposal preparation costs, or any other losses or expenses incurred in connection with this RFP. CPSI reserves the right, in its sole discretion, to:

- decide not to award any contract;
- reject any proposal/all proposals without inviting the bidder(s) to submit a new proposal;
- cancel the RFP process if it is deemed to be unsuccessful and re-issue a new process;
- seek, in writing, clarification of, or additional information concerning proposals that are considered responsive, and to expect bidders to respond within two business days;
- keep, for its records, all proposals and documentation submitted in response to this RFP;

Nothing in this Statement of Work (or RFP) shall be construed as creating any obligation on the part of CPSI.

9.2 Grounds for exclusion

CPSI reserves the right to exclude any bidder or candidate from participating in this RFP if:

- they are bankrupt, are having their affairs administered by the courts, have suspended any business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- they have been convicted of an offence concerning their professional conduct by a judgment which has the force of res judicata (i.e. against which no appeal is possible);
- they have been guilty of grave professional misconduct proven by any means which CPSI can justify; they have not fulfilled obligations relating to payment of taxes in accordance with the legal provisions; they have been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organization or any other illegal activity; and/or,
- following another 'Request for Proposal' procedure launched by CPSI, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations.

9.3 Contract Award

Upon selection of a proposal(s) as a result of this RFP, CPSI will notify all bidders of the selection.

9.4 Conditions of the RFP

There shall be no payment by CPSI for costs incurred for the presentation and submission of proposals in response to this RFP.

No amendments to proposals submitted in response to this request for proposal will be accepted after the proposal closing date and time.

Bidders may alter or withdraw their bids by written notification prior to the deadline for submission of proposals. No proposal may be altered or withdrawn after this deadline.

All submitted proposals must remain open for acceptance for a period of not less than ninety (90) days after the closing date of the RFP.

10 Appendix A: Web-based Data Submission and Measurement System (DSM)

10.1 Enrollee Data Base:

10.1.1 Purpose of data base:

1. To keep track of enrollees
2. Act as foundation for teams to identify themselves

10.1.2 Creating a SHN enrollee account:

1. Key Organizational Contact (KOC) creates account – login access is set at the time of account creation
2. KOC has ability to maintain entire organization's info
3. KOC assigns access rights to Team Leader – login access for Team Leader is set at this time
4. Team Leader has the ability to maintain his/her own team info only

10.2 Data submission:

1. KOC and Team Leader may submit data through their login
2. Data Submitters without login access may still submit data.

10.2.1 Use Case – Data Submission – No login

1. This use case begins when the Data Submitter issues the “ Submit Data” command
2. System Response – The preliminary information data submission form is displayed
3. The Data Submitter enters their Name, Phone Number and Email Address into the appropriate fields and issues the “Continue” command
4. System Response – The list of Nodes is displayed in a drop-down list
5. The Data Submitter selects their Node
6. System Response – The Province drop-down is populated based on the Node selected by the Data Submitter
7. The Data Submitter selects their Province
8. System Response – The Organization drop-down is populated based on the Province selected by the Data Submitter
9. The Data Submitter selects their Organization
10. System Response – The list of Interventions is displayed in a drop-down list
11. The Data Submitter selects their Intervention
12. System Response – The Team drop-down is populated based on the Organization and Intervention selected by the Data Submitter

13. The Data Submitter selects their Team (sorted by intervention and team name e.g. Nursing Unit 5A, Emerg, Hip, (as defined and named by the team))
14. System Response – The appropriate measures based on the intervention & team selected is displayed
15. The Data Submitter populates the appropriate measurement fields for the intervention
16. The Data Submitter answers the question “Is this baseline data”? – yes/no. If Yes then the goal will be SET based on the teams baseline score for AMI8; CLI1; MEDREC 1; MEDREC2; MRSA2; MRSA3; MRSA4; MRSA6; RRT1; SSI3 and VAP1. For RRT2; RRT3 the team must enter their goal. There is no goal for MRSA 5.
17. The Data Submitter issues the “Save Data” command
18. System Response – A notification message (including Data Submitter name, phone and email) is sent to CMT and to the Team Leader.
 - a. Team Leader has 15 days to log into account to either approve or reject data submission. If Team Leader fails to login and approve or reject data within 15 days, data is automatically approved.
 - b. CMT reviews all data and approves data submission (this check and approval by CMT should continue until we can build in some logic checks)
 - c. If the data is not baseline data the program will assign the implementation stage (Early or Full) based on the team’s monthly score relative to the goal using a performance algorithm

10.3 Reporting:

1. KOC and Team Leader may access reports through their login
2. KOC may view all reports pertaining to his/her organization
3. Team Leader may view all reports pertaining to his/her team
4. Data Submitters and those who do not have login access rights cannot view reports unless permission is granted by the KOC or team leader.

Goal is to customize reporting by:

1. time frame,
2. implementation stage,
3. region,
4. hospital
5. measure

Some sample reports that the Campaign would like to see are:

1. Number of enrollees
2. Number of organizations
 - a. Acute care
 - b. LTC

c. Home Care

3. Number of teams enrolled
4. New teams
5. Percent team submitting (custom time frame, measure and region)
6. Team level performance per measure (run chart and graph numbers)
7. Node level performance per/ measure
8. Region level
9. Provincial
10. National level
11. Activity Level – At Goal, Active, Inactive, No Data, withdrawn etc – link to SHN Participant list
12. Reports CMT does now – Quarterly Reports by measure – national, node, implementation stage; QR by province (needed for local reporting)
13. Performance Reports – by individual teams for each measure by node; Data Submission (active, at goal etc)

*Small samples must be identified and prevent reports that have 5 or less data points comparison