811
HEALTHLINE

HealthLine Service Provider

Request for Proposals

Department of Health and Community Services

November 5th, 2015

Newfoundland Labrador

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES - REQUEST FOR PROPOSAL COVER SHEET			
Project Title:	**HealthLine (811) Service Provider**		
RFP #:	**RFPHealthLine**	**Issue Date:**	November 5th, 2015
Questions Deadline:	November 25th, 2015 4:00 PM NST	**Closing Date & Time:**	November 27th, 2015, 4:00 PM NST
Award Date(Tentative):	January 6th, 2016	**Project Start:**	March 1, 2016

Proposal Label:
Government Purchasing Agency
30 Strawberry March Road
St. John's, NL
A1B 4R4

Name of Project: HealthLine (811) Service Provider
Closing Date: November 27th, 4:00 PM NST

Government Purchasing Agency Contact Information			
Name:	Leanne Bastow	**Title:**	Procurement Officer, GPA
Phone:	709-729-3334	**e-mail:**	leannebastow@gov.nl.ca
Other Info:			
Proponents Meeting/Teleconference			
Location:	TBD	**Date:**	TBD

Proponents: Please make a copy of this cover page, fill out Proponent info, and submit as the Proposal (Technical Submission) cover page.	
Proponent Organization:	Legal name of Proponent organization and Doing Business As= Name if applicable:
Proponent Address:	
Proponent Contact Information	
Name:	Title:
Phone:	E-mail:
Proponent's Authorized Signatory	
Name:	Title:
Phone:	E-mail:
On Behalf of the Proponent Organization I accept all the RFP's Terms and Conditions.	
Signature:	Date:
I have the authority to bind the Proponent's Organization.	

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1 SUMMARY OF KEY INFORMATION

The Department of Health and Community Services is issuing a REQUEST FOR PROPOSALS (RFP) to assist the Government of Newfoundland and Labrador in the selection of a service provider to manage and operate the Newfoundland and Labrador HealthLine (811) for a period of five years plus the option of renewal for an additional one year.

1.1 ISSUE AND CLOSING DATES

Issue Date: November 5th, 2015

Closing Date: November 27th, 2015, 4:00 PM NST

1.2 TERM OF THE CONTRACT

The term of the service contract shall be for a term of five years, from March 1, 2016 to February 28th, 2021 with the option of renewal for one year at the same terms, conditions and pricing.

1.3 INSTRUCTIONS

The proposal must be prepared and packaged as outlined in the subsections of section 1.3 to ensure consistency in proponent responses.

1.3.1 PROPOSAL FORMAT

The proposal response will consist of two parts, the **Technical Submission** and the **Financial Submission**. For both submissions, the following is applicable:

- ❒ Responses should:
  - Identify the corresponding clause by Section number and title;
  - Indicate the direct question/clause being responded to (excluding any explanatory preamble);
  - Provide a response to the question/clause; and
  - Address specific topics identified in the Sections of the question/clause.
- ❒ Body text should be printed in Arial font with no less than 10-point typography. Tables replicated from the RFP should be printed in no less than 9-point typography.
- ❒ Spreadsheets should be completed in Excel format.
- ❒ Both submissions must be signed by an official or representative of the company who has the authority to execute the Proposal and the capability of binding the Proponent organization.

Part 1: Technical Submission

The Technical Submission shall include/requires the following:

- ❒ Completed and signed RFP Cover Sheet form (available after the front cover of this RFP) attached to the front cover of the Technical Submission (original copy).

- ❒ Table of Contents with page numbers and a list of any diagrams, figures and supplementary information such as appendices.

- ❒ Executive summary (not exceeding two pages) that will not be evaluated but will provide an overview of the Proponent's submission and clearly identify the strategic fit of the Proponent's core competencies in relation to service requirements identified in this RFP.

- ❒ Completed "Mandatory Requirement Checklist" (found in Appendix A of this RFP) included in the Technical Submission as an appendix.

- ❒ Proponent's response to **Sections 4.1 to 4.8** of this RFP.

- ❒ Maximum 60 single sided pages (8½ inch x 11 inch) in length (excluding the cover page, table of contents, and two page executive summary) (8½ inch x 14 inch folded pages are permissible for project approach graphics or Gantt charts only).

Part 2: Financial Submission

The Financial Submission shall include/requires the following:

- ❒ Proponent's response to **Sections 4.9 and 4.10** of this RFP.
- ❒ Must be submitted in a **separate sealed envelope** from the Technical Submission.

Proponents may provide additional material as appendices to their proposal response but this information will only be considered as supplementary clarification or support information and will not necessarily be considered in the process of evaluation.

1.3.2 COPIES REQUIRED

- ❒ **Part 1**: Technical Submission (8 copies): 1 signed original (unbound) + 7 copies + 1 on CD or flash drive.
- ❒ **Part 2:** Financial Submission (8 copies): 1 signed original (unbound) + 7 copies + 1 on CD or flash drive.

*Clearly distinguish originals from copies by marking either **ORIGINAL** or **COPY** on the first page of each.*

1.3.3 PACKAGING AND SUBMITTING PROPOSALS

- ❒ The Proposal response must be submitted in one MAIN sealed package. Contained WITHIN the main package, all copies of Part 2 (the original, copies, and CD/flash) must be submitted in a separate sealed envelope.

- ❒ Proponents must ensure that the completed and signed RFP Cover Sheet form (available after the front cover of this RFP) is attached as the cover sheet of the original copy of the Technical Submission.

- ❒ The MAIN Proposal response package must be labelled and submitted to the following address:

Government Purchasing Agency
30 Strawberry March Road
St. John's, NL, A1B 4R4
Name of Project: HealthLine (811) Service Provider
Closing Date: November 27th, 4:00 PM NST

Please note:

All proposals must be received by the Government Purchasing Agency (GPA) no later than the closing date identified in section 1.1. Proposals received after the Closing Date will not be accepted and will be returned unopened to the Proponent.

The Proponent will not change the wording of its proposal after the Closing Date and no words or comments will be added unless requested by the Department of Health and Community Services for purposes of clarification.

1.4 QUESTIONS AND INQUIRIES

1) All inquiries, questions and other communications with government officials with respect to this RFP are to be submitted in writing via e-mail to the following individual (no letter or fax questions will be accepted):

   Leanne Bastow
   Procurement Officer, GPA
   (P): 709-729-3334
   (Email): leannebastow@gov.nl.ca

2) Questions will only be accepted in accordance with the timetable specified on the front cover and as detailed below in Section 1.5.

3) To ensure consistency and quality in the information provided to bidders, the Government Purchasing Agency shall provide, by way of amendment to this RFP, in the form of an addendum to all bidders who have registered to receive amendments, any relevant information with respect to RFP inquiries received in writing without revealing the source of those inquiries. Bidders are cautioned that it is their responsibility to ensure that they receive all information relevant to this RFP. The Owner shall not be responsible for bidders who fail to inform themselves regarding the scope and nature of the work.

4) The Government Purchasing Agency shall publish all amendments to the tendering website at www.gpa.gov.nl.ca. Suppliers may register on the tendering website to receive amendments automatically through email or fax. Suppliers not registered to receive amendments are solely responsible for ensuring they are aware of and have complied with all amendments by RFP closing time.

5) The Department shall endeavour to exclude confidential or proprietary information from the responses provided.

1.5 PROPOSAL TIMELINES

The Proposal will be managed under the following timelines:

RFP Issue Date	*November 5th, 2015*
Proponents Questions Deadline	*November 25th, 2015 4:00 PM NST*
RFP Closing Date	*November 27th, 2015 4:00 PM NST*
Proponents Oral Presentation (Tentative)	*Week of December 7th, 2015*
RFP Award (Tentative)	*January 6th, 2016*
Start Date	*March 1st, 2016*

1.6 DEFINED TERMS

In this RFP, the terms defined below shall have the meanings set out, unless the context requires otherwise. The terms and definitions as noted below will apply to both the RFP document and responses.

"Abandoned calls" means those calls wherein the Caller has disconnected before speaking with an RN or agent.

"Agent" refers to screening attendants, customer service representatives, customer service specialists; staff persons other than RNs who answer calls when an RN is not available.

"Anonymous calls" means the Caller chooses not to provide any personally identifying details during the call.

"ARNNL" refers to the Association of Registered Nurses of Newfoundland and Labrador and is the regulatory body and professional organization for all registered nurses (RNs) and nurse practitioners (NPs) in the province of Newfoundland and Labrador (NL)

"ATIPPA" means the *Access to Information and Protection of Privacy Act, SNL 2015 c.A-1.2*

"Business Day" means any day other than Saturday, Sunday or a statutory holiday in the Province of NL.

"Call Back Process" refers to the process initiated by an agent when an RN is not readily available to take the original call.

"**Caller**" refers to individuals who initiate contact with the HealthLine.

"Clinical Protocols" refers to the evidence based clinical guidelines used by the successful proponent to guide decision-making when providing advice to a Caller or patient.

"Closing Date" means the date and time proposals must be received by the GPA.

"Community Resource Database (CRDB)" refers to a listing, in electronic format, of health related programs and services both within the publically funded health care system and outside of (such as non-governmental agencies and not-for-profit organizations/groups), which is available to the public through calling the HealthLine and accessing the HealthLine website and mobile app.

"Department" means the Department of Health and Community Services, Government of Newfoundland and Labrador.

"Fiscal Year" refers to the fiscal year (April 1st to March 31st) of the Government of Newfoundland and Labrador.

"GPA" means the Government Purchasing Agency, Province of Newfoundland and Labrador.

"Including" means "including without limitation", and "includes" means "includes without limitation".

"Incoming calls" is the sum of serviced calls and non-serviced calls.

"Must/Required/Shall/Will" means a requirement that must be met.

"Non-serviced calls" refer to all calls which are not considered serviced calls, including but not limited to hang-ups (before or after the automated voice prompt), wrong numbers, and calls answered by agents for the purposes of queuing or initiating the call-back process.

"Person" means an individual, a corporation, a partnership, a trust, an unincorporated organization, the government of a country or any political subdivision thereof or any agency or department of any such government, and the executors, administrators or other legal representatives of an individual in such capacity.

"PHIA" means *Personal Health Information Act, SNL 2008, c.P-7.01.*

"PHI" means Personal Health Information as defined in PHIA.

"Proponent" means an individual or a company that submits, or intends to submit, a proposal in response to this Request for Proposals.

"Proposal" means a response to this RFP submitted by a Proponent.

"Province" means Her Majesty the Queen in Right of the Province of Newfoundland and Labrador.

"RFP" means "Request for Proposals". It includes the schedules to this RFP and all addenda, if any.

"RHA" means Regional Health Authority. The publicly funded health and community services' system across NL is delivered by four RHAs (Eastern Health, Central Health, Western Health, and Labrador-Grenfell Health).

"Referral" refers to each client or patient who is registered to be contacted through one of the outbound call programs (Mental Health and Addictions Follow-up Calls, Recovery Aftercare Program, and the Left-Without-Being-Seen initiative). A referral is equivalent to one patient/client, not the number of calls or call attempts required through each of these programs. A patient/client who has been referred to one of the aforementioned programs for a second time or more, separate and distinct from the first referral, will be counted as a new referral.

"Registered Nurse (RN)" is an individual who graduated from an ARNNL-approved education program, passed national exams, and is registered and licensed with ARNNL.

"Serviced Calls" are calls received by 811 or the poison control line for which a service was provided. For the purpose of this definition, "service" refers to: 1) the provision of triage, health information, and/or system navigation; 2) handling incoming calls from the public or health professionals related to feedback, swag (marketing material) requests, and/or community in-service requests; and 3) the call-back process (when the call-back process is deployed but the patient is not reached after all required call attempts, this shall be recorded as **one** serviced call; reaching the patient during any of the call attempts but **not** providing triage, health information, or system navigation, either because the patient refused or no longer needed the service, shall be recorded as **one** serviced call).

"Should/Desirable/May" means a requirement having a significant degree of importance to the objectives of this RFP.

"Target Date" means the date the HealthLine must be fully operational and accessible to Callers.

"Tele-care/Tele-care service" is defined as a service that provides assessment and triage for symptom-related non-urgent conditions as well as the provision of health advice and health-related information via the telephone.

"Tele-triage" refers to the service under the HealthLine whereby the RN assesses a Callers' symptoms using clinical protocols and provides the Callers with care advice and recommendations for appropriate next steps.

2 BACKGROUND INFORMATION

The HealthLine is a confidential and free tele-care service staffed by experienced Registered Nurses and available 24 hours per day, 7 days per week to residents of the entire province. The HealthLine was launched on September 27, 2006 as part of Health Canada's Primary Health Care Renewal Initiative. The HealthLine is a complement to existing health care services and was initiated primarily to:

- Facilitate use of the most appropriate level of health services (particularly decreasing inappropriate Emergency Department (ED) visits and increasing self-care);
- Improve public access to health information and advice; and
- Increase health education and awareness.

The HealthLine is and will continue to be operated from three call centres located in three separate communities within the province: Corner Brook, Stephenville, and St. Anthony. The specific addresses are as follows:

- Charles S. Curtis Memorial Hospital, 178-200 West Street, St. Anthony, NL;
- 4 Herald Avenue, Corner Brook, NL; and
- 4 Boland Avenue, Stephenville, NL.

The HealthLine currently provides the following three (3) core services:

- Symptom advice - triage and advice for symptom-related non-urgent conditions using standardized clinical guidelines;
- Health Information - addressing health-related questions through a health information topics database; and
- System Navigation - providing contact information for various health related services.

The Department recently made the following enhancements to the HealthLine:

- Implementation of 811 (the toll-free number,1-888-709-2929, is still in effect as well);
- Offering supportive follow-up calls to Callers with non-crisis mental health and addictions concerns;
- Updated the HealthLine website* (www.yourhealthline.ca); and
- Launched a web-based mobile application ("app")* accessed through the HealthLine's website from a mobile device (provides users with the ability to contact the HealthLine with a single tap, to receive health advisory notifications, and to access and connect to a service in the Community Resource Database with a single tap).

  ** Note that the HealthLine website and app will be managed internally and not the responsibility of the successful proponent.*

In addition to the above, the HealthLine also:

- Serves as a central point of contract for the public during health advisories and notices;
- Provides Eastern Health with follow-up calls to patients who leave the ED after registration but before being seen by a health care provider; and
- Provides weekly data to Public Health on calls related to Influenza and Gastrointestinal illness for the purpose of syndromic surveillance.

The Department intends to further enhance HealthLine services in the upcoming contract with the addition of the following (discussed in Section 3.0):

- Poison Control;
- Recovery Aftercare Program for addictions; and
- Pilot Project – Telephone-based dietitian service.

An external evaluation of the HealthLine was conducted by the Newfoundland and Labrador Centre for Health Information in 2013. The report can be found at the following link:
http://www.health.gov.nl.ca/health/publications/HealthLine_Evaluation.pdf

3 MANDATORY REQUIREMENTS

This section contains the mandatory requirements that the Proposal must comply with to receive consideration. If, in the determination of the Department, the Proposal does not comply with each of these mandatory requirements, the Department shall, without liability, cost, or penalty, eliminate the Proposal and the Proposal shall not be given any further consideration.

Proponents are required to complete the attached document entitled "Mandatory Requirement Checklist" found in Appendix A, which documents the Proponent's requirement of meeting each of the mandatory requirements as outlined in each section of Section 3.

Please note that all statistics provided throughout this RFP are based on historical data and intended only to provide an estimate of past volume and service requirements.

3.1 SCOPE

The Department of Health and Community Services requires a service provider for a five year period (plus the option of renewal for one year) to operate the Newfoundland and Labrador HealthLine. Operating includes, but is not limited to, the following:

- Human Resources including all staff and supporting activities such as recruitment, retention, selection and investment in training and development;
- Processes, procedures, protocols, etc.;
- Telecommunications and data infrastructure;
- Hardware and software;
- Premises including leases and all associated costs; and
- Furniture, equipment, and fixtures.

The successful Proponent will be expected to have all resources in place to operationalize the services as per the required timelines.

3.2 PROGRAM/SERVICE DELIVERY

The following sections describe the specific programs and services to be delivered under this RFP. Each section contains a description and the operational requirements specific to the particular service or program.

There are however overarching operational requirements which are applicable to all services and programs to be provided under this RFP. The overarching requirements are as follows:

- Provision of services via Registered Nurses only (with the exception of the agents in tele-care);
- Services must be provided primarily in English, with the ability to quickly engage translation services in other languages, especially French and the Algonquian and Eskimo-Aleut Aboriginal language families;
- Services must be easily accessible to those who are hard of hearing (current TTY number is 1-888-709-3555);
- The successful proponent must have the ability to connect Callers directly to services such as 911, local emergency numbers, the Mental Health Crisis Line, and other crisis lines;
- The successful proponent must adhere to the service levels as per section 3.3;
- The successful proponent must adhere to the reporting requirements as per section 3.4;
- The successful proponent must adhere to scripts, surveys, and questionnaires provided by the Department;
- The Department must approve all call processes and scripts developed by the successful proponent for the HealthLine;
- Calls must be recorded for quality management purposes and Callers must be informed that their call will be recorded for quality purposes;
- All client data must remain in Canada and be securely stored in an electronic database in accordance with the *Personal Health Information Act, SNL 2008, c.P-7.01;*
- The Proponent must provide the Department with access to the call centres for on-site reviews of the clinical guidelines and processes, including participating in the quality management process, such as supervision of calls in real time and review of recorded calls and clinical records of Callers, upon request; and
- Calls are to be handled within Canada as per legislative, privacy and security standards for NL.

3.2.1 TELE-CARE SERVICES

As defined in section 1.6, Tele-care is a service that provides assessment and triage for symptom-related non-urgent conditions as well as the provision of health advice and health-related information to Callers via the telephone. The provision of tele-care services under this RFP includes the following:

1) **Symptom advice**

The provision of symptom advice includes the assessment of symptoms and provision of recommendations by an RN using evidence-based, up-to-date clinical guidelines embedded into computerized software. Through a telephone interview, the RN will collect pertinent information, rapidly assess client needs and urgency, and advise on next steps for care. While the RN will be guided primarily by the software, the RN must also use clinical judgment when making recommendations.

Based on the Caller's symptoms and/or situation, recommendations will include advice for self-care and/or a referral to other services or agencies. Other services include but are not limited to the following:

- 911/EMS;
- Emergency Department;
- General Practitioner/Primary Care Physician;
- Other Healthcare Professional (Pharmacist, Dietitian, Public Health Nurse, etc.);
- Poison Control;
- Services within the healthcare system (Provincial services or services provided by the Regional Health Authorities); and

- Community-based services and agencies.

To facilitate continuity of care, in instances where Callers are referred to an Emergency Department and consent has been obtained to forward collected information, nurses notify the Emergency Department, and information from his or her HealthLine record is forwarded to the receiving hospital or health centre.

The symptom advice component of the HealthLine is a symptom management and triage service for non-urgent conditions. Callers who require a second opinion related to a previously prescribed treatment, a replacement for a family physician, or specific post-hospital discharge instructions are not generally within the scope of services offered by tele-care. These Callers, whose needs are outside the scope of the HealthLine, are redirected to other appropriate sources of information and care. This will require access to an up-to-date directory of community and system based services and agencies within Newfoundland and Labrador, which is further discussed below.

2) **Health Information**

Callers without symptoms may contact the HealthLine to seek information and advice on health related topics and matters. A Health Information Topics Database, a computerized database of up-to-date information about a wide range of health related topics, diseases, and conditions, will be required. The RNs will access this database as required to answer questions and provide information and education to the Caller. The database should be easy to access and navigate efficiently.

A “tele-library”, or pre-recorded voice files on various health topics, will NOT be utilized. It is a requirement that the HealthLine provide live information to callers over the phone. The successful proponent is to have the capability to e-mail or text general health information to Callers should the Department opt to pursue that mode of communication in the future.

3) **Service Directory / Community Resource Database**

Callers may also seek information about community and system-based health-related services and resources. This may occur during a symptom or health information call, or a Caller may contact the HealthLine solely for the purpose of finding contact information for a particular or set of services, programs, or resources.

System navigation is currently provided by the HealthLine through a community resource database that was developed by the Department. The Department has historically held responsibility for compiling and updating this database. The Department is interested in building on the current database and developing a comprehensive, reliable, up-to-date central provincial repository of all publically-funded primary health care services as well as community level services, organizations and supports outside the system. The responsibility for this database will now be a shared responsibility between the Department and the successful proponent.

Upon award, the successful proponent will be expected to work with the Department to determine a plan and process for ensuring that the database is complete and current. This may involve a shared responsibility for reviewing the data in the database and scouting for new services which should be added to the database.

The Department will maintain the master copy of the database in an excel spreadsheet format which the successful proponent will be required to integrate into their software. All changes and additions to the database will be updated by the Department in the excel spreadsheet and updates sent to the successful proponent for inclusion in the software and app. Changes and additions must be completed within 48 hours.

4) **Monthly Surveys**

The successful proponent must conduct monthly surveys on recent users of tele-care services, who have consented, as per the following:

- Sample size must result in completed surveys in the amount of at least 3% of monthly serviced calls;
- Surveys can be conducted by live person or automated system; and
- Surveys will at minimum determine satisfaction rate, extent to which recommendations were followed, and reason, if any, for not following recommendations.

General Provisions for Tele-care Services

The successful proponent **must** provide tele-care services as per the following minimum requirements:

- Provision of services 24 hours per day, 7 days per week, 365 days per year;
- Ability to increase staffing (or to access additional staffing located elsewhere) to provide for short term, substantial increases in call volume due to events such as disasters or outbreaks, e.g. pandemic influenza;
- Calls may be answered by a voice menu system for greeting items and language selection **only,** then calls are to be directed to a Registered Nurse or agent;
- A call-back process must be deployed if calls queued for a Registered Nurse are unable to be answered by a Registered Nurse within the established service level;
- Provision of telephone triage and symptom advice using approved clinical guidelines, protocols and/or algorithms embedded in decision support computer software which are consistent with **Canadian** practice. These clinical guidelines will be reviewed, validated and maintained on an on-going basis by a panel of health professionals with expert knowledge in the range of specific conditions handled by telephone triage for practice in **NL**; and
- Provision of health advice, information and education from a Health Information Topics database which is regularly reviewed and updated, and consistent with current practice, policies and recommendations in the province of Newfoundland and Labrador and in Canada.

See Appendix B1 for statistics on tele-care utilization.

3.2.2 POISON CONTROL SERVICES

The Department intends for the HealthLine to assume responsibility for Poison Control services in the upcoming contract. The successful Proponent will be expected to have all resources in place and ready to provide poison control services immediately upon the contract start date.

Poison control is currently accessed by dialing 709-722-1110. This number will stay in effect indefinitely and call-forwarded to the HealthLine. The transition from the existing Poison Control provider to the HealthLine should be seamless and indiscernible to the user.

Based on the Caller's symptoms and/or situation, recommendations will include advice for self-care and/or a referral to other services or agencies. Other services include but are not limited to the following:

- 911/EMS;
- Emergency Department;
- General Practitioner/Primary Care Physician;
- Other Healthcare Professional;

- Services within the healthcare system (Provincial services or services provided by the Regional Health Authorities); and
- Community-based services and agencies.

General Provisions for Poison Control
The successful proponent **must** provide poison control services as per the following requirements:

- Provision of services 24 hours per day, 7 days per week, 365 days per year;
- Poison control calls **must** be given priority and **not** handled by the call-back process;
- Poison control services must be provided using the toxicology management software Micromedex, and the successful proponent is responsible for ensuring that guidelines are consistent with **Canadian** practice;
- The successful Proponent will be required to work with telecommunications providers and other parties if required to ensure that the current poison control telephone number is successfully call forwarded to the HealthLine prior to the contract start date.

The existing Poison Control line receives ~2000 calls per year. The majority of calls are from the public (65%) followed by 27% from hospitals and 8% from veterinarians. Almost half of all calls are assessed as requiring a referral to either the ED or a GP. **See Appendix B2 for further statistics.**

3.2.3 MENTAL HEALTH AND ADDICTIONS FOLLOW-UP CALLS

In April of 2015, the HealthLine began offering brief supportive counseling through follow-up calls to those with mild to moderate mental health issues who have reached out to the HealthLine for assistance (those in crisis are referred to the crisis line). The goal is to provide continued support and guidance using a client-centered, client-driven approach, and to ensure the Caller is connected with services within the community and system which may be of benefit to them. Consent is garnered from the client prior to any follow-up contact.

Based on current statistics, it is anticipated that 300 Callers per year will agree to a supportive follow-up call, and approximately 75% (225) will ultimately be reached. Supportive counseling calls are typically slightly longer than a triage call, about 15- 20 minutes per call.

See **Appendix C1** for more information about the program, including program requirements and processes.

3.2.4 RECOVERY AFTERCARE PROGRAM

The Recovery Aftercare Program (RAP) is a two-pronged approach to improving the quality of addictions services. The program was implemented in Newfoundland and Labrador as a pilot project in 2012 and is now entering into the sustainability phase.

The program involves the following two components: 1) Outcome Monitoring, which is designed to measure clinical and functional outcomes before and after treatment, and 2) Recovery Management Check-ups, connecting with clients at regular intervals following treatment to assess progress and if return to treatment may be needed. The main objective of the check-ups is to reconnect clients with services before a potential relapse occurs and crisis levels reached. Outcome Monitoring, on the other hand, is a tool to measure the effectiveness of treatment for the purposes of strategic planning and improving service quality.

For **Outcome Monitoring**, the successful proponent will be required to administer two telephone based surveys to addictions clients throughout the province using established questionnaires. The first survey (baseline) is conducted when the client is enrolled into the program and the second (follow-up survey) conducted six months after the baseline is completed.

For **Recovery Management Check-ups**, the successful proponent will be required to contact clients at three separate intervals (1, 3, and 6 months after treatment) and ask a series of six questions. The results will indicate if a return to treatment is recommended. If so, the successful proponent will contact the designated regional representative for RAP who will facilitate treatment re-entry.

It is expected that 300 clients per year will be referred to the RAP, however the number of client's actually reached for the baseline survey, and then again for the follow-up survey, is significantly less. The usually call length to complete either of the surveys is 15-20 minutes; the check-up calls are usually only 5 minutes in length.

See **Appendix C2** for more information about the program.

General Provisions for RAP:

- Successful proponent must work with the Department and/or RHAs on establishing a secure mechanism to receive sensitive client information/referrals, including personal health information (PHI), from the RHAs electronically;
- Successful proponent must designate a phone number with secure voicemail system in the event that clients need to contact the program;
- Outbound text capability;
- Secure email/survey program or system to administer surveys electronically if necessary and ability to maintain and connect client files (i.e. unique identifier between baseline and follow-up surveys); and
- Compliance in all instances with the *Personal Health Information Act, SNL 2008, c.P-7.01.*

3.2.5 LEFT-WITHOUT-BEING-SEEN (LWBS) INITIATIVE

The HealthLine provides follow-up phone calls to select patients who leave the emergency department (Eastern Health only) without being seen by a physician or nurse practitioner. The purpose of the initiative is to ensure that patients who have been triaged as Level 1, 2 or 3 and who leave the Emergency Department (ED) without medical assessment or treatment receive timely and appropriate follow-up in order to reduce the risk of adverse health outcomes. The HealthLine nurses contact patients who have been identified by Eastern Health as requiring follow up, and triage their symptoms over the phone if their symptoms are still present and they agree to the follow up.

The HealthLine usually receives between 0 and 6 LWBS referrals to contact per day. In the past 6 months, the monthly referrals ranged from 93 to 167. Approximately 65% of the Callers are reached for follow-up during one of the three call attempts, but only about 16% of the total referrals end up being triaged (some patients are no longer experiencing symptoms and some patients decline to be triaged). See **Appendix C3** for more information about the program.

General Provisions for LWBS:

- Successful proponent must designate an email address for the purposes of receiving client information from the RHA. Client information will be sent by Eastern Health over secure password protected email.

3.3 SERVICE LEVELS

The following sections outline the service level requirements for each of the programs and services to be provided under this RFP.

3.3.1 SERVICE LEVELS FOR TELE-CARE SERVICES

The successful proponent will be required to meet the following minimum service levels:

- On a weekly basis, 80% of all in-coming calls must be answered by either an agent or a nurse within 20 seconds and 90% within 30 seconds;
- All calls initially answered by an agent and queued for a Registered Nurse shall be subsequently answered by a Registered Nurse within 30 seconds, or handled by the Call-Back Process;
- The weekly percentage of abandoned calls is not to exceed 4% from incoming call to agent;
- The weekly percentage of abandoned calls is not to exceed 6% for calls that are on hold between the agent and RN;
- The callback process must only be used when the volume of in-coming calls cannot be handled directly by an RN or where priority must be given to the poison control service;
- When the callback process is required, callbacks must be initiated within 30 minutes, 90% of the time. There must be a minimum of 3 callback attempts within 90 minutes;
- Updates and additions to the Community Resource Database (CRDB) must be completed within a maximum of 48 hours; and
- Surveys must be completed monthly on a minimum of 3% of serviced calls.

3.3.2 SERVICE LEVELS FOR POISON CONTROL SERVICES

The successful proponent will be required to meet the following minimum service levels:

- All incoming calls to the designated poison control line must be answered within 20 seconds by a Registered Nurse.

3.3.3 SERVICE LEVELS FOR MENTAL HEALTH AND ADDICTIONS FOLLOW-UP CALLS

The successful proponent will be required to meet the following minimum service levels:

- The follow-up call must be initiated within 24-48 hours; and
- A total of three attempts must be made to reach the Caller (two attempts during the prearranged time period and one the following day).

3.3.4 SERVICE LEVELS FOR RECOVERY AFTERCARE PROGRAM

The successful proponent will be required to meet the following minimum service levels:

- The baseline survey must be completed within 1 week of receiving the referral;
- The follow-up survey must be completed 6 months post-baseline survey;
- Recovery management check-ups 1, 3, and 6 months post treatment;
- Reminder text prompts, one per week in the two weeks leading up to follow-up survey;
- One reminder text prompt each week prior to the three check-ups;
- Three (3) call attempts must be made, 24 hours apart, to connect with the client via phone to complete each of the surveys and check-ups;
- One text prompt must be sent advising client that attempts were made to call for the surveys;
- With client consent, one call must be placed to the approved “contact person” if unable to reach client by phone and client did not contact the HealthLine program number within 24 hours after the text prompt (for surveys); and
- Surveys will be administered electronically as a last resort.

3.3.5 SERVICE LEVELS FOR LWBS INITIATIVE

The successful proponent will be required to meet the following minimum service levels:

- Call back attempts by the HealthLine will be made daily, between the hours of 9am to 9pm;
- Three call attempts will be made to contact the patient on the day the data is received (i.e. upon receipt of the data, 3-5 hours later, and again in the evening); and
- Voicemail message for patient on third attempt and call to next of kin placed only if no voicemail option on patient's phone number.

3.4 REPORTING REQUIREMENTS

The successful Proponent is required to provide the Department with the following regularly scheduled reports. The Department may, in its sole discretion, amend any or all of the following conditions based on its assessment or evaluation of the HealthLine.

3.4.1 WEEKLY REPORTS

The successful proponent must agree to provide the Department with the following weekly surveillance reports, submitted every Monday:

1) Weekly respiratory illness calls – province wide
2) Weekly enteric illness calls – province wide
3) Weekly respiratory illness calls – region specific
    a. Eastern Health
    b. Central Health
    c. Western Health
    d. Labrador-Grenfell Health
4) Weekly enteric illness calls – region specific
    a. Eastern Health
    b. Central Health
    c. Western Health
    d. Labrador-Grenfell Health

See **Appendix D** for a sample of the information collected in the weekly reports. The weekly reports must include, but are not limited to, the data shown in Appendix D.

3.4.2 MONTHLY REPORTS

The successful proponent must agree to provide the Department with monthly service reports for each of the following services/programs (submitted within two weeks after the end of the month):

1) Tele-care services (including poison control services)
2) Mental Health and Addictions follow-up calls

3) Recovery Aftercare Program
4) LWBS initiative (includes a provincial report and site specific reports)

For tele-care services, the monthly reports must include, but are not limited to, the following data:

- Serviced and non-serviced calls;
- Calls by RHA;
- Calls answered per service levels;
- Call back process data;
- Average call duration;
- Final Dispositions/Outcomes;
- Reason for calls (triage/info/system navigation);
- Age, Gender, Language;
- Callers planned course of action and Registered Nurse recommended course of action;
- Complaints/incidents;
- Survey results; and
- Protocols used.

For the Mental Health and Addictions follow-up calls and the LWBS initiative, the monthly reports must include, but are not limited to, the following data:

- Total referrals, by RHA;
- Total referrals reached, by RHA;
- Contact attempts information;
- Age/Gender;
- Satisfaction results/comments;
- Disposition/Outcome; and
- Protocols used.

For RAP, the monthly reports must include, but are not limited to, the following data:

- Total referrals, by RHA;
- Total referrals reached, by RHA;
- Contact attempts information; and
- Age/Gender.

3.4.3 BI-ANNUAL REPORTS

The successful proponent must agree to provide the Department with the following tele-care service reports twice per year (submitted within two weeks after the end of the six month period):

1) Bi-annual report – Eastern Health
2) Bi-annual report – Central Health (Central Health's report is further stratified by approximately seven primary health care districts)
3) Bi-annual report – Western Health
4) Bi-annual report – Labrador-Grenfell Health

The bi-annual reports must include, but are not limited to, the following data for the previous six month period:

- Serviced and non-serviced calls, total province and for relevant RHA;
- Age/Gender;
- Reason for calls;
- Disposition/Outcomes; and
- Protocols used.

3.4.4 AD HOC REPORTING

The successful proponent must agree to provide the Department with one-time reports on an ad hoc basis as requested. Ad hoc reports shall be submitted to the Department within one week of the request unless requested by the Department as soon as possible. The number of ad hoc reports historically requested has been anywhere from 6-10 unique reports per year.

3.5 OTHER OPERATIONAL REQUIREMENTS

3.5.1 HUMAN RESOURCES

Human Resources must include at a minimum:

1) Registered Nurses (to manage calls, patients, clients)
   - Registered with, and, in good standing with, the ARNNL;
   - Experienced in an acute care environment, such as Emergency, Ambulatory Care, Critical Care, Medical-Surgical, Obstetrics, and/or Pediatrics;
   - Demonstrated knowledge, clinical judgment, and skills necessary to provide safe and effective HealthLine services;
   - Competent assessment and communication skills; and
   - Competent computer skills (must be capable of swiftly navigating Decision Support Software and other electronic tasks).

2) Nurse Managers
   - Registered with, and, in good standing with, the ARNNL;
   - Excellent communication and leadership skills;
   - Responsible for training, development, continuing education, coordination, supervision and monitoring of the nursing staff to assess and ensure quality of the calls and services provided;
   - Responsible for reviewing, evaluating, and approving clinical practice guidelines used by the HealthLine; and
   - Responsible for reviewing reports for accuracy prior to being submitted to the Department.

3) Nurse Manager Liaison
   - The Department requires a Nurse Manager to act as a liaison between the successful proponent and the Department;
   - The liaison **must be readily available and responsive to the needs of the Department;** and
   - The liaison will interact frequently with the Department regarding the HealthLine, i.e. responding to requests, questions; trouble shooting; and working with the Department on revisions and updates to guidelines, scripts, the CRDB, and other documents as required, etc.

4) Agents
   - As often the first contact with the Caller, the agents must have highly developed communication and interpersonal skills, and demonstrated professionalism; and
   - Competent computer skills.

5) Information Technology
   - Skilled in data quality and data management; and
   - Skilled in the ability to swiftly extract appropriate and accurate data for regularly schedule reports but also ad hoc report requests.

6) Medical Director
   - A physician licensed and credentialed in Newfoundland and Labrador and experienced in Emergency Medicine, retained as a consultant to the successful proponent to review clinical practice guidelines, to provide clinical direction regarding the functioning and managing of services, and to serve as the primary liaison on the HealthLine with medical staff in the province's RHAs if required.

Employees will be required to complete the on-line training regarding the *Personal Health Information Act, SNL 2008, c.P-7.01*, and provide proof of same, before commencement of employment.

3.5.2 TELECOMMUNICATIONS AND SOFTWARE

Requirements include at a minimum:

- Ownership and maintenance of the existing toll-free number 1-888-709-2929 (811 call forwarding has already been set-up by the Department);
- Call routing and queuing system;
- Scalable voice prompt and messaging system;
- Secure Email, Text, and Voicemail;
- Secure file management and transfer system;
- Secure Survey System to securely administer surveys electronically for the Recovery Aftercare Program;
- Decision Support Software;
- Clinically reviewed and approved tele-triage protocols/guidelines (Canadian content);
- Toxicology Software (Micromedex);
- Health Information Topics database;
- System to import and readily use Community Resource Database; and
- Data management system which records and stores all information relating to Caller or patient interactions and has the capacity to provide the Department with data extracts and customized reports for the purposes of data analysis.

3.5.3 LOCATION

Call centres must remain in each of the existing communities (Corner Brook, St. Anthony, and Stephenville). Call centre addresses may change as long as the call centres remain within the existing communities.

3.5.4 DATA AND PRIVACY

All data is the property of the Department and must, at all times, remain in Canada (including paper records, electronic records, data storage devices and servers). All access to data must be kept to the minimum required for fulfillment of a specific job function. All at risk backed up data must be encrypted according to the

Government of Newfoundland and Labrador's acceptable encryption usage policy. All backup and storage media containing information concerning the service provided must be physically secured to prevent loss, theft, or inappropriate access. There must be physical and technical controls in place to protect the data in accordance with the *Personal Health Information Act, SNL 2008, c.P-7.01*. Data residing on hardware assets to be decommissioned such as computers, servers and storage devices must be securely deleted and/or destroyed.

The Proponent must ensure that all obligations and best practices are met under the *Personal Health Information Act*, SNL 2008, c.P-7.01, including:

- Comply with the *Personal Health Information Act, SNL 2008, c.P-7.01* and Regulations;
- Establish and implement privacy policies and procedures;
- Have all employees sign a confidentiality agreement/oath;
- Establish a contact person for privacy who will work with the Department for privacy matters;
- Limit collection and use of PHI to only that which is required;
- Provide staff training on privacy using the NL online *Personal Health Information Act, SNL 2008, c.P-7.01* training (http://nlchi.skillbuilder.ca/home)
- Implement security measures to ensure PHI is safeguarded against loss, theft or misuse;
- Maintain data in a safe and secure location/manner (including locked files, locked computers, encrypted, etc.);
- Notify the Department at the first reasonable opportunity if you suspect personal health information has been compromised in any way (i.e. lost, stolen, etc.);
- The Department has the right to audit the Proponents information practices; and
- The successful Proponent must conduct a Privacy Impact Assessment and a Threat Risk Assessment prior to implementation in accordance with the Government of NL policies.

The activities of the Department are governed by the provisions of the *Access to Information and Protection of Privacy Act and the Personal Health Information Act, SNL 2015, c.A-1.2* (in this Section, the "Acts") in the Government of Newfoundland and Labrador. The Proponent, its employees, and any sub-contractors will be required to comply with and abide by all provisions of the Acts. In addition to these Acts, the Proponent, its employees, and any sub-contractors will comply with and be bound by best practices, as determined by the Department at its sole discretion, including execution of Information Sharing or other Agreements.

3.5.5 QUALITY MONITORING MEASURES

The successful proponent is required to have quality monitoring measures in place related to, but not limited to, the following:

- Data access (proactive audits to ensure that data is accessed in an appropriate manner. Periodic audits will look at system access trends and will identify anomalies. Such audits will be conducted on a bi-weekly basis and will be provided to the Department upon request. Questionable results will be immediately reported to the Department);
- Quality monitoring of staff performance and credentials;
- Quality measures and processes related to software and database reviews and updates;
- Monitoring adherence to service levels outlined in section 3.3; and
- Caller satisfaction and adherence to recommendations.

3.5.6 COMMUNITY OUTREACH

The successful proponent will be required to support the Department in increasing awareness of the service to the public by delivering presentations to the community and setting up booths/displays at conferences and events, upon the request of the Department. Community outreach has historically been infrequent; community requests for presentations are typically once or twice per year, and booth displays are typically also once or twice per year.

3.5.7 POTENTIAL GROWTH AND EXPANSION

Successful Proponent must have the technical capability to handle potential growth and expansion opportunities which the Department may want to explore over the term of the contract. Expanded services may include, but are not limited to:

- The ability to integrate caller/patient records with other medical records in pursuit of an integrated electronic health record;
- Coordination with family practice clinic groups including ability to schedule patients;
- Addition of further health related information lines and services; and
- Public health monitoring, such as post-vaccination adverse events, etc.

3.6 PILOT PROJECT – TELEPHONE-BASED DIETITIAN SERVICE

The Department intends to pilot the addition of a telephone-based dietitian service to the HealthLine for one year with the possibility of extending to two years. A telephone-based dietitian service is a health promotion and educational tool that provides easily accessible, free, evidenced-based nutrition information to the public from a Registered Dietitian (RD).

The successful Proponent will be required to work with the Department on the planning for the pilot, and will be responsible for all aspects of pilot implementation and management, including but not limited to:

- Human Resources including all staff and supporting activities such as recruitment, retention, selection and investment in training and development;
- Telecommunications and data infrastructure;
- Hardware and software;
- Data collection and reporting;
- Premises including leases and all associated costs; and
- Furniture, equipment, and fixtures.

The Department will be responsible for:

- Marketing and promotion of the pilot;
- Monitoring utilization data; and
- Pilot evaluation.

Operational requirements for the pilot include:

- Service must be provided by RDs, registered and in good standing with the Newfoundland and Labrador College of Dietitians (NLCD);
- RDs must reside within NL;

- RDs must have at least 2 years' experience in the clinical setting, having worked directly with patient/clients in a counseling setting;
- The clinical decision support software must be purchased from Dietitians of Canada's PEN software (Practice-based Evidence in Nutrition) which requires a one-time fee plus annual licensing fee; and
- Monthly service utilization reports must be provided to the Department.

Proposed model for Newfoundland and Labrador:

- RD services provided Monday through Friday during daytime hours, approximately 8 hours per day;
- Services accessed through 811 and Callers would be either voice prompted to select either RN or RD services, or transferred to the RD via the live agent who answers the call (Callers with nutrition related questions outside of RD hours of operation would be serviced by the HealthLine RN if within their scope or asked to call back during RD hours);
- Scope of services in the pilot may include, but not be limited to:
    1) *Support for personal decision making*. Helping individuals improve healthy eating behaviors for themselves and their families, and supporting self-management of chronic diseases, injuries, and illnesses, through the provision of advice, education, and brief health coaching.
    2) *Support for care-givers*. Providing nutrition advice and to those who are providing care for others, i.e. home care workers, personal care home staff, family members of loved ones, etc.
    3) *Support for settings-based nutrition polices*. Providing guidance and practical advice to end-users of written policies on how to put policy in action; such policies include school food guidelines, child care policies and guidelines, healthy meetings and events policies, and workplace wellness initiatives.
    4) *Resource for other health professionals*. Answering questions and providing information to health professionals such as doctors, nurses, pharmacists, and other dietitians who are seeking information, clarification, etc. on a nutrition related topic.
- Fulfillment materials may include, but not be limited to:
    - Emailing fact sheets, links to websites and other resources to Callers; and
    - Postal mailing the above materials if Caller has no access to email.

The Department and the successful Proponent will mutually agree upon an implementation date for the service.

Background:

- RDs are skilled educators in promoting behavior change relative to food, eating, and nutrition.
- There are currently four provinces in Canada which offer telephone-based dietitian services (Ontario, Manitoba, Alberta, and British Columbia). Services are typically provided from Monday to Friday during day time hours (and into the evening in some jurisdictions).
- It is well documented that NL has a high rate of chronic diseases, including a high rate of modifiable risk factors (poor food choices, eating habits, and physical inactivity, etc.) which lead to intermediary risk factors (high blood sugars, high blood pressure, and excess body fat, etc.).
- Wait times to access RDs through the publically funded health care system in NL are often lengthy, especially in rural communities. There are a few private practice dietitians throughout the province however their fees are not always covered or subsidized by insurance providers.
- Research has shown that telephone-based dietitian services are an effective means of improving knowledge and changing behaviors. The most common calls are related to feeding infants and young

children, general healthy eating questions, questions related to chronic disease, and healthy body weight. The proportion of calls from other health professionals has been increasing as well.

3.7 BUDGET REQUIREMENT

The budget associated with this RFP is a maximum of **$3,174,800 per year** (HST excluded)**.** Annual costs must not exceed the established budget. Any proposal exceeding the stated maximum budget of $3,174,800 per year will be disqualified.

4 COMPONENTS FOR EVALUATION

This section describes the requirements used for proposal evaluation. The Proponent's failure to meet any of the elements contained in Section 4 will not eliminate the Proposal from further consideration; however, the Proponent's response to the elements contained in Section 4 will be evaluated and will affect the Proponent's final score.

Proposals should be formatted as per the instructions in Section 1.3 and include responses to each of the sections below. The corresponding section headings and numbers must be utilized in the submission, in the order presented, to ensure consistency across proposals.

4.1 DEMONSTRATED EXPERIENCE

Service and Software Experience

The Proponent is to describe and demonstrate its experience and expertise in the following:

a) The provision of tele-care services and similar services, including the number of years of services provided, the location, the number of call centres operated and the call volumes for each call centre;

b) Experience, if any, with poison control services;

c) Experience, if any, with mental health and addictions clients;

d) Experience, if any, with outbound calling programs;

e) The development and/or operation of Decision Support Software for tele-care services and other similar services;

f) The development and/or operation of software for the health information topics database or other similar systems; and

g) Other experience relevant to the development, implementation and provision of the services required under this RFP.

The Proponent is to describe its involvement in projects which support its claims regarding its experience and expertise in the foregoing. Such claims shall be supported by the references to be submitted pursuant to Section 4.9.

Working Relationships

For the purposes of this Section, the Proponent's personnel at a managerial level who will be involved in developing, implementing and/or providing the HealthLine shall be referred to as the "Team".

The Proponent is to indicate and describe:

a) The length of time and frequency with which the Team has worked together within the last three years;

b) The types of projects on which the Team has worked together and when these projects occurred; and

c) Significant achievements made by the team.

Management Capability and Experience

In an Appendix to the proposal, the Proponent shall provide:

a) The name and résumé of the individual(s) who will manage the development, implementation and provision of the HealthLine for at least the first ten (10) months of the Contract. Each such résumé shall describe the relevant experience, qualifications and skills of the individual and include the names and telephone numbers of two (2) references; and

b) The names and résumés of the other individuals who will be members of the project management team for at least the first ten (10) months of the Contract. Each such résumé shall describe the relevant experience, qualifications and skills of the individual and include the names and telephone numbers of two (2) references.

Risk and Contingency Relating to the Service

In addition to the information provided in accordance with Section 4.1, the Proponent is to indicate and describe:

a) The Proponent's understanding of project and associated issues including their view of critical success factors and how they may be managed and attained;

b) The Proponents' understanding of the requirements under the *Personal Health Information Act, SNL 2008, c.P-7.01* and how such requirements will be met;

c) Any risks, contingencies and circumstances which are inherent in, or which the Proponent will otherwise face, in the development, implementation and provision of the HealthLine in accordance with this RFP; and

d) The Proponent's plans for managing and mitigating the risks, contingencies and circumstances referred to in clause (c) above. Please include, in detail, the plan for business continuity and surge capacity should call volume dramatically increase due to public health or other crises, i.e. tele-care volumes increased remarkably during the H1N1 outbreak.

4.2 HUMAN RESOURCE MANAGEMENT

Job Specifications and Organizational Structure

The Proponent is to describe its staffing plan (the "Staffing Plan") for each year of the term of the Contract. The Staffing Plan shall address, at a minimum, the following personnel categories:

a) Registered Nurses;

b) Nursing Managers (including Liaison);

c) Agents and other non-clinical staff involved in the provision of the HealthLine and potential health related information lines and who will have contact with Callers (the "Non-Clinical Staff");

d) Administrative support;

e) Information Technology; and

f) Management.

For each of these personnel categories, the Staffing Plan shall include, at a minimum:

a) A description of the relevant qualifications, skills, and experience of the personnel category;

b) A description of the scope of duties of the personnel in each category, including job descriptions; and

c) Organizational charts showing accountability, lines of reporting and authority for all positions of the HealthLine.

Medical Director

The Proponent is to describe the role of the Medical Director and the Proponent's plan to acquire and retain services of a Medical Director.

Staff Recruitment

As part of the Staffing Plan, the Proponent is to:

a) Describe the recruitment plan, including the timing, to recruit an appropriate number of full-time equivalent Registered Nurses, Agents and other staff with appropriate qualifications, skills and experience;

b) As part of the recruitment plan, indicate the proposed number of Registered Nurses (full and part time) per each contact center site;

c) As part of the recruitment plan, indicate the proposed number of agents (full and part time) per each contact center site;

d) Describe the recruitment plan, including the timing, to recruit management personnel and information technology personnel with appropriate qualifications, skills and experience for their respective positions and duties;

e) Describe the plan to retain Registered Nurses, management personnel and information technology personnel on staff, once recruited; and

f) Identify potential risks and barriers to recruitment and retention, the Proponent's contingency plans to address such risks and barriers, and the Proponent's experience in developing and implementing similar contingency plans.

Staff Training and Education

The Proponent is to describe its plan for staff training, orientation and education (the "Training and Education Plan"). The Training and Education Plan shall describe, at a minimum, how the Proponent shall:

a) Provide the Registered Nurses and the Nursing Managers with a general orientation on topics specific to Newfoundland and Labrador, including the demographics, special populations and needs and health profile of the population, and an overview of the health system and available health care providers and services in Newfoundland and Labrador;

b) Train the Registered Nurses and the Nursing Managers in the provision of each of the programs and services under this RFP, both clinical and procedural:

   i. tele-care services;
   ii. poison control services;

iii. mental health and addictions follow-up calls (including the concepts and techniques used in the supportive counseling therapeutic approach);
iv. RAP; and
v. LWBS initiative.

c) Train the Registered Nurses and the Nursing Managers in the use of the Decision Support Software, and its application to the principles of the HealthLine, and the appropriate use of professional judgment in providing advice that varies from the advice obtained through the use of the Decision Support Software;

d) Train the Registered Nurses and the Nursing Managers in poison control services including the use of the Toxicology Software;

e) Train the Registered Nurses and the Nursing Managers in the use of the health topics information database and how it can be used not only for information based calls, but also as a supplement to triage calls;

f) Train the Registered Nurses and the Nursing Managers in the use of the CRDB, including the role it plays in tele-care services and the importance of working with the Department to keep it current and comprehensive;

g) Educate the Registered Nurses and the Nursing Managers about hospital emergency departments in NL, information lines and other community health and social services in Newfoundland and Labrador, and train Registered Nurses and the Nursing Managers as to how and in what circumstances to refer Callers to one or more of these health care providers and services;

h) Educate the agents, Registered Nurses, and the Nursing Managers about 911 and other community crisis lines and train the Registered Nurses and the Nursing Managers as to how and in what circumstances to connect Callers directly to one or more of these crisis lines;

i) Educate the agents on the process for immediately transferring calls to a Registered Nurse if Caller indicates certain symptomatology during queuing process;

j) Train the Registered Nurses, the Nursing Managers and the Non-Clinical Staff in appropriate telephone etiquette, and scripting, including the importance of not deleting key statements (i.e. consent for recorded call) from the scripting;

k) Train the Registered Nurses, the Nursing Managers and the Non-Clinical Staff in appropriate computer use, including administrative and documentation procedures for the HealthLine, i.e. importance of appropriate tagging/categorization of calls, etc.;

l) Train all staff about privacy and compliance requirements under the *Personal Health Information Act, SNL 2008, C.P-7.01* and other legislation and ensure that the *Personal Health Information Act* course (online) has been completed (http://nlchi.skillbuilder.ca/home);

m) Provide continuing training and education to staff over the duration of the Contract; and

n) Train all staff on contingency plan for system downtime.

4.3 SERVICE PROVISION

Telecommunications

The Proponent is to describe its plan and demonstrate its capacity for telephone access to the HealthLine as well as other telecommunications requirements. The Proponent shall describe its plan, capacity, and/or ability to achieve or provide the following requirements:

a) Access by Callers to the HealthLine 24 hours per day, 7 days per week, 365 days per year, including Newfoundland and Labrador mobile or cell phone numbers with a description of the process for blocking land based calls from outside the province;

b) Provision of HealthLine services in languages other than English;

c) Provision of HealthLine services in a manner that is sensitive to cultural differences that can be identified on the telephone or that are identified by the Caller to the HealthLine Nurse;

d) Accommodation of persons with disabilities, such as TTY services for the hard of hearing;

e) Connecting Callers by three-way calling to 911 and the Mental Health Crisis Line;

f) Call-forwarding the current poison control number to the HealthLine;

g) Providing RAP clients with a phone number that has secure voice mailbox in the event a client may need to contact the program for any reason, including plan for managing the mailbox and voicemails;

h) Secure file management and transfer system;

i) Options for receiving personal health information securely by electronic means from the RHAs for the RAP and LWBS initiative;

j) Delivering outbound text messages for the RAP;

k) Provision of secure survey program in the event that surveys need to be administered electronically through the RAP;

l) Call routing and queuing systems used for inbound calls; and

m) Voice prompt system.

Call Management

The Proponent is to describe its plan to deliver each program and service under section 3.2, and demonstrate the capacity to deliver the service/program within the service level requirements outlined in section 3.3 (the "Call Management Plan"):

a) Describe the call management plan for Tele-care services;

b) Describe the call management plan for Poison Control services;

c) Describe the program management plan for Mental Health and Addictions Follow-up Calls;

d) Describe the program management plan for the RAP;

e) Describe the program management plan for LWBS program.

HealthLine Call Centres

The Proponent is to describe its plan for maintaining the existing community locations for the HealthLine call centres (the "Location Plan"). The Location Plan shall include the following, at a minimum:

a) A description of how the proponent intends to maintain call centres in the communities of St. Anthony, Stephenville, and Corner Brook, for the term of the Contract, including providing a list of full time equivalents for all positions per site which will be maintained through the term of the Contract;

b) Proponent plans for securing available commercial space to house the call centres in the existing community locations;

c) A description and evidence of the capability of the telecommunications network to handle the predicted call volume. The Proponent shall describe its plans and demonstrate its capacity for the telecommunications network to meet the necessary level of capacity;

d) A description and evidence of the physical capability of the locations to handle the computer hardware, back-up power, and other technological equipment required to operate the HealthLine. The Proponent shall describe its plans and demonstrate its capacity for the locations to meet the necessary requirements.

4.4 MONITORING AND EVALUATION PLAN

The Proponent is to describe its monitoring and evaluation plan and demonstrate its capacity to monitor, evaluate, improve and update the HealthLine on an ongoing basis (the "Evaluation Plan").

The Evaluation Plan shall include, at a minimum:

a) A description of a continuous quality improvement program (and/or quality assurance processes) that will include the ongoing review, update, validation and evaluation of the clinical guidelines and algorithms contained in the Decision Support Software, the health information topics database, and the Toxicology software, at least annually, with the input of Callers, the Medical Director and other practicing physicians, registered nurses and other health care providers who are active in clinical practice in Newfoundland and Labrador and have up-to-date medical knowledge and relevant expertise, including how the Proponent intends to ensure, on an on-going basis, that the aforementioned is relevant to Canadian and provincial practice;

b) A description of how the Nursing Managers will participate in quality improvement programs and identify and apply current telephone nursing practice benchmarks to the goals and expectations of the HealthLine;

c) A description of the processes and procedures that will be used to monitor, measure and review, at least monthly, all incoming calls, including, but not limited to, the service levels outlined in section 3.3.

d) A description of the procedures for evaluating and updating written procedures and policies for the HealthLine at least annually;

e) A description of the procedures that will be established for the ongoing monitoring and evaluation of staff, including the provision of notification to staff that they will be monitored and evaluated;

f) A description of the procedures for verification and re-verification on an annual basis of the status of the registrations to practice nursing of all Registered Nurses, with provision to allow for audit of this process by the Department;

g) A description of the plan for conducting the monthly tele-care surveys; and

h) A description of the ability and capacity to monitor for inappropriate actions, including access to the solution resources (administrative and user access), identification of potential misuse, and addressing of any inappropriate activities. This should also include approval requirements for access, and timely change or revocation of privileges following role change or employment termination.

Complaints Process

The Proponent is to describe its plan to establish a process for receiving, documenting and addressing complaints from Callers (the "Complaints Process Plan"). The Complaints Process Plan shall address the following, at a minimum:

a) The manner in which Callers will be able to make complaints;

b) The manner in which complaints will be addressed;

c) The manner in which complaints will be documented and reported;

d) The manner in which complaints will be reviewed to identify problems, patterns and trends, and used to improve the HealthLine services, where appropriate; and

e) The manner in which action plans to improve the HealthLine and correct problems identified through the complaints process will be communicated to staff and implemented.

Community Resource Database

As per section 3.2.1, the Department plans to build on the current CRDB to ensure it is broad focused and comprehensive (as well as placing a greater emphasis on reliability and validity) and views this as a shared responsibility between the successful proponent and the Department. The Department will house and maintain the master copy of the CRDB (in an excel spreadsheet).

The Proponent is asked to indicate the following:

a) Describe a strategy as to how the Proponent would approach the shared responsibility between the Proponent and Department for keeping the database current and comprehensive, including but not limited to identifying proposed roles, responsibilities, time lines for reviews, process for reviewing, etc.

4.5 SYSTEMS AND SOFTWARE

Architecture

The Proponent must provide a **detailed architecture diagram** of the entire solution of services to be provided.

Decision Support Software

The Proponent is to identify and describe the decision support software, the clinical guidelines, the algorithms and the databases forming part of or used in conjunction with such software that will be used in providing the HealthLine services (the "Decision Support Software"). The description of the Decision Support Software shall include, at a minimum:

a) Content of the Decision Support Software:

   i. Provide the specifications of the Decision Support Software;

   ii. Describe the structure and scope of the clinical guidelines and/or algorithms and the level of sorting (for example, frequency of referral to a health care provider or recommendation to administer self-care) to be used in the provision of the HealthLine;

   iii. Demonstrate how the Health Information Topics database integrates with the Decision Support Software;

   iv. Demonstrate how the Community Resource Database will integrate with the Decision Support Software;

   v. Demonstrate the consistency of the results of the clinical guidelines, such that the same result would be reached for the same problems when followed by different HealthLine Nurses;

   vi. Demonstrate the flexibility of the clinical guidelines to enable Registered Nurses to use professional judgment when providing the HealthLine;

vii. Demonstrate the capacity to document advice given to Callers which deviates from the result obtained using the Decision Support Software; and

viii. Describe how the Decision Support Software promotes self-care and health education.

b) Validation of the Content of the Decision Support Software:

i. Demonstrate that the content of the Decision Support Software and its level of sorting is evidence-based and clinically validated;

ii. Demonstrate that the Decision Support Software has been successfully used in other jurisdictions or for other applications;

iii. Demonstrate that the Decision Support Software is clinically applicable for use in Newfoundland and Labrador, and if not, describe the extent to which it will have to be modified and adapted for use in Newfoundland and Labrador; and

iv. Describe the Proponent's plan, and demonstrate its capacity, to modify and adapt the Decision Support Software for use in Newfoundland and Labrador.

Micromedex Toxicology Software

The Proponent is to identify and describe the poison control software, the clinical guidelines, the algorithms and the databases forming part of or used in conjunction with such software that will be used in providing poison control services ("Micromedex Toxicology Software"). The description of the Micromedex Toxicology Software shall include, at a minimum:

a) Content of Micromedex Toxicology Software:

i. Provide the specifications of Micromedex Toxicology Software;

ii. Describe the structure and scope of the clinical guidelines and/or algorithms and the level of sorting (for example, frequency of referral to a health care provider or recommendation to administer self-care) to be used in the provision of poison control;

iii. Demonstrate the consistency of the results of Micromedex Toxicology Software, such that the same result would be reached for the same problems when followed by different HealthLine Nurses;

iv. Describe the user documentation (such as manuals) available for Micromedex Toxicology Software;

v. Describe whether or not the Micromedex Toxicology Software will be integrated with other systems or software used by the Proponent for the HealthLine;

b) Validation of the Content of the Micromedex Toxicology Software:

i. Demonstrate that the content of Micromedex Toxicology Software and its level of sorting is evidence-based and clinically validated;

ii. Demonstrate that Micromedex Toxicology Software has been successfully used in other jurisdictions or for other applications;

iii. Demonstrate that Micromedex Toxicology Software is clinically applicable for use in Newfoundland and Labrador, and if not, describe the extent to which it will have to be modified and adapted for use in Newfoundland and Labrador; and

iv. Describe the Proponent's plan, and demonstrate its capacity, to modify and adapt the Micromedex Toxicology Software for use in Newfoundland and Labrador (if required).

Health Information Topics Database

The Proponent is to describe the "Health Information Topics Database", including the following, at a minimum:

a) The manner in which the Health Information Topics Database will be used for the provision of the HealthLine by the Registered Nurses;

b) Provide the specifications of the software and database, including the health information contained within;

c) Provide a list of the health topics included and indicate the comprehensiveness of the health information provided on each topic;

d) Demonstrate that the health information contained in the Health Information Topics Database is evidence-based and clinically validated;

e) Demonstrate that the health information contained in the Health Information Topics Database is clinically applicable for use in Newfoundland and Labrador, and if not:

   i. Describe the extent to which the information will have to be modified and adapted for use in Newfoundland and Labrador; and

   ii. Describe the Proponent's plan, and demonstrate its capacity, to modify and adapt the information for use in Newfoundland and Labrador.

Other Clinically-Related Software

The Proponent is to identify and describe any other clinically-related software it intends to use, that is specific to the service provision needs of the HealthLine, including:

a) Provide the specifications of other clinically-related software to be used;

b) Describe the user documentation available for each type of clinically-related software.

c) Demonstrate that the software has been clinically validated;

d) Demonstrate that the software has been successfully used in Newfoundland and Labrador or in other jurisdictions; and

e) Demonstrate that the software is clinically applicable for use in Newfoundland and Labrador.

Systems and Software Management

The Proponent is to describe its plan and demonstrate its capacity, to review, upgrade and provide ongoing maintenance of all systems and software and all equipment and databases used for or in connection with the provision of the HealthLine (the "Systems and Software Management Plan"). The Systems and Software Management Plan shall include, at a minimum:

a) A description of the process for, and frequency of, reviewing, maintaining and upgrading the systems and software from a technological (as opposed to content) perspective;

b) An estimate of any expected system downtimes determined through examples of systems that are currently in operation;

c) A Business continuity plan that includes:

i. A contingency plan to provide the HealthLine services during system downtimes, together with a description of the Proponent's experience in developing and implementing similar contingency plans;
ii. Describe procedures in place to ensure a continuous retention of data collected and to ensure its safety against catastrophic loss that may include offsite data warehousing with backups in regular intervals deemed acceptable by the Department;
iii. Indicate a disaster recovery plan; and
iv. Contingency given the unavailability of 1 or more sites.

d) Where functions are subcontracted, a description of the terms of the Proponent's written contract with the Subcontractor(s), ensuring that all performance and availability standards are met and lines of accountability are documented;

e) A statement as to the rights of the Proponent to use, modify, upgrade, maintain and otherwise deal with the systems and software; and

f) The ability to integrate legacy client data from existing decision support software database to the proposed decision support software database.

Documentation of Call and Referral Information

The Proponent is to describe its plan and the capacity of the systems to be used for the HealthLine, to collect, document, track and provide reports relating to all of the programs and services under this RFP (the "Documentation Plan"). The Documentation Plan shall include, at a minimum:

a) A description of the method that will be used to document calls and referrals electronically, with provision for manual documentation in the event of system malfunction;

b) A description of how the record of documented calls will be unalterable;

c) A list of the information that will be collected during individual calls for each program and service under this RFP, such as date, time, name, postal code, etc.;

d) A description of the process for documenting and reporting situations in which a HealthLine Nurse deviates from advice obtained through the Decision Support Software or Toxicology Software, including the frequency of such situations and including any advice or information provided and the reasons for the deviation;

e) A description of the manner in which the system will document anonymous calls;

f) A description of the system's capacity to track and provide statistical reports;

g) A description of the system's capacity to aggregate call information and the ability to search by selected criteria;

h) A description of the documentation policies and procedures for the resolution of complaints; and

i) A description of record archiving and retention procedures, which shall comply with the laws of the Province of Newfoundland and Labrador and of Canada and with any requirements necessary in order to maintain valid insurance coverage.

4.6 PRIVACY AND SECURITY

The Proponent is to describe its "Privacy and Security Plan", and demonstrate its capacity to conform to the *Access to Information and Protection of Privacy Act,* 2015, SNL2015 cA-1.2 and the *Personal Health*

Information Act, SNL 2008, c P-7.01, the *Management of Information Act*, SNL 2005 cM-1.01 and other legislation applicable in the Province of Newfoundland and Labrador to protect the confidentiality of calls and Caller information and restrict the use of call and Caller information. The Privacy and Security Plan must be developed based on the recognition that:

- Confidentiality of personal health information is critical in the provision of any health care service;
- The HealthLine must meet the standards of the health profession associations of Newfoundland and Labrador; and
- Records must at all times be secure.

The Privacy and Security Plan shall include a description of the technical, physical and administrative safeguards to be put into place to protect all personal information and personal health information, including the following at a minimum:

Call Confidentiality and Security

A description of the confidentiality procedures that will be used during calls, including:

a) Providing Callers with the option of remaining anonymous;

b) Providing that calls are not recorded or monitored for quality control unless the Caller is first advised by live or recorded message that the call will be monitored to ensure the highest service standards;

c) Procedures to obtain consent from Callers to disclose, in appropriate situations, relevant confidential Caller information to a health care provider or service (for example, a hospital);

d) A description of the storage of Caller information which is consistent with current legislation governing confidential patient information;

e) A description of the security systems that will be implemented to protect the confidentiality and use of records containing personal information about Callers;

f) A description of the process for preventing disclosure of Caller information to Callers who fraudulently identify themselves as another Caller or who request information about another Caller without the consent of such other Caller; and

g) A description of the process for abiding by all statutory and professional duties, including the *Personal Health Information Act*, and the manner by which the Proponent will report conditions or circumstances to the appropriate authorities and the Department when issues arise, such as in the case of suspected child maltreatment, neglected adults, a privacy breach, or other statutory obligations.

Use of Information and Data

A description of the Proponent's guidelines and procedures regarding use of information and data, including:

a) A description of the establishment of an electronic audit trail to document when and why Caller information has been accessed and by whom, including alerts or other safeguards to flag possible improper access;

b) A description of the guidelines with respect to who has access to data pertaining to Callers and of the process that will be implemented to share Caller information only with:

    i. The Department, and such other Persons external to the Proponent's organization who are authorized by contract, law or otherwise to receive such information, for research and statistical purposes, for integration or correlation with Medical Care Plan information, the Newfoundland and Labrador Centre for Health Information, or for evaluation of the HealthLine; and

ii. The Registered Nurses, the Nursing Managers and the Medical Director within the Proponent's organization who need access to Caller information for purposes of the management, operation or evaluation of the HealthLine;

c) A description of how the confidentiality of personal Caller information will be protected under the process described in clause (m) above, and the extent to which data may be disclosed for the purposes contemplated in clause (m)(i) above without the need to disclose personal Caller information, such as through encryption;

d) A description of where in Canada the data is going to be housed, including a description of the physical and technical controls in place to protect the data;

e) An explanation of the steps that will be required to protect the Department's ownership of all data collected and generated through the use of all software and data bases and otherwise by the HealthLine;

f) A description of the data disposal methods that will be used to securely remove the data on all decommissioned hardware assets to ensure that sensitive data cannot be recovered; and

g) An explanation regarding how the Proponent will undertake a Privacy Impact Assessment and a Threat Risk Assessment (as per section 3.5.4).

Please note that the successful Proponent may be subject to periodic third party vulnerability assessments, audits of operations, and required to sign Information Sharing Agreements as required by the Department.

4.7 IMPLEMENTATION PLAN

Implementation Plan and Timeframe for Project Completion and Service Delivery

The uninterrupted provision of the HealthLine service is paramount for the implementation plan. All programs and services shall be fully operational by the Target Date, March 1, 2016, unless otherwise agreed to by the Department (note the Pilot Project is not included in the requirements for implementation by the target date).

The Proponent is to provide a detailed work plan for the development, transition, and implementation of the HealthLine, including a schedule with all tasks, dependencies between tasks, milestones, timeframes and the names of the individuals, together with their roles and responsibilities, performing each task. The Proponent must consider and account for Article 14 (Transition Assistance or Expiration) of the Contract with the current service provider attached as Appendix E.

The work plan shall identify the crucial milestones, which, if not met, will trigger the implementation of contingency plans, and the work plan shall describe such contingency plans as well as the Proponent's experience in developing and implementing similar contingency plans. The work plan shall demonstrate the capacity of the Proponent to make the HealthLine fully operational and able to meet the performance standards set forth in this RFP by the Target Date.

4.8 INTEGRATION CAPABILITY

Integration with other services and systems is seen as a future priority for the HealthLine. Proponents will need to be willing to adapt or integrate their systems with other Health Information Systems. In the future, there are several benefits to integrating with the other Primary Healthcare systems for any tele-triage encounters that are referred such as to Family Physicians, Community Health Centers, or to the local Emergency Department. This would require the ability to provide or send the HealthLine record. For Newfoundland and Labrador, this would

involve integrating with the local hospitals system, including the Meditech sub-systems or Electronic Medical Systems existent in a clinic.

Proponents are asked to describe their experience with, and to demonstrate their ability to, integrate electronically with Hospital Information Systems (HIS) (e.g. Meditech) as well as to any other Hospital's Information Systems. Proponents are also asked to describe their experience with integration with iEHR (interoperable Electronic Health Record) systems as defined by Canada Health Infoway, including but not limited to Client Registries, Shared Health Records, Meditech, etc. Please reference your experience, capabilities, and capacity (or demonstrated capability) to implement any new nationally accepted standards (e.g., HL7 V3).

4.9 CORPORATE PROFILE

As per the instructions set out in section 1.3 of this RFP, the following two sections (sections 4.9 and 4.10) comprise the Financial Submission of the Proposal and must be submitted in a separate sealed envelope, contained within the main Proposal response package.

Company Background

The Proponent must provide a brief corporate profile including the following information:

a) The correct legal name, and contact information (full street address, telephone number, fax number and email address of the company);
b) Verification that the Proponent is a corporation in good standing, registered to carry on business in NL;
c) Name of official authorized to sign on behalf of and bind the Proponent company;
d) Proponent organizational history (e.g., mission, vision, corporate directions, years in business, etc.);
e) Overview of its current customer base (market segmentation);
f) Location(s) and principal location if applicable;
g) Core competencies;
h) Total number of employees; and
i) Any additional information that the Proponent considers pertinent to add value to their response.

If the Proponent's response is comprised of a consortium (i.e., collaborative venture), describe the relevant contact information for the lead entity, the size and nature of each member of the consortium and describe their respective business focuses, years in business and current customer base(s).

Financial Status and Stability

The Proponent, if selected, is to be financially viable and stable so as to be able to perform all of its contractual obligations under a Contract, for the full term of the contract and extension.

The Department requires the information requested in this Section in order to assess the Proponent's financial viability and stability to satisfy the Department as to the Proponent's capability of managing critical business risks and the Proponent's capacity to perform all of its contractual obligations under the Contract.

The evaluation of the financial viability and stability of the Proponent may also give rise to other requests by the Department to substantiate the information provided in the Proposal. The Proponent shall co-operate with the Department in its attempts to verify the Proponent's financial viability and stability. By submitting a Proposal, the Proponent hereby consents to the Department performing a credit investigation on the Proponent for use in evaluating financial viability and stability. Any information gathered by the Department will be considered confidential and used solely for the purpose of evaluating candidates for this RFP, but may be subject to the *Access to Information and Protection of Privacy Act*, SNL 2015 c.A-1.2.

It is in the interests of the Proponent to provide sufficient financial information about itself, its Controlling Shareholders and any Persons controlled by the Proponent to enable the Department to assess the Proponent's financial viability and stability. Most recent audited financial statements and annual report are required by the Department.

Financial Risks, Contingencies, and liabilities

The Proponent is to provide in its Proposal a description of how the Proponent proposes to manage and mitigate the impact of the following risks, contingencies, liabilities or circumstances on the Proponent's operations and financial condition and on the Proponent's capacity to perform all of its contractual obligations and to which the Proponent is currently, or may in the foreseeable future, become exposed:

a) Risks inherent in or resulting from the type of business the Proponent carries on and the manner in which the Proponent carries on its business;

b) Negative earning trends resulting from unprofitable contracts, inter-company charges or any business segments or units operating at a loss;

c) Dependence on government or other public funding, or another significant source of funding, and the effect on the Proponent of a significant reduction in or a withdrawal of such funding;

d) Unusual or non-recurring conditions or events;

e) Significant legal actions or potential environmental liabilities;

f) Defaults under significant agreements (for example, credit facilities, leases or contracts for products and services);

g) Breaches of regulatory requirements;

h) Significant acquisitions, dispositions or restructurings;

i) Changes in senior management and key members of the board of directors;

j) Need for significant increase in borrowing or in cash requirements (for example, to finance items such as replacing aging capital assets, new operational expenses or renegotiation of contracts);

k) Loss or reduction in revenue from a significant customer or contract; and

l) Adequacy of working capital for daily operations.

References

The Proponent shall submit three (3) references; one from each of three different clients who have contracted the Proponent to deliver services similar in scope to what is required in this Proposal. The name, title, telephone number, and email address of a contact person for each reference as well as a description of the services supplied shall be included.

The Department, in its sole discretion, may confirm the Proponent's capacity and experience to provide the HealthLine services by verifying the Proponent's references at any time during the RFP Process.

The Department will not consider contracting with a Proponent where references, in the opinion of the Department, are found to be unsatisfactory. An unsatisfactory reference will be considered sufficient grounds to justify a decision to conclude further consideration of a Proponent's proposal. Each Proponent in submitting a response to this RFP agrees that the evaluation process undertaken by the Department in good faith shall not form the basis of legal action of any sort by or on behalf of the Proponent.

4.10 PROPOSAL PRICING

The following sections of 4.10 relate to proposal pricing for the requirements under this RFP, with total overall Proposal pricing requested in section 4.10.4. The Proponent shall submit the Proposal Price and all costs in Canadian Dollars excluding any taxes.

The budget associated with this RFP is a maximum of **$3,174,800 per year** (excluding HST)**.** Annual costs must not exceed the established budget. Any proposal exceeding the stated maximum budget of $3,174,800 per year will be disqualified.

4.10.1 COSTS FOR PROGRAM/SERVICE DELIVERY

In this section, the Proponent shall submit pricing for all Programs and Services that are described in section 3.2 of this RFP, and well as unit pricing in the event that volumes exceed thresholds.

For the purposes of this section, the services and programs under section 3.2 will be consolidated under the umbrella terms of Inbound or Outbound Call Programs:

- Inbound Call Programs will refer to Tele-care and Poison Control services (sections 3.2.1 and 3.2.2); and
- Outbound Call Programs will refer to the Mental Health and Addictions follow-up call program (section 3.2.3), RAP (section 3.2.4), and the LWBS program (section 3.2.5).

The volume thresholds on which Proposal pricing shall be based are as follows:

- **Inbound Call Program volume of 48,000 serviced calls per year or less.** A serviced call has the meaning set-out in section 1.6 (Defined Terms). Please note the distinction between the definitions of serviced calls, non-serviced calls, and incoming calls for the purposes of this RFP and contract; and
- **Outbound Call Program volume of 2300 referrals per year or less**. A "referral" has the meaning set-out in section 1.6 (Defined Terms). Please note that one referral may require multiple contacts or contact attempts. Because each Outbound Call Program varies in terms of contact requirements, a summary has been provided in **Appendix F** to help facilitate costing. This summary also provides data on the expected number of referrals that will eventually be reached and serviced.

a) Proponents shall submit proposed costs for Program/Service Delivery (section 3.2) in Table 1 as follows:

Table 1. Costs for Program/Service Delivery (section 3.2)				
Year 1 (including start-up costs)	**Year 2**	**Year 3**	**Year 4**	**Year 5**

b) Proponents shall submit proposed costs per serviced call for Inbound Call Programs in the event that the established annual volume threshold is exceeded, in Table 2 as follows:

Table 2. Cost per serviced call for inbound calls exceeding 48,000 serviced calls per year					
Inbound serviced call volume/year	**Cost per call in Year 1**	**Cost per call in Year 2**	**Cost per call in Year 3**	**Cost per call in Year 4**	**Cost per call in Year 5**
48,001 to 53,000					
53,001 to 58,000					
Over 58,000					

c) Proponents shall submit proposed costs per referral for Outbound Call Programs in the event that the established annual volume threshold is exceeded, in Table 2 as follows:

Table 3. Cost per referral for outbound call program referrals exceeding 2300 per year					
Referral volume/year	**Cost per referral in Year 1**	**Cost per referral in Year 2**	**Cost per referral in Year 3**	**Cost per referral in Year 4**	**Cost per referral in Year 5**
2301 to 2800					
2801 to 3300					
3301 to 3800					
Over 3800					

d) The Proponent is to describe their approach, such as cost adjustments or otherwise, for handling circumstances where actual annual volumes are below volume thresholds.

Please note:

The final monthly payment in each fiscal year will be adjusted to reflect actual call and referral volumes, in the event that volumes exceed established thresholds.

4.10.2 START-UP AND CAPITAL EXPENDITURES FOR PROGRAM/SERVICE DELIVERY

The Proponent shall break-out the prices established in Table 1 above into start-up costs (one time capital costs) and operational costs (fixed and variable costs related to the on-going operation of the HealthLine). The Proponent shall detail these costs in Table 4 below.

Table 4. Detailed Operational Costs for Program and Service Delivery (section 3.2)						
	Start-up (one-time)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Salaries						
Employee bonuses						
Taxes, Benefits on salaries						
Computers, Servers, Hardware, Software, Licenses, Networking, Telephony, Internet, Texting, Email, Secure file transfer system, etc.						
Furniture (chairs, desks, cabinets, cubicles, etc.) and other office equipment (printers, fax machines, shredders, amplifiers, headsets, mice, keyboards, AV, etc.)						
Rent						
Insurance						
Translation services						
Education/Training/ Recruitment						
Travel						
Supplies						
Contingency costs						
Other (please detail)						
Total operational costs						

4.10.3 PILOT PROJECT – TELEPHONE-BASED DIETITIAN SERVICE

As per Section 3.6, the successful Proponent is required to implement and manage a telephone-based dietitian service pilot project through the HealthLine for one year with the possibility of extending to two years. The Department is asking Proponents to submit proposed costing for year 1 and year 2 of the pilot. **The cost of the pilot for year 1 and year 2 must fall within the annual budget amount associated with this RFP.**

Please note: This RFP considers the pilot period only. The Department will be conducting an evaluation after the pilot period to determine the future of the service. Any future plans by the Department to implement the service beyond the pilot period will be handled separately from this RFP.

The Proponent shall detail the proposed costing associated with the Pilot in Table 5 as follows:

Table 5. Proposed costs for telephone-based dietitian service pilot			
		Annual	
	One-time	Year 1	Year 2
Dietitians of Canada clinical software (PEN)			
Infrastructure			
Human Resources (based on ____ FTE RDs)			
Management oversight			
Accommodations			
Telephony			
Total			

a) Based on the information provided in section 3.6, the Proponent shall describe their approach to implementation of this Pilot, including but not limited to the following information:

- Anticipated number of FTEs required to implement the service;
- Where the staff would be located (or if a work from home model would be implemented);
- How staff would be trained to provide the service;
- How soon the service could be implemented after HealthLine contract start date;
- Describe any experience the Proponent has had with implementing Pilot projects; and
- Describe any experience the Proponent has had, if any, with this type of service or similar.

4.10.4 TOTAL PROPOSAL COST

In this section the Proponent will provide a total overall price per year as well as a 5 year total. The prices will include all costs associated with this RFP, which is a sum of costing detailed in Tables 1 and 5.

a) Proponents shall submit TOTAL proposal costs in Table 6 as follows:

TABLE 6. TOTAL PROPOSAL PRICING					
Year 1* (including start-up costs)	**Year 2***	**Year 3**	**Year 4**	**Year 5**	**Total (sum of 5 years)**
* Includes costing for pilot project					

5 PROPOSAL EVALUATION

5.1 INTRODUCTION

The objective of the evaluation process is to identify the Proposal that most effectively meets the requirements of this RFP and provides the best value to the Department.

An Evaluation Committee comprised of representatives from various Departments of Government in the Province of Newfoundland and Labrador and others as required, will evaluate all proposals that meet the mandatory requirements. It is understood and accepted by any Proponent submitting a proposal that all decisions as to the degree to which a proposal meets the requirements of this RFP, shall be at the sole discretion of the Evaluation Committee.

All proposals shall be examined in detail in accordance with the published evaluation criteria and following the process outlined in this section. The Department reserves the right to award a contract to the most effective Proponent as determined by the evaluation criteria, award to a Proponent other than the lowest bidder, and/or to negotiate with one or more Proponents. The Department further reserves the right to decline to make any award.

Each Proponent in submitting a response to this RFP agrees that the Proponents shall not take any legal action of any nature or kind arising from a good faith exercise by the Department of any decision to award or not to award a contract to any Proponent.

5.2 EVALUATION PROCESS

The evaluation process is as follows:

Stage 1: The Committee will review the Proposals and Mandatory Requirement Checklist responses for compliance with the mandatory requirements provided for in Section 3. Proposals that, in the determination of the Committee, do not comply with all of the mandatory requirements in Section 3 shall be eliminated from further consideration in the evaluation process and shall not proceed to Stage 2.

Stage 2: The Technical Submission will be assessed and scored based on the rated criteria and scoring outlined in Section 5.3.

Stage 3: The Financial Submission will be assessed and scored based on the rated criteria and scoring outlined in Section 5.3. Note that any proposal exceeding the stated maximum budget of $3,174,800 per year (HST excluded) will be disqualified.

Stage 4: The scoring from Stages 2 and 3 will be combined to rank the proponents based on accumulated score. The three highest ranked Proponents may, at their expense, be called upon with appropriate advance notice to make a presentation in support of their proposal to the Evaluation Committee. The rated scores may be adjusted based on information gathered from oral presentations. Please note that for any tie scores, the higher ranking will be given to the Proponent who scores higher on the Technical Submission.

A letter of Acceptance will be issued to the selected Proponent. All other Proponents will be advised in writing accordingly. Should the Department decide not to accept any proposal, all Proponents will be given written notice of such decision.

Any award of this RFP is conditional upon the selected Proponent entering into a contract, satisfactory to the Department of Health and Community Services.

5.3 EVALUATION SCORING

The Evaluation Committee shall score the Proposals in accordance with the following evaluation tools. The evaluation matrix directly below indicates the breakdown, or weighting, of the components of the RFP which will be scored. The maximum points assigned to each deliverable will be multiplied by a scoring factor to determine points awarded, with the exception of cost. Points for cost are determined using the methodology shown below.

Evaluation Matrix					
Name of Proponent :				**Date:**	
Criteria		**Max Points (A)**	**Reviewer Comments**	**Scoring Factor (B)**	**Points Awarded (A x B)**
Proposal format/layout/overall presentation	**5%**	**5**			
Technical Submission (sections 4.1 to 4.8)	**60%**				
4.1 Demonstrated Experience		6			
4.2 HR Management		9			
4.3 Service Provision		9			
4.4 Monitoring/Evaluation		9			
4.5 Systems/Software		9			
4.6 Privacy and Security		9			
4.7 Implementation Plan		6			
4.8 Integration		3			
Financial Submission (sections 4.9 and 4.10)	**35%**				
4.9 Corporate Profile		10			
4.10 Cost		25			
	100%	**100**			

Scoring Guide Factor

1.0 = Excellent; meets and exceeds all of our requirements
0.9 = Very good; meets all of our requirements
0.8 = A sound response; fully meets most of our requirements
0.7 = Acceptable; exceeds our basic requirements
0.6 = Acceptable at a minimum level; meets our basic requirements
0.5 = Barely meets basic requirements
0.4 = Falls short of meeting basic expectations
0.3 = Exceedingly short of basic requirements
0.2 = Does not address our needs
0.1 = Information provided but unacceptable
0.0 = The response is completely unacceptable or the information is missing altogether

The methodology for scoring cost is as follows. The Proponent who submits the lowest proposed cost will receive the maximum points allowable for that deliverable. All other similarly qualified Proponents will receive a rating calculated by dividing their proposed cost into the lowest proposed cost and multiplying by the maximum points allowable. The points awarded for cost will then be plugged into the evaluation matrix above.

Costing Formula				
Proponent	Cost A	Lowest Cost B	Total Points Available C	Total Cost Points Awarded = (Lowest Cost/Cost) x Total Points Available (B/A) x C
			25	
			25	
			25	
			25	
			25	

6 RFP TERMS AND CONDITIONS

6.1 PROPOSAL ACCEPTANCE CONDITIONS

As indicated on the RFP's cover, the Proposal will be delivered to GPA. GPA staff will time and date stamp and forward the unopened proposals to the Project Steering Committee.

6.2 LATE RESPONSES

Late responses will be returned unopened. The Department does not envision a circumstance where a Proponent requested extension will be granted.

6.3 FAXED OR E-MAILED PROPOSALS

Faxed and/or e-mailed proposals will not be accepted.

6.4 CONTACT

All inquiries and other communications with government officials with respect to this RFP are to be in writing and directed **ONLY** to the contact individual identified in Section 1.4.

6.5 FINANCIAL CONSIDERATIONS

6.5.1 EVALUATION PERIOD

All proposals shall remain open for acceptance for a period of 90 days from the date of RFP closure.

6.5.2 PRICING

1) Prices quoted shall be in Canadian currency excluding HST; and
2) All expenses must be built in to the proposed project cost as per Section 4.10.4.

6.5.3 PROPONENT EXPENSES

All costs associated with the preparation and submission of proposals including, but not limited to the work, travel to the oral presentation, and materials supplied by the Proponent must be borne by the Proponent.

6.6 OWNERSHIP OF RESPONSES

All responses and accompanying documentation submitted by the Proponents are considered the property of the Department and will not be returned. By submitting a proposal in response to this RFP, Proponents are agreeing that all rights in such materials are thereby waived. Further, Proponents acknowledge that all proposals may be disclosed under the *Access to Information and Protection of Privacy Act,* 2015, SNL2015 cA-1.2 or other relevant provincial legislation.

6.7 ACCEPTANCE OF PROPOSALS

Government reserves to itself the unfettered right to reject any or all responses to this RFP and is not bound to accept the highest ranking or any response. Government may elect to cancel the RFP at any time with or without cause and no liability shall accrue to Government as a result of this exercise of its discretion in this regard.

6.8 MODIFICATION OF REQUIREMENTS

Should the Department deem it necessary, prior to the deadline date for written responses, to modify the proposal's requirements, an addendum will be issued. Proponents will be required to acknowledge in their submissions all published addenda received. Proponents are encouraged to regularly check the GPA website for addenda.

6.9 NOTIFICATION OF INTENT TO SUBMIT PROPOSAL

While optional, the Department encourages Proponents to e-mail their intention to submit a proposal to the Department contact person above as soon as possible following receipt of the RFP.

6.10 CHANGES TO PROPOSAL WORDING

The Department may, during the evaluation period, request meetings with Proponents to clarify points in the response. No content changes by the Proponent will be permitted after initial receipt of the response.

6.11 CONFIDENTIALITY OF PROPOSALS

If any portion of a Proponent's response is to be held confidential, or if the Proponent proposes to include any terms in the contract dealing with confidentiality, such provisions must be identified in the response. However, all proposals may be subject to disclosure under the *Access to Information and Protection of Privacy Act,* 2015, SNL2015 cA-1.2 or other relevant provincial legislation.

The RFP itself and Proponent's response may, by attachment or incorporation by reference, form part of the consultant's contract. Therefore disclosures under ATIPPA may require significant portions of a previously-protected proposal to be divulged upon a third party request.

6.12 SUBCONTRACTORS

1) Proponents may subcontract all or part of this assignment;
2) Subcontractors and the portions of work to be performed must be identified in the proposal;
3) If the project is awarded to a Proponent that proposes to use subcontractors, those subcontractors must provide verification that they are committed to rendering the service(s) required;
4) If substitution of one subcontractor for another is required it must be with prior written approval of all parties to the contract; and
5) There will be no assignment of contracts without prior written approval of the Department.

6.13 VERIFICATION OF EDUCATIONAL CREDENTIAL/DESIGNATIONS

The Proponent **may** be required, in respect of the proposed resource, to provide:

1) Verification of educational credentials and/or designations;
2) An evaluation of Canadian Equivalence for credentials and/or designations earned outside Canada; and
3) Other background educational information such as industry accreditation for the educational facility.

6.14 UNSUCCESSFUL PROPONENTS

Unsuccessful Proponents may contact the Department to obtain information on their performance in the evaluation. Unsuccessful Proponents will be entitled to the following:

1) Scores for resources proposed by that Proponent only;
2) Average score overall; and
3) Proponent debriefing to review the evaluation at an established date. Requests for debriefings should be made within a reasonable time frame.

The date, location and means for the unsuccessful Proponent debriefing will be determined at a later date depending upon demand and the location of the Proponents.

6.15 LIABILITY FOR ERRORS

While the Department has used considerable effort to ensure the accurate representation of information in this RFP, such information is supplied only as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by the Department, nor is it necessarily comprehensive. Nothing in this RFP is intended to relieve Proponents from seeking additional information and forming their own opinions and conclusions with respect to the matters addressed in this RFP.

6.16 CONFLICT OF INTEREST

The Department and the Proponent and all their agents and employees involved in the RFP process shall avoid conflicts of interest and where a conflict of interest is perceived or known, declare any such conflict of interest, indicating the nature of such conflict. Proponents shall declare any potential conflict of interest in their RFP submissions. Employees, agents and advisors of the Department shall declare any conflict of interest to whoever is responsible for overseeing the procurement process at the start of any deliberations relating to the

procurement process or as soon as they become aware of such conflict, and abstain from any decisions where such conflict exists or recuse themselves from the procurement process, as appropriate.

7 CONSULTANT'S CONTRACT

7.1 PAYMENT TERMS

If a proposal is accepted, a contract arising from it will provide for the following:

1) Government's standard payment terms are net sixty (60) days from receipt of invoice. All applicable taxes must be shown separately on the invoices;
2) Progress payments requested by the Proponent must be supported by sufficient detail to relate the work completed and the cost incurred and must be approved by the Department Project Manager prior to submission; and
3) The Department reserves the right to a 10% hold back for the duration of this project. 10% of each invoice will be held back pending the successful completion of all work.

7.2 CONSULTANT'S ROLE

The successful Proponent, **not** the individual resource(s) engaged, will be party to the contract signed with The Department, and will be responsible for contract execution. **All errors and omissions during the conduct of the contract are the responsibility of the successful Proponent.**

If the Proponent is a corporation, the organization **must** be licensed to conduct business in its own jurisdiction and **may** be required to produce a certificate of good standing for that jurisdiction.

7.3 SECRECY AND SECURITY

The successful Proponent and subcontractors will be required to sign the Government of NL Oath of Secrecy/Confidentiality.

http://www.exec.gov.nl.ca/exec/hrs/forms/oath_affirmation_of_office.pdf

7.4 CERTIFICATE OF CONDUCT

The successful Proponent and any subcontractors may be required to provide a Certificate of Conduct for the proposed resource(s).

APPENDICES

APPENDIX A - MANDATORY REQUIREMENT CHECKLIST

APPENDIX B1 – TELE-CARE STATISTICS

APPENDIX B2 - POISON CONTROL STATISTICS

APPENDIX C1 – MENTAL HEALTH AND ADDICTIONS FOLLOW-UP CALLS

APPENDIX C2 – RECOVERY AFTERCARE PROGRAM

APPENDIX C3 – LEFT WITHOUT BEING SEEN INITIATIVE

APPENDIX D – SAMPLE WEEKLY PUBLIC HEALTH SURVEILLANCE REPORT

APPENDIX E – ARTICLE 14 OF CURRENT HEALTHLINE CONTRACT

APPENDIX F - OUTBOUND CALL PROGRAM SUMMARY

APPENDIX A – MANDATORY REQUIREMENT CHECKLIST

Section 3 contains the mandatory requirements that Proposals must comply with in order to receive consideration. If, in the determination of the Department, the Proposal does not comply with each of these mandatory requirements, the Department shall, without liability, cost, or penalty, eliminate the Proposal and the Proposal shall not be given any further consideration.

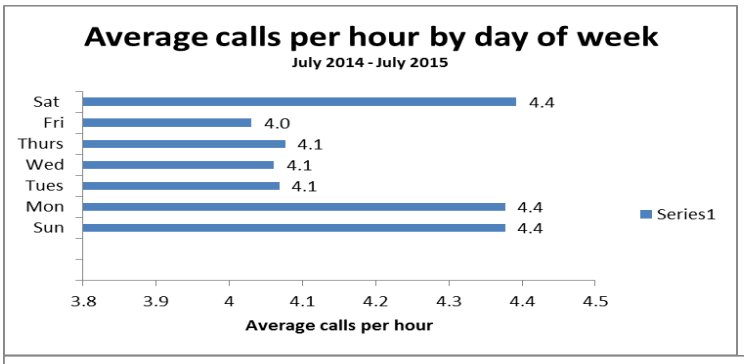
Proponents are required to complete the "Mandatory Requirement Checklist" below and attach it to the Technical Submission as an appendix (as per the instructions set out in section 1.3.1).

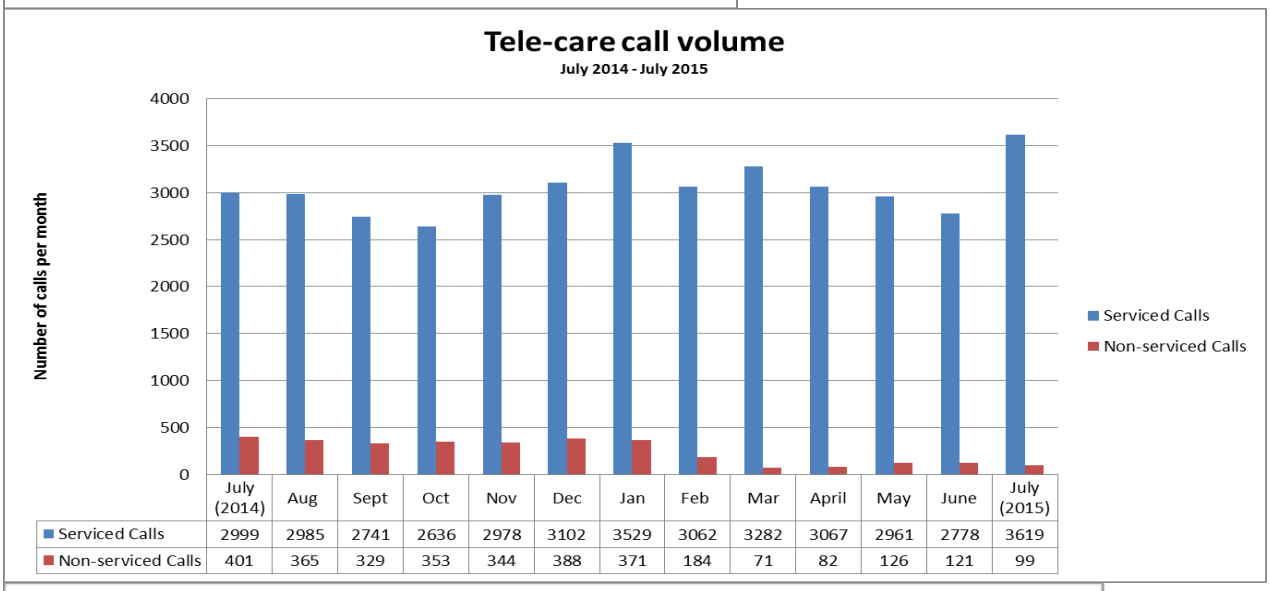
Mandatory Requirement Checklist

Please insert a checkmark (√) under either the "yes" or "no" column to document your compliance with each of the subsections under Section 3.

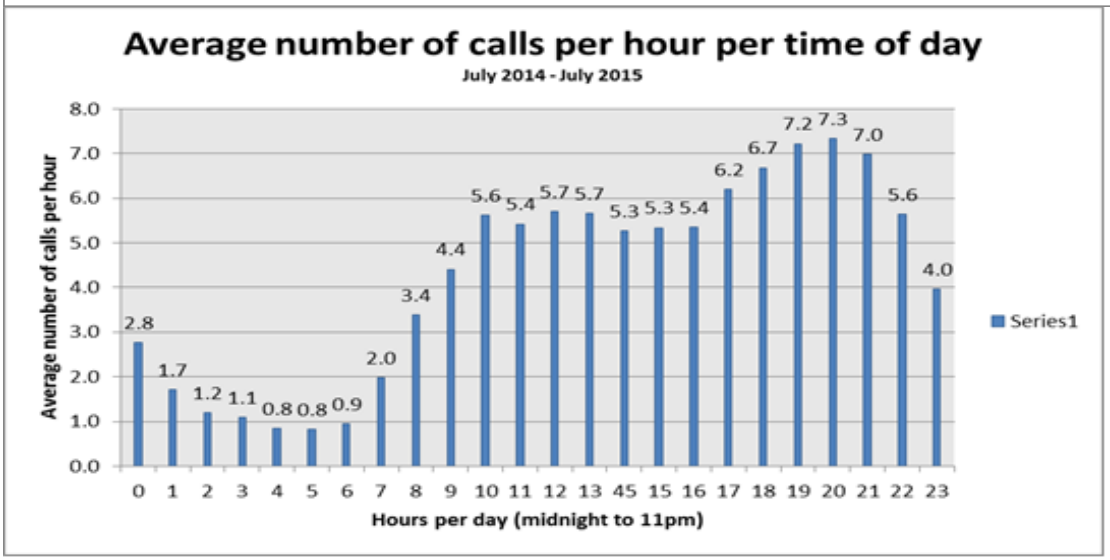
Sub	Title	Compliance	
		Yes	No
3.1	Scope		
3.2	Program/Service Delivery		
3.2.1	*Tele-care*		
3.2.2	*Poison Control*		
3.2.3	*Mental Health and Addictions Follow-up Calls and associated appendices*		
3.2.4	*Recovery Management Program and associated appendices*		
3.2.5	*Left-Without-Being-Seen Initiative and associated appendices*		
3.3	Service Levels		
3.3.1	*Service levels for Tele-care Services*		
3.3.2	*Service levels for Poison Control Services*		
3.3.3	*Service levels for Mental Health and Addictions Follow-up Calls*		
3.3.4	*Service levels for Recovery Aftercare Program*		
3.3.5	*Service levels for Left-Without-Being Seen Initiative*		
3.4	Reporting Requirements		
3.4.1	*Weekly Reports*		
3.4.2	*Monthly Reports*		
3.4.3	*Bi-annual Reports*		
3.4.4	*Ad hoc Reporting*		
3.5	Other Operational Requirements		
3.5.1	*Human Resources*		
3.5.2	*Telecommunications*		
3.5.3	*Location*		
3.5.4	*Data and Privacy*		
3.5.5	*Quality Monitoring*		
3.5.6	*Community Outreach*		
3.5.7	*Growth and Expansion*		
3.6	Pilot Project – Telephone-based Dietitian Service (1-2 years)		
3.7	Budget Requirement		

APPENDIX B1 - TELE-CARE STATISTICS

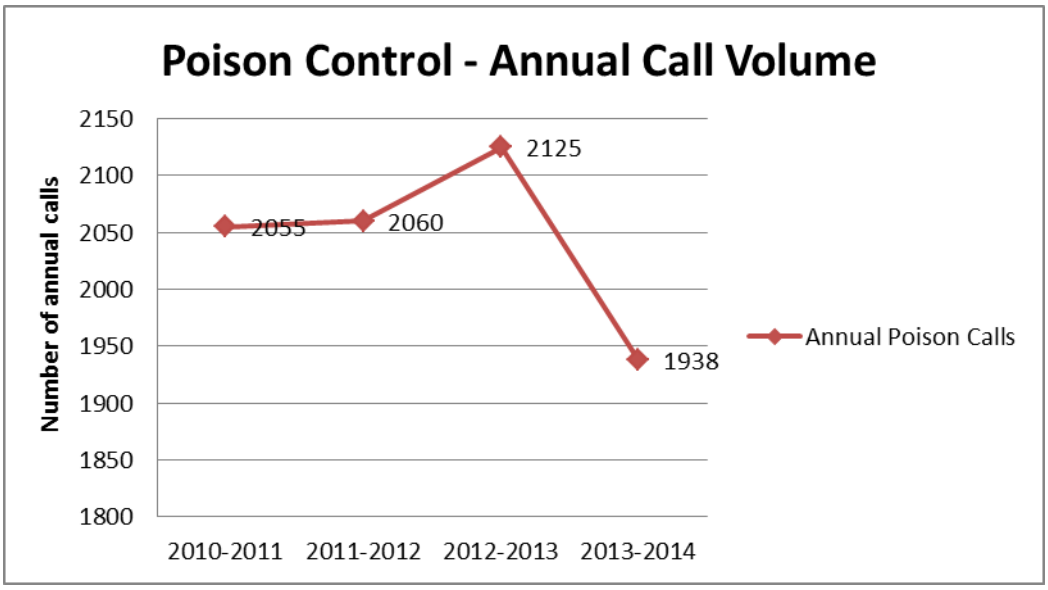


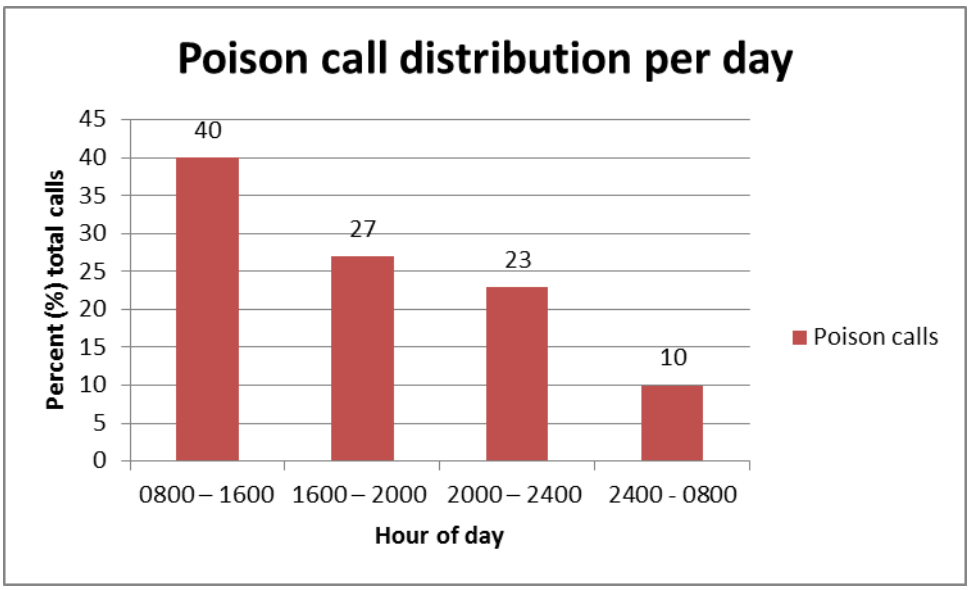


	July (2014)	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July (2015)
Serviced Calls	2999	2985	2741	2636	2978	3102	3529	3062	3282	3067	2961	2778	3619
Non-serviced Calls	401	365	329	353	344	388	371	184	71	82	126	121	99



APPENDIX B2 - POISON CONTROL STATISTICS





APPENDIX C1 – MENTAL HEALTH AND ADDICTIONS FOLLOW-UP CALLS

Purpose

To strengthen and support the delivery of the current HealthLine service by providing short term follow up support to HealthLine callers who have reached out for assistance related to Mental Health and Addiction concerns. A follow up call will be offered to individuals, when appropriate, to determine if the recommended action plan was implemented successfully. In addition, follow up calls can also be utilized to provide further support/education/resources to assist individuals to achieve desired health outcomes.

Goals

1. To provide an enhanced service to individuals with mental health and addictions concerns by promoting self-management strategies and providing individuals with access to the most appropriate resource to support their efforts.

2. To assist individuals with managing their concerns by providing emotional and educative support in a safe, dignified and therapeutic environment.

Follow Up Call Process

The initial triage of an incoming call is completed by a HealthLine RN. If any of the below protocols were utilized, a follow-up call is offered*. The follow-up call will normally be conducted within 24-48 hours (determined by client, as this service is based on the recovery model which is client driven).

Adult	**Pediatrics**
Alcohol Use and Abuse and Dependence	Aggressive and Destructive Behavior
Anxiety and Panic Attack	Anxiety and Panic Attack
Bipolar Disorder (Manic Depression)	Homicidal Threats and Attempts
Depression	Postpartum Depression
Domestic Violence	Substance Abuse
Elder Abuse	Suicide Concerns or Depression
Insomnia	Sexual Abuse Suspected
Postpartum Depression	
Schizophrenia	
Sexual Assault or Rape	
Smoking – Tobacco Abuse & Dependence	
Substance Abuse and Dependence	

**The listed protocols are the standardized guidelines/protocols available within the software, and the nurse would select the most appropriate protocol based on patient complaints. In the event of a presentation for which there is no standardized protocol, the nurse would apply clinical judgment, provide emotional and educative support, and refer to available community resources as necessary. These patients will also be offered a follow-up call.*

Callers whose disposition is 911 will not be offered a follow-up call at that time due to the urgent nature of the call.

During the follow up call the RN will:

- Confirm identity of individual
- Identify self as RN calling from the HealthLine to follow up on their recent call
- Verify understanding of the recommendation(s) that were provided during the initial call and caller response
- Ascertain if the anticipated outcome was achieved
- Assess need for further support, education, or resources and provide as required
- Identify possible barriers and solutions; using the recovery model which is client driven, RNs will encourage and guide callers to determine their own goals and solutions
- Determine next steps; may include self-management or further follow up that may include re-triage, referral to treating health care centre, or other available community support such as Choices for Youth, Stella Burry, CHANNEL etc.

If at the end of the follow up call further intervention is required, the RN will refer patient to treating health care provider as appropriate.

A Quality improvement measure will be addressed at the end of each follow-up call.

Points to Note

- Consent and preferred contact information is obtained during the initial call and confirmed during follow-up call.
- If caller declines the follow up call, the HealthLine RN will conclude the triage call with a reiteration of the availability of the HealthLine 24/7.
- Follow up calls will be scheduled during daytime hours, such as between 9 am and 9 pm daily.
- Nurse and patient will arrange time frame for return call. Two (2) attempts to contact the patient will be made within the prearranged time period and a third attempt the following day.
- Messages will not be left on answering machines or with other individuals who may answer the phone.

Script:

At the end of INITIAL call to the HealthLine, nurse will obtain consent for follow up call:

"We would like to call you back to check in and see how you are doing. Would it be okay for us to call you back in 24-48 hours?"

"What is the best time for us to reach you? What number should we use? We will not leave a voicemail message if we do not reach you."

FOLLOW UP CALL:

"Hello, my name is (name of nurse) and I am a Registered Nurse calling from the NL HealthLine. I am calling to follow up regarding your recent call to the HealthLine."

"Before we get started, let me confirm your name and date of birth."

"I've reviewed the information from your original call and I would like to take a minute to go over it with you."

"You and the nurse you spoke with/I had come up with the following goals_____. Is this correct? If so, did the recommendations/advice help you?

If condition/situation has improved:

"I am glad to hear you are feeling better. Please continue to follow the care advice you have received from the HealthLine. At any point please don't hesitate to reach out to us again".

If situation has worsened:

"So you are feeling your situation has worsened. I would like to ask you a few questions to see what additional help I can provide."

Nurse will assess if previous advice was followed-up on. Nurse will triage and provide further advice/supportive counselling/health coaching as required. Nurse will provide or reiterate contact information for appropriate community supports.

If situation is unchanged:

"So you don't feel as though your situation has improved. I would like to ask you a few questions to see what additional help I can provide."

Nurse will assess if previous advice was followed-up on. Nurse will triage and provide further advice/supportive counselling/health coaching as required. Nurse will provide or reiterate contact information for appropriate community supports.

Closing:

"Do you feel you are better able to manage your situation/concern/issue now?"

If yes:

"If anything should change or worsen, you can seek medical attention at any time OR you can call us back at the HealthLine, at any time. Our toll free number is 1-888-709-2929. You can also call the Mental Health Crisis Line at 1-888-737-4668".

If no or maybe:

"It's important that we get you the help you need to manage your care. Please follow the advice we have recommended and follow up with your health care provider within _____hours. In the meantime, if anything should change or worsen, please call us back at 1-888-709-2929. You can also call the Mental Health Crisis Line at 1-888-737-4668.

At the end of the follow-up call, ask the quality measurement questions:

"On a scale of 1-5, how helpful was this call today? 5 being most helpful and 1 being least helpful".

"How could this follow-up call have been more helpful to you?"

Nurse will document responses and then reiterate closing remarks above about following advice provided and calling back HL or crisis line if the situation changes or worsens.

APPENDIX C2 – RECOVERY AFTERCARE PROGRAM

Steps to RAP (Recovery Aftercare Program)

Adult and Youth Population

Introducing RAP

Frontline clinicians will introduce program as a part of services for clients of addictions treatment (within the first two sessions).

Introduction to parents/guardians as clinically appropriate.

Enrollment

Clients who are eligible will be enrolled in RAP within the first two (2) sessions, during the assessment process.

Eligibility requirements include:

Client must be attending services for primary reason of substance use.

Client must be over the age of 16.

Clients between the ages of 12 and 16 may participate, however, consent must be provided by from parent/guardian.

Client has attended two sessions or less during current treatment period.

At least 6 months have passed since the clients' last enrollment in the RAP.

Client must show no signs of psychosis or an organic state of sufficient severity to interfere with understanding of project process or informed consent.

Clients will be advised at any time they can withdraw consent for RAP and their level of service with MHAS will not be impacted.

Clients will be asked if they wish to provide an alternative contact person for the vendor to connect with in the event they are unable to reach over the phone.

Clinicians will document that the client has been referred to RAP on the electronic filing system (CRMS).

Clinicians will provide client a 'RAP Client Information Letter' advising of the program, procedures to withdraw consent, and contact numbers for vendor and Regional RAP contact.

Referring to Vendor

The clinician will advise the Regional RAP contact that a client has been enrolled by providing name, DOB, CRMS #, telephone #, cell # (if provided), and email (if provided). The transfer of information from clinician to Regional RAP contact will occur in accordance with RHA policy and procedures.

The Regional RAP contact will provide the client information to the vendor at designated intervals to ensure timely referral for baseline survey completion by vendor (M, W, & F intervals). The transfer of client information will occur over a secure file transfer system.

If the client wishes to contact the vendor to complete survey or ask question a phone number will be provided.

Baseline Survey

Vendor completes over the phone baseline survey with client within 1 week of receiving referral (Adult Survey or Youth Survey).

Vendor will try 3 times, 24 hours apart to connect via phone

Send text prompt that attempts were made to call, if cell # is provided.

Contact approved 'contact person' if consent provided.

Last resort, vendor will email baseline survey, if email address was provided.

Follow-Up Survey

6 months post baseline, the vendor will complete the follow-up survey.

Vendor will remind clients, starting 2 weeks prior to call week, with text prompt, weekly, up to call week.

Vendor will only complete follow-up surveys for clients who completed baseline.

Vendor will make 3 calls, 24 hours a part, to complete baseline survey.

Vendor will send text prompt that attempts were made for follow up, if cell # is provided.

Vendor will contact approved 'contact person' if consent is provided.

Last resort, vendor will email baseline follow up survey, if email address was provided.

File Closure

Clinician forwards notification of file closure to Regional RAP Contact to initiate Recovery Management Checkup (RMC) phase of program.

Regional RAP Contact advises vendor of received file closure forms at regular intervals (weekly) via secure system.

Recovery Management Check-Up's

Vendor to call clients at 1, 3, 6 month intervals to complete RMC. This is offered to ALL clients who have consented to the program, regardless of completing baseline.

Vendor will text 'reminder prompt' 1 week prior to each call.

Vendor will make 3 calls, 24 hours a part, to complete RMC.

Vendor will facilitate Return to Treatment (RTT) Protocol if the RMC phase identifies clients request to attend service, by advising the Regional RAP Contact of the RTT request, if the client wishes.

If the client wishes to facilitate self-referral for RTT and NOT use RAP process, vendor will document same.

APPENDIX C3 – LEFT WITHOUT BEING SEEN INITIATIVE

General Information

Call back attempts by the HealthLine will be made daily, between the hours of 9am to 9pm.

Eastern Health staff will submit data to the HealthLine by 10am daily (7 days per week).

Vendor email address designated for program: _____

Phone number (for those without email access): 811 or 1-888-709-2929

Data sent to the HealthLine must contain the CTAS score. Only CTAS scores of 1, 2 and 3 will be contacted. Scores of 4 and 5 are not to be contacted. If the CTAS score is missing, HealthLine staff are to contact the pertinent ED using the contact list provided. Contact cannot be made unless the CTAS score is known.

A maximum of three call attempts will be made in 24 hrs to contact the patient (i.e. once data is received, 3-5 hours later, and again in the evening)

If unable to reach the patient after 3 attempts and there is no option for voicemail, next of kin (NOK) will be contacted.

If there is an option for voicemail when calling the patient, a voicemail message will be left for the patient on the third attempt only.

If voicemail is reached when calling next of kin, a message will be left on the first attempt and no further call attempts made.

If a live person answers but the patient is not home, do not leave a message with the person who answered. Continue the 3 attempts and if the patient is not reached, contact NOK.

When calling NOK, if a live person answers but the NOK is not at home, do not leave a message with the person who answered. Continue with a total of 3 attempts and if the NOK is not reached, no further attempts are required.

SCRIPTS

When patient is reached:

"Hello, my name is _(name of nurse)__ I am a Registered Nurse calling from the NL HealthLine. Eastern Health has asked that we follow up with patients who recently left an Emergency Department without being seen by a Doctor, to assess if further care is needed."

"Are you currently experiencing any of the symptoms that prompted you to visit the Emergency Department?"

If so….

"I would like to ask you a few questions about your symptoms to determine if you need medical attention, or if there is any health care advice that I can provide you with. Would that be ok with you?" Proceed with triage, and normal call process.

If not…

"I thank you for your time, and if you begin to experience any of these symptoms again please call us back at 1-888-709-2929 or seek medical attention."

If advised to go to ER:

"When you arrive at the hospital you will be required to register as you would normally do. The nurse will then triage you to determine the severity of your symptoms. This helps determine when you will be moved into a treatment room to be seen by a doctor."

At the end of the call:

"To help make improvements in the ER, would you mind telling us why you decided to leave without being seen?"

Voicemail to patient:

"*Hello, this is a message for_(patient name)_. Please call the Newfoundland and Labrador HealthLine at 1-888-709-2929 when you get this message. Thank you."*

Voicemail to NOK:

"*Hello, this is a message for_(name of NOK)_. Please call the Newfoundland and Labrador HealthLine at 1-888-709-2929 when you get this message. Thank you."*

When NOK is reached:

"*Hello, my name is _(name of nurse)_ and I am a Registered Nurse calling from the NL HealthLine. We are attempting to get in contact with_(patient name)_who has you listed as their next of kin. Can you please ask him/her to call the HealthLine at 1-888-709-2929. Thank you". [If they ask for more information: "patient name recently visited an eastern health ER and left without being seen. We are calling to provide follow up"]*

APPENDIX D – SAMPLE WEEKLY PUBLIC HEALTH SURVEILLANCE REPORT

Symptomatic Enteric Illness Calls - All Weeks

Week	Central Health Authority	Eastern Health Authority	Labrador-Grenfell Health Authority	Western Health Authority	Unknown\ Declined\NA
6-Sep-2014	1	24	0	2	0
13-Sep-2014	5	20	2	8	0
20-Sep-2014	3	12	1	9	0
27-Sep-2014	6	21	0	5	0
4-Oct-2014	1	17	4	8	0
11-Oct-2014	6	26	0	4	1
18-Oct-2014	3	22	2	7	0
25-Oct-2014	0	21	1	5	0
1-Nov-2014	3	17	2	3	0
8-Nov-2014	5	26	1	10	1
15-Nov-2014	4	25	0	4	1
22-Nov-2014	6	29	3	8	1
29-Nov-2014	6	28	0	8	1
6-Dec-2014	7	34	1	7	0
13-Dec-2014	3	27	0	7	0
20-Dec-2014	3	37	1	9	0
27-Dec-2014	5	41	3	8	0
3-Jan-2015	6	30	2	10	0
10-Jan-2015	5	46	3	13	0
17-Jan-2015	4	29	1	11	0
24-Jan-2015	4	38	4	13	0
31-Jan-2015	9	41	2	7	0
7-Feb-2015	3	41	3	2	0
14-Feb-2015	5	45	0	4	0
21-Feb-2015	6	37	3	7	2
28-Feb-2015	5	42	5	7	0
7-Mar-2015	2	22	0	14	0
14-Mar-2015	9	40	1	6	4
21-Mar-2015	3	32	5	7	3
28-Mar-2015	7	44	1	11	1
4-Apr-2015	8	40	1	16	3
11-Apr-2015	10	29	1	12	3
18-Apr-2015	10	37	0	6	4
25-Apr-2015	6	42	3	11	5
2-May-2015	3	43	3	9	4
9-May-2015	7	29	0	4	8
16-May-2015	5	36	0	2	12
23-May-2015	5	30	1	5	15
30-May-2015	9	33	1	6	9
6-Jun-2015	6	25	2	0	15
13-Jun-2015	0	32	4	8	18
20-Jun-2015	2	33	1	2	12
27-Jun-2015	6	40	1	5	13
4-Jul-2015	5	27	4	6	20
11-Jul-2015	6	42	3	6	8
18-Jul-2015	0	26	0	7	13
25-Jul-2015	4	29	1	5	8
1-Aug-2015	3	31	5	1	4
8-Aug-2015	5	41	3	6	9
15-Aug-2015	3	25	1	4	7
22-Aug-2015	3	31	3	4	3
29-Aug-2015					

Enteric Dispositions By Week

Week	911/EMS	Emergency Room	Family Physician	Alternative Health Care Provider	Self-Care
6-Sep-2014	0	6	12	0	9
13-Sep-2014	1	5	14	0	15
20-Sep-2014	0	5	11	0	9
27-Sep-2014	0	10	6	0	16
4-Oct-2014	0	6	12	0	12
11-Oct-2014	0	8	17	0	12
18-Oct-2014	1	4	10	0	19
25-Oct-2014	1	10	8	0	8
1-Nov-2014	0	5	5	0	15
8-Nov-2014	0	10	15	0	18
15-Nov-2014	0	7	11	0	16
22-Nov-2014	0	7	14	0	26
29-Nov-2014	0	10	10	0	23
6-Dec-2014	0	7	23	0	19
13-Dec-2014	0	6	13	0	18
20-Dec-2014	0	8	18	0	24
27-Dec-2014	1	11	18	0	27
3-Jan-2015	1	11	17	0	19
10-Jan-2015	1	19	21	0	26
17-Jan-2015	1	8	15	0	21
24-Jan-2015	1	15	18	0	25
31-Jan-2015	0	12	15	0	32
7-Feb-2015	0	15	11	0	23
14-Feb-2015	1	7	20	0	26
21-Feb-2015	1	11	14	0	27
28-Feb-2015	1	18	9	0	27
7-Mar-2015	0	11	11	0	15
14-Mar-2015	1	13	14	0	29
21-Mar-2015	1	9	16	0	20
28-Mar-2015	1	17	15	0	27
4-Apr-2015	1	14	23	0	23
11-Apr-2015	2	15	20	0	15
18-Apr-2015	0	13	13	0	25
25-Apr-2015	1	12	20	0	33
2-May-2015	2	14	12	0	32
9-May-2015	1	14	13	0	19
16-May-2015	1	16	12	0	26
23-May-2015	5	14	19	0	18
30-May-2015	0	12	25	0	21
6-Jun-2015	0	10	20	0	18
13-Jun-2015	2	17	16	0	27
20-Jun-2015	1	8	15	0	25
27-Jun-2015	2	11	13	0	30
4-Jul-2015	3	10	12	0	32
11-Jul-2015	1	17	19	0	26
18-Jul-2015	1	9	16	0	20
25-Jul-2015	2	8	16	0	20
1-Aug-2015	1	9	11	0	23
8-Aug-2015	0	17	21	0	26
15-Aug-2015	0	13	15	0	12
22-Aug-2015	1	11	10	0	21
29-Aug-2015					

Enteric Age Cohorts - Current Week

Week	<1 Year	1-4 Years	5-14 Years	15-24 Years	25-44 Years	45-64 Years	65+ Years	Not Specified
22-Aug-2015	6	13	4	4	9	5	3	0

APPENDIX E – ARTICLE 14 OF CURRENT HEALTHLINE CONTRACT

TRANSITION ASSISTANCE AT TERMINATION OR EXPIRATION

14.1 **Commercially Reasonable Efforts.** Upon the termination or expiration of this Agreement for any reason whatsoever, Agency shall use commercially reasonable efforts to provide, at DHCS's request, all necessary assistance in DHCS's sole discretion to DHCS and any third parties authorized by DHCS to transfer within one hundred and twenty (120) days to an alternative service provider identified by DHCS, all content, data, data structure(s), DHCS owned or licensed applications, and any and all other information necessary to permit DHCS to provide uninterrupted operation of the Tele-Care Services. Notwithstanding the foregoing, Agency shall not be required to transfer to DHCS, or any third party, any proprietary tools, software or information owned by Agency in connection with such transition assistance services. For greater certainty, Agency agrees to remove from all content and data, any proprietary tools, software or information owned by Agency or any third party and provide such content, data, DHCS owned or licensed applications, mirror images, settings in an industry standard format to DHCS and any third parties authorized by DHCS.

14.2 **Migration Plan.** Agency further agrees to develop and provide to DHCS within sixty (60) days of notice of termination being provided to, or by, Agency, at a cost to DHCS that is consistent with pricing set out in Schedule A, a migration plan detailing the most commercially reasonable procedures to effect the transition. Agency will provide DHCS and the alternate service provider with its commercially reasonable cooperation and assistance in order to ensure a seamless transition. Following transition and upon written instruction of DHCS, Agency shall delete all content and data on Agency's active and backup servers or data storage facilities, if any.

14.3 **Continuation of Services.** Agency agrees that for a period of up to sixty (60) days following the termination or expiration of this Agreement for any reason (the "Transition Assistance Period"), transition assistance services shall also include, but shall not be limited to, the provision of Services that were provided by Agency immediately prior to such transition. DHCS agrees to provide Agency sixty (60) days' notice prior to termination or expiration of the Agreement in the event it requires Services to be performed pursuant to this section. To the extent DHCS requests such transition assistance services, DHCS must pay for such services as set out in this Agreement and Agency shall, during the Transition Assistance Period, continue to conform to the Service Levels set out herein. Unless otherwise agreed to by the parties, the terms of this Agreement shall continue to apply during such Transition Assistance Period.

14.4 **Application of Agreement.** This Agreement shall continue to apply during: (a) the provision by Agency of all transition assistance services necessary to ensure a successful transition; and (b) Agency's cooperation with DHCS or alternate service provider designated by DHCS to facilitate the transfer of such content, data, data application(s), applications, mirror images, or settings to DHCS or the alternate service provider. Efforts expended in connection with (a) and (b) immediately foregoing shall be charged on a time and materials basis at the rates set out in Schedule A and all such amounts shall be subject to prior written approval by DHCS and subject to the reasonable audit by DHCS.

14.5 **Default by DHCS.** In the event that Agency has terminated this Agreement due to the failure of DHCS to pay amounts due under the terms of this Agreement, then Agency's obligation to provide the transition assistance services described herein shall be contingent upon (a) DHCS's payment to Agency of any and all unpaid amounts which are undisputed; and (b) DHCS's payment to Agency's legal counsel, in trust, of the estimated amount for the transition assistance services (which estimated amount shall be (i) subject to a *pro rata* refund in the event that the actual number of hours of transition assistance services proves less than the estimated number of transition assistance services hours or (ii) subject to increase in the event that the actual number of hours proves to be greater than the estimated number of transition assistance services hours).

APPENDIX F - OUTBOUND CALL PROGRAM SUMMARY

Program	Number of calls that are part of program (and typical call length)	Time frame for initial call attempts be placed	Call attempts required to reach client /patient	If voicemail allowed, on which attempt	Text requirements to contact client/patient	Call attempts to NOK/Contact person	Email requirements to contact client/patient	Anticipated number of referrals per year	Anticipated % ultimately reached per year
MH and A follow-up calls	1 (15-20 min)	Within 24-48 hours after client's call to the HealthLine	3 (2 during prearranged time and one the following day)	No	No	No	No	**300**	80% (~240 clients)
RAP - Baseline survey	1 (15-20 min)	Within 1 week of receiving referral	3 (each 24 hours apart)	No	Send text prompt if unable to reach patient	1 (only if unable to reach patient and no response to text prompt, and if consent)	Yes – email survey as last resort	**300**	55% (165 clients)
RAP - F/U survey	1 (15-20 min)	6 months post baseline	3 (each 24 hours apart)	No	2 text prompts sent each week, 2 weeks prior to phone call And 1 Text if unable to reach client during call attempts	1 (only if unable to reach patient and no response to text prompt, and if consent)	Yes – email survey as last resort		Of the 165 clients to contact for f/u survey,~ 20% will be reached (33 clients)
RAP - Check-ups	3 (5 min per call)	-1 month post treatment -3 months post treatment -6 months post treatment	3 (each 24 hours apart)	No	3 Texts – 1 text a week prior to each check-up	No	No		All referrals will be contacted for the RAP check-ups; ~7% will be reached (21).
LWBS Program	1 (15-20 min)	As soon as possible	3 attempts on day data received (morning, 3-5 hours later, and evening)	Yes – on third attempt to reach patient.	No	1 (but only if no option for voicemail on patient's number)	No	**1700**	67% (~1140 clients)
								2300	