DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

REQUEST FOR PROPOSALS

PROVINCIAL AMBULANCE PROGRAM REVIEW

May 25, 2012
# Health and Community Services - Request for Proposal Cover Sheet

**Project Title:** Provincial Ambulance Program Review  
**RFP #:** HCS 2012 - 001  
**Issue Date:** May 25, 2012  
**Questions Deadline:** June 20, 2012 4:00 PM NST  
**Closing Date & Time:** June 29, 2012 4:00 PM NST  
**Award Date (Tentative):** August 31, 2012  
**Project Start (Tentative):** September 4, 2012  

**Proposal Label:**  
Wayne Young  
Health and Community Services  
1st Floor West Block Confederation Building  
PO Box 8700  
St. John’s, NL  
A1B 4J6  

**Name of Project:** Provincial Ambulance Program Review  
**Closing Date:** June 29, 2012 4:00 PM

## Department Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Wayne Young</th>
<th>Title: Manager Air and Road Ambulance Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>709.729.3021</td>
<td>e-mail: <a href="mailto:wayneyoung@gov.nl.ca">wayneyoung@gov.nl.ca</a></td>
</tr>
</tbody>
</table>

## Bidders Meeting (Optional)

| Location: HCS Boardroom #3 | Date: June 13, 2012 2:00 PM |

Bidders, please make a copy of this cover page, fill out Bidder info, and submit as proposal cover page.

## Bidder Information

<table>
<thead>
<tr>
<th>Bidder Organization:</th>
<th>Legal name of Bidder Organization and 'Doing Business As' name if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidder Address:</td>
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</table>

## Bidder Contact Info

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<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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<td>Phone:</td>
<td>e-mail:</td>
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## Bidders Authorized Signatory

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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<tr>
<td>Phone:</td>
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Signature:
TABLE OF CONTENTS

1.0 INTRODUCTION ........................................................................................................ 4
2.0 BACKGROUND .......................................................................................................... 4
3.0 PROJECT INFORMATION ....................................................................................... 12
4.0 BIDDER INFORMATION ......................................................................................... 16
5.0 EVALUATION AND SELECTION PROCESS ........................................................ 17
6.0 RESPONSE INSTRUCTIONS ................................................................................... 20
7.0 DELIVERY & PROPOSAL REQUIREMENTS ....................................................... 23
8.0 FINANCIAL PROPOSAL .......................................................................................... 28
9.0 ORAL EVALUATION ............................................................................................... 29
10.0 RFP TERMS AND CONDITIONS .......................................................................... 30

ANNEXES
1.0 INTRODUCTION
The Department of Health and Community Services (HCS) is seeking a qualified consultant(s) to conduct a review of the Provincial Ambulance Program (Program) and to make recommendations, as appropriate, to maximize the program’s efficiency and effectiveness.

The review’s process will be iterative, with the consultant frequently reporting and discussing their interim findings with HCS prior to moving to the next stage of the review. Analysis and any recommendations should reflect a cost versus benefit analysis. Areas to be reviewed include governance, roles and responsibility, performance criteria, program structure and operations, and staffing mix etc.

It is anticipated that the review will take a maximum 4 months and cost a maximum of $250,000 to complete.

2.0 BACKGROUND
The primary mandate of the Program is to respond to patients in emergency situations. However, assets are also utilized for the conveyance of patients requiring specialized medical attention or tests at another medical facility. There are three areas, including:

1. The Road Ambulance Program which contracts with 28 private ambulance operators, 22 community ambulance operators and 11 hospital based services with each delivering service in their own region. The program transfers approximately 65,000 patients annually. 52% of the transfers are classified as emergencies and 48% as interfacility transfers.

2. The Fixed Wing Ambulance Program, the aircraft are operated by the Government Air Service Division (GAS) of Transportation and Works, with 3 Government owned King Airs and a leased Citation jet. The medical component is operated by Eastern Health’s Paramedicine and Medical Transport department. The program transfers approximately 1,200 patients annually throughout the province and to out of province facilities.

3. Rotary Wing (helicopter) emergency medical evacuations are provided throughout the province through the use of six utility configured Bell 206 and 407 helicopters leased by GAS from Universal Helicopters Limited. These helicopters are also used by several government departments for search and rescue, firefighting, wildlife tracking, etc. In 2010/11 there were 169 medical flights; 62 were medivacs with 107 flights routinely transporting physicians and patients to and from remote communities. If the Bell helicopters are not available, GAS will call upon the Department of National Defense Search and Rescue (SAR) or charter Cougar Helicopters Limited (All weather offshore oil rig transportation)
2.1 Organizations and Their Role

This section introduces the organizations involved in the Program. A detailed description of their roles and responsibilities within the Program’s three areas is contained in Annex 1.

2.1.1 Department of Health and Community Services

The Department of Health and Community Services provides leadership in health and community services programs and policy development for the province. This involves working in partnership with a number of key stakeholders including Regional Health Authorities, community organizations, professional associations, post-secondary educational institutions, unions, consumers and other government departments.

HCS provides funding, leads policy and program development, monitoring, and support to the Regional Health Authorities (RHAs) for the delivery of ambulance programs in their region.

2.1.2 Regional Health Authorities

Four RHAs deliver health programs and services to the citizens of their region. These include:

1. Eastern Health
2. Central Health
3. Western Health
4. Labrador Grenfell Health

Figure #1 on the following page identifies the geographic areas serviced by each RHA and identifies the approximate number of ambulance transfers in each region.

Each RHA has a Paramedicine and Medical Transport staff that manages their hospital based ambulance services and oversees the operations of the private and community based ambulance operators in their region.

HCS has delegated four Program responsibilities to Eastern Health’s Paramedicine and Medical Transport (PMT) Division to provide the following services to all the RHAs:

1. **Regional Services** – Monitors compliance and performance to provincial ambulance polices and adherence to provincial standards. The Medical Communications Center (MCC) provides medical communications and dispatch coordination for Provincial Air Ambulance, On-Line Medical Control, and road ambulance services, such as, northeast Avalon 911 medical dispatch, Province-wide road ambulance dispatch for RCMP, Royal Newfoundland Constabulary and the Health Line, as well as, long-distance transport coordination from tertiary care centers in St. John’s.

2. **Financial Services** – Processes all ambulance operator mileage/attendant claims for each transfer completed in the province. Private and community operators send their claims to Financial Services where the claims are adjudicated to meet
HCS’s financial rules and then approved for payment. Batches of approved claims are sent to the RHAs for payment.

3. **Provincial Medical Oversight (PMO) Program** – See Section 2.1.3 below for details. PMO also administers the province wide purchase of new technology. For example the development of the current RFP for the Electronic Patient Care Reporting System’s (ePCR) acquisition and implementation.

4. **Medical Flight Team** – A team of 12 flight trained Registered Nurses and Advanced Care Paramedics who fly on the provincial fixed wing and rotary wing aircraft operating out of the Health Science Complex in St. John’s. Recruitment is underway for a second Medical Flight Team approved for Happy Valley Goose Bay to primarily service Labrador and northern Newfoundland.

**Figure 1**

Regional Integrated Health Authorities, Population and Number of Patient Transports by RHA

Source: Department of Finance Newfoundland and Labrador Statistics Agency and Paramedicine and Medical Transport Annual Report 2009-10
2.1.3 Provincial Medical Oversight (PMO)

All paramedicine personnel practicing in the province carry out standardized medical diagnosis and treatment protocols that are required during transport, under the license of the Provincial Medical Director for Paramedicine and Medical Transport. PMO was established to support the registration and medical delegation to attendants through four functions:

1. Acts as the Provincial Registrar of Ambulance Attendants through the following activities;
   a. Review and approval of eligibility to practice requirements
   b. Administering the entry to practice exam
   c. Administering the annual protocol exams
   d. Overseeing and tracking of the attendants’ Continuing Medical Education (CME) courses
   e. Tracking of the attendants’ clinic skills completion requirements;

2. Works with the Medical Director to establish and update the Basic Life Support, Advanced Life Support and Critical Care Transport protocols;

3. Provides 24/7 on-line medical control to attendants who require the advice of a physician during a transfer; and

4. Quality assurance monitoring and continuous quality improvement on the care provided by attendants through audit and investigation of patient concerns.

2.1.4 Road Ambulance Operators

The 61 provincial road ambulance services licensed by the Public Utilities Board are classified in one of three categories:

1. **Private Ambulance** – 28 private businesses provide road ambulance services in a designated geographic area. Depending on the size of the service an operator may have between one and ten ambulances in service. While there are currently 28 ambulance licenses (for specific regions) there has been a general trend towards consolidation with larger operators buying the licenses and assets of smaller operators;

2. **Community Ambulance** – 22 volunteer or non-for-profit organizations providing ambulance services in a designated geographic area. Most community ambulance operators have one ambulance in service; and

3. **Hospital Ambulance** – In 11 larger centers, RHAs have their own ambulance services staffed by hospital employees.
Currently the 61 operators all work independently from each other within their defined service areas and each has their own dispatch system.

There are three associations representing the private ambulance operators and one association representing the community operators. There is no formal association representing the hospital-based ambulance services. The current ambulance Service Agreement for all operators expired on March 31, 2012. Operation will continue under the expired contract’s terms while negotiations are underway.

2.1.5 Emergency Medical Service Professionals
The Paramedic Association of Newfoundland and Labrador was formed in 2005 to represent Emergency Medical Service (EMS) professionals in the province. Participation in this Association is voluntary. The Association focuses on information exchange and professional development. It does not negotiate regulatory changes or wage and benefit packages. All hospital based personnel, medical flight specialists and one private operator’s staff are unionized.

There are three categories of road ambulance attendants in the province; their minimum training requirements are as follows:

- Emergency Medical Responder (EMR) - 2 weeks in a classroom;
- Primary Care Paramedic (PCP) - 8 months in a classroom with a clinical skills component; and
- Advance Care Paramedic (ACP) - PCP qualification plus 16 months in additional classroom training with an advanced clinical skill component.
### Table 2: Breakdown of EMS Staff

**Ambulance Attendants per Category**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Ambulance Attendants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Care Paramedic (ACP)</td>
<td>37</td>
</tr>
<tr>
<td>Primary Care Paramedic (PCP)</td>
<td>453</td>
</tr>
<tr>
<td>Emergency Medical Responders (EMR)</td>
<td>393</td>
</tr>
<tr>
<td><strong>Total Ambulance Attendants</strong></td>
<td><strong>883</strong></td>
</tr>
</tbody>
</table>

Source: Provincial Medical Oversight

There is anecdotal information that the ambulance industry has staffing concerns primarily with the availability of PCPs to hire in rural areas of the province.

#### 2.1.6 Government Air Services (GAS)

GAS operates air assets on behalf of the Government of Newfoundland and Labrador. In that regard they serve four ambulance functions:

1. Operates (pilots, maintenance, etc.) three Government owned King Airs – two stationed in St. Johns and one stationed in Happy Valley Goose Bay Labrador. The aircraft are used to transfer patients to and from the province’s tertiary care facilities and out of province facilities.

2. Manages the scheduling of a Citation jet (on long term retainer to HCS) used for rapid emergency response of the Medical Flight Team and the Janeway Children Hospital’s Neonatal Team from St. John’s to Labrador and for the transportation of patients to and from out of province medical facilities;

3. Manages the charter of six non-dedicated utility Bell 206 & 407 helicopters stationed around the island. When used for medivacs or bush rescues the helicopters can be converted to carry a stretcher and medical attendants; and

4. Oversees the selection and movement of fixed and rotary wing assets when required for air transfers and medivacs through a centralized dispatch operation.

### 2.2 Road Ambulance Service Evolution

Prior to April 1, 2005, an Emergency Health Services Division within HCS was responsible for the overall ambulance program. This Division was responsible for all operational issues, medical control, registration of ambulance personnel and vehicles, policy development as well as negotiations related to the service agreements between the Department and the individual ambulance operators.

On April 1, 2005, responsibility for operational issues related to the road and air ambulance program was devolved to the RHAs. The Government has maintained responsibility for contract negotiations with private and community operators as well as
the development and maintenance of provincial policies, procedures and operational standards.

2.3 Fixed Wing Ambulance Service Evolution
Government has been operating a fixed wing air ambulance service since the early 1960s. In the last three years Government invested in new aircraft with the purchase of two new state of the art King Air 350s in an air ambulance configuration. The province has a network of airports and airstrips adjacent to medical facilities which allows for a system of air transport to move patients to the appropriate level of medical care.

2.4 Rotary Wing Ambulance Service Evolution
Since the late 1960s the province has chartered non-dedicated small utility helicopters that provide medivac services throughout the province. The underlying medivac principle is the stabilization of the patient before flight and the monitoring of the patient during the flight to the nearest medical facility. These helicopters operate under visual flight rules (VFR) and are not available for use at night and in periods of inclement weather. In emergency situations the Department of National Defense (DND) Search and Rescue (SAR) helicopters, stationed in Gander and Goose Bay provide assistance.

2.5 Ambulance Funding Models

2.5.1 Road Ambulance Program
Hospital-based ambulance services receive annual global funding through the RHA’s operating budgets. Private and community operators receive funding as outlined in Table 3.

Table 3: Types of Funding, Who Receives Funding and the Intended Purpose

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Who Receives this Funding</th>
<th>Intended Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Block Funding</td>
<td>Private and Community Operators</td>
<td>A annual fixed payment to cover the costs of daily operations; calculated using formulas; that incorporates workload history, number of ambulances, etc.</td>
</tr>
<tr>
<td>Mileage/Attendant Subsidy</td>
<td>Private and Community Operators</td>
<td>Subsidy that is based on the number of kilometers driven and the level/experience of attendants on board.</td>
</tr>
<tr>
<td>Training Funding</td>
<td>Private and Community Operators</td>
<td>Funding provided to train new staff or to upgrade staff to higher levels.</td>
</tr>
<tr>
<td>Supplies Funding</td>
<td>Private and Community Operators</td>
<td>Medications and select supplies are provided by the RHAs for each approved ambulance.</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>Private and Community Operators</td>
<td>Legislated (Motor Carrier Regulations) that anyone who avails of the use of an ambulance is required to pay a fee with the exception of interfacility fees which are paid by Government. For individuals in receipt of income support, this fee is paid by Government.</td>
</tr>
<tr>
<td>Type of Funding</td>
<td>Who Receives this Funding</td>
<td>Intended Purpose</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Garage Funding</td>
<td>Private Operators</td>
<td>For operators who have ambulance bays used for regular ambulance storage and meet the standards set by the Department.</td>
</tr>
<tr>
<td>Dispatch Funding</td>
<td>Private Operators</td>
<td>To provide persons to act as call takers and dispatch ambulances. Required to take call takers course and register with the PMO department as a dispatcher.</td>
</tr>
<tr>
<td>Fuel Escalator Funding</td>
<td>Private and Community Operators</td>
<td>Additional funding that the operator receives to compensate for escalating fuel costs.</td>
</tr>
</tbody>
</table>

Source: Eastern RHA

Table 4: Total Provincial Road Ambulance Funding provided to operators

<table>
<thead>
<tr>
<th>Category and by RHA for the 2010 Fiscal Year ($ Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Block Funding</td>
</tr>
<tr>
<td>Mileage/Attendant Subsidy</td>
</tr>
<tr>
<td>Training Funding</td>
</tr>
<tr>
<td>Supplies Funding</td>
</tr>
<tr>
<td>Patient Fees</td>
</tr>
<tr>
<td>Garage/Dispatch</td>
</tr>
<tr>
<td>Incentive</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Source: Regional Health Authorities

2.5.2 Air Ambulance Programs
GAS spends approximately $6.3 million to operate the fixed wing flight program. Costs are not billed back to HCS or the RHAs.

GAS invoices the requesting RHA approximately $1,300 per flying hour for use of a helicopter. Invoices totalled approximately $600,000 for 2010/11.

2.6 Information Management

2.6.1 Emergency Health Information System
Every ambulance transfer in the province is documented on a numbered three part Patient Care Record (PCR) form recording:
- Patient information - name, age, gender, address;
• Medical information – complaint, vitals at pickup, during transfer, at facility, treatments provided, etc;
• Billing information – MCP number, Workers Compensation, RCMP, military, out of province, etc;
• Operator information – operator, attendants, ambulance used,
• Transport information - mileage, times, pickup location, destination, etc.

The three part form is distributed to the following:
• One copy is kept by the operator for their records;
• One copy goes to the medical facility to be added to the patient’s chart; and
• One copy goes to Eastern Health to be entered into the Emergency Health Information System (EHIS).

EHIS was established to perform three functions:
• Track ambulance attendant registration status – active or inactive;
• Ambulance registration status – active or inactive; and
• Pay ambulance operators.

Attendant and ambulance status is maintained by Provincial Medical Oversight. Eastern Health’s Financial Services Division keypunch into EHIS each PCR’s Billing, Payment, and Operator information required to approve and generate operator payment information for the four RHAs. EHIS is a legacy system with limited statistical analysis and performance monitoring capability.

HCS has funded Eastern Health to implement a province wide Electronic Patient Care Record (e-PCR) system. The Request for Proposal is under development.

2.6.2 Dispatch Systems
Every ambulance service has its own form of dispatch service. They range from a pager on the on duty attendant’s belt to a fairly complex 24 hour dispatch center. Implementation of a single Central Dispatch System is difficult without a provincial 911 system and the lack of proper street addresses to identify homes in many rural communities.

2.6.3 Vehicle Tracking
Few operators have installed vehicle tracking system in their ambulances. HCS has not required operators to do so at this time.

3.0 PROJECT INFORMATION
The Provincial Ambulance Program is often the patient’s first point of contact with the Newfoundland and Labrador Healthcare System. Rapid response and qualified attendant care can be critical to a successful outcome in times of an emergency. The Government of Newfoundland and Labrador is committed to providing a pre-hospital system which ensures access to quality emergency services.
3.1 Consultants Mandate

The Provincial Ambulance Program delivery model has slowly evolved over the years to meet pre-hospital care requirements in all regions taking into account the province’s unique geography and population distribution challenges. There has never been a comprehensive review of the current Program to determine if it is working as efficiently and effectively as it should.

To that effect, HCS wishes to engage a consultant to complete a comprehensive review of the provincial road, fixed wing and rotary wing ambulance programs. This will include analysis and recommendations of the governance, standards, policies infrastructure requirements and human resources needed to provide a clinically-appropriate and timely response to calls for both emergency and interfacility transport.

In carrying out the review the consulting team will be expected to take into account four considerations:

1. Government has made a significant investment in the ambulance programs over the past decade by increasing Program funding over 300%. HCS is now looking to the consultant’s expertise to focus on options to gain program efficiencies within the current fiscal framework;

2. Government sees the project as moving forward on an iterative basis. The consultant will complete a project deliverable then present their findings and recommendations to the Project Steering Committee for review and discussion. Work on the follow up deliverables will take into account Government’s response and direction. (Refer to Section 3.4)

3. Fixed Wing Air Ambulance program recommendations will build on the 2010 Fixed Wing Air Ambulance Review by focusing on options for the current aircraft fleet operating out of their existing bases to co-ordinate with the road ambulance program to improve patient transfer.
3.2 Project Deliverables

The Operational Review will have as a minimum the following seven deliverables:

1. Work with HCS to analyze the ambulance programs’ established standards and performance delivery criteria when compared to best practises and standards in other jurisdictions. Recommend, if necessary, where standards and performance criteria can change.

2. Review the ambulance programs’ governance structure including roles and responsibilities. Compare the current governance structure with the structure in other jurisdictions. Recommend, if necessary, changes to the governance structure including any changes in roles and responsibilities. Identify and recommend organizational roles and responsibilities.

3. Based on current and predicted ambulance demand, review and make recommendations to the road ambulance program’s operational delivery model taking into account proposed changes in standards, performance criteria and governance structure. Suggested areas for consideration include but are not limited to:
   - The impact of current operational policies;
   - Central Dispatch System(s) implementation and its impact on program management;
   - The number of ambulances required to address both emergency and interfacility transfer demand requirements;
   - Geographic placement of ambulance bases and ambulances;
   - Alternative transportation strategies/methods for interfacility transfers;
   - Alternate funding models for road ambulance operators;
   - Staffing models including the use of ACPs; and
   - Value added service such as Community Paramedicine Initiatives.

4. Identify and make recommendations regarding ambulance staffing strategies that correspond to potential changes to program standards and the operational delivery model.

5. Identify and make recommendations regarding ambulance technology and information systems that can improve performance monitoring and aid in service delivery;

6. Analyze and make recommendations on the integration of the existing fixed and rotary wing ambulance programs with the road ambulance program to more effectively and efficiently transfer patients around the province. This analysis can include consideration of the future role of fixed and rotary wing programs.

7. If Program changes are necessary, outline an implementation strategy to move from the current to the proposed new Program.
The bidder is free to subdivide or reorganize the deliverables if they feel it will clarify their bid. Bidders are free to provide additional deliverables.

3.3 Consultation
The consultant will be expected to consult with ambulance program stakeholders, located province wide, including:
- Health and Community Services officials
- Government Air Services officials
- Regional Health Authority management and staff
- Ambulance operators
- Fixed and rotary wing aircraft providers

3.4 Project Governance
To ensure that the Operational Review meets Government’s requirements, the project consultants will work closely with HCS executive and staff. The consultant will be required to report to and discuss their findings and proposed recommendations with HCS’s Assistant Deputy Minister of Regional Services on at least six stages of the review:

1. Issue identification, research and consultation findings and their impact on the review.
2. Proposed Program standards and performance delivery criteria analysis and recommendations;
3. Proposed Program governance structure analysis and recommendations;
4. Proposed Program operational delivery model analysis and recommendations
5. Draft final report and proposed implementation strategy; and
6. Final report development and presentation to HCS’s Minister and executive.

3.5 Project Timeframe
HCS expects the review to be completed in 4 months. The Consultant(s) must provide HCS with a detailed work plan outlining the proposed approach to this project, including at a minimum all tasks, milestones, and timeframes.

3.6 Project Steering Committee
The Project Steering Committee will be comprised of representatives from the HCS and the RHAs:

3.7 Budget
DHSC will pay a maximum of $250,000, including all expenses but excluding HST, for the work requested and will not accept bids exceeding that amount. Refer to the evaluation criteria for how price will be evaluated under this RFP.
4.0 BIDDER INFORMATION

4.1 Enquiry Contact
Wayne Young will be the contact person on behalf of HCS. His contact information is:

Wayne Young
Air and Road Ambulance Program Manager
Acute Health and Emergency Service Division
1st Floor, Confederation Building, West Block
PO Box 8700, St. John’s, NL, Canada
A1B 4J6
Telephone: 709-729-3021
Facsimile: (709) 729-4009
Email: wayneyoung@gov.nl.ca

Submissions should be made to Wayne Young at the address above:

4.2 Bidder Registration
HCS strongly recommends that potential bidders e-mail their intention to bid to Wayne Young as soon as they receive the bid package. This will allow the bidder to receive RFP updates, question answers and other information HCS may feel the bidders may need.

4.3 Bidders Meeting
HCS will hold a bidders meeting on June 13, 2012 2:00 PM NST in Boardroom 3 HCS office 1st Floor West Block Confederation Building. Bidder attendance is not mandatory. Bidders may attend by conference call. Contact Wayne Young to register by June 7, 2012.

4.4 Bidder Questions
Bidders can e-mail questions to HCS up to June 20, 2012 4:00 PM NST. HCS response will be sent to all registered bidders. HCS will keep confidential the name of the bidder submitting the question.

4.5 Bid Timelines
The bid will be managed under the following timelines:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>RFP Issue Date</td>
<td>May 25, 2012</td>
</tr>
<tr>
<td>Bidders Meeting</td>
<td>June 13, 2012 2:00 PM NST</td>
</tr>
<tr>
<td>Bidders Questions Deadline</td>
<td>June 20, 2012 4:00 PM NST</td>
</tr>
<tr>
<td>RFP Written Response Due</td>
<td>June 29, 2012 4:00 PM NST</td>
</tr>
<tr>
<td>Bidders Oral Presentation (Tentative)</td>
<td>July 11, 2012</td>
</tr>
<tr>
<td>RFP Award (Tentative)</td>
<td>August 31, 2012</td>
</tr>
<tr>
<td>Project Start Date (Tentative)</td>
<td>September 4, 2012</td>
</tr>
<tr>
<td>Project Completion</td>
<td>December 31, 2012</td>
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</tbody>
</table>
5.0 EVALUATION AND SELECTION PROCESS

5.1 Introduction

1. The Provincial Ambulance Program Operational Review Request for Proposal - Evaluation will be conducted by the Project Steering Committee. It is understood and accepted by any Bidder submitting a proposal that all decisions, as to the degree to which a proposal meets the requirements of this RFP, are the judgment of the Project Steering Committee.

2. Certain clauses in Section 6.0 are marked “must (P/F)” and will be evaluated on a PASS/FAIL basis. A proposal shall be considered NON COMPLIANT if the response to any such clause is deemed by the evaluators to be unsatisfactory. All other clauses will be rated according to the evaluation scheme described in Section 5.3.

3. Any proposal that does not follow the response format as defined in Section 6.2 may be declared NON COMPLIANT and not subject to further evaluation.

4. It is important that bidders respond to all clauses of Section 7.0 of the Request for Proposals. Failure to respond to any clause marked “must (P/F)” of any section of this RFP will render the proposal NON COMPLIANT and the proposal will receive no further consideration.

5. All proposals shall be examined in detail in accordance with the published evaluation criteria and following the process outlined in this section. HCS reserves the right to either award a contract or contracts to the most effective bidder(s) as determined by the evaluation criteria or not to make an award.
5.2 Evaluation Process

The evaluation process is as follows:

**Stage 1**: Evaluation of compliance to **must (P/F)** criteria as identified in the RFP and disqualification of any bids that fail to meet them.

**Stage 2**: Technical assessment of proposals based on the scoring outlined in Section 6.3.1.

**Stage 3**: Evaluation of financial proposals as outlined in Section 8. The financial proposal score will be combined with the technical score to arrive at the total score. Note that any proposal exceeding the stated maximum budget of $250,000 including all expenses (HST excluded) will be disqualified.

**Stage 4**: Secondary assessment of proposals based on scoring from Stages 2 and 3. Up to three of the top scoring bidders will be short-listed for further consideration.

**Stage 5**: Evaluation of the oral presentations of the short-listed bidders according to the scoring formula defined in Section 5.3.

**Stage 6**: The rated scores may be adjusted based on information gathered from the oral presentations. The scores for the oral presentations will then be included with the evaluations of the rated sections to determine the overall weighted average scores.

The successful bidder-proposal will be the one achieving the highest overall weighted average evaluation score as long as the bidder meets minimum requirements as established by the PSC.

5.3 Evaluation Scheme

5.3.1 Evaluation Summary

The rated evaluation criteria in Sections 6 will be scored according to the point-rating scheme summarized in the Technical Evaluation Summary Tables below and detailed in ANNEX 3. Some criteria may be designated **must (P/F)**. Those proposals that are scored as "FAIL" in any of the pass/fail criteria shall be deemed NON-COMPLIANT and shall receive no further consideration.

*In order to prevent the financial considerations from unduly influencing the rest of the technical evaluation, financial proposals are to be submitted in a separate sealed envelope that will be opened after all other parts of the technical evaluation have been completed.*
### Evaluation Summary Table

<table>
<thead>
<tr>
<th>Section</th>
<th>Evaluation</th>
<th>Weight 100%</th>
<th>Points 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0</td>
<td>Technical Proposal</td>
<td>65%</td>
<td>650</td>
</tr>
<tr>
<td>7.3</td>
<td>Bidder Qualifications</td>
<td>33%</td>
<td>330</td>
</tr>
<tr>
<td>7.4</td>
<td>Methodology and Approach</td>
<td>32%</td>
<td>320</td>
</tr>
<tr>
<td>8</td>
<td>Financial Proposal</td>
<td>25%</td>
<td>250</td>
</tr>
<tr>
<td>9</td>
<td>Oral Evaluation</td>
<td>10%</td>
<td>100</td>
</tr>
</tbody>
</table>

### 5.3.2 Detailed Technical Proposal Weights and Points

The detailed evaluation table with subcategory weights is contained in Annex 3.

Each criterion identified in Annex 3 (with the exception of financial) will be scored using the following system.

<table>
<thead>
<tr>
<th>Evaluation Description of Bidder's Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent; meets and exceeds HCS’s requirements</td>
<td>10</td>
</tr>
<tr>
<td>Very Good; meets all of HCS’s requirements</td>
<td>9</td>
</tr>
<tr>
<td>Acceptable; meets most of HCS’s requirements</td>
<td>7</td>
</tr>
<tr>
<td>Acceptable; barely meets the minimum level of HCS’s requirements</td>
<td>5</td>
</tr>
<tr>
<td>Falls Sort; shows understanding but falls short of HCS’s requirements</td>
<td>3</td>
</tr>
<tr>
<td>Response provided but shows no understanding and does not address HCS’s requirements</td>
<td>1</td>
</tr>
<tr>
<td>Bidder does not respond</td>
<td>0</td>
</tr>
</tbody>
</table>

### 5.3.3 Bidder Evaluation Approach

The Project Steering Committee will meet and evaluate each proposal as a group through debate and discussion, with the final score being determined through team consensus.

### 5.3.4 Evaluation of Financial Proposals

The evaluation of Financial Proposals will be as follows.

The short listed compliant bidder who submits the lowest proposed cost will receive the maximum points allowable for that deliverable. All other similarly qualified bidders will receive a rating calculated by dividing their proposed cost into the lowest proposed cost and multiplying by the maximum points allowable.

**Example:**

<table>
<thead>
<tr>
<th>Bidder</th>
<th>Cost</th>
<th>Calculation</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10</td>
<td>lowest</td>
<td>25 (maximum)</td>
</tr>
<tr>
<td>2</td>
<td>$12</td>
<td>10/12*25 = 20.8</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$15</td>
<td>10/15*25 = 16.6</td>
<td></td>
</tr>
</tbody>
</table>
6.0 RESPONSE INSTRUCTIONS
Bidders will respond to the RFP in the following manner.

6.1 Copies Required
One original and six copies (seven total) of the Technical Proposal (including References and Resumes) are required. The original of each part shall be clearly marked ORIGINAL on the first page, and all copies shall be clearly marked COPY on the first page. One of the four copies must be unbound. The bidder shall also provide a copy of the Technical Proposal (including References and Resumes) shall also be provided in PDF format on a CD or flash drive.

Two printed originals of the Financial Proposal are required to be submitted in a separate sealed envelope. A separate CD or flash drive shall be submitted containing the Financial Proposal.

6.2 Response Format
The bidder's response shall have the following format:

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>Copies Required (including Original)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1</td>
<td>HCS Procurement Form</td>
<td>Cover of Original and Copies</td>
</tr>
<tr>
<td>Part 2 A</td>
<td>Technical Proposal</td>
<td>7 + 1 on CD/drive</td>
</tr>
<tr>
<td>Part 2 B</td>
<td>References and Resumes</td>
<td>7 + 1 on CD/drive</td>
</tr>
<tr>
<td>Part 4</td>
<td>Financial Proposal (separate sealed envelope)</td>
<td>2 + 1 on CD/drive</td>
</tr>
</tbody>
</table>

**Part 1: HCS Procurement Form**
Bidders must (P/F) complete and sign the HCS Procurement Form. This form is available after the front cover of this RFP.

**Part 2: Technical Proposal**
The Technical Proposal will contain the bidder's response to Section 7.0 of this RFP.

The Technical Proposal section shall be no more than 40 pages in length (excluding references, resumes and financial proposal) and shall be printed in no less than 12-point type for body text, 10 point for tables and questions/ clauses replicated from the RFP. Any pages in excess of the maximum allowed for this section will not be evaluated.

**Part 3: References and Resumes**
This part of the response package shall contain:

1. An index to Part 3: References and Resumes;
2. Two bidder references per Sections 7.3.2
3. Resumes of proposed personnel per Sections 7.3.3 Project Resources; and;
4. References to two projects for proposed key personnel per Section 7.3.3 Project Resources.
Part 4: Financial Proposal

1. Financial Responses shall follow the instructions contained in Section 8.0 of this RFP.

2. Financial Responses are to be submitted in a separate sealed envelope contained within the main envelope of the bidder’s response. The envelope must contain two printed versions as well as a diskette or CD containing the electronic version of the Bidder’s response.

6.3 RFP Requirements

6.3.1 Mandatory Requirements

This RFP contains two separate types of mandatory requirements. They are defined as follows:

1. ‘must (M)’- Clauses which contain the term must (M) refer to mandatory deliverables, commitments and capabilities that will not be evaluated. The Bidder will certify in Section 7.2 that they agree to meet such requirements at the present or future time. These clauses are characterized as follows:
   - No evaluation is conducted;
   - Embodies the commitments that bidders must make;
   - If the bidder is required to (must (M)) “represent and warrant” a capability or other fact, subsequent conclusive evidence that the fact or capability was misrepresented would constitute sufficient reason for contract termination for cause.

2. ‘must (P/F)’- Clauses which contain the term must (P/F) refer to mandatory delivery/capability requirements which will be evaluated on a Pass/Fail basis only. The Bidder must provide evidence or substantiation as specified in the requirement and that evidence will be evaluated on a Pass/Fail basis only.

6.3.2 Rated Requirements

Responses and requirements that will be evaluated and weighted according to a scoring scheme are specified by the term ‘should (R)’. Such requirements are characterized as follows:

- Requires a response that will be evaluated and weighted according to a scoring scheme;
- No single low score will result in bid elimination; and
- Groups or categories of rated items may have a combined threshold or minimum required score which, if not met, will result in elimination of the bid.

6.3.3 Contact Information

Where “contact information” is requested in support of evidence of experience, provide the following:

1. Name and current title of the individual;
2. If different and relevant, the role or title of the individual when services were delivered;
3. Business phone number;
4. Fax number; and
5. Email address.

6.3.4 Adherence to Instructions

All response instructions relating to the information to be provided, and its format, are bid requirements that must be substantially adhered to in order for the bid to receive consideration. Failure to do so may result in disqualification of the bid without further evaluation. The evaluation team will only seek clarification if requested information is ambiguous or missing and if the provision of such clarification will not offer the bidder an opportunity to improve the competitive position of its response.
7.0 DELIVERY & PROPOSAL REQUIREMENTS

7.1 Bidder Profile
Any bid must (P/F) be presented by a single Lead Organization that will be legally responsible for all aspects of any service agreement resulting from this RFP process.

Provide a detailed listing of all businesses involved in providing services under the submitted proposal including:

1. The correct legal name of the Bidder (Lead Organization);
2. The correct legal names of business units or other businesses included in this proposal;
3. If not a public company the names of the majority owners/principals.
4. The relationship of each participant to the bidding organization, e.g. subsidiary, sub-contractor, partner etc.);
5. The duties, responsibilities, and involvement of each participant in relation to the project: and

7.2 Acceptance of Requirements
The Bidder must (P/F) provide and sign a certification with its response confirming its understanding and acceptance of the terms of the mandatory requirements and mandatory commitments and that it has the mandatory capabilities that are contained in the Request for Proposals, identified by the terminology ‘must (P/F).

The certification must (P/F) also signify the Bidder understands and accepts the RFP Terms and Conditions outlined in Section 10.

7.3 Bidder Qualifications
The follow qualifications must (M) be met to be considered for this RFP. The Consultant(s) must have experience in ambulance transport medicine consulting. The successful bidder must not have a vested interest in the results of the review. The consultant(s) must not have any official or professional relationship with any potential service provider or vendor. Any and all perceived or actual conflicts of interest must be declared with the submission.

7.3.1 Bidder Capabilities and Experience
The Bidder should (R) provide, in the format of the following table, a general description of its capabilities in each of the listed subject areas and a reference to one or more projects where such capabilities were demonstrated. Provide a high-level description of the capabilities of the firm and the work it has performed in this area. If the capability resides in a subcontracted resource, indicate the company providing it.
<table>
<thead>
<tr>
<th>Capability Area</th>
<th>Capabilities (Human resources, technology, processes)</th>
<th>Project Description(s)</th>
<th>Subcontractor(s) (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Program Management Consulting Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Standards and Performance Delivery Criteria Development Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Program Governance Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Program Structure and Operations Delivery Development Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Staffing Model Development and Planning Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Performance Measurement &amp; Accountability Tracking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Ambulance Program Operations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helicopter Emergency Medical Systems Analysis and Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation Planning and Change Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stakeholder Consultation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience in the Newfoundland Healthcare Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7.3.2 Reference Projects/Accounts

The Bidder must (P/F) provide two reference projects that have been performed by the bidding firm or by professionals proposed for this engagement acting independently or as employees of other firms. Reference projects will be evaluated separately and should be clearly identified as Reference Project 1 and Reference Project 2. Different evaluation weightings apply to each reference project.

Each of the reference projects must (M) include at least three of the following components:

- Ambulance Standards and Performance Criteria Planning
- Ambulance Program Governance
- Ambulance Operations Modeling (Base Location and Number of Ambulances)
- Stakeholder Consultation
- Implementation Planning and Project Management
- Air Ambulance and/or HEMS experience
- Multi-stakeholder health care environment

The Bidder should (R) provide the following information for each reference in the following format:

**Ambulance Program Reference**

1. Name and location of contracting organization.

2. Key contact
   a. Name
   b. Title
   c. Role in project
   d. Phone
   e. E-mail
   f. Web address

3. Brief description of project

4. Start/End date of the contract

5. Scope and complexity of the client’s project components as identified above.

a) The Bidder should (R) identify key project personnel and their proposed role for this project who also participated in the referenced project (Please include performed role and percentage of participation).

b) The Bidder should (R) provide relevant and specific metrics that describe the success of your firm in achieving the outcomes desired by the client.

Note - a, and b above have to discuss the reference projects identified above.
7.3.3 Bidder Personnel
For personnel proposed, the Bidder should (R) provide the following in the body of the Technical Proposal:

1. Brief summary resumes outlining their relevant skills, knowledge and training employment and educational background;
2. References to two projects or accounts where the proposed individual has played a similar role, providing:
   a. Name of client organization;
   b. Name, title, telephone number and e-mail of a client reference contact;
   c. Scope, complexity and duration of the referenced project;
   d. Role the proposed individual played in the referenced project

Full resumes for the above resources are to be provided in Part 3: Resumes and References

Note: Personal references may correspond to the requested Bidder references or may be for unrelated projects.

7.4 Methodology and Approach

7.4.1 Understanding of Requirements
The Bidder should (R) indicate its understanding of the initiative by describing concisely, in its own words, the issues, challenges and opportunities for HCS in undertaking the Operational Review.

7.4.2 Methodology and Approach
The Bidder’s proposal must (M) define an approach, schedule and include activities that comply in a material fashion with the Review’s objectives, project components and deliverables as described in Section 3:

1. The Bidder should (R) explain clearly how it will address the deliverables specified in Section 3.2.
2. The Bidder should (R) state their understanding and acceptance of HCS’s project governance requirements and define their approach to address the requirements.
3. The Bidder should (R) provide a project plan, including:
   a. A Gantt chart (and explanatory section) that describes the sequence of activities, milestones, and timing required to complete the Operational Review Project; and
   b. A description of how the Bidder will measure the success of the assignment.
4. The Bidder should (R) define the type of HCS resources and information it expects to complete the project.
5. The Bidder **should (R)** describe its approach to project management of this project including any specific tools and techniques that they propose to utilize.

6. The Bidder **should (R)** describe their approach to managing the stakeholder consultations and travel requirements of the project.
8.0 FINANCIAL PROPOSAL

Evaluation of the Financial Proposal will be based upon the total proposed fixed price according to the Technical Evaluation Weighting Detail. in Appendix A.

The bidder should (R) provide a fixed price for each deliverable listed in Section 3.2 above.

The Bidder must (P/F) provide a total fixed price (including approved project travel and other expenses) not exceeding $250,000.

The Financial Proposal for the Review Project shall be as follows:

<table>
<thead>
<tr>
<th>ID</th>
<th>Deliverable</th>
<th>Fixed Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deliverable 1 Standards and Performance Criteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 2 Governance Structure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 3 Operational Model Development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 4 Staffing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 5 Technology and Information Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 6 Program Integration and HEMS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 7 Implementation Strategy</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Travel, Administration, Consultation, and Governance Meetings etc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL FIXED PRICE</td>
<td></td>
</tr>
</tbody>
</table>

The deliverables identified in the table above are the minimum HCS will accept. Bidders are free to propose additional deliverable and adjust the table accordingly.

The scope of these stages will be reviewed during the Project Initiation revision activity and HCS reserves the right to change stages and adjust their associated cost during that review.
9.0 ORAL EVALUATION
For the selected Bidders there will be an evaluation process outlined as follows:

<table>
<thead>
<tr>
<th>Total time:</th>
<th>60 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation:</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Question and Answer Period:</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

The oral evaluation consists of two segments in a 60-minute period: a presentation by the project team and a question and answer period. The presentation must be completed in no more than 45 minutes followed by 15 minutes for the questions and answers. The session will be evaluated under the categories described below. The presentation should be delivered by the proposed project team members and provide information that will permit evaluation under these categories but not necessarily in the order that they are listed. There may be questions provided to Bidders in advance to be addressed during the oral presentation as well as questions not provided in advance to be presented during the question and answer period. The interview and presentation, including responses to the questions posed during the sessions, will be rated under the oral evaluation criteria below. Information gathered from the oral evaluation may also be used to adjust scores attributed during the evaluation of the technical responses. After the presentations the Proposal Evaluation Team will meet and evaluate each presentation as a group through debate and discussion with the final score being determined through Team consensus.

The oral presentation should provide an overview of the Bidder’s proposal with emphasis on the following:

1. **Understanding of Priorities**
   The Bidder’s team should (R) demonstrate an understanding of what is most important to the Review’s Project Steering Committee and how the bidder’s team proposes to address the key factors for success in the study.

2. **Capabilities to do the Job**
   The presentation should (R) demonstrate the team’s capabilities to take on this initiative and work effectively together with each member providing input that is relevant to his or her role, expertise and experience.

3. **Team Organization/Assignments**
   The presentation should (R) clearly outline how the Bidder’s organization proposes to support this contract and should describe the roles of the key individuals in the organization. Lines of communication and escalation should be described as well as points of client contact in the organization.

4. **Approach and Plan**
   The Bidder should (R) describe the overall approach it proposes for the key work elements of the initiative and provide a summary of the key activities and milestones associated with its approach.

5. **Commitment to the Initiative**
   The team members should (R) each demonstrate their personal commitment to the success of the project as well as their confidence and comfort with that commitment.
10.0 RFP TERMS AND CONDITIONS

10.1 Acceptance Conditions
As indicated on the RFP’s cover, the Proposal will be delivered to the Health and Community Services. HCS staff will not open the envelopes but will only take receipt of the envelopes on behalf of the Project Steering Committee for purposes of date and time stamping. The HCS will then ensure that the date and time stamp are enforced as per the time lines outlined in the RFP instructions.

10.2 Late Responses
Under no circumstances will extensions be granted. Late responses will be returned unopened.

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

10.4 Contact
All enquiries and other communications with government officials with respect to this RFP are to be directed ONLY to the individual identified on the front cover.

All enquiries must be by e-mail.

10.5 Financial Considerations

10.5.1 Term of Offer
All proposals must remain open for acceptance for a period of 90 days from the date of RFP closure.

10.5.2 Pricing
1. Prices quoted shall be in Canadian currency excluding HST.

2. All expenses must be built in to the proposed project cost.

10.5.3 Bidder Expenses
1. All costs relating to the work and materials supplied by the Bidder in responding to this RFP must be borne by the Bidder.

2. All costs relating to living accommodations and travel to primary location(s) of work shall be borne by the Bidder or contracted resource(s). In this project the consulting team will have consultants or sub contractors working for a period of time in all four RHA regions.

10.5.4 Payment Terms and Progress Payments
If proposal is accepted, the contract will provide for the following:
1. Government’s standard payment terms are net 60 days from receipt of invoice. All applicable taxes must be shown separately on the invoices.

2. Progress payments requested by the Bidder must be supported by sufficient detail to relate the work completed and the cost incurred and must be approved by the HCS Project Manager prior to submission.

3. The DHCS 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 under this RFP and subsequent contract.

10.6. Public Tender Act
This Request for Proposal is exempt from the provisions of the Public Tender Act.

10.7 Bidders Role
The Bidder, not the individual resource(s) engaged, will be party to the contract signed with HCS, and will be responsible for contract execution. All errors and omissions during the conduct of the contract are the responsibility of the Bidder.

If the Bidder 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.

10.8 Ownership of Responses
The responses and accompanying documentation submitted by the Bidders are considered the property of HCS and will not be returned.

10.9 Enquiries
1. All enquiries and other communications with government officials with respect to this RFP are to be directed to the individual indicated on the front cover.

2. Questions are to be submitted in writing via e-mail, to the individual identified, and shall be answered by e-mail and distributed to all Bidders that have complied with Paragraph 10.12, Notification of Intent to Bid.

3. Questions will only be accepted in accordance with the timetable specified in on the front cover.

4. HCS will respond to all enquiries at one time no less than 5 working days before submission deadline.

5. HCS shall Endeavour to exclude confidential or proprietary information from the distributed material.

6. There will be no verbal response to enquiries.
10.10 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.

10.11 Modification of Requirements
Should HCS deem it necessary to adjust the proposed requirements; an opportunity will be extended to Bidders to revise responses accordingly. Written acknowledgment of each revision shall be provided to HCS by all Bidders within one working day of revision receipt.

10.12 Notification of Intent to Bid
Further information about this RFP will only be distributed to Bidders who notify in writing, via e-mail, of their intent to Bid to the individual identified on the front cover. Notification of Intent to Bid is required at least six (6) working days prior to the submission deadline.

A liaison person to whom all communication from HCS concerning this RFP should be addressed, must be included. Please ensure that the e-mail address is clearly noted on the notification.

10.13 Changes to Proposal Wording
HCS may, during the evaluation period, request meetings with Bidders to clarify points in the response. No changes by the Bidder will be permitted after initial receipt of the response.

10.14 Confidentiality of Proposals
If any portion of a Bidder's response is to be held confidential, or if the Bidder 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 the Access to Information and Protection of Privacy Act (ATIPPA).

If the RFP itself and Bidder response form part of the contract by attachment and incorporation by reference, future requests under ATIPPA would require significant portions of the previously-protected proposal to be divulged upon a third party request.

Although HCS cannot guarantee confidentiality, proposals will be circulated only among the Reviews Evaluation Team, only as much as necessary to conduct a thorough evaluation, and only be used to assess fitness for the professional services described.

10.15 Subcontractors
1. Bidders 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 Bidder 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.

5. There will be no assignment of contracts without prior written approval of the DHCS.

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

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

10.18 Verification of Educational Credential/Designations
The Bidder 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.
3. Other background educational information such as industry accreditation for the educational facility.

10.19 Unsuccessful Bidders
Unsuccessful Bidders may contact the HCS to obtain information on their performance in the evaluation. Unsuccessful bidders will be entitled to the following:
1. Scores for resources proposed by that bidder only,
2. Average score overall,
3. Contractor debriefing to review the evaluation at an established date. Requests for debriefings should be made within a reasonable time frame.

The date and location for the unsuccessful Bidder debriefing will be determined at a later date encompassing demand and the location of the bidders.

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

- Annex 1 - Program Roles and Responsibilities
- Annex 2 - Road Ambulance Profile
- Annex 3 - Weighted Evaluation Table
ANNEX #1

Road Ambulance Program
Organizational Responsibilities

Stakeholders in the Road Ambulance Program

- Department of Health and Community Services (DHCS)
- Departments of Transportation and Works (DTW) and Government Services (GS)
- Public Utilities Board (PUB)
- Regional Health Authorities (RHAs)
- Provincial Medical Oversight (PMO), Eastern Health
- Medical Communication Centre (MCC), Eastern Health
- Private and Community Ambulance Operators
- Road Ambulance Operators Associations
- Pre-hospital Care Providers
- Provincial Ambulance Liaison Committee

Department of Health and Community Services (DHCS)

- Responsible for the development and maintenance of policies, procedures and standards related to the road ambulance program to ensure they are consistent with best practices;
- Works directly with the RHAs to provide direction and guidance. This includes providing advice on Departmental policies, procedures and operational standards as well as applicable legislation;
- Liaises with the RHAs and educational institutions to address training needs for paramedics and other ambulance attendants;
- Works with Financial Services Division, DHCS to ensure budget submissions received from the RHAs are comprehensive and realistic. Follows up on budget performance issues as required;
- Negotiates service agreements with the private and community operators.

Department of Transportation and Works (DTW) and Government Services (GS)

- Oversees the legislation (Motor Carrier Act and Regulations) which currently governs the ambulance program;
- Oversees the inspection process carried out by Highway Enforcement Officers.

Public Utilities Board (PUB)

- Oversees the licensing process for a road ambulance operator which includes the issuance of Motor Carrier Certificates.
Regional Health Authorities (RHAs)

- Monitors ambulance operators to ensure services are being provided in accordance with DHCS policies, procedures and standards, applicable legislation, the service agreement (tri-party agreement between the operator, the RHA and DHCS) as well as PMO;
- Responsible for monitoring utilization of road ambulances and working with the physicians to ensure that the authorization of ambulances are appropriate;
- Investigates any concerns or complaints regarding service delivery;
- Adheres to obligations of the tri-party service agreement which includes (but is not limited to):
  - Providing funding in accordance with the funding statement attached to the service agreement;
  - Monitoring compliance with the contract and taking appropriate action in the event of non-compliance;

**NOTE:** Eastern Health has provincial responsibility for the processing of the mileage subsidy payable to the road ambulance operators.

Provincial Medical Oversight (PMO) Program

- The PMO physicians provide direction and authorization to perform delegated medical acts to registered pre-hospital care providers, working with a road ambulance operator, who are providing medical care at the scene of an emergency or enroute to a health care facility or in a health care facility via written policies, procedures, and protocols and/or through online consultation.
- Establishes and maintains patient care protocols in the form of written standing orders;
- Responsible for providing online medical oversight in the event that real time advice and guidance are required by pre-hospital care providers or the pre-hospital provider is seeking approval to deviate from the standing orders outlined in the patient care protocol;
- Oversees quality assurance on the care provided by pre-hospital care providers;
- Acts as the Provincial Registrar and oversees the registration of pre-hospital providers as well as ambulance vehicles:
  - Review applications for registration as a pre-hospital care provider in the province;
  - Oversee the Entry to Practice examination;
  - Oversee the annual recertification examinations;
  - Oversees the Continuing Education requirements for pre-hospital care providers;
- Responsible for the development of new pre-hospital initiatives, such as the provincial pre-hospital stroke program (in consultation with the Newfoundland and Labrador Integrated Stroke Strategy Committee).
Medical Communication Centre (MCC), Eastern Health
- Dispatches all road ambulance requests received through 911 in St. John’s;
- Coordinates requests for road ambulances received from the HealthLine and the RCMP;
- Coordinates all routine road ambulance transports originating in the St. John’s region that are destined outside the St. John’s region;
- Coordinates road ambulance requests received from the St. John’s metropolitan area.
- Coordinates all calls through the On-call Physician Advice Line from PMO.

Private and Community Ambulance Operators
- Perform road ambulance transports in accordance with DHCS policies, procedures and standards;
- Provides services in accordance with all applicable legislation;
- Provides services in accordance with contractual requirements outlines in the tri-party service agreement between the operator, the RHA and DHCS;
- Adhere to all aspects of PMO.

Road Ambulance Operators Associations
- Represent the road ambulance operators in matters which may impact the delivery of road ambulance services, including the negotiations of service agreements.

Pre-hospital Care Providers
- Delivers patient care in accordance with the patient care protocols established by PMO.

Provincial Ambulance Liaison Committee
- Provides a communication mechanism with stakeholders in the ambulance industry, including ambulance operators, RHA and DHCS;
- Creates a forum to discuss ambulance related issues, including policies, procedures, standards and legislation.
Caller requires road ambulance. Contact is made to one of the following agencies:

- Regional Health Authority
- 911
- Healthline
- RCMP
- Other Emergency Agency (e.g. fire dept)

If caller is in the Corner Brook/Bay of Island area or the Labrador City area:

Call directed to the Medical Communication Centre, Eastern Health,

All other areas of the province,

Local Ambulance Operator
Fixed and Helicopter Ambulance Program
Organizational Responsibilities

Stakeholders in the Air Ambulance Program
- Department of Health and Community Services (DHCS)
- Government Air Services (GAS) division, Department of Transportation and Works (DTW)
- Regional Health Authorities (RHAs)
- Provincial Medical Oversight (PMO), Eastern Health
- Medical Communication Centre (MCC), Eastern Health
- Medical Flight Specialists (MFS), Eastern Health
- Private Air Ambulance Contractors

Department of Health and Community Services (DHCS)
- Responsible for developing and maintaining policies and procedures related to general operation of the air ambulance, including but not limited to the process for requesting an air ambulance transport;
- Responsible for contracting private aircraft operators when required to replace government-owned aircraft;
- Authorizes special requests for air ambulance transports, such as out-of-province repatriations in which a patient requires a return transport back to this province by air ambulance;
- Responsible for payment of air ambulance transports associated with out of province repatriations;
- Responsible for entering information on all air ambulance transports into the Emergency Health Information System (EHIS);

Government Air Services (GAS) Division, Department of Transportation and Works (DTW)
- Responsible for aviation component of the air ambulance program which includes the operation of the Government-owned air ambulances in accordance with Transport Canada legislation;
- Responsible for maintaining the aerosled system, the medical oxygen system and medical suction.
- Cleans and disinfects the air ambulance following an air ambulance transport;
- Determines when it is safe and appropriate to dispatch an air ambulance to perform a patient transport based on factors, such as weather;
- Responsible for determining aircraft availability for an air ambulance transport and, when necessary, consults with MCC/MFS to determine which aircraft would be most appropriate to perform the transport;
- When necessary, contacts private air ambulance contractors to assess availability and/or authorize the performance of an air ambulance transport;
- Alerts the DHCS of limited aircraft availability so that officials can assess the need for placing an aircraft on retainer;
- Once an air ambulance transport is approved, provides information to the referring facility on the transport (e.g. date and time of arrival of the air ambulance);
- Coordinates the road ambulance transport from the air ambulance;
- Invoices the RHAs and DHCS for usage of the air ambulance as required;
- Forwards documentation to the DHCS once an air ambulance transport has been completed including details of the flight;

Regional Health Authorities - Referring Medical Facilities/Referring Physicians
- Referring facility is responsible for requesting an air ambulance transport using the Pre-Flight Screening Form. The requesting physician or medical staff must be available to discuss the patient’s medical condition with the on-line Medical Control physician;
- Ensures that the air ambulance request is received by MCC.
- Responsible for identifying medical escorts for the air ambulance transport if the MFS are not available;
- Coordinates the transportation of the patient to the air ambulance based on information provided by GAS;

Provincial Medical Oversight (PMO) Program
- Provides an On-line Medical Control (OLMC) physician to evaluate requests and establish flight priority;
- The OLMC physician is available to consult with the MFS on patient care issues and the coordination of multiple patient transports;
- Outlines the scope of practice for the MFS;
- Prescribes the medical equipment and supplies to be carried by the MFS.

Medical Communication Centre (MCC), Eastern Health
- Central point of contact for all air ambulance requests;
- Responsible for ensuring that air ambulance requests are received in accordance with the process outlined by DHCS;
- Forwards the Pre-Flight Screening Form to the OLMC physician to determine the need for air ambulance transport and the priority of the request;
- Forwards information on the patient to the MFS if available;
- Once the flight is authorized based on medical necessity, MCC forwards all necessary information about approved air ambulance transports to the GAS for coordination of the flight.
- Responsible for forwarding information on all transports to DHCS for entry into the Emergency Health Information System (EHIS);
- Responsible for issuing an authorization number for all transports;
Medical Flight Specialists (MFS)
• Work with the OLMC physician to review the patient’s medical condition, establish a treatment plan, and assign priority to the request;
• Contacts the referring facility to discuss the patient’s condition and provide pre-arrival instructions;
• If multiple patients, the MFS, in consultation with the OLMC physician, would determine the most effective way to manage the transports based on their medical condition and the resources available. For instance,
  o Can both patients be transported simultaneously?
  o Can one patient wait until the first patient is transported?
  o Are two aircrafts required to transport the patients simultaneously?
• Responsible for ensuring the transfer of care from the referring to the receiving medical facility.
• Provides care in accordance with patient care protocols established by PMO;
• Completes all medical documentation;
• Provides support and assistance to in-hospital units at the Health Sciences Centre and the Janeway.
• Maintains medical equipment and supplies as outlined by PMO.

Private Air Ambulance Contractors
• Communicates to GAS aircraft availability;
• Ensures that all aircraft are in compliance with Transport Canada requirements;
• Provides and oversees the aerosled system and medical oxygen.
• If the Private Air Ambulance Contractor is on retainer to provide an aircraft within a prescribed period of time, the contractor shall ensure that an aircraft is available which fulfills the requirements of the retainer.
# ANNEX #2
Profile of Road Ambulance Program by Industry Sector

## Private Operators

<table>
<thead>
<tr>
<th>Health Authority</th>
<th># of Operators</th>
<th># of Bases</th>
<th># of Ambulances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Health</td>
<td>16</td>
<td>23</td>
<td>63</td>
</tr>
<tr>
<td>Central Health</td>
<td>5</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>Western Health</td>
<td>5</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Labrador-Grenfell Health</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>28</strong></td>
<td><strong>43</strong></td>
<td><strong>117</strong></td>
</tr>
</tbody>
</table>

## Community Operators

<table>
<thead>
<tr>
<th>Health Authority</th>
<th># of Operators</th>
<th># of Bases</th>
<th># of Ambulances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Health</td>
<td>6</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Central Health</td>
<td>8</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Western Health</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Labrador-Grenfell Health</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
<td><strong>22</strong></td>
<td><strong>26</strong></td>
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</tbody>
</table>

## Hospital-Based Operators

<table>
<thead>
<tr>
<th>Health Authority</th>
<th># of Operators</th>
<th># of Bases</th>
<th># of Ambulances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Health</td>
<td>2</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Central Health</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Western Health</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Labrador-Grenfell Health</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
<td><strong>17</strong></td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>

## INDUSTRY TOTAL

<table>
<thead>
<tr>
<th>Health Authority</th>
<th># of Operators</th>
<th># of Bases</th>
<th># of Ambulances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Health</td>
<td>24</td>
<td>33</td>
<td>81</td>
</tr>
<tr>
<td>Central Health</td>
<td>19</td>
<td>23</td>
<td>43</td>
</tr>
<tr>
<td>Western Health</td>
<td>14</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td>Labrador-Grenfell Health</td>
<td>8</td>
<td>9</td>
<td>12</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>65</strong></td>
<td><strong>82</strong></td>
<td><strong>172</strong></td>
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</tbody>
</table>
## ANNEX 3 – DETAILED EVALUATION WEIGHTS

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.0 Written Evaluation</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 Bidder Profile</td>
<td></td>
</tr>
<tr>
<td>7.2 Acceptance of Requirements</td>
<td></td>
</tr>
<tr>
<td><strong>7.3 Bidder Qualifications</strong></td>
<td>33.0%</td>
</tr>
<tr>
<td>7.3.1 Bidder Capabilities</td>
<td>22.0%</td>
</tr>
<tr>
<td>Ambulance Program Management Consulting Experience</td>
<td>2.0%</td>
</tr>
<tr>
<td>Ambulance Service (Performance) Delivery Criteria Development Experience</td>
<td>2.0%</td>
</tr>
<tr>
<td>Ambulance Program Governance Experience</td>
<td>2.0%</td>
</tr>
<tr>
<td>Ambulance Program Structure and Operational Delivery Development Experience</td>
<td>2.0%</td>
</tr>
<tr>
<td>Ambulance Staffing Model Development and Planning Experience</td>
<td>2.0%</td>
</tr>
<tr>
<td>Ambulance Program Performance Measurement and Accountability Tracking</td>
<td>2.0%</td>
</tr>
<tr>
<td>Air Ambulance Operations</td>
<td>2.0%</td>
</tr>
<tr>
<td>HEMS Operations and Planning</td>
<td>2.0%</td>
</tr>
<tr>
<td>Implementation Planning and Change Management</td>
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</tr>
<tr>
<td>Stakeholder Consultation</td>
<td>2.0%</td>
</tr>
<tr>
<td>Experience in the Newfoundland and Labrador Healthcare Environment</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>7.3.2 Reference Projects/Accounts</strong></td>
<td>5.0%</td>
</tr>
<tr>
<td>Reference 1</td>
<td>3.0%</td>
</tr>
<tr>
<td>Reference 2</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>7.3.3 Project Personnel</strong></td>
<td>6.0%</td>
</tr>
<tr>
<td>Senior Project Manager</td>
<td>2.0%</td>
</tr>
<tr>
<td>Team Member 1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Team Member 2</td>
<td>1.5%</td>
</tr>
<tr>
<td>Team Member 3</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>7.4 Methodology and Approach</strong></td>
<td>32.0%</td>
</tr>
<tr>
<td>7.4.1 Understanding of Requirements</td>
<td>8.0%</td>
</tr>
<tr>
<td>1. The issues and challenges facing HCS in its operational review of the Program.</td>
<td>4.0%</td>
</tr>
<tr>
<td>2. The opportunities presented to HCS in its operational review of the Program.</td>
<td>4.0%</td>
</tr>
<tr>
<td>7.4.2 Approach and Plan</td>
<td>24.0%</td>
</tr>
<tr>
<td>1) The Bidder should (R) define explain clearly how it will address the deliverables specified.</td>
<td></td>
</tr>
<tr>
<td>2) The Bidder should (R) state their understanding and acceptance of HCS’s project governance requirements and define their approach to address the requirements.</td>
<td>1.5%</td>
</tr>
<tr>
<td>3) The Bidder should (R) provide a project plan, including:</td>
<td></td>
</tr>
<tr>
<td>a) A Gantt chart (and explanatory section) that describes the sequence of activities, milestones, timing and resources required to complete the Project.</td>
<td>1.5%</td>
</tr>
<tr>
<td>b) A description of how the Bidder will measure the success of the assignment</td>
<td>1.0%</td>
</tr>
<tr>
<td>4) The Bidder should (R) define the type of HCS resources and information it expects to complete the project.</td>
<td>1.5%</td>
</tr>
<tr>
<td>5) The Bidder should (R) describe its approach to project management of this project</td>
<td>2.0%</td>
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<tr>
<td>6) The Bidder should (R) describe their approach to managing the stakeholder consultation</td>
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<tr>
<td><strong>8.0 Price</strong></td>
<td>25.0%</td>
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<tr>
<td><strong>9.0 Oral Presentation</strong></td>
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<tr>
<td>Understanding of Priorities</td>
<td>2.0%</td>
</tr>
<tr>
<td>Capabilities to do the Job</td>
<td>2.0%</td>
</tr>
<tr>
<td>Team Organization/Assignments</td>
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<tr>
<td>Approach and Plan</td>
<td>2.0%</td>
</tr>
<tr>
<td>Commitment to the Initiative</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Total Scoring</strong></td>
<td>100.0%</td>
</tr>
</tbody>
</table>