DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

REQUEST FOR PROPOSALS

CENTRAL MEDICAL DISPATCH CENTER AND ASSOCIATED TECHNOLOGY PLANNING PROJECT

September 8, 2015
## Health and Community Services - Request for Proposal Cover Sheet

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>CMDC and Associated Technology Planning Project</th>
</tr>
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<tbody>
<tr>
<td>RFP #:</td>
<td>HCS 2015 – 001</td>
</tr>
<tr>
<td>Questions Deadline:</td>
<td>September 24, 2015 4:00 PM NST</td>
</tr>
<tr>
<td>Award Date(Tentative):</td>
<td>December 31, 2015</td>
</tr>
<tr>
<td>Issue Date:</td>
<td>September 8, 2015</td>
</tr>
<tr>
<td>Closing Date &amp; Time:</td>
<td>October 9, 2015 2:00 PM NST</td>
</tr>
<tr>
<td>Project Start (Tentative):</td>
<td>January 5, 2015</td>
</tr>
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**Proposal Label:**
Government Purchasing Agency  
30 Strawberry March Road  
St. John’s, NL  
A1B 4R4

**Name of Project:** CMDC and Associated Technology Planning Project  
**Closing Date:** October 9, 2015 2:00 PM

### Government Purchasing Agency Contact Information

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<thead>
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<tbody>
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</tr>
</tbody>
</table>

### Proponents Meeting/Teleconference

<table>
<thead>
<tr>
<th>Location:</th>
<th>HCS Boardroom #3</th>
<th>Date:</th>
<th>September 17, 2015 2:00 PM NST</th>
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</thead>
</table>

**Proponents, please make a copy of this cover page, fill out Proponent info, and submit as the proposal cover page.**

**Proponent Organization:** Legal name of Proponent organization and Doing Business As= Name if applicable

**Proponent Address:**

**Proponent Contact Info**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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<tr>
<td>Phone:</td>
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**Proponent’s Authorized Signatory**

<table>
<thead>
<tr>
<th>Name:</th>
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<tr>
<td>Phone:</td>
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On Behalf of the Proponent Organization I accept all the RFP’s Terms and Conditions

Signature: I have the authority to bind the Proponent’s Organization.
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ANNEXES
1.0 INTRODUCTION
In 2012, the Department of Health and Community Services contracted Fitch and Associates/Helleur and Associates (Fitch) to carry out a review of the Provincial Ambulance Program (PAP) and make recommendations to improve the program’s efficiency and effectiveness. Fitch recommended, as a critical first step in the conversion of the PAP into one integrated ambulance system, to build and operationalize a Centralized Medical Dispatch Centre (CMDC). Centralizing dispatch will allow ambulance program management to:

- Dispatch the closest responding ambulance to an emergency request
- Organize the efficient transfer of patients between health facilities
- Reposition ambulances to meet predicted demand
- Gather and analyze response performance data to facilitate the continuous improvement processes necessary to make the Program as efficient and effective as possible.

The Department of Health and Community Services (HCS) is currently seeking a qualified consultant(s) to assess the possible options for a CMDC solution and to develop a plan for the implementation of the preferred CMDC solution to control the province-wide dispatch and monitoring of road and air ambulances in the most cost-effective and efficient manner.

The project will be divided into two phases: 1) The identification and assessment of the full range of options for the governance, management and operational design of a CMDC for the province; and, 2) An implementation plan for the preferred option including: call process flow documentation, preliminary identification of physical infrastructure, equipment/computer infrastructure, dispatch software, communications technology, staffing requirements, integration strategy with other emergency services, predicted capital/operational costs and development timeframes. The implementation plan will identify and analyze the associated technology required to maximize CMDC operations including, but not limited to, Electronic Patient Care Record (ePCR) systems, Automatic Vehicle Locating (AVL) system integration and a province-wide communications system.

The consultant will be required to complete Phase 1 and present to HCS for consideration. Based on the preferred option selected, the consultant will complete Phase 2. The project’s workflow 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 shall reflect a cost versus benefit analysis.

It is anticipated that the review will take a maximum three (3) months and cost a maximum of $100,000 CDN to complete.

2.0 BACKGROUND
The primary mandate of the Provincial Ambulance 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 programs, including:
1. The Road Ambulance Program; Contracts with 27 private ambulance operators, 22 community ambulance operators and 12 hospital ambulance services with each delivering service in their own region. The program transfers approximately 68,000 patients annually; 49% of the transfers are classified as emergencies and 51% as inter-facility and routine transfers.

2. The Fixed Wing Ambulance Program; the aircraft are operated by the Government Air Service Division (GAS) of Transportation and Works, with 2 Government owned King Airs and an aircraft on 24/7 retainer. The medical component is operated by Eastern Health’s Paramedicine and Medical Transport department. The program transfers approximately 1,350 patients annually throughout the province and to out of province facilities. Labrador Grenfell Health has a separate contract with Air Labrador for the provision of Twin Otter Skedavac and Medevac services along the Labrador Coastal Communities where the Government King Airs cannot land.

3. Rotary Wing (helicopter) Program; emergency medical evacuations are provided throughout the province through the use of seven general purpose configured Bell 206 and 407 helicopters leased by GAS. These helicopters are also used by several other government departments for search and rescue, firefighting, wildlife tracking, etc. In 2014/15 there were 47 medevacs. Government helicopters are also used to routinely transport physicians, nurses 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.

2.1.1 Department of Health and Community Services

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well-being. To achieve this, HCS provides leadership in health and community services programs and policy development for the province with an emphasis on the patient and patient care.

This involves working in partnership with a number of key stakeholders including Regional Health Authorities (RHAs), ambulance operators, community organizations, professional associations, post-secondary educational institutions, unions, consumers and other government departments.

Access to the Department’s Strategic Plan 2014-17 is at the following site: http://www.health.gov.nl.ca/health/publications/Department_of_Health_and_Community_Services_Strategic_Plan_2014-17.pdf
2.1.2 Regional Health Authorities

The 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

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

Figure #1 identifies the geographic areas serviced by each RHA and identifies the approximate number of ambulance transfers in each region based on historical information only.

Figure 1
Regional Integrated Health Authorities, Population and Number of Patient Transports by RHA
Each RHA has para-medicine and medical transport staff that manage hospital based ambulance services and oversee the operation of the private and community based ambulance operators in their respective regions.

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, 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.

4. **Medical Flight Team** – A team of 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 and the Labrador Health Centre in Happy Valley-Goose Bay.

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. The PMO Program 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.

4. Provides 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 (PUB) are classified in one of three categories:
1. **Private Ambulance** – 27 private operations provide road ambulance services in a designated geographic area. Depending on the size of the service, an operator may have between two and ten ambulances in service. While there are currently 27 ambulance licenses (for specific regions) there has been a general trend towards consolidation with larger operators buying assets of smaller operators;

2. **Community Ambulance** – 22 volunteer or not-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 12 larger centers, RHAs have ambulance services staffed by hospital employees.

Table 1

<table>
<thead>
<tr>
<th>Regional Health Authority</th>
<th>Private Operators</th>
<th>Community Operators</th>
<th>Hospitals</th>
<th>Total</th>
<th>Number of Ambulances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>15</td>
<td>6</td>
<td>2</td>
<td>23</td>
<td>84</td>
</tr>
<tr>
<td>Central</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>19</td>
<td>40</td>
</tr>
<tr>
<td>Western</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>14</td>
<td>36</td>
</tr>
<tr>
<td>Labrador-Grenfell</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
<td><strong>22</strong></td>
<td><strong>12</strong></td>
<td><strong>61</strong></td>
<td><strong>173</strong></td>
</tr>
</tbody>
</table>

Source: Health and Community Services

Currently, the 61 operators all work independently from each other within their defined service areas and each has their own dispatch system.

There are two 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. Operations have continued under the expired contract’s terms while negotiations are underway. A 2014-2017 Service Agreement has been reached with the Newfoundland and Labrador Community Ambulance Operators Association which represents 22 community-based non-profit ambulance operators across the province. Government continues to negotiate with two ambulance associations to reach an agreement - the NL Private Ambulance Operators Association and Newfoundland Association of Ambulance Services.
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) - 16 months in a classroom with a clinical skills component
- Advance Care Paramedic (ACP) - PCP qualification plus 16 months in additional classroom training with an advanced clinical skill component.

Table 2 below outlines the breakdown of EMS staff in the province.

Table 2: 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>487</td>
</tr>
<tr>
<td>Emergency Medical Responders (EMR)</td>
<td>268</td>
</tr>
<tr>
<td><strong>Total Ambulance Attendants</strong></td>
<td><strong>792</strong></td>
</tr>
</tbody>
</table>

Source: Provincial Medical Oversight

PCPs comprise 61% of the industry and HCS seeks to have at least one PCP as the primary medical care attendant on each ambulance however there continues to be PCP staffing issues on many rural private and community ambulances. Most PCPs are attracted to the urban hospital-based ambulance services and the larger private industrial projects and therefore recruitment and retention in these smaller areas continue to be challenging.

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.) two Government owned King Airs – one stationed in St. John’s and one in Happy Valley-Goose Bay, Labrador. The aircraft are used to primarily transfer patients to and from the province’s tertiary care facilities and to out of province facilities.
2. Manages the scheduling of a charter aircraft (currently on long term retainer to HCS) used primarily for rapid emergency response of the Medical Flight Team and the Janeway Children’s Hospital Neonatal Team from St. John’s and 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.

4. Oversees the selection and movement of fixed and rotary wing assets when required for air transfers and medivacs.

### 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 four 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 in proximity 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>An annual fixed payment to cover the costs of daily operations; calculated using formulas; that incorporates workload history, hours of operation, 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 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 inter-facility fees which are paid by Government. For individuals in receipt of income support, this fee is also paid by Government.</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>Incentive Funding</td>
<td>Community Operators</td>
<td>Additional funding that the operator can receive if they hire Primary Care Paramedics (PCPs) practicing to full scope of practice with medical control under specific terms and conditions.</td>
</tr>
</tbody>
</table>

Source: Eastern RHA

Table 4 outlines the total provincial ambulance program funding.
Ambulance Program Funding
Fiscal Year 2010-11 to 2014-15

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<tbody>
<tr>
<td><strong>HCS Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Road Ambulance Contractors</td>
<td>$30,857,397</td>
<td>$33,174,417</td>
<td>$33,924,362</td>
<td>$34,453,073</td>
<td>$34,867,373</td>
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<tr>
<td>Air Ambulance Program</td>
<td>$6,553,086</td>
<td>$6,600,000</td>
<td>$6,600,000</td>
<td>$6,600,000</td>
<td>$6,600,000</td>
</tr>
<tr>
<td>Sub Total HCS Ambulance Programs</td>
<td>$37,410,483</td>
<td>$39,774,417</td>
<td>$40,524,362</td>
<td>$41,053,073</td>
<td>$41,467,373</td>
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<tr>
<td><strong>RHA Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Based Road Ambulance</td>
<td>$15,744,768</td>
<td>$16,783,975</td>
<td>$16,736,523</td>
<td>$16,467,892</td>
<td>$16,708,947</td>
</tr>
<tr>
<td><strong>Total NL Ambulance Program</strong></td>
<td>$53,155,251</td>
<td>$56,558,392</td>
<td>$57,260,885</td>
<td>$57,520,965</td>
<td>$58,176,320</td>
</tr>
</tbody>
</table>

Source: Regional Health Authorities

2.5.2 Air Ambulance Programs
GAS spends approximately $6.2 million to operate the provincial fixed wing flight program.

GAS invoices the requesting RHA approximately $1,300 per flying hour for use of a helicopter. Invoices totalled approximately $400,000 for 2013/14.

HCS budgets $1.9 million for lease air ambulance services.

2.6 Information Management

2.6.1 Emergency Health Information System (EHIS)
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
- Billing information – MCP number, Workers Compensation, RCMP, military, out of province
- Operator information – operator, attendants, ambulance used
- Transport information - mileage, times, pickup location, destination.

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
- One copy goes to Eastern Health to be entered into the EHIS.

EHIS was established to perform three functions:

- Track ambulance attendant registration status – active or inactive
- Ambulance registration status – active or inactive
- Pay ambulance operators.
Attendant and ambulance status is maintained by PMO. 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 will be seeking advice on the implementation/integration of an ePCR system as part of this RFP. The ePCR system that will be placed on all publically funded ambulances has to perform several functions at a minimum:

- Record patient care and provide proactive quality assurance;
- Assist PMO online paramedic registration and skills tracking; and
- Upload the data required for ambulance operator transport billing.

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 24/7 dispatch center. HCS envisions these systems will ultimately be replaced by the CMDC.

2.6.3 Vehicle Tracking

HCS is in the process of issuing a tender for the implementation of a province wide Automatic Vehicle Location (AVL) System. All publically funded hospital, private and community ambulances will be outfitted with AVL devices. HCS envisions this AVL system will be integrated into the proposed CMDC solution.

2.6.4 ADAMS System

Western Health developed an in-house Ambulance Dispatch and Management System to receive, authorize, schedule and track inter-facility and routine transfers within Western Health. The system is currently being installed in Central Health. HCS envisions that the ADAMS can be integrated into the proposed CMDC as the system for health facilities to request and authorize routine inter-facility transports. Approved requests may be automatically forwarded to the CMDC for dispatch.

2.7 Provincial 911 System

In early 2015 a province wide 911 System was implemented. Refer to Annex 1 (p.38) for a description of the 911 system implementation overview.

3.0 PROVINCIAL AMBULANCE REVIEW

In late 2012 HCS contracted the partnership of Fitch and Associates and Helleur and Associates (Fitch Helleur) to carry out a review of the Provincial Ambulance Program and to make recommendations to improve the Program’s efficiency and effectiveness. A copy of the Review’s final report can be found at: www.health.gov.nl.ca/health/publications/nl_ambulance_review.pdf and key findings are summarized in Annex 2.
4.0 PROJECT INFORMATION

Fitch Helleur’s Recommendation #6 proposes the creation of a CMDC as a critical first step in the conversion of the PAP into one integrated ambulance system. The CMDC can be best described as “one central location where all provincial ambulance requests (both emergency and routine) come for processing and assignment to an ambulance”. Centralizing dispatch will allow ambulance program management to:

- Dispatch the fastest responding ambulance to an emergency request;
- Organize the efficient transfer of patients between health facilities;
- Reposition ambulances to meet predicted demand; and
- Gather and analyze response performance data to facilitate the continuous improvement processes necessary to make the Program as efficient and effective as possible.

4.1 Project Scope

The consultant is expected to provide HCS with a plan that can be used to facilitate the timely development of the CMDC in the quickest, most cost effective and efficient manner. The consultant(s) is expected to propose a CMDC solution to meet current and future ambulance dispatch needs.

4.1.1 CMDC Design

The consultant is expected to provide advice to HCS in two phases:

**Phase 1:** Identification of options for the governance, management and operational design of a CMDC to meet current and future ambulance dispatch needs. Some options under consideration include, but are not limited to: 1) a Government owned and operated CMDC; or 2) Contracting with a private entity to build and operate a CMDC on Government’s behalf. The consultant is expected to evaluate these options and generate other options that may be considered. Options analysis will include an evaluation of the pros and cons and the preliminary costing for each option. The consultant will present the identified options to HCS with a recommendation on the preferred option for detailed analysis.

**Phase 2:** The consultant will carry out a detailed analysis of the HCS selected CMDC option including, but not limited to the following:

- Building/space concept with associated electrical, communications, HVAC, and emergency backup specifications;
- Computer Aided Dispatch (CAD) software and hardware design, and workstations, etc.;
- Human resource requirements – management, administration, information technology, call taker and dispatch staff;
- Associated technology identification including Electronic Patient Care Record (ePCR), Automatic Vehicle Location (AVL), Geographic Information System (GIS), call recording, radio communications infrastructure and operator payment;
- Predicted capital and operating costs
- Implementation strategy including timeframes
4.1.2 Other Considerations

The consultant(s) shall incorporate five (5) other considerations in their analysis:

1. **Communications Infrastructure** – The CMDC concept is predicated on the need to communicate (dispatch notification, online medical control, medical data transmission and ambulance location data) with all the ambulances under the centre’s control. The province has a number of “dead zones” where existing communications infrastructure does not allow for ambulance contact. The proposed CMDC solution will have to identify a plan to maximize CMDC communications with publically funded ambulances.

2. **Technology Acquisition and Integration** – To support the CMDC’s operations, additional technology is required including ePCR, AVL, Geographic Information System GIS, call recording, radio communications infrastructure and operator payment. The proposed CMDC solution will have to address how the systems identified above will be integrated in an efficient and effective manner.

3. **Electronic Health Record Integration** – The consultant will explore data integration with the proposed Electronic Health Record system managed by the Newfoundland and Labrador Centre for Health Information.

4. **Emergency Services Integration** – The proposed CMDC solution will have to integrate with the provincial 911 service and associated emergency service including fire and police dispatch.

5. **Ambulance Operator Integration** – Private and community ambulance operators have expressed concerns regarding the implementation of a provincial CMDC and its potential impact on their private operations. It is important to note that a proposed CMDC operational model will need to recognize, and where possible mitigate, ambulance operator’s concerns.

There are a number of ambulance operators who already operate dispatch systems. Consideration in the option analysis should be given to whether or not these systems could be consolidated to achieve a provincially integrated dispatch function.
4.2 Project Deliverables
The project will be delivered in two phases as outlined in section 4.1 Project Scope. The Planning Project will have as a minimum the following twelve (12) deliverables:

Phase 1: Options Identification
1. Analyze provincial road and air ambulance call data, then using national dispatch benchmarks and performance standards, develop specifications for the proposed CMDC to meet current and predicted demand.

2. Comparison of CMDC governance, management and operations models including an analysis of pros and cons and cost implications including, but not limited to, the options identified below:
   - Government owned and operated CMDC;
   - Private or non-profit constructed, staffed and managed CMDC operating under a long term performance based contract with HCS; and
   - Integration with the provincial 911 service, fire and police dispatch systems including the maximization of human resources and technology between multiple platforms.

3. Presentation of CMDC options to HCS including a recommended solution and rationale. HCS will use the information provided to select an option for detailed analysis.

Phase 2: Analysis - HCS Selected CMDC Option
4. Provide documentation on the proposed CMDC’s process flow from the time of transport request to the point where the ambulance has completed a call.

5. Identify all physical infrastructure requirements including but not limited to:
   - Building size or floor space, type and site location description;
   - Identification of infrastructure requirements including electrical, communications, HVAC, etc. This would include the provision of back-up services such as emergency power generation, etc.;
   - Description of a general layout of the centre including dispatch operations floor (number of dispatch workstations), offices, and support space (training, lunch, etc.).
   - The need to maintain a secondary site in case of an emergency shutdown (disaster planning).

6. Identification of all software required to operate the CMDC including but not limited to Medical Computer Aided Dispatch (MCAD) software, data analysis tools and computer/server technology. The information provided must be sufficient for HCS to prepare and evaluate an RFP/tender for the acquisition of this technology.

7. Identification of a province wide ambulance Communications Strategy describing the technology and infrastructure needed to maintain communications with all
ambulances under the CMDC’s control. The strategy will address or mitigate known communications “dead zones” within the province. The information provided must be sufficient for HCS to prepare and evaluate a RFP/tender for the acquisition of this technology.

8. Identification of associated CMDC technology including, but not limited to, ePCR, AVL, call recording and data collection and analysis, and operator payment software. The information provided must be sufficient for HCS to prepare and evaluate an RFP/tender for the acquisition and integration of this technology.

9. Identification of the proposed staffing model required to operate the CMDC including but not limited to:
   • Emergency medical call takers;
   • Emergency medical dispatchers;
   • Medical control physicians
   • Management and shift supervisors; and
   • Support staff (information technology, administration, etc.).

10. CMDC operations and communications integration with provincial 911, fire, police and emergency management operations.

11. Predicted capital and operating cost models for 10 years of operations.

12. Identification of a CMDC implementation strategy including predicted time frames.

The proponent is free to subdivide or reorganize the deliverables if they feel it will clarify their proposal. Proponents are free to provide additional deliverables.

4.3 Consultation
The successful consultant will be expected to consult with ambulance program stakeholders, located province wide, including but not limited to:
   • HCS officials;
   • GAS officials;
   • RHA management and staff;
   • Ambulance operators – RHA, Private and Community;
   • NL 911 Bureau;
   • Provincial police (RNC &RCMP) dispatch management;
   • Provincial Fire Commissioners Office; and
   • NL Centre for Health Information.

4.4 Project Governance
To ensure that the CMDC and Associated Technology Planning Project meet Government’s requirements, the project consultant will work closely (meetings and
conference calls) with HCS’s Project Lead and the Project Steering Committee. The consultant will be required to report to and discuss their findings and proposed recommendations with HCS and invited stakeholders on at least five (5) stages of the review:

1. Phase 1 - CMDC options identification presentation including a recommended solution as outlined in deliverables 1 to 3.

2. Phase 2 – For the HCS selected CMDC option, present the operations and design analysis as outlined in Deliverables 4 to 10.

3. CMDC costing analysis including predicted capital and operating costs as outlined in deliverable 11.

4. Draft final report and proposed implementation strategy as outlined in deliverable 12; and

5. Final report development and presentation to HCS’s Minister and executive.

4.5 Project Timeframe
The consultant shall complete the project in maximum of three (3) months from project initiation. The Proponent(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.

4.6 Project Steering Committee
The Project Steering Committee will be comprised of representatives from the HCS the RHAs and other resources and expertise as identified.

4.7 Budget
HCS will pay a maximum of $100,000 including all expenses but excluding HST, for the work requested and will not accept Proposals exceeding that amount. Refer to Section 6.3.3 evaluation criteria for how price will be evaluated under this RFP.

5.0 PROPOSENT INFORMATION

5.1 Enquiry Contact
Dan Murphy will be the contact person on behalf of the Government Purchasing Agency. Contact information is as follows:

Name: Dan Murphy
Title: Procurement Officer III
Government Purchasing Agency
Telephone: (709) 729 - 3328
Facsimile: (709) 729-5817
Email: djmurphy@gov.nl.ca

5.2 **Proponent Registration**

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

5.3 **Proponents Meeting/Teleconference**

HCS will hold a proponents meeting/teleconference on September 17, 2015, 2:00 PM NST in Boardroom 3 HCS office 1st Floor West Block Confederation Building. Proponent attendance, while not mandatory, is encouraged as proponents are responsible for informing themselves of the nature and scope of the work. HCS shall not be liable to any Proponent which fails to inform itself. Proponents may elect to attend by conference call. Please email the contact person in Section 5.1 to register your intention to attend, in person or by teleconference, this meeting by September 14, 2015, 4:00 PM NST.

5.4 **Proponent Questions**

Proponents can e-mail questions regarding this RFP to HCS up to September 24, 2015 4:00 PM NST. HCS response to all enquiries received will be posted on the Government Purchasing Agency website as Addenda to the RFP. In addressing the substance of the enquiry, HCS will keep confidential the name of the Proponent submitting the question.

5.5 **Proposal Timelines**

The Proposal will be managed under the following timelines:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Issue Date</td>
<td>September 8, 2015</td>
</tr>
<tr>
<td>Proponents Meeting</td>
<td>September 17, 2015 2:00 PM NST</td>
</tr>
<tr>
<td>Proponents Questions Deadline</td>
<td>September 24, 2015 4:00 PM NST</td>
</tr>
<tr>
<td>RFP Closing Date</td>
<td>October 9, 2015 2:00 PM NST</td>
</tr>
<tr>
<td>Proponents Oral Presentation (Tentative)</td>
<td>October 29, 2015</td>
</tr>
<tr>
<td>RFP Award (Tentative)</td>
<td>December 31, 2015</td>
</tr>
<tr>
<td>Project Start Date (Tentative)</td>
<td>January 5, 2016</td>
</tr>
<tr>
<td>Project Completion</td>
<td>March 31, 2016</td>
</tr>
</tbody>
</table>

6.0 **EVALUATION AND SELECTION PROCESS**

6.1 **Introduction**

1. The CMDC and Associated Technology Planning Project Request for Proposal - Evaluation will be conducted by the Project Steering Committee. 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 Project Steering Committee.
2. Certain clauses in Section 7.0 are marked **must (P/F)** and will be evaluated on a PASS/FAIL basis. A proposal shall be considered to have failed and be NON COMPLIANT and ineligible for further evaluation 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 6.3.

3. Any proposal that does not follow the response format as defined in Section 7.2 will be declared NON COMPLIANT and ineligible for further evaluation.

4. It is important that Proponents respond to all clauses of Section 8.0 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 ineligible for further evaluation.

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 Proponent as determined by the evaluation criteria and further reserves the right to award to other than the lowest bidder. HCS is under no obligation to make an award.

### 6.2 Evaluation Process

The evaluation process is as follows:

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

**Stage 2:** Technical assessment of proposals based on the rated criteria and scoring outlined in Section 7.3.2.

**Stage 3:** Evaluation of financial proposals as outlined in Section 9. 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 $100,000 including all expenses (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. Up to three of the top scoring proponents will be short-listed for further consideration.

**Stage 5:** Following the process outlined in Section 10, evaluation of oral presentations of short-listed proponents will occur.

**Stage 6:** The rated scores may be adjusted based on information gathered from oral presentations. The scores for the oral presentations will then be included with the evaluations stage 2 and 3 of the rated sections to determine the overall accumulated scores.
6.3 Evaluation Scheme

6.3.1 Evaluation Summary

The rated evaluation criteria in Sections 7 will be scored according to the point-rating scheme summarized in the Technical Evaluation Summary Tables below and detailed further 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 be ineligible for further evaluation.

In order to prevent the financial considerations from unduly influencing the rest of the technical evaluation, financial proposals must (P/F) 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>Weight %</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVALUATION TOTAL</td>
<td>100%</td>
<td>100</td>
</tr>
<tr>
<td>8.0 Technical Proposal</td>
<td>65%</td>
<td>65</td>
</tr>
<tr>
<td>8.3 Proponent Qualifications</td>
<td>33%</td>
<td>33</td>
</tr>
<tr>
<td>8.4 Methodology and Approach</td>
<td>32%</td>
<td>32</td>
</tr>
<tr>
<td>9.0 Financial Proposal</td>
<td>25%</td>
<td>25</td>
</tr>
<tr>
<td>10. Oral Evaluation</td>
<td>10%</td>
<td>10</td>
</tr>
</tbody>
</table>

6.3.2 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</th>
<th>Description of Proponent’s Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>meets and exceeds HCS’s requirements</td>
<td>10</td>
</tr>
<tr>
<td>Very Good</td>
<td>meets all of HCS’s requirements</td>
<td>9</td>
</tr>
<tr>
<td>Acceptable</td>
<td>meets most of HCS’s requirements</td>
<td>7</td>
</tr>
<tr>
<td>Acceptable</td>
<td>barely meets the minimum level of HCS’s requirements</td>
<td>5</td>
</tr>
<tr>
<td>Falls Short</td>
<td>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>
<td></td>
</tr>
<tr>
<td>Proponent does not respond</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

6.3.3 Evaluation of Financial Proposals

The evaluation of Financial Proposals will be 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.
Example:

<table>
<thead>
<tr>
<th>Proponent</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 (max)</td>
</tr>
<tr>
<td>2</td>
<td>$12</td>
<td>$10/12*25 =</td>
<td>20.8</td>
</tr>
<tr>
<td>3</td>
<td>$15</td>
<td>$10/15*25 =</td>
<td>16.6</td>
</tr>
</tbody>
</table>

7.0 RESPONSE INSTRUCTIONS
Proponents will respond to the RFP in the following manner:

7.1 Copies Required
One original and six copies (for a total of seven copies) 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 six copies must be unbound. The Proponent shall also provide a copy of the Technical Proposal (including References and Resumes) in searchable PDF format on a flash drive.

Two printed originals of the Financial Proposal are required to be submitted in a separate sealed envelope.

7.2 Response Format
The Proponent'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>Signed on Original Technical Proposal</td>
</tr>
<tr>
<td>Parts 2 &amp; 3</td>
<td>Technical Proposal including References and Resumes</td>
<td>7 paper + 1 on Flash Drive</td>
</tr>
<tr>
<td>Part 3</td>
<td>Financial Proposal (separate sealed envelope)</td>
<td>2 paper</td>
</tr>
</tbody>
</table>

**Part 1: HCS Procurement Form**
Proponents 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 proponent's response to Section 8.0 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 proponent references per Sections 8.3.2
3. Resumes of proposed personnel per Sections 8.3.3 Project Resources; and;
4. References to two projects for proposed key personnel per Section 8.3.3 Project Resources.

Part 4: Financial Proposal

1. Financial Responses shall follow the instructions contained in Section 9.0 of this RFP.
2. Two copies of the financial response are to be submitted in a separate sealed envelope (must P/F) contained within the main envelope of the Proponent’s response.

7.3 RFP Requirements

7.3.1 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 Proponent will certify in Section 8.2 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 Proponents must make;
   • If the Proponent is required to (must (M)) “represent and warrant” a capability or other fact this constitutes a warranty on which HCS intends to rely. Subsequent 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 Proponent not satisfying the pass-fail standard will not be admitted to further evaluation of their technical proposal and will receive no further consideration under the process.

7.3.2 Rated Requirements
Responses and requirements that will be evaluated and weighted according to a scoring scheme are specified by the term ‘shall (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 necessarily result in proposal 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 proposal.

7.3.3 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.

7.3.4 Adherence to Instructions
All response instructions relating to the information to be provided, and its format, are proposal requirements that must be substantially adhered to in order for the proposal to receive consideration. Failure to do so may result in disqualification of the proposal without further evaluation. The evaluation team will only seek clarification if requested information is ambiguous or not clear and the request for such clarification will not offer the Proponent an opportunity to provide missing information to improve the competitive position of its response or otherwise amend its submission.

8.0 DELIVERY & PROPOSAL REQUIREMENTS

8.1 Proponent Profile
Any Proposal 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 Proponent (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 shareholders/principals.
4. The relationship of each participant to the submitting organization, e.g. subsidiary, sub-contractor, partner etc.);
5. The duties, responsibilities, and involvement of each participant in relation to the project; and
8.2 Acceptance of Requirements
The Proponent must (P/F) sign the certification on the cover page 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 RFP, each identified by the terminology ‘must (P/F).

The certification must (P/F) also signify the Proponent understands and accepts the RFP Terms and Conditions outlined in Section 11.

8.3 Proponent Qualifications
The follow minimum qualifications must (M) be met to be considered for this RFP. In summary the Consultant(s) should have experience in ambulance transport consulting and central medical dispatch system design and operations.

8.3.1 Proponent Capabilities and Experience
The Proponent shall (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 or individual providing it.

<table>
<thead>
<tr>
<th>Project Experience</th>
<th>Capabilities (Human resources, technology, processes)</th>
<th>Project Description(s)/Experience</th>
<th>Subcontractor(s) (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Program Management Consulting</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ambulance Dispatch System Consulting</td>
<td></td>
<td></td>
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<tr>
<td>Ambulance Dispatch Governance Options Analysis</td>
<td></td>
<td></td>
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<tr>
<td>Ambulance Dispatch Operational Model Design</td>
<td></td>
<td></td>
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<tr>
<td>Ambulance Dispatch Staffing Model Development</td>
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<tr>
<td>Computer Aided Dispatch System Technology Analysis</td>
<td></td>
<td></td>
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<tr>
<td>ePCR, AVL, GIS Technology and Integration Design</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Experience</td>
<td>Capabilities (Human resources, technology, processes)</td>
<td>Project Description(s)/Experience</td>
<td>Subcontractor(s) (if applicable)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Communications Infrastructure Design</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance System Performance Measurement &amp; Accountability Tracking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposed CMDC Capital and Operational Cost Modelling</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>

**8.3.2 Reference Projects/Accounts**

The Proponent **must** (P/F) provide two reference projects that have been performed by the Proponent or by professionals proposed for this engagement acting independently or as employees of other firms. Reference projects will be evaluated separately and shall 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 Program Management Consulting Experience
- Ambulance Dispatch Systems Consulting Experience
- Ambulance Dispatch Governance Options Analysis
- Ambulance Dispatch Operational Model Design
- Ambulance Dispatch Staffing Model Development
- Computer Aided Dispatch System Technology Analysis
- ePCR, AVL, GIS Technology and Integration Design
- Communications Infrastructure Design
- Ambulance System Performance Measurement and Accountability Tracking
- Proposed CMDC Capital and Operational Cost Modelling
- Implementation Planning and Change Management
- Stakeholder Consultation
The Proponent shall (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.

The Proponent shall (R) identify key project personnel who participated in the referenced project and who are also being proposed to work on the CMDC Planning RFP. Please include performed role and percentage of participation for both the reference and proposed project.

The Proponent shall (R) provide relevant and specific metrics that describe the success of your firm in achieving the outcomes desired by the client of the referenced project.

**8.3.3 Proponent Personnel**

For personnel proposed, the Proponent shall (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 Proponent references or may be for unrelated projects.

8.4 Methodology and Approach

8.4.1 Understanding of Requirements

The Proponent shall (R) indicate its understanding of the initiative by describing concisely, in its own words, the issues, challenges and opportunities for HCS in developing a Central Medical Dispatch Centre.

8.4.2 Methodology and Approach

The Proponent’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 4.0:

1. The Proponent shall (R) explain clearly how it will address the deliverables specified in Section 4.2.

2. The Proponent shall (R) state their understanding and acceptance of HCS’s project governance requirements and define their approach to address the requirements.

3. The Proponent shall (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 Proponent will measure the success of the assignment.

4. The Proponent shall (R) define the type of resources and information it expects HCS to provide in order to complete the project.

5. The Proponent shall (R) describe its approach to project management of this project including any specific tools and techniques that they propose to utilize.

6. The Proponent shall (R) describe their approach to managing the stakeholder consultations and travel requirements of the project.
9.0 FINANCIAL PROPOSAL

Evaluation of the Financial Proposal will be based upon the total proposed fixed price according to the Technical Evaluation Weighting Detail in Annex 3.

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

The Proponent must (P/F) provide a total fixed price (including approved project travel and other expenses) not exceeding $100,000 CDN.

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>Deliverable 1</td>
<td>CMDC Specification Identification</td>
<td></td>
</tr>
<tr>
<td>Deliverable 2</td>
<td>Governance, Management and Operational Model Options Analysis</td>
<td></td>
</tr>
<tr>
<td>Deliverable 3</td>
<td>Proposed CMDC Solution Selection</td>
<td></td>
</tr>
<tr>
<td>Deliverable 4</td>
<td>CMDC Call Process Flow Documentation</td>
<td></td>
</tr>
<tr>
<td>Deliverable 5</td>
<td>CMDC Physical Infrastructure Analysis</td>
<td></td>
</tr>
<tr>
<td>Deliverable 6</td>
<td>CMDC Software and Hardware Analysis</td>
<td></td>
</tr>
<tr>
<td>Deliverable 7</td>
<td>Communications Infrastructure Analysis</td>
<td></td>
</tr>
<tr>
<td>Deliverable 8</td>
<td>Associated Technology Analysis</td>
<td></td>
</tr>
<tr>
<td>Deliverable 9</td>
<td>Staffing Model Analysis</td>
<td></td>
</tr>
<tr>
<td>Deliverable 10</td>
<td>Integration Strategy with 911, Fire, Police and Emergency Management</td>
<td></td>
</tr>
<tr>
<td>Deliverable 11</td>
<td>Capital and Operation Cost Identification</td>
<td></td>
</tr>
<tr>
<td>Deliverable 12</td>
<td>Implementation Strategy</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Travel, Administration, Consultation, and Governance Meetings etc.</td>
<td></td>
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<tr>
<td>TOTAL FIXED PRICE</td>
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</table>

The deliverables identified in the table above are the minimum HCS will accept. Proponents are free to include additional deliverables 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.

10.0 ORAL EVALUATION

For the Proponents short listed in accordance with Section 6.2 there will be an additional evaluation process outlined as follows:

Total time: 60 minutes
Presentation: 45 minutes
Question and Answer Period: 15 minutes
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 Oral Evaluation can take one of four formats at the Proponent’s discretion:

1. In person
2. Teleconference
3. Video conference or
4. Webinar

The session will be evaluated under the categories described below. The presentation shall be delivered by the proposed project team member(s) 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 Proponents in advance to be addressed during the oral presentation as well as questions arising from the Proponent’s presentation. 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.

This process will allow the Proponents to clarify their written proposal. The Project Steering Committee will not evaluate oral presentations that seek to alter the written proposal. The oral presentation shall provide an overview of the Proponent’s written proposal with emphasis on the following:

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

2. **Capabilities to do the Job**
   The presentation shall (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 shall (R) clearly outline how the Proponent’s organization proposes to support this contract and shall describe the roles of the key individuals in the organization. Lines of communication and escalation shall be described as well as points of client contact in the organization.

4. **Approach and Plan**
   The Proponent shall (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 **shall (R)** each demonstrate their personal commitment to the success of the project as well as their confidence and comfort with that commitment.

The tentative date for the oral presentation is October 29, 2015.

### 11.0 RFP TERMS AND CONDITIONS

#### 11.1 Proposal Acceptance Conditions
As indicated on the RFP’s cover, the Proposal will be delivered to the Government Purchasing Agency (GPA). GPA staff will time and date stamp and forward the unopened proposals to the Project Steering Committee.

#### 11.2 Late Responses
Late responses will be returned unopened. HCS does not envision a circumstance where a Proponent requested extension will be granted.

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

#### 11.4 Contact
All enquiries 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 5.1.

#### 11.5 Financial Considerations

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

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

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

##### 11.5.3 Proponent Expenses
1. 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.
2. All costs relating to living accommodations and travel to primary location(s) of work on the CMDC Planning Project shall be borne by the Proponent or contracted resource(s).

**11.6 Ownership of Responses**

All responses and accompanying documentation submitted by the Proponents are considered the property of HCS 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* (ATTIPPA) or other relevant provincial legislation.

**11.7 Enquiries**

1. All enquiries, questions and other communications with government officials with respect to this RFP are to be in writing and directed to the individual indicated as the contact person identified in Section 5.1.

2. RFP questions are to be submitted in writing via e-mail, to the contact person. There will be no letter or fax questions accepted.

3. Questions will only be accepted in accordance with the timetable specified on the front cover and Section 5.5.

4. HCS will respond to all enquiries by way of Addenda to the RFP on the Government Purchasing Agency’s website. There will be no verbal response to enquiries.

5. HCS shall endeavour to exclude confidential or proprietary information from the responses provided.

**11.8 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.

**11.9 Modification of Requirements**

Should HCS 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.
11.10 Notification of Intent to Submit Proposal
While optional, HCS encourages Proponents to e-mail their intention to submit a proposal to the HCS contact person above as soon as possible following receipt of the RFP.

11.11 Changes to Proposal Wording
HCS 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.

11.12 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 (ATIPPA) 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.

11.13 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.

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

11.14 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.
3. Other background educational information such as industry accreditation for the educational facility.
11.15 Unsuccessful Proponents

Unsuccessful Proponents may contact the HCS 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,
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.

11.16 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 Proponents. 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 Proponents from seeking additional information and forming their own opinions and conclusions with respect to the matters addressed in this RFP.

12.0 CONSULTANT’S CONTRACT

12.1 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 HCS Project Manager prior to submission.

3. HCS 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.

12.2 Consultant’s Role

The successful Consultant, 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 successful Consultant.

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.
12.3 Secrecy and Security

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

12.4 Certificate of Conduct

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

Attachments

- Annex 1 - Province Wide 911 System
- Annex 2 - Fitch Helleur Key Findings
- Annex 3 - Weighted Evaluation Table
ANNEX 1 – PROVINCE WIDE 911 SYSTEM IMPLEMENTATION OVERVIEW

In keeping with Government’s June 22, 2012 public commitment to provide province-wide basic 911 services a 911 Implementation Team has undertaken the planning, design, development, testing, and implementation of basic 911 call-taking services for Newfoundland and Labrador. The Team has also been involved in the completion of a legislative, regulatory and governance structure to ensure the effective operation of basic 911 services. Province wide 911 service was introduced in March 2015.

Pursuant to the Emergency 911 Act, a NL 911 Bureau Incorporated was established and governed by an arm’s length Board of Directors with a responsibility of maintaining an appropriate accountability framework, sustaining stakeholder support/input, and enabling sustainable system financing arrangements.

The NL 911 Bureau Inc. is responsible for securing contracts and payment for services provided by Public Safety Answering Points (PSAPs), which are located in St. John’s (Serving the Avalon Peninsula) and Corner Brook (Serving the rest of the island and Labrador). These contracts will provide for the PSAPs to answer 911 calls at their designated call-taking centers and transfer the call to the appropriate emergency service provider (ie. police, fire or ambulance). All costs associated with the operation and periodic upgrades of the 911 service will be funded through monthly levy fees collected from all landline and wireless subscribers.

The NL 911 Bureau Inc. will commence planning of Next Generation 911 once Basic 911 services have been implemented. A time frame for the implementation of NG911 has not been announced.
ANNEX 2 – Fitch Helleur Key Recommendations

Key Findings
1. There are 61 ambulance service regions with one ambulance operator granted the exclusive right to respond to transfer requests within each region. To maximize revenue, operators do not allow other operators to respond to calls within their region. With this service area exclusivity, the program is fragmented and uncoordinated with the various regional road ambulance services working independently from each other. As a result, the closest ambulance may not be authorized to respond to an emergency call and the system does not allow for the repositioning of ambulances to meet demand.

2. The growth in the ambulance program budget, which has increased by 350% in the last decade, is not sustainable. The main cost drivers are:
   a. A significant portion of the ambulance operators’ compensation is generated by the number of transfers completed. This volume-based payment model leads to a higher number of transfers and allows program costs to rise unchecked. The program should have annual cost certainty.
   b. The program needs tighter routine transfer control. The percentage of routine (non-emergency) transfers to total transfers completed is significantly higher than national benchmarks (49% in NL vs. a range from 10-25% in other provinces). Ambulances are at times used as taxi services to transport patients, who do not need an ambulance for medical reasons.
   c. The province pays operators to have all 171 provincial ambulances available to respond 24/7 when transfer data shows that 171 ambulances are not required to meet late night and weekend demand. The program funding model needs the flexibility to pay for varied ambulance availability as demand dictates.

3. There is no central piece of legislation for the ambulance program. Certain aspects of the legislation regarding ambulances fall under either the Health and Community Services Act or the Motor Carrier Act, which grants the authority to operate a road ambulance service and provides regulations for ambulance vehicle specifications.

4. There are multiple organizations responsible for overseeing various elements of the ambulance program including the Public Utilities Board (licensing of services), the Motor Registration Division of Service NL (ambulance inspections), the four Regional Health Authorities (RHAs) (medical oversight and financial), and HCS (policy development and operator negotiations). There is no one organization tasked with the responsibility and authority to manage the program, measure performance and implement province-wide program efficiencies.

5. The program does not have the data collection and analysis technology required to measure ambulance response performance. Systems including central dispatch, vehicle tracking and electronic patient care record management are essential to continually improve response times and aid in the design of an effective provincial road ambulance system.
6. The proposed province-wide 911 system can more effectively respond to emergency ambulance requests with a centralized ambulance dispatch system.

7. The disparity in working conditions and compensation among ambulance professionals has led to low morale, high staff turnover and recruitment challenges for a number of operators.

### 3.2 Recommendations

The consultants followed up with ten recommendations to be implemented over the next 5 years:

**Immediate Recommendations:** (to be completed within the first 18 - 24 months)

1. Transition the ambulance “level of effort” contracts to performance-based contracts. This will provide for higher levels of accountability by establishing performance metrics that are to be reported by all ambulance operators. The assignment of auditors to assess and report on consistent compliance is an important component of this recommendation.

2. Clarify ambulance operator roles, responsibilities and rights in relation to service area exclusivity. This is fundamental to the implementation of a Centralized Medical Dispatch Centre (CMDC).

3. Commence implementation of Ambulance Dispatch and Management System (ADAMS) within the Regional Health Authorities.

4. Enact Emergency Medical Services (EMS) legislation to govern the ambulance services in the province. The legislation would provide the Department of Health and Community Services with the authority to:
   a. License and regulate ambulance operators
   b. Establish medical oversight for ambulance professionals
   c. Establish standards for ambulances and equipment
   d. Register ambulance vehicles.

5. Establish EMS Newfoundland and Labrador with direct accountability to the Deputy Minister of the Department of Health and Community Services. EMS Newfoundland and Labrador should:
   a. Assume accountability and responsibility for all aspects of road and air ambulance services delivered by operators and agents except for the registration and licensure of EMS professionals
   b. Assure accountability for the system’s performance results including in the areas of clinical excellence, response time reliability, economic efficiency and patient satisfaction
   c. Define provincial quality benchmarks for the delivery of the EMS Newfoundland and Labrador system
d. Replace the existing PMO office and incorporate an Office of Medical Director (OMD) within the new governance structure.

6. Build and operationalize a Centralized Medical Dispatch Centre (CMDC).
   a. Begin to develop a CMDC with a target to be operational within 18 months. This includes ensuring the technology and tools exist to electronically capture province wide service delivery outputs and performance data for measuring, monitoring and quality improvement.
   b. In tandem with the recently approved 911 centre, the CDMC should work in tandem with fire and emergency services to provide for the seamless receipt and coordination of emergency requests, effective medical and operational control, real-time performance monitoring and hard data for the province’s EMS system design and continuous operational improvements.

Medium Term Recommendations (to be completed within 36-42 months)

7. Review options for self-regulation of EMS personnel through the Newfoundland and Labrador Council of Health Professionals and the existing Health Professions Act.

8. Design and begin implementation of a tiered EMS response including a robust Medical First Responder program. In the design of such a capability, the unique attributes and demographics of the province’s communities must be a driving factor in determining the level of EMS personnel required at a community and local area basis.

9. Establish and implement a plan to address human resource issues raised by stakeholders to include recruitment, retention, pay, benefits, quality of work life, training program access and accreditation.

Longer Term Recommendation (to be completed within 48–60 months)

10. Finalize the design of the Newfoundland and Labrador EMS system and begin implementation. The key data and performance results from the recommendations listed above will have been compiled for application validating the final EMS system design.
## ANNEX 3 – DETAILED EVALUATION WEIGHTS

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.0 Delivery &amp; Proposal Requirements</strong></td>
<td></td>
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<tr>
<td><strong>8.1 Proponent Profile</strong></td>
<td></td>
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<tr>
<td><strong>8.2 Acceptance of Requirements</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8.3 Proponent Qualifications</strong></td>
<td><strong>33.0%</strong></td>
</tr>
<tr>
<td>8.3.1 Proponent Capabilities</td>
<td></td>
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<tr>
<td>Ambulance Program Management Consulting Experience</td>
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<tr>
<td>Ambulance Dispatch Systems Consulting</td>
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<tr>
<td>Ambulance Dispatch Governance Options Analysis</td>
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<tr>
<td>Ambulance Dispatch Operational Model Design</td>
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<tr>
<td>Ambulance Dispatch Staffing Model Development</td>
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<tr>
<td>Computer Aided Dispatch System Technology Analysis</td>
<td>2.0%</td>
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<tr>
<td>ePCR, AVL, GIS Technology and Integration Design</td>
<td>2.0%</td>
</tr>
<tr>
<td>Communications Infrastructure Design</td>
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<tr>
<td>Ambulance System Performance Measure and Accountability Tracking</td>
<td>2.0%</td>
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<tr>
<td>Capital and Operational Cost Modeling</td>
<td>1.0%</td>
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<tr>
<td>Implementation Planning and Change Management</td>
<td>1.0%</td>
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<tr>
<td>Stakeholder Consultation</td>
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<tr>
<td>Experience in the Newfoundland and Labrador Healthcare Environment</td>
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</tr>
<tr>
<td>8.3.2 Reference Projects/Accounts</td>
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</tr>
<tr>
<td>Reference 1</td>
<td>2.5%</td>
</tr>
<tr>
<td>Reference 2</td>
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<tr>
<td>8.3.3 Project Personnel</td>
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<tr>
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<tr>
<td>Team Member 1</td>
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<tr>
<td>Team Member 2</td>
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<tr>
<td><strong>8.4 Methodology and Approach</strong></td>
<td><strong>32.0%</strong></td>
</tr>
<tr>
<td>8.4.1 Understanding of Requirements</td>
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</tr>
<tr>
<td>1. The issues and challenges for CMDC Design and Implementation.</td>
<td>1.5%</td>
</tr>
<tr>
<td>2. The opportunities presented with CMDC Design and Implementation.</td>
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</tr>
<tr>
<td>8.4.2 Approach and Plan</td>
<td><strong>21.0%</strong></td>
</tr>
<tr>
<td>1) The Proponent shall (R) clearly explain how it will address the deliverables specified.</td>
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<tr>
<td>2) Physical Infrastructure Design</td>
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<tr>
<td>3) CAD Technology and Software – Data Analysis Tools</td>
<td>3.0%</td>
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<tr>
<td>4) Communications Strategy and Infrastructure Design</td>
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<tr>
<td>5) Associated Technology Identification and Integration Analysis</td>
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<tr>
<td>6) Staffing Model Development</td>
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<tr>
<td>7) Capital and Operations Cost Modelling</td>
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<tr>
<td>8) Governance Model Analysis</td>
<td>1.5%</td>
</tr>
<tr>
<td>9) Implementation Strategy</td>
<td>1.0%</td>
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<tr>
<td>2) The Proponent shall (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>
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<tr>
<td>3) The Proponent shall (R) provide a project plan, including:</td>
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<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>
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<tr>
<td>b) A description of how the Proponent will measure the success of the assignment</td>
<td>1.0%</td>
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<tr>
<td>4) The Proponent shall (R) define the type of HCS resources and information it expects to complete the project.</td>
<td>1.0%</td>
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<tr>
<td>5) The Proponent shall (R) describe its approach to project management of this project</td>
<td>2.0%</td>
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<tr>
<td>6) The Proponent shall (R) describe their approach to managing the stakeholder consultation</td>
<td>1.0%</td>
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<tr>
<td><strong>9.0 Price</strong></td>
<td><strong>25.0%</strong></td>
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</table>

### 10.0 Oral Presentation (including a clearly communicated presentation)

| **10.0%** |
| Understanding of Priorities | 2.0% |
| Capabilities to do the Job | 2.0% |
| Team Organization/Assignments | 2.0% |
| Approach and Plan | 2.0% |
| Commitment to the Initiative | 2.0% |

### Total Scoring

| **100.0%** |