



REQUEST FOR APPLICATIONS

for

Patient Safety in Primary Care Background Research Paper

Commissioned by:
Canadian Patient Safety Institute
BC Patient Safety & Quality Council

October 19, 2009

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1.0 INTRODUCTION

Safety is fundamental to healthcare quality, and there is a need for more evidence on the nature of patient safety issues in all health care sectors and settings to guide effective approaches to improving patient safety and the quality of health care in Canada. As identified in the pivotal Canadian Adverse Events Study¹ approximately 7.5% of acute care hospital patients experienced at least one adverse event while in hospital². While there is increasing evidence on patient safety in hospital or acute care settings, less is known about the safety of healthcare services in the community, particularly within primary care services.

The Canadian Patient Safety Institute (CPSI) and the BC Patient Safety & Quality Council (BCPSQC) have jointly identified the need to better understand the patient safety issues unique to primary care in Canada. In April 2009, CPSI and BCPSQC discussed the perceived current gaps in research and knowledge transfer priorities for patient safety in the primary care sector and agreed to partner to explore and address the need for new knowledge in this field through a coordinated and collaborative approach.

A Pan-Canadian Patient Safety in Primary Care Advisory Group was recently established by CPSI and BCPSQC and is mandated to oversee the development of the Patient Safety in Primary Care Background Research Paper, including the planning of and participation in the Patient Safety in Primary Care invitational Roundtable Event (location and date TBC). This Advisory Group consists of invited researchers, decision-makers, and leading experts in the fields of primary care and/or patient safety, as well as staff representatives from the BCPSQC and CPSI.

2.0 BACKGROUND

Canadian Patient Safety Institute (CPSI)

CPSI was established by Health Canada in December 2003, as an independent not-for-profit corporation. CPSI, along with its many partnering agencies, is working to define the key patient safety issues throughout Canada and to reduce the occurrence of adverse events in pursuit of a safer Canadian health system. CPSI performs a coordinating and leadership role, promotes leading practices and raises awareness to enable the building of a culture of patient safety and quality improvement throughout the Canadian health system. In order to reach its mandate, key activities are organized in the following four functional areas:

- **Education:** CPSI will work with partners to ensure integration of leading patient safety practices into education and training systems for undergraduate and practicing healthcare professionals across the continuum of care.

¹ Baker, G.R., Norton, P.G., Flintoft, V., Blais, R., Brown, A., Cox, J., et al. (2004). The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *Canadian Medical Association Journal*, 170(11), 1678-86.

² *Adverse event* is defined as an unintended injury or complication that results in disability, death, or increased use of health care resources and is caused by health care management (Baker et al, 2004).

- **Research:** The discovery of new information and the gathering of existing knowledge is the basis from which we will champion the improvement of safety in the Canadian healthcare system. Research will provide important information to help us understand the magnitude of the current patient safety challenge, know what is achievable, and identify ideas that have worked to improve safety.
- **Tools and Resources:** CPSI engages experts and practitioners to act as a catalyst in the development of and spread the use of tools and resources for improving patient safety across the continuum of health settings.
- **Interventions and Programs:** Healthcare professionals are dedicated to the delivery of safe, evidence-based care. However, significant time and resources are needed to stay current. For individual professionals and organizations, interventions and programs represent a way to expedite the discovery, adaptation, implementation and evaluation of patient safety methodologies locally.

BC Patient Safety & Quality Council (BCPSQC)

Announced in the spring of 2008, the BCPSQC provides system-wide leadership to provide a provincial perspective to patient safety and health care quality improvement activities. Through collaboration with partners, BCPSQC promotes and informs a provincially coordinated, patient-centred approach to patient safety and quality improvement.

The Council's five key areas of responsibility are in system-wide leadership and coordination, supporting measurement and evaluation, legislation and regulation, education and professional development, and information and communication.

3.0 OBJECTIVES

The CPSI and BCPSQC are interested in commissioning research which will ultimately form a background paper to address the issues of patient safety as it applies to primary care. For the purposes of this research paper, *primary care* will be defined as:

*“As part of the broader primary health care framework, **primary care** is a service at the entry to the health care system that addresses diagnosis, ongoing treatment and management of health conditions as well as health promotion, disease and injury prevention³.” Primary care is responsible to coordinate the care of patients and to integrate their care with the rest of the health system by enabling access to other health care providers and services.*

A literature review will be conducted to gain a better understanding of existing research, in Canada and internationally, regarding patient safety in primary care. The project will involve a review of published, grey literature and peer reviewed literature (identified through healthcare and other relevant scholarly databases). Grey literature will be retrieved through a review of websites and contacts in the field. The researchers will aim to obtain grey literature from several countries, including the U.S., U.K. and Australia. The project will also include a series of

³ Source: Accreditation Canada

structured, stakeholder consultations involving telephone interviews of approximately 15 – 18 key informants and subsequent content analysis.

A draft background paper will be prepared describing both the review of the literature and results of the interviews. The background paper will include a description of the concept of patient safety as it applies to primary care, identification of gaps in the research literature on patient safety and primary care, a discussion of the relevance of findings from patient safety research in other sectors (notably acute care and home care) and a description of how other jurisdictions (U.K., U.S. and Australia) are currently addressing the patient safety issues in primary care through research and other initiatives.

This draft paper will be presented to a group of invited stakeholders and experts at an invitational Roundtable Event (date and location TBD). The invitation list to this event will be prepared by CPSI and the BCPSQC together with the members of the Pan-Canadian Patient Safety in Primary Care Advisory Group. The selected researchers will provide an overview of their initial findings to roundtable participants. Subsequently, roundtable participants will have the opportunity to discuss the findings and offer further insights through small and large group discussions during the balance of the day. It is further intended that the proceedings of the roundtable will be incorporated into the final background paper.

Feedback from the roundtable discussion, stakeholder interviews and the literature review will inform the development of a comprehensive final manuscript, prepared as a Background Research Paper for CPSI and BCPSQC publication purposes. Once complete, the paper will be made available to participants of the roundtable and research processes and published on the CPSI and BCPSQC websites (as well as other public dissemination means jointly determined by CPSI and BCPSQC). A synthesis of this work will then be prepared by the researchers and submitted to a mutually agreed upon academic journal, describing the background, methodology and outcomes of the roundtable, and/or the research processes. It is intended that the research findings will help to inform system practices, policies, research priorities, and care delivery across Canada.

3.1 Purpose of the Request for Applications (RFA)

The purpose of this Request for Applications (RFA) is to invite interested researchers and/or consultants to submit a detailed proposal that will enable CPSI and BCPSQC to select the most qualified organization, individual or team of researchers that they determine are best suited to complete the project according to the provided criteria and objectives.

4.0 SCOPE OF WORK

4.1 Key Activities and Deliverables

The researchers will complete the following:

1. Participate in meetings of the Pan-Canadian Advisory Group to confirm project scope and deliverables, review research protocol/methods, discuss specifics of interviews, project team communications, etc.
2. Collaborate with the CPSI Librarian in undertaking and completing the literature search.

3. Conduct a review of the grey literature and the peer reviewed literature (identified through the usual healthcare and other relevant scholarly databases), extracting pertinent information required for the background paper. Grey literature will be retrieved through a review of websites and contacts in the field. The researchers will aim to obtain grey literature from several countries, including the U.S., U.K. and Australia.
4. Prepare interview questions and conduct stakeholder consultations involving telephone interviews (approximately 15 to 18 key informants) and subsequent content analysis including recording and transcribing interviews, analysis and summary. Names and contact information for suggested stakeholders to be provided by the Pan-Canadian Advisory Group.
5. Prepare a draft background paper for initial review by the Pan-Canadian Advisory Group. The background paper will include a description of the concept of patient safety as it applies to the primary care sector, identification of gaps in the research literature on patient safety and primary care, a discussion of the relevance of findings from patient safety research in other sectors (notably acute care and home care) and a description of how other jurisdictions (U.K., U.S. and Australia) are currently addressing the patient safety issues in primary care through research and programmatic initiatives. The research team will also identify suggested key questions to be addressed during the roundtable event.
6. Participate in the one-day roundtable event, including preparation and delivery of a summary presentation.
7. Prepare a final version of the background paper, including a three to five page executive summary describing the key themes arising from the discussions at the roundtable event.
8. Prepare a draft manuscript for submission to a mutually agreed upon academic journal. Authorship will include the researchers, the lead representatives from CPSI and BCPSQC, and other possible contributors (to be determined).

4.2 Travel

With the exception of the one-day roundtable event mentioned above, meetings with CPSI, BCPSQC and the pan-Canadian Advisory Group will be held via teleconference or in person if mutually agreed upon.

Travel costs are to be included in the financial proposal and are covered after award and signature of the contract with the selected bidder. Travel costs, if required, for the purpose of preparing this RFA will be at the expense of the successful applicant.

4.3 Other Assumptions

- All deliverables specified by the project authority (report, presentation, interview guides) must be submitted in draft format for comment before being finalized.
- CPSI, BCPSQC and the Pan-Canadian Advisory Group will provide suggested names for key informant interviews with Canadian/international experts and/or stakeholders. Interviews may be conducted by telephone.
- The exact composition of the interviews will be determined during the project in consultation with the Pan-Canadian Advisory Group. For costing purposes, assume 15 one-hour interviews conducted by teleconference.

5.0 SUBMISSIONS

5.1 General

This RFA does not cover costs incurred by applicants in the design, preparation, or submission of a proposal.

If, in the submission of proposals, the applicant specifies that certain information is proprietary to the applicant, the CPSI and BCPSQC will not disclose the data. Proposals will not be returned to the applicant. The proposal and supporting documentation become the property of the CPSI and BCPSQC.

The CPSI and BCPSQC reserve the right to contact any person or organization cited in a proposal and to take any further steps necessary to fully assess the professional reputation and credibility of the applicant, without seeking the authorization of the applicant.

The CPSI and BCPSQC reserve the right to reject any or all proposals on the basis of merit, and to discontinue the selection process at any time. The decision of the CPSI and BCPSQC is final.

While the CPSI and BCPSQC have made considerable effort to ensure that accurate information is contained in this RFA, the information contained in this RFA is supplied solely as a guideline for applicants. The information is not guaranteed or warranted to be accurate, nor is it necessarily comprehensive or exhaustive. Nothing in this RFA is intended to relieve applicants from forming their own opinions and conclusions in respect of the matters addressed in this RFA.

5.2 RFA Schedule

The completed proposal is due on or before November 20, 2009, at 12:00 noon MST.

Deadline	Activity
October 19, 2009	Request for Applications (RFA) issued
November 2, 2009	Deadline for submission of questions / requests for clarifications
November 4, 2009	Questions and answers / clarifications circulated
November 20, 2009	Proposals due
Week of December 7, 2009	Review of proposals
December 18, 2009	All applicants advised of the status of their proposals
January 8, 2010	Successful applicant will be publicly announced

5.3 Preparation of Proposals

Each applicant must provide the technical and financial proposal as separate documents. Failure to provide complete information as requested will be to the applicant's disadvantage. If the applicant feels that the terms and conditions of this solicitation will restrict it unnecessarily in any way, it should so state in its proposal.

Other elements for applicants to consider:

- It is essential that the elements contained in your proposal be stated in a clear and concise manner.

- Each proposal will be evaluated solely on its own content.
- The successful proposal will form a portion of the contract.

5.4 Technical Proposals and Content

All proposals submitted in response to this RFA are to be formatted as outlined below.

Each proposal **must include** the following sections, along with supporting narrative.

- Brief overview of the applicant submitting the proposal including, at minimum:
 - Full name of individual / organization with whom the CPSI and BCPSQC may form a legal contract
 - Location of the applicant
- Understanding of CPSI and BCPSQC needs
- Proposed Approach / Methodology
- Proposed Workplan
 - Key milestones / deliverables must be identified
 - Timelines should be shown, including estimated start date
 - Team member lead for each activity should be identified
 - Level of assistance required / requested of CPSI Librarian must be described
- Proposed Team
 - For each team member, a summary CV (5 page maximum) highlighting any relevant research, education and work related experience.
 - Distribution of Work
 - Proposed level of effort by team member (i.e., number of days per activity per member)
 - Description of proposed role
- Previous Project References
 - Overview of **3** projects, describing the work that was done and its scope, major deliverables or outputs/manuscripts, level of effort in person days, and cost/budget. Also include reference contact information or method of obtaining follow-up information on each of these projects.

5.5 Financial Proposal

A rough order of magnitude estimate for the scope of work, outlined in section 2 above, will not exceed \$35,000.

The proposal should quote a fixed price, based on the information provided in this RFA. Specific assumptions taken into account in the costing of the proposal should be clearly stated. However, it is important to note that these assumptions should not represent alternative options to those listed in table A below. Any expected out of pocket expenses should be quoted separately.

TABLE A:

	Project Team Member Days Charged		Personal Fees	Other Expenses	Total
	Person X	Person Y			
Project Task					
1. Task A					
2. Task B					
3. Task C					
Total					

TABLE B:

Breakdown of Other Expenses (e.g. Travel and Other Out-of-Pocket Costs)		
Project Task	Details	Estimated Cost
Total Estimated Cost for Other Expenses		

6.0 ELIGIBILITY

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

It is the responsibility of the vendor to ensure that their responses reach CPSI by the designated deadline.

7.0 EVALUATION / SELECTION CRITERIA

All proposals received will be reviewed by a panel identified by the CPSI and BCPSQC.

Rated Requirement	Evaluation/Score
Understanding of needs <ul style="list-style-type: none"> – Demonstrate a strong understanding of CPSI/BCPSQC requirements – Description of why they are the best choice for CPSI/BCPSQC 	/5
Approach / Methodology <ul style="list-style-type: none"> – Pragmatic approach and appropriate methodology, taking into consideration nature of work involved and timelines 	/30
Proposed Work Plan <ul style="list-style-type: none"> – Linkage to the approach/methodology, clearly identifiable interdependencies, deliverables and timelines – Proposed distribution of work among the team members (i.e., level of effort) – Appropriateness of the distribution of work 	/20

Team Composition <ul style="list-style-type: none"> - Appropriateness of team mix (i.e., senior staff with junior staff) - Mix of personnel that maximizes individual strengths - Teams are multidisciplinary or interdisciplinary in composition - Description of role to be performed by each proposed team member - Proposed distribution of work among the team members (i.e., level of effort) - Appropriateness of the distribution of work - Appropriate prior education/experience 	/30
Previous Project References <ul style="list-style-type: none"> - Relevance of projects to requirements - Strength of projects showcased (breadth, depth) 	/15
Total	/100

8.0 SUBMISSION REQUIREMENTS

Applicants are requested to submit **4 hard copies and one electronic copy (in Microsoft Word or PDF format)** of their proposal on or before November 20, 2009, at 12:00 noon MST. All submissions are to be addressed to the attention of:

Sandi Kossey, Project Manager
 Canadian Patient Safety Institute
 10235 - 101 Street, Suite 1414
 Edmonton, Alberta T5J 3G1

Telephone: 780-498-7252 or 1-866-421-6933 (toll-free)

Fax: 780-409-8098

Email: skossey@cpsi-icsp.ca

Electronic signatures will be accepted.

9.0 TERMS AND CONDITIONS OF THIS RFA

9.1 Obligations and Rights of the CPSI and BCPSQC

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

- Decide not to award any contract;
- Reject any proposal/all proposals without inviting the applicant(s) to submit a new proposal;
- Cancel the RFA process if it is deemed to be unsuccessful and re-issue a new process;

- Seek, in writing, clarification of, or additional information concerning proposals that are considered responsive, and to expect applicants to respond within two business days; and,
- Keep, for its records, all proposals and documentation submitted in response to this RFA.

Nothing in this RFA shall be construed as creating any obligation on the part of the CPSI or BCPSQC.

9.2 Applicant Responsibilities

Applicants agree to keep all information provided by the CPSI and BCPSQC in strict confidence. Applicants are responsible for all costs associated with the preparation and issuance of a proposal to this request. Applicants are required to declare any conflict of interest with the CPSI and BCPSQC.

9.3 Agreement

This RFA should not be construed as an agreement to acquire services. The successful vendor will be required to sign a Research Funding Agreement that addresses Confidentiality, Ownership of Intellectual Property, Conflict of Interest clauses.

The successful applicant will not have the right to assign the Research Funding Agreement nor any interest therein nor subcontract the performance of any service without the prior written consent of the CPSI and BCPSQC.

9.4 Contract Award

Upon selection of a proposal as a result of this RFA, the CPSI and BCPSQC will notify all applicants of the status of their proposal. The successful applicant will be publicly announced once all applicants are made aware of their status.

9.5 Conditions of the RFA

- There shall be no payment by the CPSI or BCPSQC for costs incurred for the presentation and submission of proposals in response to this RFA;
- No amendments to proposals submitted in response to this request for proposal will be accepted after the proposal closing date and time;
- Applicants may alter or withdraw their applications by written notification prior to the deadline for submission of proposals. No proposal may be altered or withdrawn after this deadline; and,
- All submitted proposals must remain open for acceptance for a period of not less than ninety (90) days after the closing date of the RFA.

9.6 Confidential Information

Applicants must accept and acknowledge that, in connection with their performance of the work under any resulting contract/research funding agreement, they may have access to certain information, data and materials that are confidential to CPSI and the BCPSQC and which are identified as confidential or would be understood by the parties, exercising reasonable business judgment, to be confidential (“Confidential Information”). Applicants accept that they shall not use, except to perform their obligations under any resulting contract, any Confidential

Information. Applicants must agree to hold all Confidential Information disclosed hereunder in strict confidence and to prevent any unauthorized disclosure of such Confidential Information. Upon termination or expiry of any resulting contract, applicants shall immediately return to CPSI all Confidential Information and all copies thereof in any form whatsoever.

9.7 Questions / Enquiries Relating to the RFA

Any questions concerning this RFA should be directed to skossey@cpsi-icsp.ca by electronic mail within the deadline mentioned above. Under no circumstances should any other person be contacted directly throughout the RFA process.

It is the responsibility of the prospective applicant to obtain clarification of the requirements contained herein, if necessary, prior to submitting a proposal. All enquiries and other communications related to this RFA throughout the solicitation period and until contract award are to be sent via the address noted above. Enquiries during the solicitation period must be received as indicated in this RFA to allow sufficient time to provide a response. Enquiries relating to the RFA received after that time will not be answered.

To ensure equality of information among applicants, questions and answers will be forwarded to all prospective applicants simultaneously without revealing the source of the enquiry.