



Request for Proposals for Information Technology Services

Issued	December 15, 2022
Inquiries and questions	llattoni@countryhospice.org
Expression of interest to respond (optional)	llattoni@countryhospice.org
Closing Date and Time:	January 27, 2023 at 4:30 pm
Notice of Award	Mid- February 2023



Introduction

This Request for Proposals (RFP) is an invitation by Foothills Country Hospice Society (FCHS) for vendors to submit proposals for the provision of expertise related to Information Technology planning and IT vendor selection. The IT plan will support current and expanded hospice operations as we grow from an 8 bed to a 16-bed facility.

Our objective is to enhance the hospice's technology enablement of high-quality care (e.g., support accreditation standards), ensure efficient business operations, support connectivity and continuity. We want to explore how technology can enhance the resident and family experience and increase staff and volunteer satisfaction.

Background

At Foothills Country Hospice, we believe in providing the utmost care and compassion for those we serve, including support for loved ones. As an integral part of the community, our services span palliative navigation, end-of-life and bereavement support, and a growing range of community programming and residential hospice end of life care. A palliative approach to care focuses on the person and family, and their quality of life when dealing with life limiting or life-threatening illness.

Our existing eight bed, rural hospice home is located 1.5 km north of Okotoks on an 8-acre parcel of land, neighboring golden canola fields and nestled among forested landscapes with mountain views. Since opening our doors in January 2008, we have provided around-the-clock, compassionate care to more than 1,400 residents and their loved ones, an estimated 6,500 clients in total. We primarily serve a rural population of 76,500 including Okotoks-Priddis, High River, and Black Diamond, as well as supporting approximately 665,000 South Calgary residents.

Alberta's population is growing and aging, increasing the demand for palliative and end of life care. 27,000 Albertans die each year; 90% of these deaths are caused by a chronic condition such as cancer, heart disease, organ failure, dementia, or frailtyⁱ.

- 470 people die every year in the Okotoks- Priddis, High River, Black Diamond area (Alberta health, 2019). The hospice serves 100 residents, 50% from Foothills County, and 50% from Calgary. The demand for hospice care far outstrips the available capacity.
- Currently only 16 to 39 percent of Canadians have access to or receive PEOLC when they are dyingⁱⁱ
- Despite Canadians' wishes to die at home, 60% die in hospitalsⁱⁱⁱ





- Palliative care can save between \$7,000 to \$8,000 per patient compared to acute care by reducing: the length of hospital stays and moving patients to lower-cost home care; intensive care unit admissions; unnecessary diagnostic testing inappropriate disease targeting interventions^{iv}

Improving access to hospice palliative care will improve the quality of life, at the end of life.

To support this need **FCHS is expanding from 8 beds to 16 beds**. We anticipate construction will begin in spring/summer 2023 and opening in the summer/fall 2024. Currently the hospice is supported by 42 clinical staff, 4 physicians, 14 kitchen and housekeeping staff, and 14 admin/team leads, and 75 volunteers.

Statement of Work

Foothills Country Hospice Society (FCHS) is seeking an information technology (IT) vendor with expertise to support optimization and technology enablement of our current and expanding operations. This involves a two-phase approach.

Phase 1 Complete a FCHS IT plan: Assessment and Recommendations

- Complete a brief environmental scan to understand technology adoption in Calgary zone hospices (successes, challenges, technology in use, etc.); Assess required level of and options to integrate with Alberta Health Services. This will involve interviews with 5-10 subject matter experts, with connections made through hospice relationships.
- Confirm/determine areas for FCHS process improvement and automation. This will likely involve interviews with 5-10 hospice team members, with validation sessions with the broader team as required.
- Conduct a current state assessment of the hospice technology footprint. Confirm areas of highest value for investment
- Evaluate requirements and create a technology plan to accommodate the physical expansion of the hospice, including network devices, wireless access, servers, storage, and security etc.
- Develop a future state roadmap including required process improvement, engagement/change management methodology, required privacy impact assessments (PIAs), archiving/digitizing current paper-based charts (storage & retrieval), option analysis, recommendations, timelines, and estimated IT budget (hardware, software, support, etc), other and TBD.
- Support expansion task force and board decision making as required

Phase 2: Vendor(s) selection

- Support market analysis, vendor assessment, and RFI/RFP activity



- Co-develop IT implementation approach in partnership with the hospice and vendors
- Ensure privacy and security requirements are addressed as per Alberta Health regulation

The ideal candidate will provide recommendations to address opportunities, resolve business pain points and create system modernization to support future success. Through Phase 1 FCCHS will determine whether the firm can also provide IT implementation guidance as required (Phase 2).

IT Enablement

The hospice has been working to modernize back-office operations and IT infrastructure, but ongoing work and investment is required. The information systems landscape is increasingly run using cloud-based applications. This has the benefit of reducing the amount of physical technology that a small organization manages. Healthcare has unique information and access management regulations as outlined in the Health Information Act and beyond. All data must be stored in Canada. The following is an initial assessment of the broad information technology categories that need to be determined as to scope and priority.

Information Technology	Current State	Future State
<p>General Productivity Applications: Provide the backbone for Identity and Access Management (IAM) for the organization.</p>	<p>Currently using MS 365 with approximately 15 licenses.</p> <p>Using both zoom and MS teams</p> <p>Not all staff have email</p>	<ul style="list-style-type: none"> • All staff have FCCHS secure email • Etc. and TBD
<p>Back Office Systems: General finance that includes accounts payable/receivable; HR, Payroll, Volunteer Management; Fund Development</p>	<p>Quickbooks (cloud): Accounting</p> <p>ADP Workforce Now (Cloud): Timekeeping. Staff scheduling currently paper based</p> <p>Better Impact + Client Impact: Volunteer Management: self-managed schedules, log and track hours, access education modules. Client impact supports volunteer</p>	<ul style="list-style-type: none"> • Human resource IT system to include staff scheduling, timekeeping, and HR records management • Look to move personal file shares to OneDrive instead of on the file server. • Evaluate options for file backup to cloud instead of using a file server.





	<p>connection to clients, conversation, and documentation</p> <p>Donor Perfect: Online fundraising and donor management system</p>	<ul style="list-style-type: none"> • Include software costs in IT budget analysis • Interface analysis between volunteer management, donor management, and quick books TBD
<p>Information Exchange: Supports healthcare organizations to exchange transactional information with partners and report to internal and external regulators.</p>	<p>Strata Health Pathways: Client referral to hospice, wait list management</p> <p>Alberta Netcare: retrieval of resident results and information</p> <p>Word press web form into excel for community programming (Grief support, NODA, NavCare) referrals</p>	<p>Referral management: Either healthcare professional or client direct for bereavement support, Nav Care, NODA, day programming, respite etc. and TBD</p>
<p>Clinical Information System -</p> <ol style="list-style-type: none"> 1. Registration - The ability to waitlist and allow for admission, discharge and transfer (ADT) 2. Scheduling - scheduling provides and possibly family for encounters with residents. 3. Electronic Medical Record including: <ul style="list-style-type: none"> • Assessments - standardized assessments possibly 	<p>Currently Paper Based</p>	<p>Determine minimum functionality vs desirable functionality. Define workflows. Scope, assess impact of change, costs, options, potential vendors etc.</p> <p>Future proof investment to potentially support care continuity for day programming, community-based outreach and care delivery.</p>





<p>including Resident Assessment Instruments.</p> <ul style="list-style-type: none"> ● Medications - Medication Administration Records (MAR) and/or medication inventory management ● Care Planning - Having a defined accessible care plan. ● Clinical Documentation ● Bereavement Support - There are hospice-centric applications that support bereavement workflows 		
<p>End User Devices: devices that clinicians and support staff use to interact with the variety of applications that have been deployed. Increasingly these can be handheld devices that can and do integrate with consumer biometric medical devices.</p> <ul style="list-style-type: none"> ● Non-medical devices ● Medical Devices: generally continue to be standalone devices, though increasingly there is an ability for most consumer devices to connect to either the 	<p>Variable</p> <p>Call bell system: Stanley Arial recently installed. Continue to use in the expansion</p> <p>Current phone lines are at their capacity – determine if we maintain, expand, or use cell.</p>	<p>Security system (e.g.: camera for new entrance)</p> <p>A/V equipment in volunteer hub, conference room etc.</p> <p>Augmented phone audio for volunteer bereavement counselling.</p> <p>TV and blue tooth headphones for resident rooms.</p> <p>Call bell system: Stanley Arial</p> <p>Decide if staff are required to bring your own devices (BYOD) or if the organization will supply them. <i>There is no</i></p>





iOS or Android ecosystem.		<i>overwhelming rationale for one over the other, but for smaller organizations implementing BYOD can reduce overall device maintenance.</i> Determine expansion medical device requirements (E.g. Med Carts), options, budget and procurement process.
Hardware	Server on site Internet access is not ideal	Expansion network devices, wireless access, servers, storage, and security. Critical need to optimize internet access.

Evaluation Process

The deadline for submission is **Friday January 27, 2023 at 4:30 pm.**

We would appreciate if you can let us know of your interest to respond in advance of the submission date with an email to Lindsey Lattoni at llattoni@countryhospice.org. This will support communication with all interested vendors between the posting and deadline date, as the need arises.

The evaluation of proposals will be conducted by delegates of the FCHS Expansion Task Force. The following criteria will be used to evaluate proposals. Pricing will be evaluated separate from the proposal submission.

Criteria	Weighting
Corporate Capabilities and Experience: including prior experience with IT planning in a health care environment including hospice or long-term care.	35%
Overall Quality of the Proposal <ul style="list-style-type: none"> • Approach • Project Management Methodology 	35%





<ul style="list-style-type: none"> • Objectives • Schedule 	
Pricing (Submit in a separate document)	30%

Inquiries

Vendors can direct questions or seek additional information by email to Lindsey Lattoni at llattoni@countryhospice.org

Proposal & Pricing Submission

Proposals should be emailed to Lindsey Lattoni at llattoni@countryhospice.org. Please ensure that pricing is in a separate document.

Notification of Award

At the conclusion of the evaluation of proposals, proponents will be notified by mid-February 2023.

References

ⁱ Government of Alberta (2021). Advancing Palliative and End of Life Care in Alberta. Final Report.

[Advancing Palliative and End-of Life Care in Alberta](#)

ⁱⁱ Canadian Hospice Palliative Care Association. Milestones in hospice Palliative Care. 2021. [Milestones in Hospice Palliative Care - Canadian Hospice Palliative Care Association \(chpca.ca\)](#)

ⁱⁱⁱ Canadian Hospice Palliative Care Association. Milestones in hospice Palliative Care. 2021. [Milestones in Hospice Palliative Care - Canadian Hospice Palliative Care Association \(chpca.ca\)](#)

^{iv} Canadian Society of Palliative Care Physicians, Economics of Palliative care. 2017

