Request for Proposal
HQC2012-11-16
Evaluation of Saskatchewan’s Lean Health Care Transformation: Phase 1
Issued: November 16, 2012
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1 Statement of Purpose

The objective of this Request for Proposal (RFP) is to identify a qualified vendor to work with the Health Quality Council (HQC) and a project Steering Committee to evaluate the early processes and impact of implementation of lean in the provincial health system. In addition to determining baseline conditions, this first phase evaluation must establish a framework and methods for use in an ongoing evaluation of the multi-year process of implementing the Saskatchewan Health Care (Lean) Management System (second phase evaluation). However this RFP does not include implementation of the second phase (i.e., ongoing, multi-year) evaluation and being contracted for this RFP does not guarantee that the same vendor will be contracted for the second phase (multi-year evaluation).

The contract will be awarded in two stages:

Stage 1 – Development of Research Strategy

We will select a qualified vendor(s) that will be asked to develop a proposal for the implementation of a first phase evaluation project. The vendor(s) will have an opportunity to meet with the Steering Committee on or before January 14, 2013 and will be required to have their proposal for Stage 2 submitted to us no later than February 4, 2013. Any costs associated with the development of a proposal for the project implementation (Stage 2) should be outlined in the submission.

Stage 2 - Execution of Research Strategy

Vendor(s) will be notified as whether or not their proposal was selected by February 11, 2013. The proposals to conduct the actual research will be reviewed by the Steering Committee and should a viable proposal be identified, a contract will be entered into no later than February 15, 2013.

Saskatchewan is the first province in Canada to implement lean concepts across its entire health care system – focusing on transforming the system to achieve better health for residents, better care for patients, better teams of health care providers and better value for its citizens. More than 40,000 people work in Saskatchewan’s health care system, providing services to over 800,000 people every year. A summary of the Saskatchewan health system plan (as of March 2012) for Better Health, Better Care, Better Value and Better Teams can be found at www.health.gov.sk.ca/plan.

To achieve this transformation, the Ministry of Health has entered into a one-year contract with John Black and Associates (JBA) to train health care providers, physicians, leaders and staff to ensure that continuous improvement is embedded in Saskatchewan’s health system. The JBA contract has an option to be renewed annually over the next three years. Strategic priorities for improvement efforts include the Saskatchewan Surgical Initiative, primary health care, safety and shared services. As well, major capital projects are also lean priorities, including the new Children’s Hospital in Saskatoon and a new regional hospital in Moose Jaw.
The lean initiative has garnered both national and international interest; both in the process of implementing lean in health care at this scale as well as the outcomes. Decision-makers at all levels will need rigorous systematic information to understand variations in the success of lean implementation across the system. Documentation of lean implementation and research evidence of its impact in health care are limited—particularly for implementation involving more than an individual organization.

There is a strong interest in conducting a multi-year longitudinal study of this transformational journey because of the significant investment being made by the province. Additionally, there is strong national and international interest in identifying successful models for improving health care quality while controlling costs in order to achieve better value. We anticipate that rigorous evaluation of this initiative will also be research that would be attractive to support from federal and provincial research funding agencies (e.g., Canadian Institutes of Health Research (CIHR) and Saskatchewan Health Research Foundation (SHRF)).

A successful vendor(s) identified through this RFP would be invited to assemble a research team to design a 10-month first-phase evaluation that would also inform the design of a multi-year evaluation project (second phase evaluation). If the evaluation design is acceptable to the Steering Committee, the vendor would be awarded a contract to implement the first-phase evaluation. Important outputs of the 10-month first-phase evaluation project would be establishing a research team, developing a robust evaluation framework for the longitudinal (multi-year) study and the collection of relevant baseline data. Research team membership must include key Saskatchewan decision-makers, clinicians and researchers. The framework will include a logic model (visual representation of the logical connections between intervention, processes and outcomes), research questions and related measures. The baseline data collection will include testing the feasibility of data collection methods (i.e., qualitative and quantitative). Known requirements are identified in Appendix B: Detailed Requirements.

HQC is expecting proposals in response to this RFP to describe the collaborative approach the vendor would use in designing and implementing a first-phase evaluation; working with the established Steering Committee and HQC to develop, refine and implement the project workplan as well as building the research team.

2 About HQC

HQC was established in November 2002 to measure and report on the quality of health care in Saskatchewan and to work with its health system partners to improve the quality of Saskatchewan’s health system. HQC is led by a 12-member board of directors comprising provincial, national and international experts in health care planning and quality improvement. The HQC has a staff of 50 individuals with diverse skills in statistics, program evaluation, research, communications, quality improvement, change management facilitation and conflict resolution. For more information on HQC please go to www.hqc.sk.ca.
3 Proposal Process

3.1 Intent to Respond

In order to be included in communication related to revisions to the RFP document, questions and answers, or related supporting materials, respondents are strongly encouraged to communicate their intention to respond to this request for proposals by returning the form in Appendix A: Intent to Respond via e-mail or fax to:

Health Quality Council
Attention: Nicole Bilodeau
Email: nbilodeau@hqc.sk.ca
Fax: 306.668.8820

3.2 Correspondence regarding the RFP

Any questions or enquiries concerning this RFP must be emailed to Nicole Bilodeau (nbilodeau@hqc.sk.ca) no later than the date and time indicated in the Procurement and Project Schedule in section 3.4 below.

A copy of all questions and their associated responses will be e-mailed to all participants no later than the date indicated in the Procurement and Project Schedule in section 3.4 below.

Respondents are directed not to make verbal enquiries of HQC staff or board members. Oral information or information from other sources should not be relied upon, and will not be considered binding. Contact with any other HQC personnel or board members regarding this RFP will result in disqualification from the competition.

3.3 Proposal Submissions

Submit copy of your response to:

Dr. Gary Teare
Director, Quality Measurement and Analysis
Health Quality Council
241 - 111 Research Drive
Saskatoon SK  S7N 3R2
Phone: 306.668.8810, ext. 140
Email: gteare@hqc.sk.ca

Proposals must be submitted in both an electronic (MS Word, Adobe PDF, and MS Excel are acceptable electronic document formats) and signed paper format. The electronic copy may be in the form of a USB Flash Drive, CD-ROM or an emailed attachment no larger than 10MB.
The RFP number and name should appear on the outside of the envelope/package or box. It is the responsibility solely of the respondent to ensure the response is received as specified in the RFP. HQC is not responsible for lost, misplaced or incorrectly delivered submissions. All submissions will be date and time stamped. Submissions are accepted at the above address Monday to Friday (excluding statutory holidays) between the hours of 8:30 am and 4:30 pm local time.

**Faxes**: Facsimile transmissions of responses to the RFP will not be accepted.

Proposals must be received no later than the date and time indicated in the **Procurement and Project Schedule** in section 3.4 below.

Responses received after this deadline will not be considered and will be returned unopened to the vendor. It is the sole responsibility of the vendor to ensure that their response reaches HQC by the designated deadline.

By submission of a clear and detailed written notice, the respondent may amend or withdraw its proposal prior to the closing date and time.

Upon bid closing, all proposals become irrevocable. The respondent will not change the wording of its proposal after closing and no words or comments will be added to the proposal unless requested by HQC for purposes of clarification.

Respondents are solely responsible for their own expenses in preparing a proposal and for subsequent negotiations with HQC, if applicable. This includes but is not limited to: interview costs, travel costs, RFP response development and presentation costs.

All proposals submitted to HQC will become the property of HQC. Proprietary or confidential information should be clearly identified and marked as such.

All proposals must be signed by a representative of the organization with recognized signing authority to bind the organization to statements made in the RFP.

### 3.4 Procurement and Project Schedule

**NOTE:** this schedule was revised December, 3, 2012. Please use revised schedule below.

The table below reflects the procurement and project schedule. HQC reserves the right to amend the schedule at any time.

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Proposal issued</td>
<td>Nov 16, 2012</td>
</tr>
<tr>
<td>Deadline for receipt of questions</td>
<td>Dec 7, 2012</td>
</tr>
<tr>
<td>Responses to questions provided no later than</td>
<td>Dec 10, 2012</td>
</tr>
<tr>
<td>RFP closes</td>
<td>Dec 14, 2012</td>
</tr>
</tbody>
</table>
4 Requirements

Proponent responses must be organized to follow the section headings indicated below.

4.1 Organizational / Vendor Information

Include a brief overview of your background and previous experience. At a minimum, provide how long you have been doing work of similar scope, types of consulting contracts or research grant-funded projects you have been involved with. Include in this profile an overview of your work with not-for-profit organizations and/or your knowledge of and experience with the Canadian health care system.

4.2 Resources and References

Provide the project team composition. Identify the named individuals who will be assigned to this project, their specific qualifications and role on the team, and the estimated percentage commitment of each resource by time period and project phase.
Describe similar projects successfully completed by you or your organization, and identify any lessons learned from those which will assist in the planning, development, implementation and ongoing support of this project.

Provide a minimum of three references, including at least one from a health care environment. References should include a minimum of one contact where you have conducted research on quality improvement within a large health care environment.

4.3 Pricing Structure

Provide the pricing structure in a separate document.

Provide a price for all of the services and anticipated expenses. The vendor will be responsible for all travel costs incurred by members of their research team and will also be responsible for logistical costs of meetings with the Steering Committee (meeting rooms, refreshments, etc.). The vendor will not be responsible for any travel costs incurred by members of the Steering Committee. Members of the Steering Committee and staff of HQC will not be compensated from the project budget for their time. It is left to the discretion of the vendor as to how or if they wish to compensate any individual (health care system employees, patients, etc.) for participating in any activities associated with the project. The vendor is also responsible for their own office space, office equipment, telecommunications costs, etc. required by themselves and their research team.

For Stage 1 include costs anticipated for your preparation of the proposal for Stage 2.

Stage 2 costs (related to implementation of the evaluation) do not need to be detailed in your response to this RFP for Stage 1, but will need to be detailed and justified in your proposal for the Stage 2 work.

4.4 Methodology

4.4.1 Collaboration

HQC is managing the RFP process on behalf of the Steering Committee and will provide high-level management support of the contract on behalf of the Steering Committee, who function as the project sponsor. The selected vendor(s) will collaborate with the HQC, and the Steering Committee on development of the project proposal/plan (Step 2).

4.4.2 Project Approach

Describe the approach and methodology that will be applied to ensure the success (on budget, on schedule and at full scope) of this project.

4.5 Requirements

Requirements include a description of the research team that the vendor would engage in developing an evaluation proposal. Must include a description of how the vendor would engage with Saskatchewan-based health system leaders, clinicians and researchers in the design of the evaluation proposal, implementation of the project and communication of
findings (whether through consultation or as members of the research team). Detailed requirements are identified in Appendix B: Detailed Requirements.

4.6 Workplan

Propose a workplan for meeting objectives and requirements for Stage 2, a workplan is not required for Stage 1, the pre-qualification of vendor(s). The final workplan will be refined and agreed upon in collaboration with the HQC and Steering Committee.

Proposal Format and Template

Proposals must be returned in the following format. Responses not following this format will be considered to have failed a mandatory requirement and will not be considered for further evaluation.

| 1 – Cover Letter | The cover letter should indicate your interest in the RFP and include a brief summary of both your proposal and your most relevant qualifications and benefits. The cover letter must be signed by a representative of your organization who has the authority to act on and bind the proponent organization to all statements in the RFP response. |
| 2 – Executive Summary | Present a synopsis of your response to the RFP. This section should be brief and highlight distinguishing features and benefits of the proposed approach and methodology. |
| 3 – Services | Provide detailed information addressing the services that you will provide including:  
• Methods to be used for undertaking the necessary research for developing the deliverable  
• Proposed methods for collaborating with HQC and the Steering Committee in developing the deliverable  
• Deliverable you will produce - please provide a proposed table of contents or outline for the final report. |

5 Evaluation Process

5.1 Mandatory Criteria

The following are mandatory requirements. Responses not clearly demonstrating that they meet them will receive no further consideration during the evaluation process.

a) The Response must be received by HQC by the specified closing date and time.

b) The Response must be in English and must not be sent by facsimile.

c) The electronic version of the Response must be searchable.
d) The Response must include a cover letter and the cover letter must be signed by a person authorized to bind the organization to statements made in the Response.

e) The Respondent must receive a passing grade on all categories of the evaluation criteria.

### 5.2 Desirable Criteria

Responses meeting the mandatory requirements will be further assessed against the following desirable criteria.

**Stage 1 – Pre-qualification of Vendor(s)**

<table>
<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td>Experience in evaluation of large-scale health system interventions</td>
</tr>
<tr>
<td>Experience in facilitating multi-stakeholder research teams</td>
</tr>
<tr>
<td>Resources and references</td>
</tr>
<tr>
<td>Cost of developing the research strategy</td>
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</tbody>
</table>

**Stage 2 - Execution of Research Strategy**

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit of proposed research questions, methodology, and logic model to goals for the evaluation</td>
</tr>
<tr>
<td>Workplan</td>
</tr>
<tr>
<td>Cost of executing the research strategy</td>
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### 6 Terms and Conditions

- Any costs associated with preparing a response to this RFP are the sole responsibility of the vendor.
- HQC shall keep confidential and secure all documents, information and other material provided by the vendor in their RFP response.
- All information and accompanying documentation received under this competition will become the property of HQC and will not be returned.
• Information pertaining to HQC provided to the vendor as a result of its participation in this RFP is confidential and must not be disclosed by the vendor except as authorized in writing by HQC.

• HQC reserves the right to verify any and all information provided by the vendor in their response to this RFP.

• HQC reserves the right to halt the RFP process, cancel or re-issue this RFP at any time.

• Multiple contracts may be awarded under this RFP, the first being the development of a research strategy proposal by qualified vendor(s) (Stage 1), the second being a contract to execute the research strategy identified in Stage 1. HQC reserves the right to NOT enter into a contract with any proponent for Stage 1 or Stage 2, if no acceptable proposal is identified.

• The vendor’s response to this RFP will form part of the subsequent contractual agreement entered into by both parties.

• Any contracts resulting from this RFP are subject to the laws of the Province of Saskatchewan.
Appendix A: Intent to Respond

**RFP: HQC2012-11-16**

Health Quality Council  
Attention: Nicole Bilodeau  
Email: nbilodeau@hqc.sk.ca  
Fax: 306.668.8820

Submission of this form is a non-binding expression of your organization’s intent to submit a response to RFP: Proposal for Evaluation of Saskatchewan’s Lean Health Care Transformation Journey: Phase 1 HQC2012-11-16. Please submit this form by December 14, 2012 4:00 pm CST in order to be included in all follow-up communication related to this RFP.

<table>
<thead>
<tr>
<th>Organization Name:</th>
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<tbody>
<tr>
<td>Contact Person (name/title):</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City</td>
<td>Prov</td>
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<td>Phone:</td>
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<td>Fax:</td>
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<td>Email:</td>
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### Appendix B: Detailed Requirements

<table>
<thead>
<tr>
<th>Req. #</th>
<th>Description of Requirement</th>
<th>Vendor(s) Comments</th>
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<tbody>
<tr>
<td></td>
<td>The selected qualified vendor(s) will seek input from HQC and the Steering Committee on desired and essential elements of design and conduct of the research when preparing their research proposal in Stage 2 of this RFP process. Some of these elements include:</td>
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<tr>
<td></td>
<td><strong>Essential:</strong></td>
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<tr>
<td></td>
<td>• Mixed methods (qualitative and quantitative) research design</td>
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<td></td>
<td>• An evaluation framework that incorporates a logic model and key indicators pertinent to evaluation of the process of implementing lean in Saskatchewan’s health system as well as its impact toward helping the province achieve Better Health, Better Care, Better Value and Better Teams.</td>
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<tr>
<td></td>
<td>• Evaluation must involve data collection and baseline measurement/assessment pertinent to the lean implementation in at least three (preferably five) regional health authorities (RHAs), including ones centred in large urban regions and more rurally-based regions.</td>
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<td></td>
<td>• The research must identify and assess the utility (feasibility, information value and validity) of data collection tools/methodologies used to gather baseline data and/or that would be recommended in development of a subsequent multi-year evaluation of Saskatchewan’s health system lean implementation. (That multi-year project however is not being contracted through this RFP.)</td>
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<td></td>
<td>• The research team will be responsible to obtain research ethics approval for their work from the University of Saskatchewan Behavioural Research Ethics Board.</td>
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<tr>
<td></td>
<td><strong>Desirable:</strong></td>
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</table>
|        | • The research will identify variations in baseline states, baseline preparedness for the lean
implementation, and provide explanation (or at least evidence-informed hypotheses) for the importance of those variations to predicted levels of success with the lean transformation.

- The research will provide needed background to set up a multi-year evaluation that will not only assess “what worked” but will also answer questions of “why” aspects of the implementation worked.
- In order to build local capacity for this kind of research, it is desirable that the research team will include Saskatchewan-based collaborators (whether or not they are paid for their service from the project budget) from key stakeholder groups (health system administration, clinicians, academics).

<table>
<thead>
<tr>
<th>Time commitment for members of the Steering Committee for sponsorship of this project will not exceed 24 hours between January 1 and October 31, 2013.</th>
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<tbody>
<tr>
<td>Time commitment for HQC staff for high level contract management and administrative functions of the Steering Committee will not exceed 65 hours between January 1 and October 31, 2013.</td>
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<tr>
<th>Final report must contain:</th>
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<tbody>
<tr>
<td>- Evaluation framework-including key research questions as well as annotated bibliography that framework based on</td>
</tr>
<tr>
<td>- Phase 1 study methods, results, discussion of findings, appendix of data collection tools</td>
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