



## **REQUEST FOR APPLICATIONS**

for

Defining Patient Safety Issues in First Nations, Inuit and Métis Communities

Commissioned by:  
Canadian Patient Safety Institute

February 22, 2010

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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 Study<sup>1</sup> approximately 7.5% of acute care hospital patients experienced at least one adverse event while in hospital<sup>2</sup>. 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) has jointly identified the need to better understand the patient safety issues unique to First Nations, Inuit and Métis peoples in Canada. Through a series of preliminary meetings and key stakeholders interviews, a significant gap appears to exist in the current understanding of patient safety issues in the aforementioned Communities within the health care sector. CPSI has discussed the perceived current gaps in research and knowledge prevalent for patient safety in this care sector and agreed to partner to explore and address the need for the creation of new knowledge in this field through a coordinated, collaborative and consultative approach.

CPSI is mandated to oversee the development of this Background Research Paper whose purpose will be to highlight patient safety issues relevant to the First Nations, Inuit and Métis Communities. This will include the planning of and participation of stakeholders in an invitational Roundtable Event (location and date TBC). This project will be guided by the advice of aboriginal organizations, including invited researchers, decision-makers, and leading experts in the fields of patient safety and/or aboriginal health issues, as well as staff representatives from CPSI and other organizations that may partner with CPSI on this initiative.

## 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

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<sup>1</sup> 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.

<sup>2</sup> *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).

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.
- 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.

### **3.0 OBJECTIVES**

The CPSI is interested in commissioning research that will ultimately form a background paper to address the issues of patient safety as it applies to the delivery of safer health care to First Nations, Inuit and Métis peoples.

A literature review will be conducted to gain a better understanding of existing research, in Canada and internationally, regarding patient safety issues in aboriginal Communities. 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, but not limited to Canada, the U.S., and Australia. The project will also include a series of structured, stakeholder consultations involving telephone interviews of approximately 20-25 key informants, each representative of the unique characteristics of health care delivery for aboriginal peoples, 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 First Nations, Inuit and Métis, identification of gaps in the research literature on patient safety and aboriginal and indigenous peoples, and a description, in the form of an environmental scan, of how other jurisdictions (including, but not limited to the U.S. and Australia) are currently addressing the delivery of safe care in this sector of their population 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, the successful applicant, and relevant stakeholders who have content expertise in the matter as previously described. 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, as well as identify recommendations and priorities to inform further work in this area. It is further intended that the proceedings of the roundtable will be incorporated into a final background paper.

Feedback from the roundtable discussion, stakeholder interviews, literature review and environmental scan will inform the development of a comprehensive final manuscript, prepared as a Background Research Paper for CPSI publication purposes. Once complete, the paper will be made available to participants of the roundtable and research processes and published on the CPSI website (as well as other public dissemination means jointly determined by CPSI and aforementioned stakeholder organizations). 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 to provide safer care for First Nations, Inuit and Métis peoples.

### **3.1 Purpose of the Request for Applications (RFA)**

The purpose of this Request for Applications (RFA) is to invite interested researchers and not-for-profit organizations to submit a detailed proposal that will enable CPSI 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 project leads at CPSI, as needed to confirm project scope and deliverables, review research protocol/methods, discuss specifics of interviews, project team communications, etc.
2. Collaborate with CPSI staff 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 and conduct an environmental scan from several countries, including the Canada, the U.S., Australia and other relevant jurisdictions.
4. Prepare interview questions and conduct stakeholder consultations involving telephone interviews (approximately 20-25 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 CPSI, and relevant stakeholders with content expertise.

5. Prepare a draft background paper for initial review by an Advisory Committee composed of representatives from CPSI, and content experts in these matters. The background paper will include a description of the concept of patient safety as it applies to the aboriginal and indigenous health care sector, identification of gaps in the research literature on patient safety and First Nations, Inuit and Métis people, and a description, in the form of an environmental scan, of how other jurisdictions (U.K., Australia, and other relevant jurisdictions) are currently addressing patient safety issues in aboriginal and indigenous peoples 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 other possible contributors (to be determined).

## **4.2 Travel**

With the exception of the one-day roundtable event mentioned above, meetings with CPSI and the Advisory Committee 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 and the Advisory Committee 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 Advisory Committee. For costing purposes, assume 20-25 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 will not disclose the data. Proposals will not be returned to the applicant. The proposal and supporting documentation become the property of the CPSI.

The CPSI reserves 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 reserves 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 is final.

While the CPSI has 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 **March 19, 2010**, at 16:00 noon ET.

Deadline	Activity
February 22, 2010	Request for Applications (RFA) issued
March 1, 2010	Deadline for submission of questions / requests for clarifications
March 8, 2010	Questions and answers / clarifications circulated
March 19, 2010	Proposals due
March 22-26, 2010	Review of proposals
Week of March 29, 2010	All applicants advised of the status of their proposals
April 2, 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 may form a legal contract
  - Location of the applicant
- Understanding of CPSI 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 for literary review 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

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					
<b>Total</b>					

**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 not-for-profit organizations/researchers are eligible to apply. Completed proposals must meet all of the requirements set forth in the RFA. The CPSI reserves the right to modify this RFA in whole or in part, at its discretion. This RFA does not commit the CPSI 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.

Rated Requirement	Evaluation/Score
Understanding of needs <ul style="list-style-type: none"> <li>– Demonstrate a strong understanding of CPSI requirements</li> <li>– Description of why they are the best choice for CPSI</li> </ul>	/5
Approach / Methodology <ul style="list-style-type: none"> <li>– Pragmatic approach and appropriate methodology, taking into consideration nature of work involved and timelines</li> </ul>	/30
Proposed Work Plan <ul style="list-style-type: none"> <li>– Linkage to the approach/methodology, clearly identifiable interdependencies, deliverables and timelines</li> <li>– Proposed distribution of work among the team members (i.e., level of effort)</li> <li>– Appropriateness of the distribution of work</li> </ul>	/20
Team Composition <ul style="list-style-type: none"> <li>– Appropriateness of team mix (i.e., senior staff with junior staff)</li> <li>– Mix of personnel that maximizes individual strengths</li> <li>– Description of role to be performed by each proposed team member</li> <li>– Proposed distribution of work among the team members (i.e., level of</li> </ul>	/30

effort) – Appropriateness of the distribution of work – Appropriate prior education/experience	
Previous Project References – Relevance of projects to requirements – Strength of projects showcased (breadth, depth)	/15
<b>Total</b>	<b>/100</b>

## 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 **March 19, 2010**, at 16:00 noon ET. All submissions are to be addressed to the attention of:

Pierrette Leonard  
Canadian Patient Safety Institute  
Suite 100, 1730 St. Laurent Blvd. Ottawa, Ontario K1G 5L1  
Telephone: 613-738-1793  
Fax: 613-730-7323  
Email: pleonard@cpsi-icsp.ca

Electronic signatures will be accepted.

## 9.0 TERMS AND CONDITIONS OF THIS RFA

### 9.1 Obligations and Rights of the CPSI

The issuance of this RFA and CPSI's receipt of any information or proposals shall not, in any manner, obligate the CPSI to perform any act or otherwise incur any liabilities. The CPSI 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 reserves 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.
- Require 2 or more of the applicants to collaborate on this project.

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

### **9.2 Applicant Responsibilities**

Applicants agree to keep all information provided by the CPSI 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.

### **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.

### **9.4 Contract Award**

Upon selection of a proposal as a result of this RFA, the CPSI 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 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 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 [pleonard@cpsi-icsp.ca](mailto:pleonard@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.