



Document No. 0171-1801

**REQUEST FOR PROPOSALS
TO PROVIDE PHARMACIST SERVICES FOR A
HOME CARE PROGRAM TRIAL
IN WESTERN NEWFOUNDLAND**

CLOSING DATE: 23th of February 2018

CLOSING TIME: 2:00 PM (Newfoundland Time)



Invitation to Tender

1.0 General Provisions

1.1 Intent

Western Health in partnership with the Department of Health, Community Services and McMaster University will be participating in a national community home care study - the DIVERT care Trial. We are seeking qualified and experienced Pharmacists to participate as part of a clinical team and provide services for individual patients when they are identified as requiring the service. Pharmacists will be contracted on a hourly rate basis, to provide comprehensive medication assessment services to identified patients, which will include (but not be limited to): medication reconciliation; assessment of tolerability and appropriateness of therapy; drug interaction management; and, patient education. Pharmacist participation in case conference meetings is required, and patient home visits may be necessary. The total study will involve working with up to 120 home care patients within the Deer Lake, Corner Brook, and Stephenville areas, over a period of 18 months who are at high risk for Emergency Department visits with a significant portion of those clients identified as needing Pharmacist services.

The Western Health Community Support Team will be partnering with our local physicians, pharmacists, Congestive Heart Failure clinic, and COPD clinic, to deliver a complex intervention to identified clients. This intervention will focus on the following elements: medication reconciliation, self-education and advanced care planning. The overall goal is to provide high quality health care and prevent clinical emergencies for home care patients. Further details on the trial program and the requirements for pharmacists interested in submitting a proposal are indicated in the sections below.

1.2 Background

Western Health was established in 2005 by the Government of Newfoundland and is responsible for the delivery of Health and Community Services in the Western Region.

1.3 Proposal Response

- 1.3.1 Proposals must contain a Summary statement which shall contain:
- a. The name, title and address of the representative responsible for the preparation of the Tender. A brief description of their qualifications.
- 1.3.2 All prices quoted for goods and services must be specified in Canadian dollars. All Tenders will be held to be valid for ninety (90) days following the Tender closing date.
- 1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.4 Release of Information

1.4.1 While Tender is Open:

Interested parties can contact the Purchasing department at Western Health for clarification on the requirements and/or the bidding process.

1.4.2 At Tender Opening:

1. The names of the bidders, and overall bid price(s) will be read out.
2. Where the overall bid price(s) cannot be readily determined, no pricing will be released.

1.4.3 After Tender Opening:

1. Proposals will be reviewed for compliance to the requirements. Individuals may be contacted to provide clarification on their proposal.
2. A signed service agreement will be required before any work is started for this project.
3. Information will be made available for a 90 day period only.

1.5 Communication During Tendering period.

- 1.5.1 All communications with Western Health with respect to this invitation for proposals must be directed in writing to the attention of:

Mr. Paul Wight
Regional Director of Materiel's Management
Western Health
1 Brookfield Avenue
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 637-5511
Fax: (709) 637-5030
Email: paulwight@westernhealth.nl.ca

1.5.3 Faxed responses will be accepted with the condition that the original Tender documents are received at Western Health's Materials Management Department no later than **Five** working days following the Tender closing date.

1.5.4 All proposals must be sent in a sealed envelope clearly marked with Tender Name and Number to:

No. 0171-1801

Materials Management Department,

Western Health, Western Memorial Regional Hospital,

First Floor, Corner Brook, NL, A2H 6J7.

Phone 709-637-5386

1.6 **Acceptance**

1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.

1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.

1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

2.0 **Trial program information and Pharmacy service requirements:**

Western Health in partnership with Department of Health and Community Services and McMaster University will be participating in the DIVERT care Trial. Western Health is one of the 4 regions partaking in this national study with McMaster University. The other regions include Island Health (British Columbia), Hamilton Niagara Haldimand Brant Local Health Integration Network (Ontario) and Winnipeg Health (Manitoba). The DIVERT Care Trial will be the largest Home Care Community study in Canada. This study was piloted in the Hamilton Niagara region with a focus on identifying Home Care clients who are at high risk for Emergency Department visits. The goal, of the pilot, was to reduce the number of Emergency Department visits. The results of that pilot study were significant, a 20 % reduction in emergency rooms visits.

Initially, the study will focus on the Corner Brook, Deer Lake and Stephenville and surrounding areas. The Western Health Community Support Team will be partnering with our local physicians, pharmacies, Congestive Heart Failure clinic, and COPD clinic, to deliver a complex intervention to identified clients. This

intervention will focus on the following elements: medication reconciliation, self-education and advanced care planning.

The DIVERT-CARE Cardio-respiratory Management Model contains eight components, as listed below. Each component is built upon current best practice recommendations.

The care model requires preparation, tools, and skills necessary for effective community care. Additionally, the care model is interprofessional: it includes nurse-led education and coaching, pharmacist-directed comprehensive medication assessment care coordination and primary care. The care model is a sustainable approach within the full continuum of care.

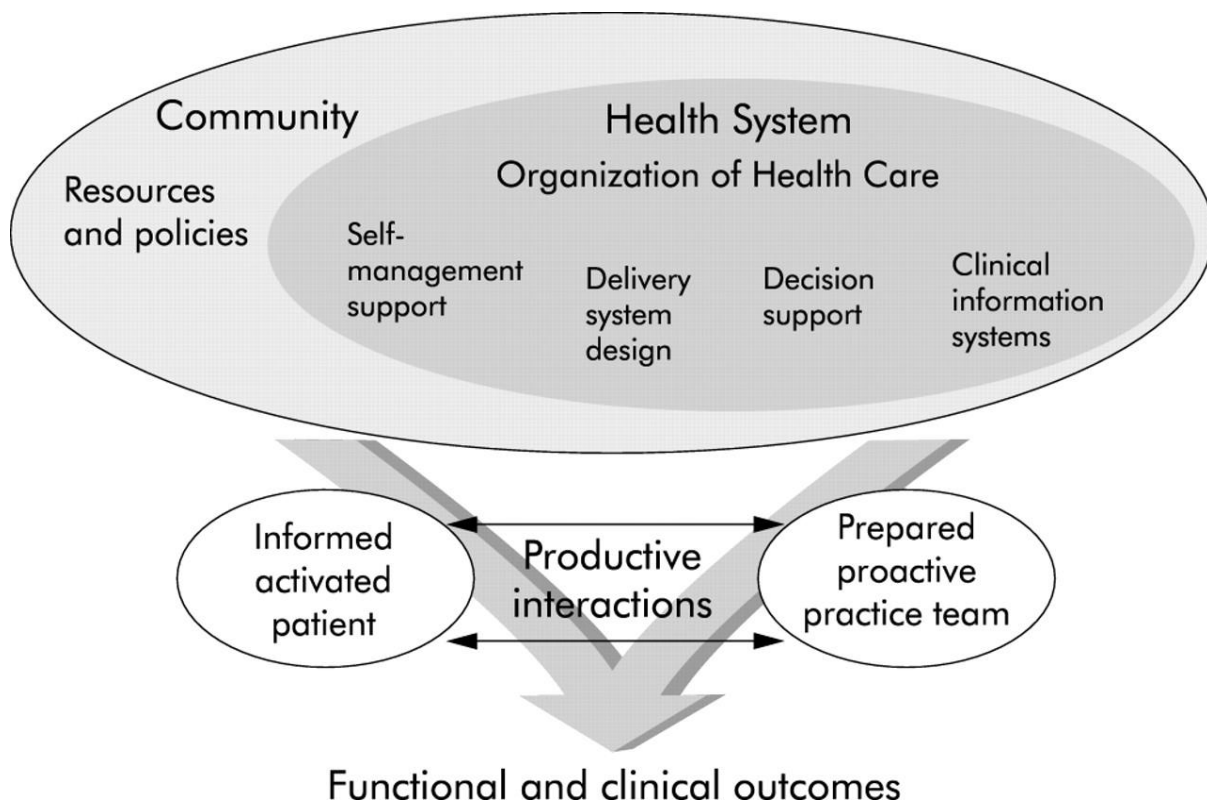
**Cardio-Respiratory Management Model
Components**

1. **Scheduled nurse-led self-management**
 2. **Immediate nurse helpline/hotline**
 3. **Vaccines offered (pneumonia and flu)**
 4. **Advance care and goal planning**
 5. **Clinical pharmacist comprehensive medication assessment**
 6. **Team case rounds**
 7. **SBAR communication protocol with primary care**
 8. **Standard ED transition package**
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Theoretical Foundation

The DIVERT-CARE intervention was designed on the premises outlined in Wagner's Chronic Care Model (CCM). The intervention aims to increase self-management support, inform the patient, increase activation, and improve patient-provider interactions. Productive interactions can only occur when the health care team is adequately equipped. A multi-professional approach will be used; nurses, nurse practitioners, care coordinators of various professional designations, spiritual/social councillor, pharmacists, and physicians. Nurses will be provided comprehensive disease related and self-management education during an orientation period, which is detailed as part of the intervention. Patient education and supports will be tailored based on an assessment of clinical status, self-management skills, and patient centered goals. Clinical guidelines and best practice evidence will be integrated into daily practice as decision support tools. An individualized care plan will be shared between the homecare team and primary care physician. A summary sheet and medication list will be kept by the patient, serving both to empower the patient and as a communication tool to provide pertinent information as the patient moves through various points in the health care system.

Chronic Care Model



Chronic Care Model	DIVERT-CARE Intervention
Prepared Proactive Practice Team	Nurse education tool kit CORE, Lung Association, INSPIRE
Community Self-Management Support	Patient education, skills training, self-management support
Decision Support	DIVERT Scale for Patient Identification Guideline based chronic disease patient education Decision Aids - Zones Teach-back
Delivery System Design	15 week nursing component, comprised of 4 home visits and 4 phone calls Medication reconciliation Advanced care planning (psychosocial support) Care coordination + Usual home care supports
Informed Activated Patient	Primary Care Physician - sustained follow-up Patient centered goals Assessment pre-intervention Patient Activation Measure (PAM)
Productive Interactions	Team based rounds Multi component approach (physician, care coordinator, nurse, pharmacy, social/spiritual supports) SBAR Communication Shared care plan

Pharmacist Service requirements:

The requirements for the Pharmacists participating in this trial will subject to the situation for each patient but will normally involve:

- Meet with patients at Community Support Program locations in Corner Brook/Deer Lake/Stephenville to provide comprehensive medication therapy assessments. Home Visits may be required for non-ambulatory clients as identified and requested by the RHA representative.
- Consultations with members of the Clinical Team and attendance at case conferences at scheduled times during the regular business hours (*Monday – Friday 8:30 – 4:30*)

- Pharmacists will be required to conduct individualized medication assessments for identified patients to assess medication appropriateness and tolerability, identify duplication or unnecessary medications and propose plans for discontinuation as appropriate, and optimize medication adherence.

These services are modelled after the services provided by the Medication Therapy Services (MTS) Clinic at the School of Pharmacy, Memorial University (www.MTSclinic.ca). The MTS Clinic will offer a 1-day orientation session for Pharmacists participating in this study, which will include an overview of the processes used at the MTS Clinic to provide patient care services, including communication plans and documentation tools. Costs to attend this orientation day in Corner Brook should be included in the proposal.

Pharmacists should anticipate spending approximately 1 hour with patients for the initial consultation, as well as additional time to complete their assessments and documentation. The amount of additional time required will vary per patient, but it is anticipated the complete assessment process will be completed in 3 hours. If in an exceptional situation more time is required, this will have to be approved prior to by the RHA representative.

At the initial patient consultation visit, the pharmacist will: conduct a medication history and reconciliation; identify the indication for each medication, its efficacy and tolerability; needs for additional/changes in medication therapy to optimize disease management, manage drug interactions or adverse events; and, assess medication adherence and barriers.

Following the initial patient visit, the pharmacist will identify any drug therapy issues which require modification of medication therapy or additional monitoring. Documentation of the patient's complete medication list along with indications/reasons for therapy, identification of medication therapy issues and recommendations, and plans for follow up will be required within 5 working days. This documented care plan will be shared with the case manager - Community Support Program and other team members as appropriate to discuss and implement recommendations. Case conferences will require 30 minutes and are held once per client. Any additional time per client will be requested and approved by the Project Lead prior to provision of additional time for case conference meetings.

- Travel time will be reimbursed at the proposed hourly rate. Travel mileage will be reimbursed at the Provincial Rate.

- Clients participating in the study will be Stephenville; Corner Brook and Deer Lake areas. Approximately 120 clients maximum however not all clients will require

medication review and medication consultation with a pharmacist. Interested parties should provide a bid that includes an hourly rate for services.

Proposal Responses:

In responding to the Expression on Interest please include the following:

1. Hourly Rates to be charged including all applicable taxes.
2. Any other fees or costs to be charged under this proposal.
3. Hours and days of the week that you would be available to provide service.
4. Current evidence of registration in good standing with the Newfoundland and Labrador Pharmacy Board.
5. Resume for any Pharmacists who will provide services under this proposal.
6. Current certificate of conduct in good standing.
7. Please provide professional two references.

3.0 Terms of Payment

Western will agree to pay approved invoices submitted every two weeks on the regular accounting cheque run. A Western Health Manager will be assigned with authority to approve invoices for any work related to this project.

4.0 Contact Information (please sign)

Contact Name: _____

Email Address: _____

Signed: _____

Title _____

Company Name
(if applicable) _____

Address _____

Phone _____