



# Little Red River Cree Nation

## RFP for Primary Care EMR

Issued by: First Nations Technical Services Advisory Group (TSAG), on behalf of Little Red River Cree Nation.

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# 1. Project Context

## A. Background and Vision

Little Red River Cree Nation (LRRCN), a First Nations Band in Northern Alberta, is composed of three Woodland Cree communities and provides primary health care to its members. LRRCN does not have a Primary Care EMR solution, and health care information is maintained using manual, paper-based processes. This creates significant challenges related to: clinicians not having access to complete medical records; incomplete and fragmented medical records; adverse clinical outcomes for patients; manual errors; and a lack of security and efficiency. For additional background context and information, please see the *Updated Readiness Assessment of an EMR System for Little Red River Cree Nation* provided as Appendix B.

While LRRCN is now undertaking the work to implement a new Primary Care EMR, the broader goal is to harmonize clinical information systems and improve patient outcomes through consolidating and integrating health information and systems. There is need and the future potential for similar projects with other First Nations in Alberta.

### i. Project Purpose

The goal of this project is to identify a Primary Care EMR vendor who can offer a solution for LRRCN. The solution must conform to the Alberta Health strategic direction for provincial level integrations, offer streamlined digital processes, and provide health care practitioners with digital access to a patient's complete medical records. Implementing a Primary Care EMR solution will assist LRRCN in achieving their objective of improving the delivery of primary health care and client outcomes to their members. This initiative will support continuity of care, improve patient outcomes, offer measurable quality improvements, promote efficiency and provide better security for patient medical records.

### ii. Location & Demographics

Little Red River Cree Nation is located approximately 130 km East of High Level, AB and has just over 6,000 members. LRRCN is comprised of three communities: Fox Lake, John D'Or Prairie and Garden River. The community of Fox Lake has a nursing station and John D'Or and Garden River have clinics but all three provide primary health services and provide the services of a nursing station. Each station will require access to the new EMR. There are approximately 4,763 residents living within LRRCN, and another 1,315 off reserve, with approximately 55 percent of residents living in Fox Lake, 30 percent in John D'Or Prairie and 15 percent in Garden River. As LRRCN is in a remote, northern part of Alberta, accessibility, logistics, power, connectivity, and operations present unique and ongoing challenges.

### iii. Stakeholders

The Primary care EMR system will be used by the LRRCN clinical team. Additionally, LRRCN's Home Care and Community and Public Care teams will interact with the EMR to access limited patient information and to exchange referrals. A complete list of stakeholders and their anticipated level of access can be found in Appendix A. The details of access to certain types of information will be further refined during implementation. Below is a summary list of anticipated users – there is currently a total of ~200 staff that will need access to the EMR system:

Service Unit	Position Title
Primary Care - Visiting	Physician
Primary Care - Paramedics Team	Paramedics
	Primary Care Paramedics (PCP)
	On-Call Paramedics
	Paramedic Team Lead
Primary Care	Nurse Practitioner (NP)
	Registered Nurse (RN)
	Registered Nurse (Casual)
	Nurse-In-Charge
	Pharmacy Tech
	Nurse Practitioner Lead (NP Lead)
	Remote Pharmacist
	On-Call Nurse Practitioner
	Licensed Practical Nurse (LPN)
	Pre/Post Natal (RN)
Home Care	Health Care Aid (HCA)
	Home Care RN Lead
	Registered Nurse
Admin	Health Director
	Ass. Health Director
	Administrator
	Receptionist
Community Care & Public Health	Surge Nursing Team
	Transport Clerk
	Registered Nurse
	National Native Alcohol and Drug Abuse Program (NNADAP)
	Maternal Child Health (MCH)
	TB Testing (RN/LPN)

#### iv. Current State of Primary Care

LRRCN delivers Primary Care services to its residents through a dynamic team of health care providers who work from nursing stations located at all three communities. The three nursing stations are staffed during regular hours with Nurse Practitioners, Registered Nurses, Paramedics, Admin support staff, and visiting Physicians. Additionally, a remote on-call nursing team that is staffed by NPs supports the stations in the absence of onsite Physicians and NPs, and during after hour services. The stations are also supported by pharmacy technicians. The Primary Care staff are a mix of FNIHB and external agencies.

#### **v. Current State of Home Care & Community Care**

The Primary Care team often interacts with the Home Care and Community & Public Health teams for a holistic delivery of services to the LRRCN residents. Home Care has its own EMR solution that they use to support internal reporting and patient charting.

The Home Care team is led by a Registered Nurse, who is the Home Care Coordinator, and the program is staffed with Licensed Practical Nurses and Health Care Aids. The team is based in John D'or, but they travel to Fox Lake and Garden River to provide care.

Community & Public Care are involved in the delivery of broader Immunization Programs that include Well Child Care, Adult Immunizations, School Program, and Prenatal Care. Primary Care and Community & Public Health work collaboratively to deliver a variety of programming, including Mental Health and Addictions, Communicable Diseases (CDOM), TB Testing, Pre-and-postnatal Infant Assessments, Healthy Beginnings, Sexual Health, and other programs. As such, there is an on-going need for a complete patient medical record to provide care.

Staff providing Home Care & Community Care services will require different levels of access to the Primary Care EMR than Primary Care staff. Clinical roles are anticipated to evolve over time; consequently, user access roles and permissions need to be configurable as they may change.

#### **vi. Other Systems currently in place at LRRCN's:**

Primary Care staff interact with staff at all three Nursing Stations - the paramedic team, the remote pharmacy, the on-call nursing team, Home Care, and Community & Public Health staff - to provide care to residents. This requires an exchange of patient data including referrals forms, patient charts, test results and other confidential patient medical information.

Primary Care currently uses paper charting within physical patient files. Patient information is sometimes relayed between programs with faxes, phone calls or verbal communication. Home Care currently uses OKAKI CARE as its EMR solution, Community & Public Health maintains separate program paper files, and the pharmacy utilizes KROLL for medication profiles, labels and medication inventory. All programs use OKAKI CHIP to for immunization records. A new Primary Care EMR solution will support common integration standards and potential interoperability with other third-party applications, including the solutions currently in use.

#### **vii. Challenges with the Current State Primary Care**

Lack of a Primary Care EMR leads to extensive manual charting. Each nursing station maintains a home chart for patients from its community, as well as a transient chart for patients from the other communities. Therefore, each community member usually has one home chart, and two transient charts. The majority of LRRCN residents has at least three paper charts. The charting notes from the three stations are not compiled together which leads to a fragmented patient medical record. A community member may also have an OKAKI CARE chart if they are a Home Care patient and potentially other charts if they access services from any of the Community and Public Health programs. This has cumulatively led to a number of challenges and inefficiency in the delivery of health care services at LRRCN:

- Fragmented patient records at the three nursing stations
- Duplicate patient charting across multiple systems
- Lack of access to complete patient information

- Increased time spent on administrative duties leading to reduced time spent with patients
- Increased possibility of human error
- Inefficiency in the transmission of patient record between different service units
- Adverse patient outcomes in the case of medication errors
- Lack of privacy during the storage and transmission of confidential patient information

## **B. RFP Scope**

The core requirements for the system are defined in the RFP Workbook, and vendors are asked to develop responses to the following criteria for evaluation:

- Functional Requirements
- Non-functional (technical) Requirements
- Implementation Plan
- Operations Plan
- Price

Please refer to the Workbook to review the requirements and scope of work required. As indicated in section 1.A.i. *Project Purpose*, the objective of this RFP is to select a Primary Care EMR Vendor who can provide a solution that meets the functional and non-functional requirements and implementation and operations plans aligned to the proposed requirements, and who will support LRRCN through implementation and ongoing operations of the Primary Care EMR solution.

### **viii. Overview of LRRCN's desired Future State**

LRRCN is looking for an EMR system that will allow for centralized storage of all patient records across the three nursing stations as well as the capability to integrate and interoperate with the other systems that are currently in place. The ideal system will enable providers to chart electronically on patient records in real time and access a patient's entire medical history. It will enable electronic messages, referrals, and access to the patient chart between nursing stations.

Given the unique challenges of LRRCN's location, the system must continue to function when power and internet outages occur. Because LRRCN staff have dynamic roles requiring them to move frequently between communities and nursing stations/clinics, a single, centralized database will allow for easy and secure access from all locations. This will provide more complete digital patient records, the reduction of human error, and the alignment of LRRCN's Primary Care unit with LRRCN's community policies.

The proponent will provide ongoing support services to LRRCN and system users / staff. A single point of contact will provide relationship continuity with LRRCN. Application management and support services, training for staff and management of incidents and requests will be required as part of ongoing operational services provided by the proponent.

### **ix. Regulatory Compliance**

The future Primary Care EMR solution must comply with the following LRRCN Policies (Review Appendix C:

- Confidential Information Guidelines

- Policy on Safeguards for Protecting Confidential Information
- Policy on Access to Personal Health Information
- Security Procedures for the Protection of Information Technology
- Guidelines on Acceptable Uses of Networks and Electronic Devices
- Guidelines for the use of Medical Records
- Procedure for Electronic Health Information System Use
- Procedure for Provincial Electronic Health Record (Netcare) Use

The alignment of the future EMR solution with these policies is critical as they ensure compliance with Alberta's *Health Information Act*, federal *Privacy Act* and the *Personal Information Protection and Electronic Documents Act*, that govern the collection, use and protection of confidential health and personal information. Solutions must be able to support LRRCN in meeting these regulatory obligations.

The vendor system critically must align and support the principles of OCAP (Ownership Control Access and Possession). Please see the Glossary for a definition of OCAP. It is critical that data ownership, control, access and possession are maintained by LRRCN. Please refer to requirement #5.2 in the RFP Workbook – Non-Functional Requirements worksheet.

## 2. RFP Process & Submission Instructions

### i. Submission Instructions

All submission deadlines are due November 18 at 5:00 PM MST. Failure to submit any required response element by its associated deadline will negatively impact evaluation and may warrant elimination from the procurement process. All response documents are to be sent via email to Ailsa Flynn ([finance@tsag.net](mailto:finance@tsag.net)).

### ii. Product Demonstration

Product demo meetings will be held with the Evaluation Committee to allow the vendor to demonstrate the functions of their EMR solution to a level that ensures key complex requirements are satisfactorily met. The vendor will be asked to provide a 2-hour demonstration of the system to provide an overview of common/standard workflows to the Evaluation Team via Zoom. The session will be scheduled mid-November; dates and time will be determined following evaluation.

### iii. Final Written Response Format

We are asking vendors to provide a response to the content defined in this section. Please use the RFP Workbook (Excel doc) to develop your response to functional, non-functional requirements, Implementation Plan, Operational Plan, and Pricing. Please use another format to develop your response (i.e., Word, PDF) as needed (i.e., Vendor Overview, Assumptions, etc.).

### iv. Vendor Overview

Provide a letter of introduction signed by an officer of the Proponent organization authorized to legally bind the Proponent. Please provide the name, address, telephone number, and email of the designated contact person. The overview should introduce the Proponents' company and state their intent to provide the products and/or services required by LRRCN as described in their final written response. The Proponent must confirm understanding and alignment with the principles of OCAP, and with LRRCN policies, and how their solution conforms with these requirements. The Proponent should describe their level of prior experiences in implementation of their proposed Primary Care EMR system. The Proponent should also describe any prior experiences working with First Nation communities and share any insights or lessons learned that are critical to success.

### v. Assumptions

Any assumptions being made during the development of the final written response that may qualify certain response elements must be summarized in a table with the following format:

Ref. #	Assumption Description	Relevance to the Proposal
1		
2...		

### vi. RFP Workbook

Provide a detailed response as defined in the RFP Workbook. The Proponent is requested to answer 'yes' or 'no' as to whether the requirement can be met, then define how the proposed solution will meet the requirement.



**vii. Pricing**

Provide a detailed response as defined in the RFP Workbook. The Proponent is requested to provide a structured and complete pricing model for implementation and operation of the EMR system. A sample cost model is provided in the Workbook.

Please provide a list of any pricing assumptions and process for managing pricing changes in the future. A key consideration for LRRCN is the need for dynamic pricing, given the need to accommodate many part-time and temporary users of the system that travel to work at LRRCN. Please consider providing a pricing model that accounts for the part-time nature of staffing at LRRCN.

Given that other First Nations in Alberta potentially require similar work, please indicate potential for strategic cost savings if your EMR was to be used at other First Nations that have similar requirements to LRRCN. We are seeking to understand the potential to scale and achieve economies of scale.

**C. Contract Template**

A contract template will be provided to the selected Proponent once the negotiation phase is complete. Terms and conditions will be defined by LRRCN and will be negotiated with the vendor.

**D. Evaluation of Proposals**

This section describes the evaluation process for determining the Proponent to advance to the negotiations phase of the RFP process. Proponents are required to submit their final written response and attached documents (called "Proposal") as described in Section 2.

The Proponent must submit a response to the requirements as defined in sections 1 and 2 of the Workbook, as well as the proposed implementation plan and operational plan milestones and deliverables in worksheets 3 and 4. The weighting of the scoring will be as follows:

<b>Criteria</b>	<b>Weighting</b>
Functional Requirements (Clinical)	20%
Non-Functional Requirements (Technical)	20%
Implementation Plan	20%
Operational Plan	20%
Pricing	20%
<b>Total</b>	<b>100%</b>

- Appendix A** Please refer attachment '**Appendix A – RFP Workbook\_10122022'**
- Appendix B** Please refer attachment '**Appendix B – LRRCN Readiness Assessment\_10122022'**
- Appendix C** Please refer attachment '**Appendix C – LRRCN Confidential Information Guidelines\_10122022'**

**Appendix D** Glossary

AHS:	Alberta Health Services
API:	Application Programming Interface is a messenger that enables interaction between data, applications, and devices. It delivers data and facilitates connectivity between devices and programs.
CARE:	Community Assessment Response and Empowerment
CDOM:	Communicable Disease & Outbreak Management
CHIP:	Community Health & Immunization Program
EMR:	Electronic Medical Record
FNIHB:	First Nations and Inuit Health Branch
HCA:	Health Care Aide
LRRCN:	Little Red River Cree Nation
MCH:	Maternal Child Health
NIC:	Nurse In Charge
NNADAP:	National Native Alcohol and Drug Abuse Program
NP:	Nurse Practitioner
OCAP:	Ownership Control Access and Possession
	Ownership: Asserts that a community, as a group, owns information, knowledge, and data collectively in the same way that an individual owns their personal information.

**Control:** Asserts that FN people, their communities and representative bodies must control how information about them is collected, used, and disclosed. This extends to all aspects of information management, from collection to use, disclosure, and ultimately, destruction of data.

**Access:** Determines that First Nations must have access to information and data about themselves and their community regardless of where it is held. It is within the rights of First Nation communities and organizations to manage and make decisions regarding who can access their information.

**Possession:** The mechanism to assert and protect ownership and control; possession puts data within First Nation jurisdiction and therefore, within First Nation control.

RAAPID:	Referral, Access, Advice, Placement, Information & Destination
RFP:	Request for Proposal
RN:	Registered Nurse
TB:	Tuberculosis
TSAG:	Technical Services Advisory Group