Questions:

1. You outline that the system must continue to function when power and internet outages occur and refer to the “offline/disconnected” mode throughout the RFP requirements.  We have several questions related to this:
   * Is this listed as a Mandatory requirement and vendors will be excluded based on their inability to provide this functionality?
   * Are cell phone boosters/satellite service/LTE available in the region to support alternate internet sources when the primary vendor is down?
   * How frequently does this occur?

Response:

* Given that LRRCN is remotely located, and experiences frequent power and internet downtime, it is highly advantageous for an EMR system to be able to provide offline and disconnected functionality.
* Cellphone connectivity in the community could be used as an alternative to individual SIM-enabled devices.
* The outages are dependent on multiple factors including power, connectivity and can be impacted by weather and other unpredictable events. It could be as frequent as weekly, or it could be stable for a longer period of time.
* Brownouts seem to occur once every 8 weeks or so (these are different than unplanned events)

1. **NFR 9.4 states “The vendor will have to enter an information management agreement with the legal custodian for LRRCN.”**Can you please expand and/or provide a copy of the information management agreement?

Reponses:

* The vendor will need to sign a service agreement directly with LRRCN to carry out the work around implementation of the EMR.
* As part of the service agreement, there are three components to consider:
  + Data Custodianship
  + PIA – Privacy Impact Assessment
  + Understanding of the Principles of OCAP

1. You have provided us with a list of types of providers and the overall number of users (~200). In order to provide Little Red Cree Nation with an accurate quote based on their current user base, can we please have a list of total number of users by role with the approximate hours worked per month?

Responses:

* Implementation will likely be completed in a phased approach with certain programs and roles onboarding first. It is anticipated that Primary Care users will be the first to start using the new EMR, and then Community & Public Health and the Home Care integration at the end. Therefore, the number of users is expected to grow as each implementation phases occurs.
* These are the current users from Primary Care
  + 7-10 Part time Physicians
  + 23 – Nurses (RN +LPN)
  + 7 Nursing Support Staff
  + 23 – Paramedics (ACP and PCP)
  + 12 – NP

1. As you are currently using a paper-based workflow, please confirm there will be no data migration expected from the other solutions into the Primary Care EMR (e.g. demographics or Records from the Home Care solution)

Responses:

* There is only manual data at present – therefore NO migration of data from another solution/system

1. Will you respond to us directly via email with the answers? If not, where will the answers be centrally posted?

Responses:

* Publicly posted on LRRCN website

1. What exactly is LRRCN looking for in terms of OCAP compliance?

Responses: It is important for a vendor to understand the Principles of OCAP. More information can be found here: [The First Nations Principles of OCAP® - The First Nations Information Governance Centre (fnigc.ca)](https://fnigc.ca/ocap-training/)

1. Is there something in particular LRRCN looking for?

Responses: LRRCN is looking for a vendor that understands the principles of OCAP and how it relates to data and medical information – including storage and collection. LRRCN will be looking for a vendor that adheres to these principles and can articulate how their EMR solution is OCAP Compliant.

1. During contracting, If OCAP is to be integrated into an agreement, can you provide any examples of how OCAP principles will be integrated into the agreement?

Responses: It is important for a vendor to understand the Principles of OCAP. More information can be found here: [The First Nations Principles of OCAP® - The First Nations Information Governance Centre (fnigc.ca)](https://fnigc.ca/ocap-training/). OCAP may not be explicitly included in the final contracting, however solutions will be evaluated on their ability to be OCAP Compliant and their understanding of OCAP.

1. How does LRRCN foresee the community determining who has access and control? Will there be a Systems administrator to configure the deployment at LRRCN?

Responses: This should be part of the Implementation Plan from the vendors. Access and Control will remain with LRRCN and it is assumed that different roles will have different access. Data and ownership of that data remain with LRRCN.

More information can be found here: [The First Nations Principles of OCAP® - The First Nations Information Governance Centre (fnigc.ca)](https://fnigc.ca/ocap-training/)

1. Is LRRCN looking for OCAP compliance to the Product only?

Responses: Yes, the product and how it interacts (implementation, operation, storage) needs to be OCAP Compliant.

1. Is LRRCN looking for OCAP ready-state by time of bidding or post-bid approval?

Responses: Solutions will need to demonstrate how their solutions align with the principles of OCAP during the proposal submission process and demonstrations.

More information can be found here: [The First Nations Principles of OCAP® - The First Nations Information Governance Centre (fnigc.ca)](https://fnigc.ca/ocap-training/)

1. Is there a framework established as to what exactly LRRCN is looking for in terms of OCAP and how that will relate to an established EMR?

Responses: Solutions will need to demonstrate how their solutions align with the principles of OCAP during the proposal submission process and demonstrations.

More information can be found here: [The First Nations Principles of OCAP® - The First Nations Information Governance Centre (fnigc.ca)](https://fnigc.ca/ocap-training/)

1. For policies and procedures, is LRRCN seeking vendor alignment with only the product or the product and the organization?

Responses: Solutions will need to demonstrate how their EMR solution aligns with their policies and procedures. This can vary depending on the vendor.

1. Further from previously mentioned, are there other LRRCN  policies and procedures that may differ from anticipated vendors policy and procedures?

Responses: All relevant policies and procedures related to this project are included in the RFP Package.

1. EMR software is licensed on an ‘as is-where is’ basis. If not acceptable, what changes would LRRCN seek?

Responses: As LRRCN has not the software or the licensing agreement, it cannot state what changes would be requested to the license package.

1. Will the RFP terms be negotiable including but not limited to: insurance, limited liability, indemnity?

Responses: Contracting will be negotiable to ensure compliance with OCAP as well as meeting the needs for LRRCN.

1. Is it possible to share the exact number of Physicians (Full Time, Part Time or Casual)?

Responses:

* + There are currently between 7-10 Part time Physicians that provide support to LRRCN under a visiting physician model

1. Can we use the staffing levels in Appendix B for pricing components for the response?

Responses: Yes. In addition, please see staffing levels with the Primary Care Team:

* These are the current users from Primary Care
  + 7-10 Part time Physicians
  + 23 – Nurses (RN +LPN)
  + 7 Nursing Support Staff
  + 23 – Paramedics (ACP and PCP)
  + 12 – NP

These are subject to change and should be used as a guide only.

1. Is it possible to obtain a breakdown of the number of staff in each position? The various positions are listed in RFP section 1.iii, but numbers for each are not provided. There is some breakdown in Appendix B, but nothing that totals close to the approx. 200 staff stated.

Responses: Yes. In addition, please see staffing levels with the Primary Care Team:

* These are the current users from Primary Care
  + 7-10 Part time Physicians
  + 23 – Nurses (RN +LPN)
  + 7 Nursing Support Staff
  + 23 – Paramedics (ACP and PCP)
  + 12 – NP

These are subject to change and should be used as a guide only. It should be noted that the staffing is a mix of ISC, LRRCN and external agencies. The 200 staff list is an anticipated fully rolled out EMR with Primary Care, Community & Public Health, as well as Home Care staff being full users of the new EMR.

1. Are backup generators available at the three sites, in case of power outage?

Responses: Yes, these have been somewhat limited in capability in the past. ISC is also looking to upgrade the UPS at these sites.  There is a discussion to see if alternative options may provide better support to LRRCN.

1. Is there any form of redundant internet? E.g. LTE failover if the fiber is down, or vice-versa?

Responses: Currently there is not a redundant internet solution in place. Cellphone connectivity in the community could be used as an alternative to individual SIM-enabled devices.

1. Has funding for this project been secured? If not, how likely is funding to be available? It is stated in Appendix B, READINESS FACTOR – Funding to Implement EMR that “The funding to implement the chosen EMR system will need to be determined after the successful vendor is awarded the RFP.”

Responses: There is not funding currently in place. Funding options will be explored once LRRCN understands the costs to implementation and operation the EMR solution with the chosen vendor. The strategic plan is to move forward with an EMR option for LRRCN.