

Vascular Health Clinical Lead, Central East LHIN

RFP 01-18

Schedule 2

RFP Submission Requirements

SCHEDULE 2 – RFP SUBMISSION REQUIREMENTS

SECTION 1 - FORMAT AND CONTENT OF PROPOSAL

1.1 Format of Proposal

- (1) It is requested that each Respondent submit a Proposal that includes,
 - (a) Respondent Mandatory Requirements, Section 2.4 and Rated Evaluation Criteria, Section 2.5 (1) and (2).

1.2 Contents of Proposal

- (1) The Respondent should prepare and submit its Proposal to include the following information and documents:
 - (a) Cover letter (recommended maximum 1 page);
 - (b) Resume or CV (Curriculum Vitae);
 - (c) Proposal Submission Form, Schedule 3;
 - (d) Information corresponding to the submission requirements set out in Section 2.5 of this Schedule 2 (the “RFP Submission Requirements”) (recommended maximum 10 pages).
- (2) The recommended page maximums refer to one-side of a printed page of information (a two-sided printed page would count as two pages). Respondents will be evaluated favorably if they do not exceed the recommended maximum page limits.
- (3) Respondents are encouraged to develop their Proposal Submissions following the numbering and titles set out in Section 2.5 of this Schedule 2.

SECTION 2 – BACKGROUND, DELIVERABLES AND SUBMISSION REQUIREMENTS

2.1 Background

The Central East LHIN is a mix of urban and rural geography and is the sixth-largest LHIN in land area in Ontario (16,667.8 km²). The Central East LHIN has a rich diversity of community values, ethnicity, language and socio-demographic characteristics. In densely populated urban cities, suburban towns, rural farm communities, cottage country villages and remote settlements, the Central East LHIN stretches from Victoria Park to Algonquin Park.

Central East LHIN is home to approximately 1.6 million people, or 11.6% of the population of Ontario. In 2011, 72% of the population lived in a large urban center (population 100,000+), while 13% lived in rural areas. The LHIN includes the eastern section of the city of Toronto (i.e., Scarborough), which accounted for approximately 42% of the LHIN's population. Oshawa, Whitby, Pickering and Ajax together accounted for an additional 30% of LHIN residents. Between 2010 and 2015, Central East LHIN's population increased by 4.6%. In comparison, Ontario's population grew by 5.1% over the same period. Central East LHIN's population is projected to increase by 4.7% between 2015 and 2020 and 9.9% between 2015 and 2025, which is lower than the projected growth rates for Ontario for the same time periods. Seniors (aged 65+) accounted for approximately 16% of the Central East LHIN population.

Approximately 73% of Central East LHIN residents reported English and 1.5% reported French as their mother tongue in 2011. Compared with Ontario, Central East LHIN had a larger proportion of residents with no knowledge of English or French. In 2011, immigrants accounted for 33.2% of the Central East LHIN population. Approximately 4% of LHIN residents were recent immigrants, having arrived in Canada between 2006 and 2011. Central East LHIN had the 2nd highest unemployment rate in the province at 9.6%, compared to 8.3% for Ontario. Nearly 15% of Central LHIN residents were living in low-income households, which was the 3rd highest proportion among the 14 LHINs.

With accountability to the Central East LHIN, the Vascular Health Clinical Lead will provide leadership across the LHIN, championing both local and regional strategies within the Central East LHIN. In order to address regional priorities related to vascular health (i.e. cardiac, stroke, peripheral, diabetes, other) care and service provision, the Vascular Health Clinical Lead along with LHIN will assume responsibilities with regard to vascular health regional coordination, and will work collaboratively with health service providers to implement specific mandates and objectives:

1. Identify regional and local service needs to support long term planning for vascular health and diabetes care in alignment with LHIN and provincial priorities, including the LHINs Integrated Health Service Plan (IHSP)
2. Engage primary care, specialists and other vascular and diabetes service providers across the region to facilitate the adoption and integration of consistent, evidence based standards and best practices in vascular and diabetes management
3. Coordinate regional services for children and adults with vascular disorders (including pre-diabetes and diabetes) to support a more integrated, patient centered, accessible, equitable and effective system that offers the best value for Ontarians.

The Central East LHIN Vascular Health Clinical Lead does this by working collaboratively with Central East LHIN staff, other Clinical Leads, as well as health service providers and regional and sub-regional partners.

2.2 Deliverables

1. General Description

The LHIN Vascular Health Clinical Lead will work with the LHIN to build and establish strong collaborative relationships between service providers and relevant stakeholders within the region in order to drive quality improvement and adoption of best practices in vascular care and management, and to support coordination engagement, planning and outreach in partnership with related initiatives of the LHINs, service providers and provincial associations. Without limiting neither the scope of this statement, nor the scope of the specific requirements set out below, this will require the Vascular Health Clinical Lead to:

- a) Focus on and contribute towards, improving the five system attributes/goals as they relate to vascular health and diabetes services, Diabetes Education Programs and services delivered by various medical specialists (e.g. internists, endocrinologist/diabetes specialists, nephrologists, cardiovascular specialists, neurologists, cardiologists), podiatrists and eye care specialists (optometrists and ophthalmologists) and other health service providers;
- b) Five System attributes/goals:
 - i. Equitable: individuals should receive the same access to quality care regardless of who they are and where they live
 - ii. Accessible: Individuals should be able to receive timely and appropriate healthcare services to achieve the best possible health
 - iii. Patient-centered: Healthcare providers should offer services that are responsive to individual's needs and preferences
 - iv. Effective: Individuals should receive care that works and is supported by the best available research and evidence
 - v. Integration: All parts of the health system should be organized, connected and work with one another to provide coordination, high quality care.

2. LHIN Clinical Lead Regional Planning Table

The Vascular Health Clinical Lead will be required to participate as a member of the LHIN at regional planning table(s). The planning table(s) may meet monthly or more frequently as needed. The planning table is used to drive the mandate of the Central East LHIN and Vascular health programs and strategies, the objectives of the Ontario Diabetes Strategy and the ministry's overall Chronic Disease Prevention and Management Framework. The Central East LHIN Vascular Clinical Lead will be required to participate as a member of the LHIN Diabetes provincial committee to facilitate provincial standardization, alignment and integration of common initiatives, processes and resources. The Central East LHIN Vascular Clinical Lead will be required to participate at other provincial or regional vascular health committees as required. LHIN Leads will also participate on sub-committees and/or other ad hoc committees and working groups of the planning table as needed.

3. Delivering the Central East LHIN Vascular Health Mandate

Vascular Health Clinical Lead will:

- a) Enable and facilitate consultation with regional and community stakeholders to inform planning for LHIN activities
- b) Promote the integration and coordination of vascular health services and resources across the region to support streamlined care across the health system.
- c) Demonstrate the following qualities to support achievement of the LHIN's strategic Vascular Health and Diabetes programs and related objectives:
 - i. Strong leadership capacity to support regional operations and accountability for performance management
 - ii. Leadership capacity for strategic planning and regional decision making
 - iii. Peer-to-peer coaching/professional education expertise with a focus on collaborative quality improvement
 - iv. Clinical healthcare experience
 - v. Clinical credibility among primary and specialty care providers, other chronic disease providers and stakeholders
 - vi. Understanding of population and community health
 - vii. Strong understanding of Ontario's health system
 - viii. Establish relationships with regional health care providers
 - ix. Quality improvement knowledge and experience to facilitate/drive system change and improvements

4. Reporting:

- a) Submit monthly activity reports to the Central East LHIN Vice President, Clinical
- b) Meet with the Vice President, Clinical on at least a quarterly basis to discuss annual deliverables and key issues.
- c) Complete an annual regional work plan approved and supported by the Central East LHIN.
- d) Participate in a year-end review to report on deliverables providing an opportunity to highlight regional vascular care and planned initiatives each fiscal year.

5. Organizational Relationship:

This role has direct accountability to the Vice President Clinical, Central East LHIN. The Vascular Health Clinical Lead will work closely with key staff in the Central East LHIN.

2.3 Timeline and Term:

1. The opportunity is Part Time for 1 business day per week
2. The initial term will end March 31, 2018 with the option to renew for one year at the discretion of the LHIN.

2.4 Respondent Mandatory Requirements

1. Each proposal must include a resume or CV (Curriculum Vitae);
2. Completed Schedule 3 - Proposal Submission Form which includes, references and the Tax Compliance declaration Form;
3. A written proposal that provides the information requested in 2.5 below.

The Ontario Government expects all suppliers to pay their provincial taxes on a timely basis. In this regard, proponents are advised that any contract with the LHINs will require a declaration from the successful proponent that the proponent's provincial taxes are in good standing. Other than inserting the information requested and signing the Tax Compliance Declaration Form, a proponent may not make any changes to the Tax Compliance Declaration Form. Proposals containing changes to the Tax Compliance Declaration Form may be disqualified.

The LHIN will forward to the Ministry of Revenue a copy of the selected proponent's signed Tax Compliance Declaration Form for verification. By signing this Form, the proponent is consenting to the release of the information on the Form from the Ministry to the Ministry of Revenue and the result of the verification process from the Ministry of Revenue to the Ministry. In the event that the Ministry of Revenue finds that the selected proponent's taxes are not in good standing, the selected proponent must, as a precondition of entering into an agreement, ensure that its status is brought into good standing and provide evidence of its good standing to the LHIN. The LHIN may rescind the notice of selection of a proponent who fails to provide evidence of its good standing within the timeframe for satisfying all preconditions of execution set out in the RFP.

Proponents may direct enquiries regarding the Tax Compliance Declaration Form to the LHIN Contact.

Proposals which do not comply with all of the mandatory requirements, may, subject to the express and implied rights of the LHIN, be disqualified and not evaluated further.

2.5 Rated Evaluation Criteria.

Each Respondent will be scored based on their written response to the items below:

1. Experience and Qualifications

- (a) A brief description of the Respondent;
- (b) A description of Respondents qualifications;
- (c) A description of Respondents experience in the following areas:
 - (i) The provision of hospital and community-based services;
 - (ii) Participation on professional, cross-sector and/or provincial working groups;
 - (iii) The provision of service in the LHIN;
 - (iv) The identification and resolution of systemic impediments to the provision of health care services; and
 - (v) Developing and supporting clinical partnerships.

2. Other Rated Criteria

Each Respondent should provide in his or her proposal a vision that identifies:

- (a) The Respondents vision for the delivery of Vascular Health Clinical Lead Services;
- (b) Fit between the Respondents experience and qualifications with the requirements (Section 2) of the Vascular Health Clinical Lead Services; and
- (c) The intended approach to the delivery of the Vascular Health Clinical Lead Services.

SECTION 3 – REMUNERATION

3.1 Remuneration for Deliverables (non-negotiable):

1. Subject to the term of this Agreement the LHIN shall pay a maximum of \$6000 per month. The Respondent must submit monthly for the Consulting Fee.
2. The position is not eligible for Benefits.
3. The Vascular Health Clinical Lead shall be entitled to prompt reimbursement for any pre-approved expenses incurred in the performance of his/her duties hereunder and which are in accordance with Management Board of Cabinet Travel, Meal and Hospitality Directive, as may be amended or replaced from time to time (the “Directive”). The LHIN is not responsible for any travel, meal or accommodation expenses incurred by the Vascular Health Clinical Lead that are not pre-approved in writing by the LHIN and charged in accordance with the Directive.
4. Remuneration may not be used for salary top-ups – as such salaried physicians must provide documentation from their employer stating the arrangements to respect this expectation and these shall be agreeable to all parties.