

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
Bid Receiving Public Works and Government  
Services Canada/Réception des soumissions Travaux  
publics et Services gouvernementaux Canada  
PO Box 1408, Room 100  
167 Lombard Ave.  
Winnipeg  
Manitoba  
R3C 2Z1  
Bid Fax: (204) 983-0338

**SOLICITATION AMENDMENT**  
**MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise  
indicated, all other terms and conditions of the Solicitation  
remain the same.

Ce document est par la présente révisé; sauf indication contraire,  
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address  
Raison sociale et adresse du  
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution  
Public Works and Government Services Canada -  
Western Region  
PO Box 1408, Room 100  
167 Lombard Ave.  
Winnipeg  
Manitoba  
R3C 2Z1

<b>Title - Sujet</b> Nursing Services	
<b>Solicitation No. - N° de l'invitation</b> H3551-112960/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> H3551-112960	<b>Date</b> 2012-08-15
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$WPG-208-8124	
<b>File No. - N° de dossier</b> WPG-2-35087 (208)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2012-08-23</b>	<b>Time Zone</b> Fuseau horaire Central Daylight Saving Time CDT
<b>F.O.B. - F.A.B. Specified Herein - Précisé dans les présentes</b>	
<b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input checked="" type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Hamp, Jordanna	<b>Buyer Id - Id de l'acheteur</b> wpg208
<b>Telephone No. - N° de téléphone</b> (204) 983-4460 ( )	<b>FAX No. - N° de FAX</b> (204) 983-7796
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

Instructions: See Herein

Instructions: Voir aux présentes

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> Raison sociale et adresse du fournisseur/de l'entrepreneur	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> (type or print) <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/</b> <b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

Amendment 001 is raised to provide the Bidders' Conference minutes, to address additional questions raised and to modify Solicitation No. H3551-112960/A as follows:

**Bidders' Conference**  
**H3551-112960/A - Nursing Services**  
**Health Canada**  
**391 York Avenue**  
**Winnipeg, Manitoba**  
**10:00 a.m. - 11:20 a.m.**

**Chairperson** – Jordanna Hamp, Contracting Authority, Public Works and Government Services Canada

**Attendance**

Monique Lamoureux-Bellec, Back-up Contracting Authority, Public Works and Government Services Canada

LaVona Parker, Supply Specialist, Public Works and Government Services Canada

Marcel Gueret, Project Authority, Assistant Director of Operations, Health Canada

Wendy Ducharme, Director Nursing, Health Canada

Joe Tyson, Assistant Director of Nursing, Health Canada

Tracey Muir, Regional Nurse Educator, Health Canada

**Roundtable** – Bidders' present

**Minute Taker**

Bev Laurin, Procurement Assistant, Public Works and Government Services Canada

**Introduction**

- Welcomed everyone at the meeting for thanked everyone for attending
- Roundtable introductions were done
- Ask the attendees if there were any lawyers or media present at the meeting
  - o None were present
- Instructed to all attendees that recording devices were not allowed in the meeting.
- Instructed to all attendees the agenda for the meeting
  1. Review of important elements in the Request for Proposal (RFP). It was determined a bidders' conference was necessary as there are important changes to Health Canada's (HC) requirement and changes to the procurement tool we are putting in place.
  2. Review of the Statement of Work (SOW)
  3. Review of questions received prior to the Bidders' Conference
  4. Open Question and Answer period
- Minutes to the Bidders' Conference and other questions and answers received prior to the Bidders' Conference will be posted as a solicitation amendment on MERX.

**1. Review of the RFP**

- Solicitation closes on Thursday, August 23<sup>rd</sup> 2012.
- Bids must be returned to our Bid Receiving Unit. Address is located on the front page of the RFP on the left hand side.
- All enquiries must be addressed to the Contracting Authority. As I will be away for two weeks during the tender period, please ensure you cc all questions to Monique Lamoureux-Bellec, the

back-up Contracting Authority. We ensure all responses to these questions are posted as a solicitation amendment on MERX so all bidders have access to any new information.

### **PART 1 - GENERAL INFORMATION**

- PWGSC will award up to three (3) Contracts as a result of the RFP. The overall estimated value of work to be distributed amongst successful bidders is eighteen (18) million dollars. The period of the Contract is for one (1) year from date of Contract award (estimated for 01 October 2012).
- There is a security requirement associated with the requirement which will be addressed later on in the conference.
- This procurement is a set aside under the federal government's Procurement Strategy for Aboriginal Business (PSAB). Therefore only Aboriginal businesses qualifying under the PSAB program can bid on this tender.

### **PART 2 – BIDDER INSTRUCTIONS**

- Bids must be submitted to PWGSC Bid Receiving Unit as indicated on the cover page of the RFP. Due to the nature of the bid solicitation, bids transmitted by facsimile will not be accepted.
- All inquiries must be submitted in writing to the Contracting Authority no later than seven (7) calendar days before the closing date. Send inquiries to Jordanna Hamp and cc Monique Lamoureux-Bellec no later than August 16<sup>th</sup>, 2012.

### **PART 3 – BID PREPARATION INSTRUCTIONS**

- Bidders must provide their bids in separately bound section as follows:
  - Section I: Technical Bid (three hard copies)
  - Section II: Financial Bid (one hard copy)
  - Section III: Certificate (one hard copy)

#### Section 1: Technical Bid

In their technical bid, bidders should demonstrate their understanding of the requirements contained in the bid solicitation and explain how they will meet these requirements.

The technical bid should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. Simply providing links to websites in your proposal is not acceptable as we can only evaluate the information that is contained in your proposal. Simply cutting and pasting the Health Canada guidelines is also not acceptable.

### **PART 4 – EVALUATION PROCEDURES AND BASIS OF SELECTION**

- Bids will be assessed in accordance with the entire requirement of the bid solicitation including technical and financial evaluation criteria.
  1. Technical Evaluation
    - Mandatory Technical Criteria
      - o The Bidder must describe in their proposal the approach and method by which they will manage performance and quality assurance.
      - o The Bidder must detail in their proposal their Orientation and Continuing Education Program they propose to offer to all nurses in advance of coming into a community.
      - o The Bidder must provide a complete orientation curriculum along with identification of the time allocated to each content area as well as a description of how the content will be delivered.
      - o The Bidder must provide a minimum of twenty (20) designated nurses to perform the Work throughout any resulting contract

§ An important note here is that the personnel designated in their proposal must be used under any resulting Contract and Task Authorizations (TAs). We will be keeping a roster of approved nurses and verifying that these are used under any TAs. The bidder will have the ability to substitute a nurse for a nurse with similar qualifications but must maintain a minimum of 20 designated nurses. Bidders can also add designated nurses to their roster and can exceed the minimum of 20. Bidders must also notify the Contracting Authority if one of their designated nurses leaves and is no longer available. For each additional or substituted designated nurse, the Bidder must provide to the Contracting Authority a copy of their active CRNM registration with no restriction and a current Basic Life Support or current cardiopulmonary resuscitation certification. It is also will be the Contractor's responsibility to provide to the Contracting Authority renewed registrations and certifications for any whose expire. The Contracting Authority has the right to periodically audit their qualifications to ensure they are being maintained.

§ When evaluating your proposed designated nurses, we have the right to not accept any proposed nurses in your proposal based on records of poor service under any pervious PWGSC procurement instruments which resulted in the nurse being "banned" from use under the procurement instrument or nurses who've been terminated under previous employment with HC. It is the bidder's responsibility to ensure their proposed designated personnel has not been in these situations.

§ **NOTE: It would be in your best interest to propose more than the minimum of 20 required if you have the nurse capacity. If you only propose the minimum and 1 of them has an outstanding record of poor service, your bid would be deemed non responsive.**

§ **It's also in your best interest to maintain a roster of designated nurses over the minimum required if you have the capacity in a resulting contract because in a situation where a nurse has demonstrated poor performance or conduct of work under a TA and as a result the nurse is suspended from being used under the TA Contract, you want to ensure you still maintain the minimum number required or you would be in default of Contract.**

- o The Bidder must demonstrate in their proposal the experience of their firm.
- Point Rated Technical Criteria
  - o See ANNEX H ; Point Rated Technical Evaluation Criteria
  - o This section is out of a total of 200 points. We will be evaluation 4 main areas. The Firm's Ability, Orientation Program, Firm's Capacity and Nurse Experience, and the Firm's Overall Experience.
  - o 1. Performance and Quality Assurance
    - o The Bidder's proposed approach and methodology to managing performance and quality assurance will be evaluated. We've included a list of attributes it should address.
  - o 2. Orientation Program
    - o Describe, in detail the subject areas that will be included in an orientation of Contract Nurses that will be working with FNIHB. A complete orientation curriculum is required at the time of bid submission. Identification of the time allocated to each content area as well as the how the content will be delivered must be provided. The Orientation is to include, at a minimum, the listed content areas. **BIDDERS MUST OBTAIN A MINIMUM PASS MARK OF 70% (35 POINTS) IN THIS SECTION TO BE DEEMED RESPONSIVE. BIDDERS NOT OBTAINING THIS MARK WILL BE GIVEN NO FURTHER CONSIDERATION.**

- o This section is out of 50 points but there are two bonus sections that can boost your score up to a maximum of 70 points out of the 50 (Additional Nurse Qualifications and Additional Nurse Capacity).
- o 4. Firm's Experience
- o **Note:** The experience of each company in a Joint Venture or Partnership will be combined and assessed in accordance with the table below.

#### Basis of Selection

1. To be declared responsive, a bid must:
  - a. comply with all the requirements of the bid solicitation; and
  - b. meet all mandatory technical criteria; and
  - c. obtain the required minimum points selected for criteria B. Orientation Program; and
  - d. obtain the required minimum of 140 points overall for the technical evaluation criteria which are subject to point rating. The rating is performed on a scale of 200 points and
  - e. the assessed price of a bid does not exceed the Average Price of all technically responsive bids by more than 25%.
2. Bids not meeting (a), (b), (c), (d) and (e) will be declared non-responsive.
3. All responsive bids will be ranked, lowest to highest based on their total evaluated price. The Bidders with the top three (3) lowest evaluated prices may be awarded a Contract. The Estimated Overall value of this requirement will be allocated among the top three (3) ranked Bidders as follows:
  - 1<sup>st</sup> (lowest evaluated price) = 70%
  - 2<sup>nd</sup> = 20%
  - 3<sup>rd</sup> = 10%

If there are fewer than three compliant bidders, the Estimated Overall Value of this requirement will be allocated as follows:

1st (lowest total evaluated price) = 80%

2nd = 20%

OR

One compliant bidder = 100%.

#### PART 5 – CERTIFICATIONS

- NEW TO SOLICITATION – CODE OF CONDUCT – PWGSC has extended their list of offences that render companies ineligible to bid on contracts and has now made a new certification mandatory.
    - o Bidders must submit with their bid
      - a. A complete list of names of all individuals who are currently directors of the Bidder;
- A properly completed and signed form Consent to a Criminal Record Verification (PWGSC-TPSGC 229), refer to Annex J, for each individual named in the list.
- There are certifications required to be submitted with your bid as per p. 11-12 of the RFP. Set-aside for Aboriginal Business
  - o Bidders must fill-in Section 2.2.1 of the RFP

#### PART 6 – SECURITY AND OTHER REQUIREMENTS

- Security Requirement
  - o Before award of a contract, the following conditions must be met:
    - a. The Bidder must hold a valid organization security clearance which includes Document Safeguarding granted by the Canadian Industrial Security Directorate.

- b. The Bidder's proposed individuals requiring access to classified or protected information, assets or sensitive work site(s) must meet the security requirement – Reliability Status granted by the Canadian Industrial Security Directorate.
- o **If you do not have the DOS or personnel clearances required, please get in touch with the Contracting Authority as soon as possible. They sponsor your company with CISD in order to get clearances. They process is lengthy and take a few months and therefore the sooner we get the process underway the better.**
- Insurance Requirements
  - Proof of insurance is not required with your bid but will be required prior to award. Two types of insurance required are Commercial General Liability Insurance and Medical Malpractice.

## PART 7 – RESULTING CONTRACT CLAUSES

- Task Authorization Process
  - o Health Canada's Nurse Managers or designate will provide the Contractor with a description of their nursing needs required. HC Nurse Manager can approach any of the TA Contract Holders, there is no right of first refusal. TA work will be allocated among the TA Contract holders in accordance with the ranking. Operationally it's an advantage if nurses are assigned for longer placements within the communities. HC prefers the placements are not piecemealed between a bunch of nurses in order for the Contractor to fill as many placements as possible in the previous right of first refusal situation. With the new procurement tool, Contractors won't be competing for work but will be allotted a specific percentage of the work which we are hoping will deter this type of practice.
  - o The Task Authorization (TA) will contain the number, duration and locations of nursing placements required.
  - o It is anticipated Task Authorizations will be issued on a monthly basis, this is typically how they are rolled out, one month in advance. During peak times Health Canada (HC) requires nursing relief services, TAs may be sent out two months in advance. (TAs) may also be required for ad hoc nursing requirements that may need to be filled within short notice. TAs may be issued to one or more of the ranked YA Contract holders at the same time.
  - o The Contractor must provide to the Nurse Manager or designate the confirmed travel arrangements of each nurse (see RFP for timeframes)
  - o The Contractor must not commence work until a TA authorized by the Nurse Manger or designate has been received by the Contractor. The Contractor acknowledges that any work performed before a TA has been received will be done at the Contractor's own risk.
  - o The Contractor must perform the Work pursuant to a TA unless the Contractor has informed both the Nurse Manger and the Contracting Authority, in writing, that it is unable to perform he task as a result of previous commitments under a TA.
- Minimum Work Guarantee
  - o "Minimum Contract Value" means 5% of the Maximum Contract Value.
- Contractor's Representative
  - o The Bidder must fill out this section.
- Invoicing Instructions
  - o Any invoice containing an error(s) will be returned to the Contractor for correction resulting in a delay of payment.

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## 2. Review of SOW

- **Contractor's Responsibilities**
  - o The Contractor will be responsible for additional costs incurred by HC during a TA including those for support staff re-scheduling and accounting, for nurse manger and other HC staff orientation of replacement Contract Nurses, for HC coordination and provision of transport to and

from the airport for Contract Nurse, for additional housekeeping services for Contract Nurse accommodation and for utilization of HC nurses to perform the TA Work.

- o Please note there have been a few minor changes to Appendix A, Competencies for Community Health Nurses

#### **Basis of Payment**

- o It is **MANDATORY** that bidders submit firm all inclusive prices for the period of the proposed contact in accordance with the Pricing Schedule.
- o Note, the estimated quantities provided are for evaluation purposes only.

### **1. Questions Received prior to the Bidders' Conference**

#### **Q.1** Refer to Part 4, Article 1.1.1.3 in the RFP

The Bidder must provide a minimum of twenty (20) designated nurses to perform the Work throughout any resulting contract. Each designated nurse must have, and the Bidder must provide copies in their proposal of the following for each nurse proposed:

- i. an active College of Registered Nurses of Manitoba (CRNM) registration with no restrictions.
- ii. a current Basic Life Support (BLS) certification or current cardiopulmonary resuscitation (CPR) certification.

**Should bidders be required to provide resumes for each proposed nurse to substantiate the information in Annex I? Without a resume, how would the Contracting Authority verify that the details (i.e. years of experience and education) in Annex I is accurate?**

**A.1** Number of years experience and education information is used in the point rated criteria section for evaluation purposes. No, resumes are not required, only the completion of the form under Annex I. Agencies are responsible for providing accurate information in their proposal and are responsible for confirming their nurses' experience and education levels. We are taking the bidder's word for it that they are submitting a bid in accordance with Standard Instructions 2003 incorporated by reference in the RFP, Bidders must a) respond to bid solicitations in an honest, fair and comprehensive manner, b) accurately reflect their capacity to satisfy the requirements stipulated in the bid solicitations and resulting contracts.

Also stated in Standard Instructions 2003 – "In conducting its evaluation of the bids, Canada may, but will have no obligation to verify any information provided by bidders through independent research, use of any government resources or by contacting third parties.

#### **Q.2** Refer to Part 4 Article 2.1.e. in the RFP

- e. the assessed price of a bid does not exceed the Average Price of all technically responsive bids by more than 25%

**Please explain how this does not create an environment of bid rigging (price fixing).**

**A. 2** Bid rigging is an offence Canada takes very seriously and contravenes the Competition Act. This is not the intent of this criteria in the Basis of Selection is a common criteria used in many solicitations nationally to ensure best value is obtained by Canada.

If Canada was aware of any indication of possible bid-rigging activities, they would be reported.

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The intent of this criterion is to ensure Canada is receiving best value. As these are Task Authorization Contracts and not Standing Offers, we have a minimum work guarantee (5 % of the Contract Value) we are providing the successful Contractors. It's too protect us in a situation if we receive three responsive bids and one of them is extremely high and outside the average, we won't be obligated to enter into Contract with this high bidder.

**Q.3** Refer to Part 4 Article 2.1.3 in the RFP

All responsive bids will be ranked, lowest to highest based on their total evaluated price. The Bidders with the top three (3) lowest evaluated price may be awarded a Contract. The Estimated Overall Value of this requirement will be allocated among the top three ranked Bidders as follows:

**In order to meet FNIH demands, would FNIH consider granting a contract for all qualified bidders? Why would it be limited?**

**A. 3** Based on historical usage of the Standing Offers and the forecasted usage of HC's nursing services requirement, three companies meeting the mandatory requirement of having a minimum of 20 designed nurses available under the contract at all times will meet HC's requirement. Because we are issuing Contracts instead of Standing Offers, we are also providing a minimum work guarantee, we are only issuing the number of contracts required to meet the requirement, to issue additional contracts would increase our contractual obligations/expenditure unnecessarily.

**Q. 4** Refer to Part 5 Article, 2.1.4 in the RFP  
Status and Availability of Resources

**Please confirm that any individual who is "not an employee" of the Bidder is a subcontractor.**

**A. 4** Yes.

**Q. 5** Refer to Part 7 Article 1.1.1(2) in the RFP

This section states that the Contractor must submit the Task Authorization within ½ hour if the Task Authorization is received less than two weeks prior to the start date. Please explain how the time allotted is sufficient for Contractors to respond. In the previous RFP (H3551-081973), Contractors were given up to six hours for assignments that begin within 36 – 72 hours.

**A. 5** For the most part, HC's needs are rolled out one month in advance. Issuing Task Authorizations with less than two weeks notice won't be a common occurrence. These would be considered emergency situations and HC feels a ½ hour is sufficient. We would only be approaching one TA holder at a time so we would have to determine availability within this timeframe, if all three couldn't, we'd try the process over again. The expectation of the proposed contract is that the proposed nurses are dedicated to this program and are ready to work at all times.

**Q.6** Refer to Part 7 Article 1.1.1(3) in the RFP

**Please explain how the Contracting Authority will decide on which Contract holder(s) will receive the Task Authorization.**

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**A. 6** Based on percent of allocated work given in accordance with the ranking of the TA Contracts. HC will monitor their usage of each TA Contract closely and ensuring the percentage of work is being allocated in accordance with the ranking. And will consult this prior to the issuance of a TA. There is no order in which they need to approach TA Contract holders with their requirements.

**Q. 7** Refer to Annex A, Contractor's Responsibilities in the RFP

**How will the additional costs incurred by HC be determined and will proper documentation be provided to the Contractors to substantiate such costs?**

**A. 7** HC has identified a list of potential costs they incur each time there is change to a Task Authorization. The list will be consulted in this situation and any applicable costs will be charged back to the Contractor as incurred. The checklist of incurred costs could be forwarded to the Contractor upon request.

There are two situations in which costs may be incurred by HC for changes made to the Task Authorization. There are costs associated with Task Authorization changes PRIOR to the placement. These are administrative in nature and include extra time spent by support staff in rescheduling and accounting for the change. On average, it takes the nurse scheduler, purchasing agent, finance/administration personnel and the nurse manager/NIC an additional half hour of work to account for the change. On average, the approximate cost associated with a change PRIOR to the placement is \$65.00. Then there are costs associated with Task Authorization changes DURING the placement. There are the same administrative costs associated as mentioned above but there are also costs associated with the use of HC staff to complete the Task Authorization work. Additional time by the NIC may be required to provide a facility introduction to the changed nurse. There may be clinic hours, over time hours, and call-back hours worked by HC nurses while waiting for a replacement nurse. There are also housekeeping of accommodations and additional cleaning supplies required when a nurse is switched out. There are transportation costs associated as a driver is required for airport transportation. On average, the approximate cost associated with a change DURING the placement is \$155.00. There are also variable costs associated with changes made DURING the placement that we are unable to determine up front. These include taxi charges as taxis are required for transportation in some communities such as Split Lake and Nelson House. There are also mileage costs to and from the airport from the nursing station. In rare situations the use of a helicopter for transportation may be required.

It's important to note that the Contractor will only be charged for actual costs incurred.

**Q. 8** Refer to Annex H, Orientation Program in the RFP

**Please outline the Contracting Authority's expectations as to what a complete orientation curriculum should entail.**

**A. 8** The curriculum is completely the Contractor's responsibility and will be rated based on its contents. The expectation of the orientation curriculum is that all competencies identified in the RFP are met. The orientation curriculum must fully demonstrate how these competencies will be met through their orientation. Simply repeating a HC competency or providing a link to a web site or screen shots of a website is not acceptable.

**Q.9 To ensure quality assurance, how will FNIH apply the three-strike rule?**

**A. 9** There is no three strike policy under the TA Contracts. If the Contractor was not meeting their obligations under the Contract they would be considered in default of Contract.

**Q. 10 What exists to prevent a company from sending unqualified nurses into nursing stations repeatedly even if the company can continually find a replacement?**

**A. 10** If the Contractor is not meeting its obligations under the Task Authorization Contract, Canada has the ability to terminate the contract by means of default. Additionally, HC will recoup any additional costs associated with changes to an authorized Task Authorization (i.e. in providing a replacement).

**Q.11 How does Health Canada envision allocating or efficiently implementing the top three bidders their percentage (i.e. #1 Ranked - 70%, #2 – Ranked 20% or #3 – Ranked 10%) if #1 Ranked has insufficient number of nurses to fulfill the work order?**

**A.11** Health Canada will be tracking and monitoring usage against each TA Contract to ensure the percentage of allotted work is distributed in accordance with the ranking. All TA Contract holders will need to have a minimum of 20 designated nurses available at all times for use under the contracts.

**Q.12 What is Health Canada's rationalization for not creating a weighted blended evaluation ranking system between technical and price?**

**A.12** The evaluation and selection methodology chosen best met HC's requirement and will ensure best value is obtained.

**Q.13 Can Health Canada expand on how the additional costs charges (page 21 of RFP) are determined that will be charged back to the contractor for any infractions?**

**A. 13** We have described potential additional costs that may be charged back to the agency. Only costs incurred by HC will be charged back to the agency and deducted from the agency's invoice.

**Q.14 Will all Health Canada's nursing needs list be provided to all three Contractors at the same time?**

**A. 14** No. HC will approach each TA Holder individually and in accordance with the ranking.

**Q. 15 Refer to Part 7 of the RFP****1.1.1.Task Authorization Process** (Page 14 of 44)

(4) The contractor must provide to the Nurse Manager or designate the confirmed travel arrangements of each nurse within:

- Two weeks prior to the commencement of the placement if the Task Authorization was received over a month prior to the start date;
- 4 hours if the Task Authorization was received less than a month but more than 48 hours prior to the start date; or
- 1 hour if travel is required within 24–48 hours for urgent ad hoc nursing requirements

**We request that this clause be discussed at the Bidder's Conference. If an agency books travel and subsequent changes are made by FNIH, the change fees charged by travel / accommodation agents will be billable to FNIH?**

**A.15** Yes. This includes non-refundable travel and administration costs.

**Q.16** Refer to Part 6, Article 1.1.1.5 The Contractor must not commence work until a Task Authorization authorized by the Nurse Manager or designate has been received by the Contractor. The Contractor acknowledges that any work performed before a Task Authorization has been received will be done at the Contractor's own risk.

**Please confirm that "under urgent requests" agencies are not permitted to proceed with bookings until we have received the Task Authorization request.**

**A. 16** Yes, agencies must not proceed with bookings until an authorized Task Authorization has been received.

**Q. 17** Refer to Part 6, Article 1.1.1.6 The Contractor must perform the Work pursuant to a Task Authorization unless the Contractor has informed both the Nurse Manager and the Contracting Authority, in writing, that it is unable to perform the task as a result of previous commitments under a Task Authorization. If the Contractor cannot perform a requested task for the reason detailed above, the request to perform a task will then be made to other contractors. If no contractor can perform the task, Canada reserves the right to acquire the required Work by other means.

**We request further clarification on this clause during the Bidder's Conference. Is email acceptable for a response in writing?**

**Does this clause simply mean, if an Agency is unable to fill a request, then the referral will then go to the next approved provider and if they are unable to fill then HC has the right to go to agencies outside the SOA?**

**A.17** Yes.

Yes, HC may approach other TA Contract Holders and if none are able to fulfill the requirement, they have the right to go outside the procurement tool.

**Q. 18** Refer to Part 6, Article 1.1.6 Task Authorization Revision and Cancellation  
2. The Nurse Manager or the Contracting Authority, as applicable, may cancel a Task Authorization, If such cancellation is prior to departure of a Contract Nurse for the location of the task, Canada will reimburse the Contractor for travel or administrative costs incurred to the point of cancellation only if the Contractor can substantiate such costs with proper documentation.

**Will agencies be reimbursed the non-refundable travel costs and administrative costs?**

**A.18** Canada will reimburse the Contractor for travel or administrative costs incurred to the point of cancellation if they can substantiate such costs with proper documentation.

**Q. 19 Refer to Annex A, Statement of Work, Contractors Responsibilities**

The Contractor will be responsible for additional costs incurred by HC during a Task Authorization, including those for support staff re-scheduling and accounting, for nurse manager and other HC staff orientation of replacement Contract Nurses, for HC coordination and provision of transport to and from the airport for Contract Nurses, for additional housekeeping services for Contract Nurse accommodation, and for utilization of HC nurses to perform the Task Authorization Work. Instances where such additional costs might be incurred include:

- a) the Contractor replacing a Contract Nurse during a Task Authorization for any reason;
- b) the Contractor's inability to provide a Contract Nurse replacement within the required 24 hours or not at all;
- c) where Contract Nurses damage Government Property during the period of the Task Authorization.

**We request further clarification on this clause during the Bidder's Conference i.e. can examples of the proposed applicable costs in Canadian dollars be provided?**

**A. 19** We have described potential additional costs that may be charged back to the agency. Only costs incurred by HC will be charged back to the agency and deducted from the agency's invoice.

**Q. 20 Refer to Annex A, Statement of Work, Orientation and Continuing Education Program**

The Contractor will be responsible for all costs associated with ensuring competence of their nurses prior to the acceptance of a Task Authorization for said nurse and for on-going competence training during the Task Authorization.

Additional tasks to be completed by all Contract Nurses at each work site include:

- Initialing that they have read the policy of Controlled Drugs and Substances upon arrival each time in to a community

**Are nurses required to review the policy upon arrival into a community before initialing? Can agencies provide nurses with a copy of this policy? Will the most recent copy of the policy be provided to agencies?**

**A. 20** Yes. Yes, however, they must ensure their nurses are aware of any updates. Yes, upon request.

**Q. 21 Please identify the process for contacting the on-call Nurse Managers in emergency situations and subsequent expected response time by On-call Nurse Managers.**

**A. 21** There is a nurse manager on call blackberry which will be provided to agencies. Response time should be immediate or within 15 minutes.

**Q. 22 It is our understanding that contracted nurses are not to be Nurse in Charge; however, in our experience there are occasions when a contracted nurse is the only nurse remaining in a station and is left in charge under the direction of the exiting FNIHB Charge Nurse. Will HC provide a section on the pricing section for agency "Charge Nurse" rate ?**

**A. 22** No. Contracted nurses are not to be a Nurse in Charge. If a nurse ends up in a situation like this please contact HC Nurse Manager. The HC Nurse Manager would become the nurse in charge by default.

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**Q. 23 For Wednesday's conference a couple of things if you could clarify on Annex B:**

1. **Total anticipated hours (100,000) and nurse ratio (20+)**
2. **C) Travel Time**

**Just from a 'rough' hours measurement; when I do the 100,000 hours /1875 hours (37.5 hours X approx. 50 working weeks) is 53 nurses vs. 20 nurses X 1875 (50 weeks X 37.5 hours) = 37, 500 hours.**

**A. 23** The estimated quantities are used for evaluation purposes only. Additionally, up to three (3) TA Contracts will be awarded, each Contractor requiring the minimum of 20 designated nurses. Work will be allocated in accordance with the rankings.

**Q. 24 Is the travel time taken into the regular 37.5 hour work week or is there a regular schedule of 37.5 hours and then travel time is additional. As an example if someone goes to God's Lake is their nursing schedule 37.5 hours and then another 5 hours expected travel time for flight, transportation to and from airport etc. I am just trying to correlate the 70% proposed straight time rate.**

**A. 24** Travel should be a part of their scheduled 37.5 hours a week. Placements are usually a Monday to a Monday and it is expected for the nurse to be on the first flight in on Monday morning.

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**1. Questions posed at the Bidders' Conference**

**Q.1** Is it possible for HC to provide the Contractors with a complete list of costs that they may incur for Task Authorization changes just so Contractors can plan for these potential costs?

**A.2** It's not possible for HC to provide such a list as each situation will be different and is difficult for HC to anticipate and price out these costs in advance. HC has an idea of what costs will surely arise, such as the example of costs we provided today, however, costs vary per community (ex. fuel) and there are too many variables that prevent HC from being to have an all inclusive list of definite costs. r

**Q.2** If the # 1 ranked Contractor cannot provide nurses required under HC's TAs , what would happen in this situation? How would HC meet their operational requirement and maintain the work percentage split? What would happen to the #1 ranked Contractor if they repeatedly could not provide nurses under HC's TAs?

**A.2** Work will be OFFERED to each TA Contract holder in accordance with their percentage split. If they cannot provide resources under an issued TA, HC can approach the other TA holders with the TA. At the end of the Contract the actual distribution of work may not meet the percentage split as HC is only required to offer the TA holders the work in accordance with the percentage split. The Contractor is contractually obligated to be able to provide their minimum of 20 designated nurses on an as and when requested basis. The only reason they should be refusing work is if their resources are being used under other HC TAs. If they are repeatedly refusing work, they are technically in default of Contract and Canada has the option of pursuing a termination by means of this default.

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If the TA Contract holders combined cannot meet HC's operational needs, we reserve the right to acquire the required Work by other means.

**Q.3** How long is the Contract termination process?

**A. 3** HC would notify the Contracting Authority of the situation. The Contracting Authority would then provide the Contract a notice of default explaining the issue and then provide them with a cure period in order to rectify the situation. It is up to Canada to determine how long and realistic the cure period should be. If the Contractor does not rectify the issue within the cure period, Canada has the option of pursuing a termination by means of default which could take a few weeks. .

**Q.4** If an emergency situation happens and neither of the ranked TA Contract Holders can provide the services, what happens then?

**A.4** HC has the right to go outside the TA Contracts to acquire the services.

**Q. 5** Will the Contractor be reimbursed for the airfare credit if it cannot be used by the expiration date? Some of the airlines that offer service up North have very small expiry periods (ex. 3 months). There are situations where the credit is specific to the nurse and it can only be applied against that nurse. Nurses may leave the agency prior to the use of the credit. There are no provisions in the SOW that explain what happens in these situations.

**A.5** The Contracting and Project Authority will discuss and will include provisions in the Contract via an amendment to address this.

**Q.6** What is the timeframe in which HC has to get payment to Contractor?

**A.6** In accordance with our General Conditions, upon receipt of a complete invoice, HC guarantees payment to the Contractor within 30 days after which interest applies. It's important to note that any errors on submitted invoices may delay payment time.

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**Conclusion**

Thanked everyone for attending.

This is a new procurement tool we are putting in place and there is bound to be an adjustment period and a few bumps in the road and as such we appreciate your cooperation.

The Bidders' Conference minutes and questions and answers received prior to and during will be posted on MERX as a solicitation amendment hopefully by end of next week.

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**Additional Questions**

Q1) Can FNIHB please provide a copy of the Isolated Post Allowance (IPA) for the Manitoba Region for RFP #H3551-112960/A?

A1) Provisions for IPA are not included in Health Canada's requirement. For information regarding Isolated Post Allowances used by the Government of Canada for Public Service Employees, please consult:

[Http://www.njc-cnm.gc.ca/directive/index.php?did=4&lang=eng](http://www.njc-cnm.gc.ca/directive/index.php?did=4&lang=eng)

Q2) Task Authorization Process, Part 7 Section 1.1.1 (2)

Does this thirty minute response time only apply during normal business hours and does it exclude the conventional times for lunch?

A2) 30 minute response time is for regular hours of work 0830-1700 (hours of operation of nursing stations). This includes the time between 1130 and 1300 hrs when offices may chose to close for lunch or have staff take their lunch breaks. Lunch break periods by Contractor staff are NOT excluded in the 30 minute response time

Q3) Part 4 Section 1.1.1. (1)

Does this Mandatory Requirement refer specifically to the orientation and training prior to assignment to a community?

A3) NO, this requirement is for the duration of the contract.

Q4) Is the responsibility for performance and QA in the field jointly shared between FNIHB and the Contractor? If so, how is that managed?

A4) NO, this is the Contractor's responsibility.

Q5) Is performance and QA the sole responsibility of FNIHB and the Contractor is advised of the outcome after the fact?

A5) NO, FNIHB will inform the contractor if issues of performance are identified in the field.

Q6) Is the Contractor required to establish a QA program in parallel with those that should be in place in each community?

A6) NO, the contractors are responsible for their own QA program for their staff.

Q7) Part 4 Section 1.1.1. (2).

Does Health Canada expect that twenty nurses will be continually on assignment throughout the life of the contract, or that a pool of twenty nurses should be available at all times? If the latter, if the Contractor has two nurses working on an assignment, is the requirement that twenty more are to be available?

A7) NO

Q8) If a Contractor is rated as the second lowest cost bidder and therefore will receive 20% of

the contract work, are they still required to maintain a pool of twenty nurses available for this contract or will it be prorated to  $20 \times 20\% = 4$ ?

A8) All Contractors are required to have a pool of 20 nurses .

Q9) Status and Availability of Resources, Part 5 Section 2.1.4

Will Health Canada be requesting a nurse for an assignment and expecting the Contractor to provide a name from their available pool, or will the request be for a specific named nurse?

A9) Provide a nurse available from their pool

Q10) If a requested nurse is already working in another jurisdiction, is this an acceptable reason?

A10) N/A

Q11) Part 7 Section 1.1.1. (5)

Will Health Canada provide a list of their employees who are authorized to issue a Task Authorization?

A11) YES

Q12) If Health Canada do not change their current operational protocol and work is commenced on a verbal assurance from a Health Canada official before a Task Authorization is received, will payment for the work be honoured?

A12) NO, no work is to commence until the TA is signed.

Q13) Contractor's Responsibilities

In Annex A there is a statement that the Contractor will be responsible for additional costs incurred by Health Canada during a task Authorization. Does this clause apply only to the three examples listed in subsections a); b); and c)?

A13) NO, this would apply to any changes to a TA where HC incurs costs due to the changes.

Q14) Does this clause allow Health Canada, for example, to charge the Contractor for providing an orientation to the Nursing Station to a contract nurse?

A14) NO, basic familiarisation to the unit is expected.

Q15) Orientation and Continuing Education Program

Does Health Canada commit to providing the Contractor with timely notification of changes to its policies and procedures?

A15) YES

Q16) At times when Contract nurses find that the policies and/or protocols in a nursing station /

health centre does not reflect current accepted standards of practice, will Health Canada be prepared to accept recommendations for changes as and when identified?

A16) They can inform Health Canada; however the decision will remain with Health Canada.

Q17) Will meals be reimbursed at an average daily rate according to the isolated post allowance (IPA) and community assigned?

A17) NO.

Q18) Are companies permitted to submit 2 bids with this RFP – one being Aboriginal & another being Non-Aboriginal?

A18) This procurement is set aside under the federal government's Procurement Strategy for Aboriginal Business.

Q19) **Q1) Annex H - 2. Orientation**

*"A complete orientation curriculum is required at the time of bid submission. Identification of the time allocated to each content area as well as the how the content will be delivered must be provided."*

Please define the word "Curriculum" as the definition of the word has several meanings. i.e. which definition would best meet the request of Annex H 2.0:

1. A detailed list with brief description of each of the study areas
2. A complete binder with entire orientation content

A19) Either option is acceptable.

## **Modifications**

Refer to p. 16 of 44, Article 1.1.6.2

### **INSERT:**

This includes non-refundable travel and administration costs. If travel arrangements have been made prior to the Nurse Manager revising or cancelling an authorized Task Authorization and the Contractor obtains a credit for the airfare, Canada will not reimburse the Contractor for those costs. If the travel credit can only be used for a specific Contract Nurse and this Contract Nurse cannot be used under any future Task Authorizations prior to its expiry (ex. the Contract Nurse no longer works for the Contractor), the Contractor will be reimbursed for the amount of the airfare credit.