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Correctional Service Canada (CSC) – Service
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correctionnelle Canada
Contracting & Materiel Services
Prairie Regional Headquarters
3427 Faithfull Avenue
Saskatoon SK, S7K 8H6

Attention: Claudette Chabot

SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION

Proposal to: Correctional Service Canada

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

Proposition à: Service Correctionnel du Canada

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

Comments — Commentaires :

**THIS DOCUMENT CONTAINS A SECURITY
REQUIREMENT – CE DOCUMENT COMPORTE DES
EXIGENCES RELATIVES À LA SÉCURITÉ.**

Issuing Office – Bureau de distribution

Correctional Service Canada (CSC)
Contracting & Materiel Services
Prairie Regional Headquarters
3427 Faithfull Avenue
Saskatoon SK, S7K 8H6

Title — Sujet: Physician Services – Edmonton Institution	
Solicitation No. — No. de l'invitation 53900-17-2574950	
Solicitation Amendment No. — No. de modification de l'invitation 002	Date: May 17, 2017
GETS Reference No. — No. de Référence de SEAG 53900-17-2574950	
Solicitation Closes — L'invitation prend fin at /à : 14 :00 CST / heure normale du centre on / le : June 2, 2017	
Address Enquiries to — Soumettre toutes questions à: Claudette Chabot, Procurement Officer	
Telephone No. – No de téléphone: 306-659-9255	Fax No. – No de télécopieur:
Destination of Goods, Services and Construction: Destination des biens, services et construction: Edmonton Institution, Edmonton Albert	
Instructions: See Herein Instructions : Voir aux présentes	

Solicitation Amendment 002 is issued to

1. Extend the closing date of the Solicitation;
 2. Amend the Statement of Work (Annex A)
 3. Amend the Basis of Payment (Annex B)
-

1. The Solicitation Closing date identified on page one (1) of the RFP has been extended:

Delete: **Solicitation Closing** date, May 15, 2017 @ 14:00 CST; and

Insert: The following, **new Solicitation Closing date, June 2, 2017 @ 14:00 CST**

2. Amend the Statement of Work (Annex A): amendment is to increase the requirement for On-call Services.

Delete: **Annex A – Statement of Work** in its entirety; and

Insert: The following, **new Annex A – Statement of Work**

3. Amend the Basis of Payment (Annex B): amendment is to increase the requirement for On-call Services.

Delete: **Annex B – Basis of Payment** in its entirety; and

Insert: The following, **new Annex B – Basis of Payment**

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

ANNEX A - Statement of Work

1. Introduction:

- 1.1 The Correctional Service of Canada (CSC) Health Services require the services of a physician - general practitioner for **Edmonton** Institution in the **Prairie** Region. The Contractor (General Practitioner) will provide general practitioner services to inmates and collaborate with the institution's multi-disciplinary health services team that includes, but is not limited to, nurses, dietitians, radiology services, dental, psychiatry, psychology and other allied healthcare professionals.

2. Background:

- 2.1 CSC has a legal obligation, under the Corrections and Conditional Release Act (CCRA), to “provide every inmate with essential health care and reasonable access to non essential mental health care”.
- 2.2 The Commissioner’s Directives 800 series are the key references on essential health services covering Clinical services, mental health and public health services.
- 2.3 The mission of Health Services is to provide offenders with efficient and effective health services that **encourage individual responsibility, promote healthy reintegration and contribute to safe communities.**
- 2.4 Consistent with its transformation agenda, CSC recognizes that health outcomes are a shared responsibility between service providers and inmates. Inmates must be involved in taking responsibility and proactive measures to safeguard their health, which includes dental health.
- 2.5 Health Services are provided in ambulatory Health Service Centres in institutions, regional hospitals and regional treatment / psychiatric centres. Inmates may have to go to the community for emergency services, specialized health care services and for hospitalization that cannot be accommodated in CSC’s regional hospitals. In CSC, health care is provided by a wide range of regulated and non-regulated health professionals.
- 2.6 In broad terms health care means medical, dental, mental health care and public health services. During the period of incarceration, inmates are provided with a range of coordinated health services that are accessible, affordable, and appropriate to the correctional environment.

3. Objective:

- 3.1 Provide and coordinate essential health services to inmates at **Edmonton** Institution as a general practitioner, and;
- 3.2 Provide On Call services to the **Edmonton Institution, Edmonton Institution for Women, Buffalo Sage Centre and Grierson Institution** in Edmonton Alberta.

4. Performance standards:

- 4.1 The Contractor must also take into account gender, cultural, religious and linguistic differences and be responsive to the special needs of women and Aboriginal People.
- 4.2 Medical care:
The Contractor must provide all services in compliance with federal and provincial legislation and standards, provincial and national guidelines (such as the Canadian Immunization Guide), practice standards and CSC Policy/Guidelines and including the CSC Mental Health Policy and guidelines.
- 4.3 Compliance with provincial/national guidelines

The Contractor is expected to consult with the Chief Health Services to ensure that all medical practices are consistent with the relevant and most current legislation, practice standards and policies.

4.4 The following is a list of key relevant legislation and CSC Policy/Guidelines but should not be considered an exhaustive list. CSC's policies and guidelines can be found on the CSC internet website at www.CSC-SCC.GC.ca or available in hard copy.

- Corrections and Conditional Release Act - Section 85 Health Care
- Commissioner's Directive 800, Health Services
- Guidelines 800-1 Hunger Strike: Managing an Inmate's Health
- Commissioner's Directive 803, Consent to Health Service Assessment, Treatment and Release of Information
- Commissioner's Directive 805, Management of Medication
- Commissioner's Directive 821, Management of Infectious Diseases
- Protocol 821-1, Post Exposure Protocol (PEP) and Managing Significant Exposure to Blood and/or Body Fluids
- Commissioner's Directive 835, Health Care Records
- Commissioner's Directive 840, Psychological Services
- Commissioner's Directive 843, Management of Inmate Self-Injurious and Suicidal Behaviour
- Commissioner's Directive 850, Mental Health Services
- National Essential Health Services Framework
- Emergency Medical Directives
- Specific Guidelines for the Treatment of Opiate Dependence (Methadone/Suboxone®)
- Hospice Palliative Care Guidelines for Correctional Service Canada
- CSC National Formulary
- Clozapine Protocol
- Medication Reconciliation Guidelines
- Neurontin (Gabapentin) Protocol
- Procedures to Obtain Nutritional Supplements
- Managing Medication Events Guidelines
- Documentation for Health Services Professionals
- Abbreviations for Health Services
- Guidelines for Sharing Personal Health Information
- Tuberculosis Prevention and Control Guidelines for Federal Correctional Institutions
- Canadian Tuberculosis Standards (6th Edition)
- Management of Viral Hepatitis Guidelines
- CSC Sexually Transmitted Infections Clinical Practice Guidelines
- Health Canada – Canadian Guidelines on Sexually Transmitted Infections
- Discharge Planning Guidelines: A Client Centred Approach
- Clinical Discharge Planning and Community Integration Service Guidelines
- Institutional Mental Health Services (Primary Care) Guidelines
- Accreditation Standards and Required Organization Practices
- Medication Distribution and Administration
- National Guidelines for Gastroenteritis Outbreaks Compatible with Norovirus
- CSC National Guidelines for the Immunization of Inmates

4.5 Documentation on CSC health care records:

- a) In addition to the above noted policies, guidelines and standards, the Contractor must document all assessment, treatment and consultations in the Inmates Health Care Records in compliance with relevant legislation, professional standards of practice and CSC's Documentation for Health Services Professionals guidelines.

- b) As an accountability and quality assurance measure, the Chief, Health Services will periodically review the Contractor's documentation for quality, consistency and completeness.
- c) All of the inmates' health care records, including all protected information, must remain at the institution.
- d) The Contractor must obtain prior approval, in writing, from the Chief, Health Services before collecting any data on inmates. The Contractor must specify what data would be collected and for what purpose. Any data collected in an electronic or other format must remain at the institution.

5. Tasks:

5.1 Inmate care:

- a) The Contractor must provide essential general practitioner integrated health services to inmates, as requested by the Chief Health Services, in accordance with the National Essential Health Services Framework, including any amendment to this Framework issued by CSC during the contract period and any optional period if and when exercised by CSC.
- b) These services include, but are not limited to the following:
 - i. Essential physical health assessment;
 - ii. Consultation;
 - iii. Treatment;
 - iv. Primary mental health care (this includes collaborating with mental health professionals as well as initiating and continuing the prescription of psychotropic medications);
 - v. Appropriate referrals;
 - vi. Urgent health services (any condition that is likely to deteriorate to an emergency or affect the inmate's ability to carry out their activities of daily living is considered to be "urgent") including referral to the appropriate community hospital for emergency medical services when required;
 - vii. visiting hospitalized offenders admitted to community hospitals when required as authorized by the Chief Health Services.

5.2 The Contractor, in his/her role as the primary care physician must manage all aspects of healthcare services for those inmates under his/her direct care, including coordination of care provided to inmates by other practitioners and specialists to ensure continuity and integration of care. This includes, but is not limited to, approval of all recommendations made by healthcare providers outside of CSC.

5.3 The Contractor must visit inmates in segregation areas upon request of the Chief Health Services.

5.4 The Contractor must document health assessment, treatment, and consultations in the inmate's health care record.

5.5 The Contractor must consult with the Chief Health Services regarding requirements for medical supplies and equipment. Any requests for equipment and supplies must be submitted to, and approved by, the Chief Health Services.

5.6 Recommendations for non-formulary medication and Special Authorization items:

- a) The Contractor must ensure that:
 - i. Medications are prescribed according to CSC's National Formulary;
 - ii. Requests for non-formulary medications are made in accordance with CSC's National Formulary;and

- iii. Requests for Special Authorization items that are being recommended by the Contractor are made in accordance with CSC's Essential Health Services Framework.

5.7 Health Services to other CSC Institutions:

On occasion and at the request of the Chief Health Services, the Contractor may be required to provide health services to inmates in other CSC institutions.

5.8 On Call and Call Back Services

a) On Call Services:

The Contractor must be available for work related calls as specified below.

- i. The Contractor must also provide on-call services to the following institutions during hours of operation on evenings, weekends and statutory holidays only:

	Institution Name	Hours of operations Monday to Friday	Weekend Hours of Operation Statutory Holiday Hours of Operation
1.	Edmonton Institution	06:45-18:00	06:45-18:00
2.	Edmonton Institution for Women	6:45-17:30	6:45-17:30
3.	Buffalo Sage	7:00-16:00	7:00-16:00
4.	Grierson Centre	7:00-16:00	7:00-16:00

Institutional Population compared to Rated Capacity

Edmonton Institution	274
Edmonton Institution for Women	164
Buffalo Sage Centre	16
Grierson Institution	30

6. Grievance and Investigation Processes:

- 6.1 The Contractor must participate in various CSC internal inmate grievance/investigation processes which may include a review of the Contractor's documentation on the Health Care Records. Upon request from the Chief Health Services, the Contractor may have to undergo interviews as a result of an inmate grievance/investigation process.

7. Services related to the provision of Health Services in CSC:

- 7.1 At the request of the Chief Health Services, the Contractor must provide the following services:
 - a) participate in the review of policies and guidelines related to the provision of Health Services in CSC; and
 - b) assume a leadership role as part of a Professional Advisory Committee, participate in credentialing, and review professional practice issues.
- 7.2 The Contractor must have knowledge of, and provide input into, CSC's Accreditation Standards, Required Organizational Practices and other CSC quality improvement/assurance initiatives.
- 7.3 The Contractor must review and sign CSC's Emergency and Non-Emergency Medical Directives annually and whenever these directives are changed as a result of a national review.

8. Notification Requirements:

- 8.1 The Contractor must notify the Chief Health Services of any issues that may call into question the Contractor's competency and any restrictions imposed by the licensing body affecting the Contractor's ability to provide medical services to inmates.
- 8.2 The Contractor must notify the Chief Health Services immediately of any significant complaints lodged against the Contractor.

9. Security:

- 9.1 All equipment including communication devices the Contractor wishes to bring into the Institution must be approved by the Chief Health Services and CSC Security in advance.
- 9.2 As a visitor to a CSC correctional institution, the Contractor will be subject to local security requirements that can vary from moment to moment depending on inmate activities. The Contractor may be faced with delay or refusal of entry to certain areas at certain times although prior arrangements for access may have been made.

10. Language of work:

- 10.1 English

11. Hours of work:

- 11.1 The Contractor must provide inmate care during clinics held at Edmonton Institution, **up to a maximum of 8 hours per week.**
- 11.2 The Chief Health Services will establish the clinic hours.
- 11.3 In the event of an unexpected delay or cancellation of the clinic by CSC, the Contractor will be paid a one hour charge calculated from the time the clinic was scheduled to begin.
- 11.4 In case of delays, the Chief Health Services reserves the right to cancel the remainder of the clinic at no additional cost to CSC.
- 11.5 The Chief Health Services may, at his/her discretion, change the clinic schedule and number of hours per week during the course of the contract, including any options if and when exercised by CSC.
- 11.6 The Chief Health Services will notify the Contractor of any changes to clinic schedules a minimum of one week prior to implementation of the change.
- 11.7 The Contractor must sign an attendance record kept by the Chief Health Services at the beginning and the end of each clinic.

12. Meetings:

- 12.1 At the discretion of the Chief Health Services, there will be an initial meeting at the beginning of the contract to finalize the scope of services to be provided under the contract.
- 12.2 At the request of the Chief Health Services, the Contractor must attend meetings at Prairie Regional Headquarters.

12.3 The Contractor must attend Institutional Health Services team meetings when requested by the Chief Health Services. The Contractor may be requested to attend meetings once per quarter. The Contractor may bill time spent attending meetings at 75% of the firm hourly rate.

12.4 At the request of the Regional Director Health Services or designate (Regional Physician Lead), participate in one hour-long teleconferences/videoconferences. The Contractor may bill time spent attending teleconferences/videoconferences at 75% of the firm hourly rate.

13. Reporting Requirements:

13.1 At any time, the Chief Health Services may request that the Contractor report data on health services provided to inmates. This may include the use of reporting templates as provided by the Chief Health Services.

13.2 At the request of the Chief Health Services, the Contractor must produce or contribute to regional reporting.

13.3 As part of CSC's accountability with respect to the delivery of health services, the Chief Health Services may request that the Contractor provide input into reports on health care delivery e.g. infectious diseases surveillance, opiate substitution therapy, chronic disease prevalence.

14. Constraints:

14.1 Working within a correctional institutional environment:

- a) In a Correctional Environment there is the possibility of diversion of high abuse potential medications and for security reasons there are restrictions with respect to prescribing that may not exist in the community. Issues surrounding potential diversion, high abuse potential of narcotics and other security issues may occur in CSC Institutions.
- b) While the expectation is that medical practices in CSC institutions are generally consistent with community practice, because the care provided as part of this contract is within a prison setting, there are some limitations with respect to practice. CSC policy and guidelines are developed in order to provide direction to health care professions regarding these limitations.

15. Support to the Contractor:

15.1 CSC will provide the supplies and equipment required for health services to inmates.

ANNEX B - Proposed Basis of Payment

The Contractor will be paid in accordance with the following Basis of Payment for Work performed pursuant to the Contract. The inclusion of volumetric data in this document does not represent a commitment by Canada that Canada's future usage of the services described will be consistent with this data.

1.0 Contract Period (From September 1, 2017 to August 31, 2022)

1.1 Professional Fees

(a) Institutional clinics for the Edmonton Institution only:

For the provision of services during institutional clinics as described in Annex A - Statement of Work, the Contractor shall be paid the all inclusive firm hourly rate in Table (a) in the performance of this Contract, Applicable Taxes extra.

Table (a)					
RESOURCE NAME	PROVINCIAL HEALTH INSURANCE (NON FEE for SERVICE) HOURLY RATES FOR GENERAL PRACTITIONERS A	MARKUP, QUOTED AS A PERCENTAGE B	ALL-INCLUSIVE HOURLY RATE FOR SERVICES PROVIDED DURING INSTITUTIONAL CLINICS C = A + (A X B)	ESTIMATED LEVEL OF EFFORT (hours) D	Total (in Cdn \$) C x D
	[Insert the applicable provincial rate.]			416 hours per year	

(b) On-Call Services:

- i. For the provision of on-call services for the **following Institutional sites listed below**, during the hours stated in Annex A - Statement of Work, the Contractor shall be paid the all inclusive minimum nominal hourly rate in Table (b) in the performance of this Contract, Applicable Taxes extra.

**Edmonton Institution
Edmonton Institution for Women
Buffalo Sage (via Grierson Institution)
Grierson Institution**

- ii. **Limitation of Expenditure, On-Call Services:**

The total limitation of expenditure for on-call services (Table (b), Column C) **must not exceed the Alberta Medical Association Guidelines for on call services**. Customs duties are included and Applicable Taxes are extra.

Table (b)				
	RESOURCE NAME	MINIMAL NOMINAL ALL- INCLUSIVE HOURLY RATE A	ESTIMATED LEVEL OF EFFORT (hours) B	Limitation of Expenditure for On- Call Services (in Cdn \$) C = A x B
1.1			4380 (12 hrs/day) minus clinic hours (416) = 3964 hours per year	

**Canada reserves the right to terminate the provision of On-Call Services at any time in whole or in part by giving one hundred eighty (180) calendar days written notice to the Contractor. In the event of such termination Canada will only pay for costs incurred for services rendered and accepted by Canada up to the date that the services were terminated.

c) Attendance at Meetings:

For attendance at meetings as requested by the Chief Health Services, CSC will pay the contractor an amount equal to 75% of the all-inclusive hourly rate listed in table (a).

4.0 Applicable Taxes

- 4.1 All prices and amounts of money in the contract are exclusive of Applicable Taxes unless otherwise indicated. The Applicable Taxes, are extra to the price herein and will be paid by Canada.
- 4.2 The estimated Applicable Taxes of \$_____ (to be completed at contract award) are included in the total estimated cost shown on page 1 of this Contract. The estimated Applicable Taxes will be incorporated into all invoices and progress claims and shown as a separate item on invoices and progress claims. All items that are zero-rated, exempt, or to which taxes do not apply, are to be identified as such on all invoices. The Contractor agrees to remit to Canada Revenue Agency (CRA) any amounts of Applicable Taxes paid or due.



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