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LETTER OF INTEREST
LETTRE D'INTÉRÊT

Title - Sujet Nursing Agency Services	
Solicitation No. - N° de l'invitation HT426-172611/B	**Date** 2017-09-08
Client Reference No. - N° de référence du client HT426-172611	**GETS Ref. No. - N° de réf. de SEAG** PW-$$XF-005-31787
File No. - N° de dossier 005xf.HT426-172611	**CCC No./N° CCC - FMS No./N° VME**
Solicitation Closes - L'invitation prend fin **at - à 02:00 PM** **on - le 2017-09-29**	**Time Zone** **Fuseau horaire** Eastern Daylight Saving Time EDT
F.O.B. - F.A.B. **Plant-Usine:** ☐ **Destination:** ☐ **Other-Autre:** ☐	
Address Enquiries to: - Adresser toutes questions à: Chapple, Jeremy	**Buyer Id - Id de l'acheteur** 005xf
Telephone No. - N° de téléphone (819) 420-2226 ( )	**FAX No. - N° de FAX** ( ) -
Destination - of Goods, Services, and Construction: **Destination - des biens, services et construction:** DEPARTMENT OF HEALTH 16TH FL, AL1916C, JEANNE MANCE BLDG 200 EGLANTINE DR., TUNNEY'S PASTURE OTTAWA Ontario K1A0K9 Canada	

Comments - Commentaires

Instructions: See Herein

Instructions: Voir aux présentes

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Canada

NOTICE TO INDUSTRY

This notice is a follow-up to Request for Information (RFI) #HT426-172611/A (which closed on August 3, 2017) in order to answer questions that were raised by RFI Respondents in their responses.

Any further questions with respect to this requirement will be answered through a Request for Proposals (RFP) process.

This is a notice only; there is no solicitation document associated with this notice.

QUESTIONS AND ANSWERS

Please note that the answers below are in regards to the draft RFP and procurement strategy as published in RFI #HT426-172611/A, and that the resulting procurement strategy, or clauses and conditions contained in any resulting RFP, are subject to change at Canada's sole discretion. As a result, the answers below may not apply to any resulting RFP published for this requirement.

Section 1: General Questions on the Procurement Strategy:

Question 1:
When does Canada anticipate publishing an RFP for this requirement?

Answer 1:
Canada anticipates publishing an RFP for this requirement in fall 2017/early winter 2018.

Question 2:
What is the benefit to Canada to structure the procurement process to one service provider/contract per Region?

Answer 2:
Awarding one contract per Region will afford Bidders the opportunity to propose pricing that is specific to each Region, and create a primary provider that will have the opportunity to fulfill Health Canada's demand for the Region (they will also be encouraged, and rewarded, for exceptional service through a Performance Management Framework). In addition, having one Contractor is expected to streamline the Task Authorization and contract management processes.

Section 2: Aboriginal Participation Component (APC)

Question 3:
If the contractor hires non-nursing Aboriginal Peoples (such as administrative staff) would this count towards the APC value?

Answer 3:
Yes. If the employee meets the PSAB program definition of an Aboriginal Person, as defined in Annex F of the draft RFP, then the salary of this employee would be considered a Direct Benefit that would count towards the APC value.

Question 4:
If the winning Bidder is an Aboriginal Business (as defined by the PSAB program), would it be required to subcontract to other Aboriginal Businesses or create other Direct and Indirect Benefits to meet the APC value? or would the APC be considered met for that contract?

Answer 4:
As the draft RFP is currently written, if an Aboriginal Business is awarded a contract (provided they meet the employment eligibility criteria as defined under PSAB), then the APC will be considered met and the Contractor will not be obligated to sub-contract in order to create further Direct Benefits.

Question 5:
If a bidder exceeds the minimum APC percentage will there be a mechanism to allow that bidder receive a larger share of the contract business going forward?

Answer 5:
No. It is anticipated that the primary Contractor for each Region will be given the opportunity to provide Contract Nurses for all of HC Contract Nurse Requirements in the Region, provided that they are able to do so within the timelines as detailed in their contract.

Question 6:
With respect to Aboriginal Training and Skills Development and Indirect Benefits – how will these benefits be scored towards the total APC compared to more easily quantifiable other Direct benefits?

Answer 6:
The Contractor will provide an APC report at the end of each Contract year that contains a breakdown of the APC Transactions and their total value. The APC Authority will review the transactions claimed and determine whether or not they qualify to be counted towards the APC value.

Question 7:
Would it not be more advantageous to support existing or establishing new Aboriginal Businesses to deliver the proposed requirement where the Direct and Indirect benefits are already occurring?

Answer 7:
When there is a lack of Aboriginal Business capacity to consider a PSAB set-aside, an APC approach is beneficial in developing Aboriginal Business capacity. The procurement approach focuses on open competition to ensure that the best possible solution for delivery of essential health care services is obtained while ensuring Indigenous socio-economic opportunities are created through the use of an APC.

Question 8:
We suggest that in awarding contracts, Canada provide selected suppliers:

1. a list of Aboriginal Businesses already working on this contract with their contact information;

2. a list of past projects/examples that Canada would have accepted as Direct and Indirect Benefits if they had been presented under an APC; and

3. A transition period of 6 months at the start of the project to comply with the APC and to sign agreements with Aboriginal and community businesses.

Answer 8:
1. Canada will not provide lists of Aboriginal Businesses in order to ensure fairness amongst qualified Aboriginal suppliers nor will contact information be provided in order to comply with privacy principles. To find out about Aboriginal Business capacity, please refer to the Aboriginal Business Directory (ABD). http://www.ic.gc.ca/app/ccc/srch/cccSrch.do?lang=fra&prtl=1&sbprtl=&tagid=248.

2. The Aboriginal Participation Component is a new concept that has been recently introduced.

Prime contractors and sub-contractors are encouraged to contribute and invest in the development and viability of Aboriginal Businesses by:

Examples of Direct Benefits:

- providing opportunities for Aboriginal sub-contracting through the procurement of goods and services from qualified Aboriginal firms;
- providing opportunities for Aboriginal employment by identifying the work to be carried out and hiring Aboriginal People;
- providing opportunities for on the job training and skills development.

Examples of Indirect Benefits:

- providing opportunities for specialized training or programs, participation in career events, scholarships, Indigenous community outreach projects etc.

3. Contractors have the flexibility of creating both Direct and Indirect Benefits to obtain the Minimum Annual APC Transaction Value, but are encouraged (through the Performance Management Framework) to create Direct Benefits. The Contractor can use the first six months following contract award to establish agreements (for the creation of Direct Benefits) so long as they meet or exceed the Minimum Annual APC Transaction Value upon the completion of the Contract Year.

Question 9:
How does the APC approach benefit more so than an Aboriginal set-aside?

Answer 9:
When there is a lack of Aboriginal Business capacity to consider a PSAB set-aside, an APC approach is beneficial in developing Aboriginal Business capacity.

Section 3: Statement of Work

Question 10:
Will HC pay agency nurses when completing Transportation of Dangerous Goods tasks (ex. packaging labs for shipping)?

Answer 10:
The Basis of Payment, as it is currently written, does not allow the contractor to bill Canada for these tasks.

Question 11:
Can the Transportation of Dangerous Goods (TDG) and Workplace Hazardous Materials Information System (WHMIS) certifications be done online? Is there specific training required for TDG (as in, classroom instruction, job training and work experience)?

Answer 11:
The forum under which the training is delivered will be left at the discretion of the Contractor as long as it complies with the TDG and WHMIS requirements for the scope of work of this requirement.

Please refer to the following websites in order to determine the training requirements specific to the needs of your employees:

WHMIS - http://whmis.org ; or

https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html

TDG - https://www.tc.gc.ca/eng/tdg/training-menu-266.htm

Question 12:
With respect to immunization for Alberta, Manitoba and Ontario Regions, there has been some recent discussion about changing this requirement. Will the current Education Program for Immunization Competencies through Advancing Practice still be recognized?

Answer 12:
Yes.

Question 13:
It is our understanding that the Canadian Paediatric Society / PHAC Immunization Competencies Modules course is no longer available online. Does Canada have any plans or a solution to provide this course?

Answer 13:
Canada is reassessing this certification requirement with an intent to provide clarity in the RFP.

Question 14:
Regarding Appendix M to Annex A: Contract Nurse Training Program (CNTP), Clause A) General. What is MedTrans? Is it different from Skidevacs and Medevacs? Which Province uses MedTrans?

Answer 14:
The term MedTrans was written in error and will be removed from the final RFP.

Question 15:
Is the PPTA discussed on page 4 of 14, of Annex A, required during the Start-Up Phase, for one (1) chosen personnel only?

Answer 15:
Yes, as per the Statement of Work, section 4.I.

Question 16:
Can Canada please confirm the length of the orientation and location for the PPTA?

Answer 16:
At this point Canada cannot confirm the length of the PPTA, however we anticipate the duration to be (up to) two weeks. The location will be a Nursing Station within the specific Region (as per the Contract) and will be chosen so as to optimize the specific goals of the orientation PPTA. All pertinent details of the PPTA will be confirmed during the Start-Up Phase.

Question 17:
Under what circumstances would Canada request the specific gender of a health care professional?

Answer 17:
Canada anticipates that this will be a rare occurrence, however based on a specific clinical requirement(s) (e.g. obstetrics, gynecology and urology) Canada will reserve the right to request provision of a Contract nurse of a specific gender.

Question 18:
Annex D, Article B. Automobile Liability Insurance, Clause 2. States that ‘The policy must include the following: …c. Uninsured Motorist Protection; and e. OPCF/SEF/QEF #3 – Drive Government Automobiles Endorsement’.

Can you help us understand the rationale for this additional coverage as it has not been a requirement previously?

Answer 18:
Contract Nurses will at times be required to drive Health Canada owned vehicles or potentially rental vehicles during the performance of their work.

Section 4 Technical Evaluation:

Question 19:
For Technical Criteria MT1, RT1.1, RT1.2, RT1.3, and RT1.4 - Are actual Standby service hours used in this calculation or are the numbers based on the standby hours billed?

Answer 19:
As the draft criteria are currently written, Canada would accept the actual number of hours of service delivery billed to a client for all work delivered.

Question 20:
A) With regard to the MT1 technical criterion, in which 35 Healthcare Professionals must each have a minimum of 75 hours billed service per calendar month, are you asking Bidders to present the same 35 resources per month or 35 resources per month multiplied by 24 months?

B) Some nurse assignments can span three calendar months. For the MT1 technical criterion should Bidders split the hours of a nurse's assignment that straddles more than one month into their respective months?

Answer 20:
A) No, not as it is written in the draft RFP. This criteria measures a Bidder's experience and capacity of managing a minimum number of nurses placed in the field in any given month for a minimum placement period of 75 hours. It is not measuring the consistency of the Bidder using the same nurses.

B) Yes, as the criteria is written in the draft RFP that would be acceptable.

Question 21:
With respect to the MT1 and RT1.1 technical criteria, providing the names of Healthcare professionals would contravene the principles of privacy and would require seeking their consent in writing. Would an unnamed or initials list be acceptable?

Answer 21:
No. Canada requests that Bidder's obtain any necessary consent from its Healthcare professionals prior to submitting a bid.

Question 22:
Can experience gained in any health care facility be used to substantiate the MT1 criteria? Or is the criterion limited to experience in Indigenous communities and/or Remote, Semi-Isolated, and Isolated communities?

Answer 22:
The MT1 criterion, as currently written in the draft RFP, does not require that the experience be gained in the health care facilities of an Indigenous community. As a result, experience that meets the criteria would be accepted regardless of the community in which it was gained.

Section 5: Basis of Payment and Volumetric Data

Question 23:
Can Canada provide an understanding of the methodology used to calculate the estimated level of hours presented in the pricing schedule? The level of effort is different in Ontario and Manitoba but the resources required are the same.

Answer 23:
The estimated level of hours presented in the pricing schedule is a reflection of analysis of both historical demand and duration of TA assignments, as both play a role in determining future staffing requirements. Canada will continue to monitor and analyze the most up to date data and incorporate these findings in the upcoming RFP.

Question 24:
How has primary care been delivered to the FN communities in northern Alberta? How the volumetric data gathered for this region and are there any unique challenges associated with the Alberta Region?

Answer 24:
Primary Care is delivered in four Nursing Stations in Alberta, three of which (Fox Lake, John D'Or Prairie and Garden River) are in Little Red River Cree Nation. Services are delivered by a multi-disciplinary team that includes: on-site Nurse Practitioners (NPs), visiting physicians, remote NPs, Primary care and Public Health Nurses (RNs), contracted Paramedics, pharmacy techs, Safety Officers, Administrative support and Band staff. The fourth Nursing Station is in Hay Lake (Chateh), a Dene Tha' community. Fox Lake is the largest and busiest Nursing Station of the four and is the most isolated by a river crossing. John D'Or Prairie and Garden River have gravel road access and are also supported by provincial Emergency Medical Services (EMS). A large component of Primary Care nurses are on a part-time rotation where they fly in / fly out on a weekly / bi-weekly basis.

Question 25:
We would like clarification if the $150 for nurse travel is one-way or for return as well?

Answer 25:
$150.00 is the fixed price per one-way trip.

Section 6: Resulting Contract Clauses

Question 26:
Cancellation of TA's by Canada results in financial losses that exceed $100/day for both the Contract Nurse and the Contractor. Therefore, what is the justification to credit or pay Canada as per 7.9 (A), if the Contractor is only paid at the rate and under the conditions outlined in Annex B, 4.1?

Answer 26:
As per Annex B (Professional Fees), 4.1.2 and 4.1.3, Canada anticipates that alternative/supplemental assignments will be offered to the Contractor in the vast majority of cases. However, as a result of RFI feedback received, Canada is reviewing the per diem rate.

Question 27:
Please clarify how Canada will estimate and manage each TA value without overestimating and negatively impacting the designated contract value.

Answer 27:
Task Authorizations are an administrative means of authorizing work under a contract. For the Nursing Agency Service contracts, it is anticipated that TAs will be issued with an adequate level of effort required to accommodate the nursing assignment. Should there be any unused level of effort remaining after the work has been completed (and Canada has paid the associated invoice) this level of effort, and its associated value, will remain available within the limitation of expenditure of the contract.

Question 28:
Can you confirm the length of the period to replace a resource?

Answer 28:
Please refer to the draft RFP, Section 15 (Professional Services - General) - (d) Procedures for Replacement of a Contract Nurse.