

REQUEST FOR PROPOSAL (RFP)

No. 2024-01

Comprehensive Documentation System

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1. INTRODUCTION

The North Bay Parry Sound District Health Unit (Health Unit) is a progressive public health agency governed by the North Bay Parry Sound District Health Unit Board of Health. With a head office located in North Bay, a branch office in Parry Sound, and staff serving the region of Burk's Falls, the Health Unit employs over 180 staff who deliver provincially legislated public health programs and services. The Health Unit's service area covers over 17,000 sq. km. and serves a population of approximately 134,400. The Health Unit represents the largest number of municipalities (31) of all health units in Ontario.

The *Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability (Standards)* prescribe the work of Ontario health units. The OPHS are province-wide standards that steer the local planning and delivery of public health programs and services by boards of health. They set minimum requirements for fundamental public health programs and services targeting the prevention of disease, health promotion and protection, and community health surveillance. For the full description of the OPHS, please visit: [Ontario Public Health Standards](#)

2. PURPOSE

Our organization is seeking a comprehensive documentation system to enhance the effectiveness of our multidisciplinary public health team working across various program areas. This system will ensure effective coordination and collaboration by providing our team members with access to up-to-date information and facilitating seamless integration of diverse expertise. Standardizing documentation will promote consistency, making our data reliable and comparable across different program areas.

We are seeking a system that will enhance efficiency by streamlining data entry and retrieval, reduce redundancies, ensure compliance with regulatory requirements, and enhance transparency and accountability within our organization. We require an accurate documentation system that will support data-driven decision-making, enabling us to identify trends, evaluate program effectiveness, and allocate resources effectively. This system must also support continuity of care by maintaining consistent and accessible client and program information.

Furthermore, we are seeking a system that will facilitate continuous quality improvement by providing detailed data for monitoring and evaluating program performance. In public health emergencies, quick access to critical information and coordinated response efforts will be supported by comprehensive documentation. Ultimately, we look to invest in a system that enhances our organization's ability to protect and promote the health of the community effectively.

3. DEFINITIONS

Comprehensive Documentation System: an integrated and systematic approach to recording, storing, managing and retrieving all relevant client-facing information and data within an organization. In the context of public health, the system includes the management of client (including community as a client) records, allows for customized forms, referrals and letters to be easily added to client records, supports scheduling and booking of client services, supports the management of client volume in clinical programs, and supports the management of client waitlists. The system should be designed to ensure that information is consistently and accurately captured, standardized, meets regulatory requirements and is easily accessible to authorized users. This system is required to have analytic and reporting components to monitor trends, evaluate programming, evaluate performance, and gain insights to help support decision-making and quality improvement.

4. BACKGROUND

Our organization has historically relied on a piecemeal documentation system (Mindoka and Telus PSSuites), where each program operates with its own set of eLogs that are program-specific, siloed, and not interconnected. Mindoka is a homegrown software system that we currently use for our document repository. This fragmentation means that data cannot be easily shared or accessed across different programs, creating inefficiencies and hindering our ability to provide coordinated care.

In addition, we use Telus PSSuites for our Sexual Health Clinic client records and for scheduling some of our other clinical services (vaccine clinics, oral health clinics, etc.). While this system works well within its scope, it does not integrate with other program-specific eLogs, leading to disjointed documentation practices. Additionally, we utilize several databases designed by various provincial ministries (iPHIS, ISCIS, Panorama, OHISS, etc.), which, although essential and mandated, further complicate our documentation landscape as they operate independently from our internal systems.

Given these challenges, it has become evident that a comprehensive documentation system is necessary. Such a system would unify our disparate documentation practices, allowing for seamless data sharing across all health unit programs. This integration would enhance our efficiency, improve our ability to deliver coordinated and effective public health services and ensure that we continue to meet regulatory requirements with the Ministry's databases.

See below for information on the number and designation of staff who will require access to the comprehensive documentation system. There are some circumstances in which permission to access certain records is required due to the sensitivity of the information in the files. This is especially the case for our Human Resources department whose client files are

Health Unit personnel. All staff should be able to view client demographic information; however, some interventions should require permission to view.

Table 1: Program Staffing and Use of Documentation Systems

Program	Staffing	Ministry database	Other documentation systems
<i>Information broken down by program area for ease of reporting.</i>	<i>This number reflects the number and designation of staff who will require access to the documentation system.</i>	<i>Note: For information only, the following databases are not part of the RFP.</i>	<i>Note: Documentation systems to be replaced as part of the RFP are bolded. All other systems listed are for information purposes only and are not part of the RFP.</i>
Communicable Disease Control (CDC)	12 Registered Nurses (RN) 1 Administrative Staff (Admin)	iPHIS – primary documentation system used to document client* interactions for clients of record.	Mindoka: back-up documentation system for client* interactions that are not appropriate in iPHIS, e.g., providing advice for general inquiries related to infectious diseases and infection control practices. Interactions happen on average of 3-5 times daily.
Professional Practice (PPM)	1 RN	None	Mindoka: primary documentation system used to document client* interactions. Interactions happen on average 1-2 times weekly.
Oral Health and Vision Screening (OH&VS)	8 Registered Dental Hygienists (RDH) 11 Certified Dental Assistants (CDA) 2 Admin	OHISS: primary documentation system for documenting client screening	Curve: primary documentation system (EMR) for documenting client interactions in the Oral Health Clinics. Also used as the scheduler for the Oral Health Clinic. Mindoka: back-up documentation system used to document client* interactions that are not appropriate for OHISS or Curve. These interactions happen on average 5-7 times daily.
Sexual Health and Clinical Information (SH&CI)	13 RNs 1 Nurse Practitioner (NP) 1 Community Health Promoter (CHP) 4 Contract Physicians (MD), (2 x week) 2 Contract NPs	iPHIS: used for reporting of STIs of public health significance and some interactions related to case and contact management of STIs	Telus PSSuites: primary documentation system used to document client interactions in the sexual health clinic and clinical information clinic. Also used for scheduling and appointment booking. This program is used by the SH&CI daily and continuously throughout the day.

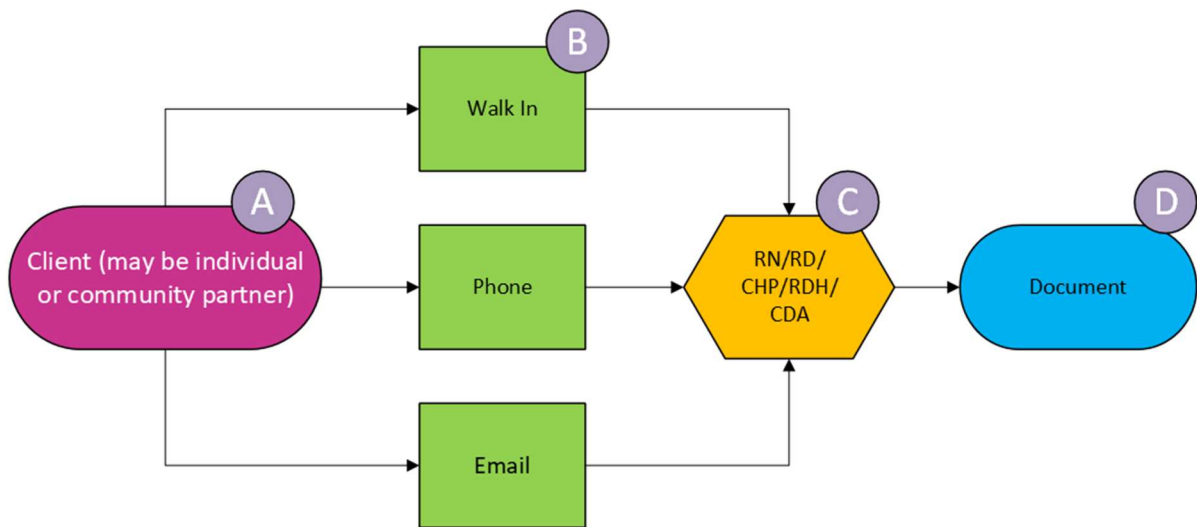
	4 Admin		
Vaccine Preventable Diseases (VPD)	14 RNs 11 Admin	Panorama: primary documentation system for all client interactions related to vaccines. COVAXon: primary documentation system for all client interactions related to COVID-19 vaccines.	Telus PSSuites: used for scheduling and appointment booking. There are no VPD client records in Telus PSSuites. Mindoka: back-up documentation system used to document client* interactions that are not appropriate for Panorama or COVAXon. These interactions happen on average 7-10 times daily.
Healthy Families (HF)	13 RNs 1 Registered Dietitian (RD) 4 Family Home Visitors (FHV) 2 Admin	ISCIS: primary documentation system for documenting client interactions for the Healthy Babies Healthy Children Home Visiting Program.	Mindoka: primary documentation system used to document client* interactions in the breastfeeding clinic, and through the Family Health Information Line. These interactions happen on average 3-5 times daily.
Healthy Living (HL)	5 CHPs 1 Mental Health Coordinator 3 RDs 1 Indigenous Coordinator 1 Admin	None	Mindoka: primary documentation system to document client* interactions. These interactions happen on average less than once per month.
Healthy Schools (HS)	2 CHPs 1 Community Development Coordinator 1 RD 1 Admin	None	Mindoka: primary documentation system to document client* interactions. These interactions happen on average less than once per month.
Planning and Evaluation (P&E)	1 RD 2 Epidemiologists (Epi) 2 Analysts	None	None; however, would like to allow access to a registered nurse to document client* interactions. Epidemiologists and analysts require access to data in the documentation systems to generate reports.

Human Resources (HR) Occupational Health and Safety (OHS)	1 RN 1 Admin	None	None; however, would like to allow access to a registered nurse to document client* interactions. Note: Permissions and limited access to HR client records are required. 3-5 times weekly (varies seasonally)
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*In this context, client refers to an individual and/or a community agency or group.

Workflow Maps

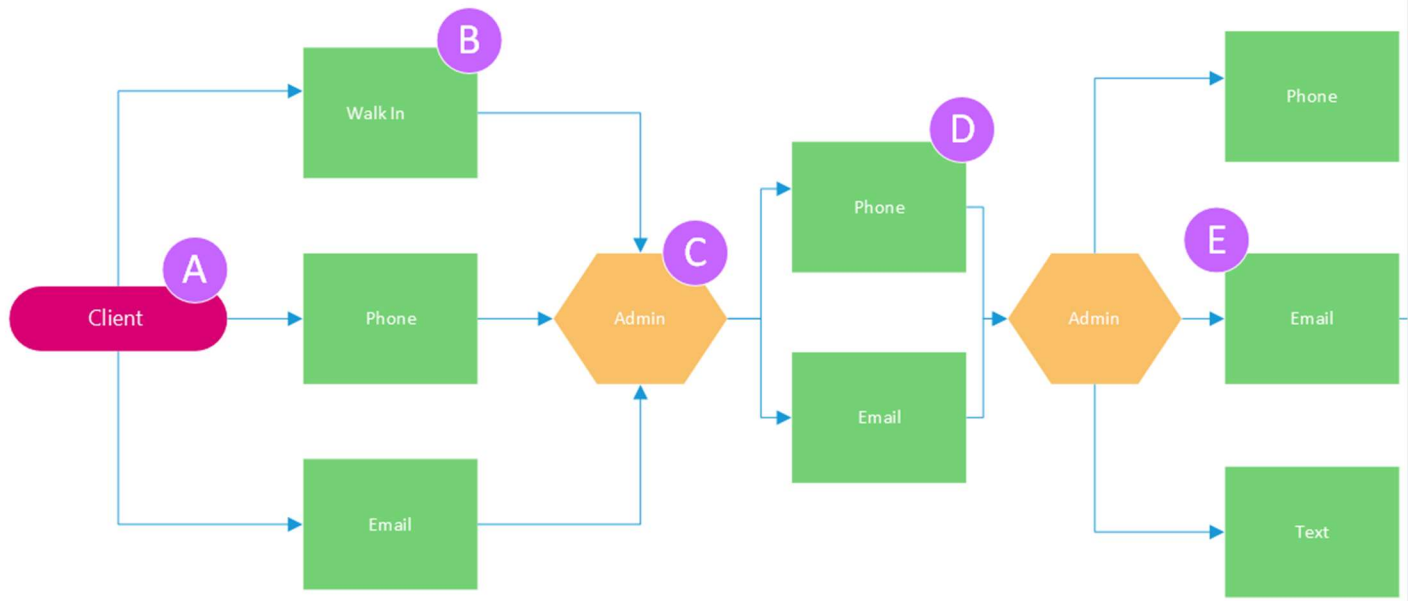
Workflow for General Inquiries: (All Health Unit Programs)



	A	B	C	D
<i>Description</i>	Client contacts Health Unit regarding a general inquiry	The client may reach the Health Unit either by walking in and presenting at front desk, by phone (patient may leave a message via voicemail or answering service if unable to reach staff immediately), or by email.	Appropriate staff member (e.g., RN, RD, CHP, RDH, CHP, Admin) responds to clients inquiry and provides information as required with no further follow-up or appointments required.	Staff documents interaction into appropriate database
<i>Issues to Consider</i>	<ul style="list-style-type: none"> This workflow is functional and will be maintained with the new documentation system; however in current workflow client interactions are documented in eLogs that are specific to each program area; with no crossover between programs, new system would expand to Health Unit wide documentation system and may need to consider situations where access is limited to specific users Strategy needed to document inquiries from anonymous clients 			

Workflow for Scheduling (Sexual Health Clinic/Immunization Clinics/Breastfeeding Clinics/Home Visits):

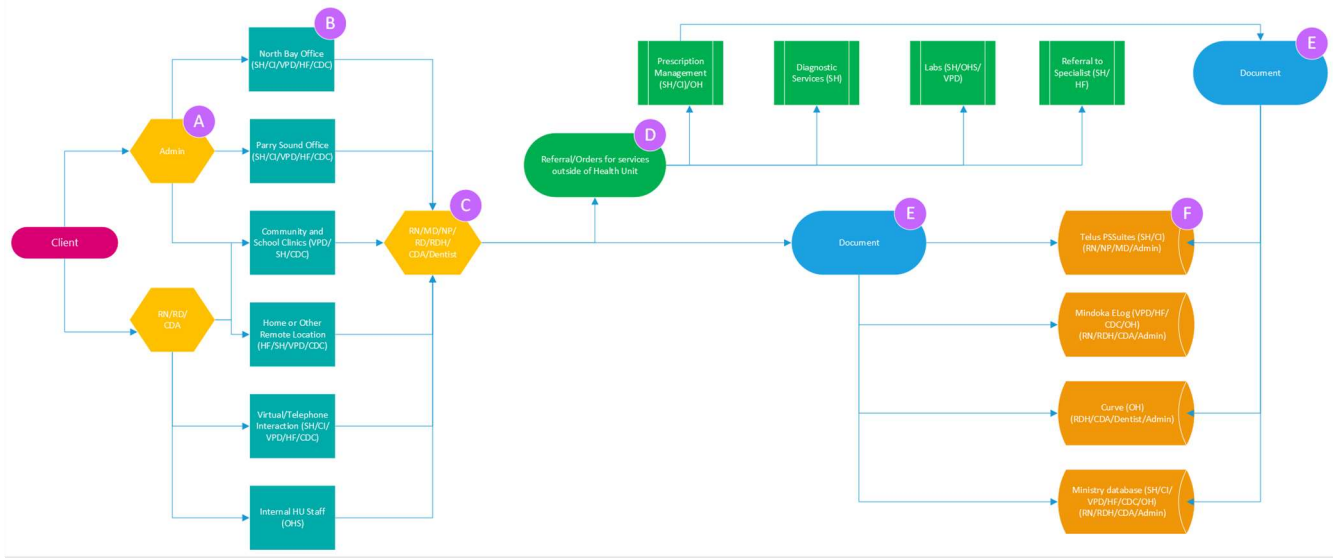
CURRENT: (Note: there is some variation in this process for breastfeeding clinics)



	A	B	C	D	E
<i>Description</i>	Client contacts the Health Unit to schedule, reschedule or cancel an appointment	The client may reach the admin staff immediately and complete the process OR The client may leave a message via voicemail or email requiring follow-up	Admin retrieves messages if necessary, and checks client availability with clinic availability (Note: Other disciplines must have the option of scheduling clients in addition to admin)	Admin reconciles the schedule, appointment or cancellation	Admin contacts client to remind them of appointment
<i>Issues to Consider</i>	<ul style="list-style-type: none"> • Add options for client self-scheduling, including online booking, rescheduling, or cancelling of appointments, and options to manage wait lists when cancellations occur • Add options for appointment reminders • Self-scheduling will need to distinguish between office locations (North Bay, Parry Sound, Community Clinics, Home Visiting for Breastfeeding) and different programs (Immunizations, Sexual Health, Breastfeeding, etc.) • Self-scheduling will need to distinguish between types of appointments (e.g., immunization, sexual health, breastfeeding, urgency, initial, follow-up, reason, etc.) 				

Workflow for Clinics (Immunization, Sexual Health, Breastfeeding, Parenting):

CURRENT:



	A	B	C	D	E	F
<i>Description</i>	<p>Client will present to reception if attending a Health Unit office. For clients attending community clinics, clients may present to admin and/or regulated staff. For clients attending home/remote appointments or virtual/telephone appointments they present directly to regulated staff. For internal staff presenting to OHS appointments, they present directly to regulated staff.</p>	<p>We service clients in a number of locations depending on purpose and type of appointment:</p> <ul style="list-style-type: none"> Sexual Health and Immunization clinics are offered at the Health Unit and in community/schools (Note: CDC program may also attend if clinic is associated with an outbreak of communicable disease) Breastfeeding clinics are offered at the Health Unit, and at client homes or another agreed upon location in the community All regulated staff service clients via virtual and/or telephone appointments 	<p>Regulated staff offer services to client as requested and depending on their specific program area</p>	<p>We liaison with other HCPs as required</p> <ul style="list-style-type: none"> The Sexual Health Clinic prescribes medications, orders and receives labs and other diagnostics, and refers clients as required The Oral Health Clinic prescribes medications and refers clients as required The Breastfeeding clinics and Healthy Families team refers clients as required The Occupational Health and 	<p>All regulated staff are required to document interactions and services provided to clients</p>	<p>Documentation varies based on activity and program area. Documentation currently completed in PSSuites and Mindoka ELogs are all intended to be moved to the new comprehensive documentation system. Any documentation that is currently done in the Ministry databases will continue and will not be duplicated in the new documentation system. Oral Health will use the Curve Dental EMR for all activities in</p>

	<ul style="list-style-type: none"> Oral Health offers clinics in Health Unit offices only. OHS offer clinics at Health Unit offices, but the client is limited to only internal staff 		Safety clinic orders lab tests as required		the Dental Clinics.
<i>Issues to Consider</i>	<ul style="list-style-type: none"> Differing locations of service delivery to clients throughout the Health Unit district Occupational Health and Safety will need to have client records permissions based with limited access, demographic information can be shared; however, interventions, treatments, etc. will require access restrictions 				

Workflow for Community Interactions (Coalitions, Tables, Workshops, Meetings, etc.):

CURRENT: None

5. DELIVERABLES

Our organization seeks to establish a contractual relationship with a software company to provide a comprehensive documentation system. The expected deliverables from this partnership include:

1. Pricing:

- The pricing model should be competitive and cost effective, aligning with industry standards to ensure optimal value without compromising on quality.
- Provide details on the frequency of price increases.
- Outline the process through which price adjustments are determined and communicated.

2. Initial Set-Up and Integration:

- Assessment of our current documentation systems and requirements.
- Customization and integration of the new comprehensive documentation systems to unify our existing program specific Mindoka eLogs and Telus PSSuites.
- Secure migration of existing data into the new system without data loss or corruption.
- Configuration of user roles and access permissions to ensure data security and privacy.

3. Training of staff:

- Development and delivery of a training program for relevant staff members.
- Training sessions tailored to different user roles, ensuring that each team member can effectively use the system's features relevant to their responsibilities.
- Provision of training materials, including user manuals, quick reference guides, and video tutorials to support ongoing learning.

4. Ongoing Support and Maintenance:

- Provision of timely technical support to address any issues or questions that may arise.
- Regular system updates and maintenance to ensure the system remains secure, efficient, and up-to-date with the latest technological advancements.
- Availability of on-demand support for troubleshooting and resolving system-related issues.
- Periodic reviews and assessments to ensure the system continues to meet our evolving needs and regulatory requirements.

5. System Features and Capabilities:

- Assessed, validated and certified by OntarioMD EMR Certification program with Active certificate status.
- Cloud-based and accessible via the web from multiple locations to ensure seamless connectivity and availability for users across different sites.
- A user-friendly interface that supports efficient data entry, storage, retrieval, and reporting.
- Robust data security measures to protect sensitive information and ensure compliance with relevant privacy regulations.
- Capabilities for data sharing and interoperability across different program areas, facilitating coordinated care and decision-making.
- Capabilities for setting permission settings for authorized users to protect sensitive data or limit access as needed.
- Advanced analytics and reporting functionality to support data-driven decision-making and continuous quality improvement including the ability of the user to:
 - Create reports with chosen fields, layout or structure, and filters.

- Create data-based reports (as opposed to visualizations).
- Extract data from the EMR in CSV or XLSX format.
- Extract numeric and character-based variables in reports.
- Update or modify data collection fields and response options in a given form.
- Create customizable forms with the ability to extract the data.
- Extract fields with a high character limit.
- Extract record-level data by row with a unique client ID.
- Scalability to accommodate future growth and additional functionality as needed.

6. INSTRUCTIONS TO PROPONENTS

6.1 REVIEW OF RFP DOCUMENTS

Proponents shall examine all RFP Documents, including all attached Schedules, and immediately report to the individual specified in section 6.2 Inquiries, all errors, omissions, or ambiguities in the RFP Documents.

6.2 INQUIRIES

All inquiries related to this RFP should be directed in writing, including but not limited to email, to the individual(s) named below (the “**Health Unit Representative(s)**”). Information obtained from any individual or source other than the Health Unit Representative(s) may not be relied upon.

Amanda Horn

Executive Assistant

North Bay Parry Sound District Health Unit

345 Oak Street West, North Bay, ON P1B 2T2

amanda.horn@healthunit.ca

Such inquiries must be requested no later than 7 days before Closing Time. The Health Unit reserves the right not to respond to inquiries made within 7 days of the Closing Time. Inquiries and responses are recorded and may be distributed to all Proponents at the discretion of the Health Unit.

Proponents finding discrepancies or omissions in the RFP document, or having doubts as to the meaning or intent of any provision, should immediately notify the Health Unit Representative.

6.3 ADDENDA

If the Health Unit determines that an amendment is required to the RFP, the Health Unit Representative will issue a written addendum. The addendum or addenda are posted on the Health Unit's website ([Health Unit Website](#)) under the "About Us" section and all such addenda becomes an integral part of the RFP. No verbal conversation will affect or modify the terms of this RFP or may be relied upon by any Proponent.

6.4 PROPOSAL SUBMISSION AND CLOSING DATE

Proposals must be submitted to:

Amanda Horn

Executive Assistant

North Bay Parry Sound District Health Unit

345 Oak Street West

North Bay, ON P1B 2T2

On or before the following date and time (the "Closing Time"):

Time: 4:00 p.m. Eastern Standard Time

Date: September 24, 2024

Submissions by fax or email are not accepted. Proposals received after the Closing Time are not accepted or considered. Delays caused by any delivery, courier, or mail service(s) are not grounds for an extension of the Closing Time.

The Health Unit intends to open Proposals at 10:00 a.m. on September 25, 2024, in the North Bay office in the Nosbonsing Meeting Room.

Proponents must submit one electronic copy via USB flash drive, one original hard copy, plus 4 hard copies (5 in total), of their Proposal(s). Proponents must complete the Form of Proposal, attached as Schedule A, including Schedules A-1 to A-5. Proponents are to use the forms provided and respond to items in the order listed. Proponents may attach additional pages as necessary.

Proposals must be submitted in a sealed package, clearly marked on the outside with the Proponent’s name and return address, Title of the Project (Comprehensive Documentation System), and the RFP reference number (*RFP 2024-01*).

6.5 PROPOSAL WITHDRAWAL AND ACCEPTANCE PERIOD

A Proposal may be withdrawn at the office indicated in 6.2 (Inquiries) at any time prior to the RFP Closing Date by a request in writing signed by the Proponent.

A Proponent who has withdrawn a Proposal may submit a new Proposal, but only in accordance with the terms of this RFP.

A Proposal may not be withdrawn at or after the Proposal Closing Time and shall remain valid and be open for acceptance by the Health Unit, in whole or in part.

7. SCHEDULE OF EVENTS

Activities	Anticipated Completion Date
RFP submissions received by the Health Unit	September 24, 2024
RFP submissions evaluated by the Health Unit	September 26, 2024
Selection and notification of successful firm	October 8, 2024
Presentation to Health Unit Executive Teams of final proposal/strategy	October 8, 2024
Initiation of transfer to new product	November 1, 2024
Target implementation of product	December 2, 2024

The above schedule is subject to change at the discretion of the Health Unit.

8. SCOPE OF WORK

The selected company will be responsible for developing and implementing a robust Comprehensive Documentation System tailored to our organization’s needs. This system must seamlessly integrate with our existing infrastructure and support efficient workflow management across multiple clinics and client-facing interventions and activities. Key services include conducting a thorough needs assessment to identify the specific requirements and customization needs, followed by designing a user-friendly interface that ensures ease of use for all applicable staff members. The company will also develop and implement secure, PHIPA-compliant data storage solutions to ensure the confidentiality and integrity of client information

Furthermore, the service provider will be responsible for training our staff on the new system, offering comprehensive training sessions, and providing ongoing support to address any issues or updates. The company must also develop detailed user manuals to facilitate smooth

adoption and troubleshooting. Additionally, the company should offer continuous technical support and system maintenance, including regular updates and enhancements to ensure the system remains current with technological advancements and regulatory requirements. Effective communication and collaboration with our internal team are essential to ensure the successful implementation and long-term sustainability of the documentation system.

9. RFP EVALUATION

Proposals are evaluated using a best value approach considering both merit and price. Proposals are assessed on a point rating system for the following:

	MAXIMUM POINTS
Managerial and Organizational	160
Technical	240
Financial	400
Total Points Available	800

Neither the qualifying Proposal, which scores the highest number of rating points nor the one that contains the lowest price will necessarily be accepted. The selection of the successful Proponent is based on the best overall value to the Health Unit in terms of merit and price ratio.

The following point system is used when evaluating Proposal components:

- 0.0 Unacceptable
- 1.0 Poor
- 2.0 Fair
- 3.0 Good
- 4.0 Excellent

A rating for each component is obtained by multiplying the points (0.0 to 4.0) by the assigned component weight. A technical ratio reflecting the overall best value is then calculated by dividing the total points by total cost.

Managerial and Organizational	Weight
A) Relevant experience, numbers, and qualifications of key personnel	15
B) Demonstrated performance of contracts of this	10

magnitude

- | | |
|--|----|
| C) Professional presentation reflecting confidence and direction | 5 |
| D) References of the company/supplier | 10 |

Financial	Weight
------------------	---------------

- | | |
|--|----|
| A) Overall presentation demonstrating an understanding of the cost factors, adequate and supportable price and hours breakdown | 20 |
| B) Price provides good value for work performed | 40 |
| C) Reliable and cost effective | 40 |

Technical	Weight
------------------	---------------

- | | |
|---|----|
| A) Presentation relating to confidence in the stated methodology proposed | 10 |
| B) Confidence that the factors outlined in Proponent qualifications have been addressed and are available | 20 |
| C) The solution proposed reflects the required analytics and reporting functionality outlined. | 30 |

10. INTERVIEWS

Proponent(s) may be invited to an interview with the selection committee, the results of which are used by the committee as a mechanism to revisit, revise, confirm, and finalize the score and select the recommended Proponent(s).

The representative of the Proponent at any interview scheduled is expected to be thoroughly versed and knowledgeable with respect to the requirements of the RFP and the contents of its Proposal and must have the authority to make decisions and commitments with respect to matters discussed at the interview, which may be included in any resulting contract.

No Proponent will be entitled to be present during or otherwise receive, any information regarding any interview with any other Proponent.

The selection committee may interview any Proponent(s) without interviewing others, and the Health Unit is under no obligation to advise those not receiving an invitation until completion of the evaluation and selection process.

11. CONTRACT AWARD

All inquiries related to the status of this RFP, including whether or not a Contract has been awarded, should be directed to the [Health Unit Website](#).

If the Health Unit selects a Preferred Proponent(s), then it may:

- a) Enter into a Contract with the Preferred Proponent(s); or
- b) Enter into discussions with the Preferred Proponent(s) to clarify any outstanding issues and attempt to finalize the terms of the Contract, including financial terms. If discussions are successful, the Health Unit and the Preferred Proponent(s) will finalize the Contract; or
- c) If at any time the Health Unit reasonably forms the opinion that a mutually acceptable agreement is not likely to be reached within a reasonable time, give the Preferred Proponent(s) written notice to terminate discussions, in which event the Health Unit may then either open discussions with another Proponent or terminate this RFP and retain or obtain the service(s) in some other manner.

12. TERMS, CONDITIONS, AND SUPPLEMENTARY INFORMATION

12.1 COST OF PROPOSAL

Preparation and submission of a Proposal in response to this RFP is voluntary and any costs associated with Proposal preparation, submission, meetings, negotiations or discussions with the Health Unit are solely that of the Proponent submitting the Proposal.

12.2 NO CLAIM

The Health Unit is not liable to any Proponent for any claims, whether for costs, expenses, losses or damages, or loss of anticipated profits, or for any other matter whatsoever, incurred by the Proponent in preparing and submitting a Proposal, or participating in negotiations for a Contract, or other activity related to or arising out of this RFP. Except as expressly and specifically permitted in this RFP, no Proponent shall have any claim for any compensation of any kind whatsoever, as a result of participating in this RFP process, and by submitting a Proposal, each Proponent shall be deemed to have agreed that it has no claim.

12.3 NO OBLIGATION

This RFP does not commit the Health Unit in any way to select a Preferred Proponent, or to proceed to negotiations for a Contract, or to award any Contract, and the Health Unit reserves the complete right to reject all Proposals at any time, and to terminate this RFP process.

12.4 CLARIFICATIONS

As part of the evaluation process, the Health Unit may make requests for further information with respect to the content of any Proposal in order to clarify the understanding of the Proponent's response. The Health Unit may request this further information from one or more Proponents and not from others. Only information specifically requested is considered.

12.5 WITHDRAWAL

A Proponent may alter or withdraw their Proposal at any time before the submission closing date.

12.6 FUNDING

The award of any Contract shall be conditional upon funding availability as dictated by the Health Unit budget and approval by the Board of Health for the North Bay Parry Sound District Health Unit.

12.7 ASSIGNMENT

The Health Unit reserves the right to refuse the assignment of the work/service to another company/supplier.

12.8 NO BINDING CONTRACT

The Health Unit may, after reviewing the Proposal received, enter into discussions with one or more of the Proponents, without such discussion in any way creating a Binding Contract on behalf of the Health Unit. This RFP does not create a legal binding agreement on behalf of the Health Unit.

By submitting a Proposal and participating in the process as outlined in this RFP, Proponents expressly agree that no Contract of any kind is formed under, or arises from the RFP process, prior to the signing of a formal written Contract.

12.9 COMPLIANCE WITH LAWS AND LICENSING

Upon award, the successful Proponent is responsible for strict adherence to all Federal, Provincial, and Municipal codes and by-laws and must obtain all permits and licenses as applicable.

12.10 SAFETY CODES AND REGULATIONS

Upon award, the successful Proponent must adhere to all safety rules, regulations, and labour codes in effect in all jurisdictions where the work is performed.

The Health Unit encourages all contractors/consultants to obtain annual influenza immunization for the protection of themselves and the Health Unit's clients. The

Health Unit reserves the right to temporarily suspend contractual work during influenza activity if the Medical Officer of Health/Executive Officer determines there is a significant risk to staff and clients.

12.11 COMPLIANCE WITH ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005

The successful Proponent shall ensure that its employees, agents, volunteers, or others who provide services to the public and for whom the successful Proponent is legally responsible receive training regarding the provision of the goods and services contemplated herein to persons with disabilities in accordance with Ontario Regulation 191/11 Integrated Accessibility Standards of the *Accessibility for Ontarians with Disabilities Act, 2005*.

The successful Proponent shall ensure that such training includes, without limitation, a review of the purposes of the Act and the requirements of Regulation 191/11, as well as instruction regarding all matters set out in Part IV.2 Customer Service Standards.

The successful Proponent, in consultation with the Health Unit Representative, shall submit to the Health Unit, as required from time to time, documentation with a record of the dates on which training was completed.

The Health Unit reserves the right to require the successful Proponent to demonstrate that its training policies meet the requirements of the Act and the Regulation.

12.12 INSURANCE/WSIB

The successful Proponent agrees to defend, indemnify, and save harmless the Health Unit for any claim demand arising out of the performance by the Proponent of the Contract. The Proponent agrees to maintain comprehensive liability insurance covering all operations and liability assumed under the Contract, and to provide the Health Unit with a certificate to this effect.

The Proponent agrees to arrange for and maintain in force and effect at its own cost all such insurance as would be maintained by a prudent operator of a similar agency including but not limited to:

- i. Comprehensive commercial general liability insurance (including products and completed operations, personal injury and contractual liability) for a limit of not less than \$5 million dollars per individual claim with no applicable annual aggregate;
- ii. Professional liability/medical malpractice insurance, where applicable, for a limit of not less than \$5 million dollars per individual claim with no applicable annual aggregate;

- iii. Cyber Liability coverage in an amount of not less than \$5 per claim including third party limits of liability for network security breaches and privacy breach liability, and first party coverage for breach response services, and extended to include the failure to adequately protect confidential information including but not limited to personal (customer and employee) and corporate information.
- iv. Director and officer coverage and environmental impairment liability coverage in an amount appropriate for a prudent operator of a similar agency;
- v. WSIB insurance applicable to all employees performing services at the Health Unit;
- vi. Real property and Business Interruption Coverage in an amount appropriate for a prudent operator of a similar agency; and
- vii. Cross-liability provisions.

The Proponent must supply proof of good standing with the Workplace Safety and Insurance Board at the time of the submission of a proposal. Should the person, company, corporation or organization be exempt from the requirements of the Workplace Safety and Insurance Board, proof of exemption must then be submitted (if applicable to the type of service being requested).

12.13 INDEMNIFICATION

The successful Proponent shall defend, indemnify, and save harmless the Health Unit and its respective officers, directors, agents and employees, and each of them, from and against claims, demands, losses, costs, damages, actions, suits or proceedings by third parties that arise out of, or are attributable to, the successful Proponent's performance of the Contract.

12.14 INFLUENCE

No person, company, corporation or organization shall attempt in any way, directly or indirectly, either in private or in public, to influence the outcome of any Health Unit evaluation or acceptance, purchasing or disposal process.

The bid, quotation, or proposal of any person, company, corporation or organization that does attempt to influence the outcome of any Health Unit purchasing process will be disqualified.

12.15 NO COLLUSION

No Proponent may discuss or communicate about, directly or indirectly, the preparation or content of its Proposal with any other Proponent or the agent or representative of any other Proponent or prospective Proponent. If the Health Unit

discovers there has been a breach at any time, the Health Unit reserves the right to disqualify the Proposal or terminate any ensuing Contract.

12.16 CONFLICT OF INTEREST

In its Proposal, the Proponent must disclose to the Health Unit any potential conflict of interest that might compromise the performance of the work, as described in section 8.0 Scope of Work. If such conflict of interest does exist, the Health Unit may, at its discretion, refuse to consider the Proposal.

The Proponent must also disclose whether it is aware of any Health Unit employee or Board of Health member thereof having a financial interest in the Proponent and the nature of that interest. If such an interest exists or arises, the Health Unit may, at its discretion, refuse to consider the Proposal or withhold the awarding to the successful Proponent until the matter is resolved to the Health Unit's sole satisfaction.

12.17 CONFIDENTIALITY

Upon award, the successful Proponent must adhere to all confidentiality policies, draft or otherwise, of the Health Unit and be willing to enter into a Confidentiality Agreement with the Health Unit.

12.18 OWNERSHIP AND CONFIDENTIALITY OF HEALTH UNIT PROVIDED DATA

All correspondence, documentation, and information provided by the Health Unit to any Proponent or prospective Proponent in connection with, or arising out of this RFP, the Services, or the acceptance of any Proposal:

- a) Is and shall remain the property of the Health Unit
- b) Must be treated by Proponents and prospective Proponents as confidential
- c) Must not be used for any purpose other than for replying to this RFP, and for fulfillment of any related subsequent Contract

12.19 OWNERSHIP AND DISCLOSURE OF PROPOSAL DOCUMENTATION

The documentation comprising any Proposal submitted in response to the RFP, along with all correspondence, documentation and information provided to the Health Unit by any Proponent in connection with or arising out of this RFP, once received by the Health Unit:

- a) Shall become the property of the Health Unit
- b) Shall become subject to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and may be released, pursuant to the Act

Because of MFIPPA, prospective Proponents are advised to identify in their Proposal any scientific, technical, commercial, proprietary or similar confidential information, the disclosure of which could cause them injury.

Each Proponent's name, at a minimum, shall be made public.

12.20 METHOD OF PAYMENT

The dollar value of this Proposal must be valid for 60 days.

- a) All pricing shall be in Canadian funds
- b) All applicable taxes shall be shown as extra (Schedule A-5).

Payment for work rendered shall be made according to the terms of any resulting Contract. Typical terms are net 30 days upon presentation of detailed invoices for approval.

SCHEDULE A

FORM OF PROPOSAL

Schedule	Description
Schedule A	Form of Proposal
Schedule A-1	Statement of Departures
Schedule A-2	Proponent's Experience, Reputation and Resources
Schedule A-3	Proponent's Technical Proposal (Service)
Schedule A-4	Proponent's Technical Proposal (Schedule)
Schedule A-5	Proponent's Financial Proposal

SCHEDULE A

FORM OF PROPOSAL

RFP Project Title: Comprehensive Documentation System

RFP Reference No.: RFP No. 2024-01

Legal Name of Proponent:

Contact Person and Title:

Business Address:

Telephone:

Fax:

E-Mail Address:

1.0 I/We, the undersigned duly authorized representative(s) of the Proponent, having received and carefully reviewed all of the RFP Proposal documents, including any issued addenda, and having full knowledge of the proposal requirements, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions attendant to performing the Services, submit this Proposal.

2.0 I/We confirm that the following appendices are attached to and form part of this RFP Proposal:

Schedule A-1 – Statement of Departures;
Schedule A-2 – Proponent’s Experience, Reputation and Resources;
Schedule A-3 – Proponent’s Technical Proposal (Services);
Schedule A-4 – Proponent’s Technical Proposal (Schedule); and
Schedule A-5 – Proponent’s Financial Proposal
Schedule A-6 – Bill 7 Information

3.0 I/We confirm that this Proposal is accurate and true to the best of my/our knowledge.

4.0 I/We confirm that, if I/we am/are awarded the Contract, I/we will at all times be the “prime Contractor/Firm” as provided by the Workplace Safety and Insurance Act (Ontario) with respect to the Services. I/we further confirm that if I/we become aware that another Contractor/Firm at the place(s) of the Services has been designated as the “prime Contractor/Firm”, I/we will notify the Health Unit immediately, and I/we will indemnify and hold the Health Unit harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the Health Unit in connection with any failure to so notify the Health Unit.

This Proposal is submitted this _____ day of _____, 20_____.

I/We have the authority to bind the Proponent.

(Name of Proponent)

(Name of Proponent)

(Signature of Authorized Signing Officer)

(Signature of Authorized Signing Officer)

(Print Name and Position of Authorized Signing Officer)

(Print Name and Position of Authorized Signing Officer)

SCHEDULE A-1
STATEMENT OF DEPARTURES

1. I/We have reviewed the RFP and, if requested by the Health Unit, I/We would be prepared to enter into that Contract, amended by the following departures (list departures, if any):

Section	Departure/Alternative
----------------	------------------------------

2. The North Bay Parry Sound District Health Unit requires that the successful Proponent have the following in place **before commencing the Services**:

Workplace Safety and Insurance Board (WSIB) coverage in good standing and further, if an "Owner Operator" is involved, personal operator protection (P.O.P.) will be provided,

Workplace Safety and Insurance Board Registration Number

_____;

- a) A Safety Program that meets the WSIB standards;
- b) Insurance coverage for the amounts required in the proposed Contract as a \$5,000,000 minimum, naming the Health Unit as additional insured;
- d) Province of Ontario business license

As of the date of this Proposal, we advise that we have the ability to meet all of the above requirements, **except as follows** (list, if any):

Section	Departure/Alternative
----------------	------------------------------

3. I/We offer the following alternates to improve the Services described in the RFP (list, if any):

Section	Departure/Alternative
----------------	------------------------------

SCHEDULE A-2 PROPONENT'S EXPERIENCE, REPUTATION AND RESOURCES

Proponents must provide information on the following (attach additional pages, if necessary):

- (i) Location of branches, background, stability, structure of the Proponent;

- (ii) Proponent's relevant experience and qualifications in delivering Services similar to those required by the RFP;

- (iii) Proponent's demonstrated ability to provide the Services;

Proponents must also provide information on the background and experience of key personnel proposed to undertake the Services (complete the chart below for all personnel proposed to undertake the Services):

Key Personnel

Name: _____

Years of Experience: _____

Project Name: _____

Responsibility: _____

Name: _____

Years of Experience: _____

Project Name: _____

Responsibility: _____

Name: _____

Years of Experience: _____

Project Name: _____

Responsibility: _____

Name: _____

Years of Experience: _____

Project Name: _____

Responsibility: _____

Name: _____

Years of Experience: _____

Project Name: _____

Responsibility: _____

Name: _____

Years of Experience: _____

Project Name: _____

Responsibility: _____

References

Proponent to provide **three (3)** references of recent successful performance where the requirements were similar to the Health Unit's requirements as set out in the RFP. The Health Unit reserves the right to request site visits and demonstrations of existing Proponent operations.

The Health Unit reserves the right to contact any person(s), agency(ies) or firm(s) not listed as part of an independent review.

Reference #1

Name of client's organization:

Reference Contact information:

Name:

Phone Number:

Email Address:

How long has the organization been a client of the Proponent?

Describe the size and scope of the referenced project:

Describe the nature of the work performed:

Provide the start and end dates of the project duration, and any relevant comments:

Information on any significant obstacles encountered and resolved for this type of service:

Reference #2

Name of client's organization:

Reference Contact information:

Name:

Phone Number:

Email Address:

How long has the organization been a client of the Proponent?

Describe the size and scope of the referenced project:

Describe the nature of the work performed:

Provide the start and end dates of the project duration, and any relevant comments:

Information on any significant obstacles encountered and resolved for this type of service:

Reference #3

Name of client's organization:

Reference Contact information:

Name:

Phone Number:

Email Address:

How long has the organization been a client of the Proponent?

Describe the size and scope of the referenced project:

Describe the nature of the work performed:

Provide the start and end dates of the project duration, and any relevant comments:

Information on any significant obstacles encountered and resolved for this type of service:

Sub-Contractors

Proponents must also provide information on the background and experience of Sub-Contractors or Consultants proposed to undertake a portion of the Services (complete the chart below for all Sub-Contractors proposed to undertake the Services, if any):

1. Description of Services:

Sub-Contractor/Consultant's Name:

Years:

Telephone Number:

2. Description of Services:

Sub-Contractor/Consultant's Name:

Years:

Telephone Number:

3. Description of Services:

Sub-Contractor/Consultant's Name:

Years:

Telephone Number:

SCHEDULE A-3

PROPONENT'S TECHNICAL PROPOSAL (SERVICES)

Proponents must provide the following (attach additional pages if necessary):

- (i) A narrative that illustrates an understanding of the Health Unit's requirements and Services;
- (ii) A description of the general approach and methodology that the Proponent would take in performing the Services including specifications and requirements;
- (iii) A narrative that illustrates how the Proponent will complete the Scope of Services, manage the Services, and accomplish required objectives within the Health Unit's schedule;
- (iv) Describe how the Proponent would undertake the tasks defined in this RFP and satisfy its obligations, duties and responsibilities for the Project;
- (v) Describe the Proponent's organizational structure for the Project and the relationships between all functions in the organization including the proposed interface with the Project team, identify the professionals who will be directly responsible for signing-off and accepting relevant liabilities for each part of the project, and provide a description of the work to be performed by the Proponent's own resources, and work which will be performed by sub-contracted organizations;
- (vi) The Proponent team must identify the Consultant responsible for performing the duties and obligations as defined in the RFP, describe his/her authority to represent all members of the Proponent's team and his/her responsibilities in discharging the obligations of an agreement between the Proponent and the North Bay Parry Sound District Health Unit, and provide suitable information in support of the ability of the Project Manager to properly manage this Project; and,
- (vii) Provide a staffing plan indicating names and qualifications of principal personnel within each area of required work as identified in the RFP.

SCHEDULE A-4

PROPONENT'S TECHNICAL PROPOSAL (SCHEDULE)

Proponents must provide an estimated schedule, indicating a commitment to perform the contract within the time specified. Outline the timeline/schedule for **each** activity. Highlight milestone dates.

SCHEDULE A-5 PROPONENT'S FINANCIAL PROPOSAL

Include a detailed fee proposal for the project, including disbursements. These hourly rates would be included in the contract charge out schedule in the Contract.

Create a table that:

- a) Outlines **Schedule of rates** for **labour**: item number, description, estimated quantity of hours, hourly rate, and total price.
- b) Outlines **Schedule of rates** for **materials**: item number, description, estimated quantity of hours, hourly rate, and total price.
- c) Highlights the **Total Proposal Price** (excluding taxes).

Additional Expenses:

Please indicate any expenses payable in addition to the proposed fee and proposed disbursements set out above.