

REQUEST FOR INFORMATION FOR ASSISTED LIVING FACILITES EDUCATON AND SAFETY CAMPAIGN

RFI # 34349-03923 July 18, 2022

1. STATEMENT OF PURPOSE:

The State of Tennessee Department of Health issues this Request for Information ("RFI") for the purpose of training professional long term care facility (LTCF) and assisted living facility (ALF) staff on the benefits of implementing harm reduction practices in working within aged care throughout Tennessee. The state is requesting information from potential suppliers that may help us understand the current marketplace for fulfilling these needs.

Additionally, the State would like to implement a dedicated training system to provide enhanced education for providers, caregivers, and families across Tennessee. We appreciate your input and participation in this process.

2. BACKGROUND:

Healthcare associated infections ("HAI") are acquired by patients during the course of receiving treatment for other conditions within a healthcare setting. HAIs are one of the top 10 causes of death in the United States. Preventing resident harm in all Long Term Care Facilities ("LTCFs") is difficult, but particularly so in ALFs, which have less staff and often different challenges to their Skilled Nursing Facilities ("SNFs") colleagues. Similar harm reduction programs and strategies have been effective in other states. Implementation of a safety program will fill a gap in the state of Tennessee.

Secondly, due to the COVID-19 pandemic, LTCFs, ALFs, and SNFs, etc., continue to experience a decrease in staffing capacity. We would like the selected organization to also implement a program with an anticipated outcome to encourage the younger population to consider pursuing career paths in these specific areas that will assist with staffing demands in facilities.

In general, there is a lack of accessible education representing the continuum of care for providers, caregivers, and families in the state of Tennessee. The goal of building a training system is to provide this needed education to this community across the entire state of Tennessee.

3. COMMUNICATIONS:

Please submit your response to this RFI to:

Simeon Ayton | Sourcing Account Specialist Central Procurement Office Tennessee Tower, 3rd Floor 312 Rosa L. Parks Ave., Nashville, TN 37243 p. 615-532-0110 Simeon.Ayton@tn.gov

3.1. Please feel free to contact the Department of Health with any questions regarding this RFI. The main point of contact will be:

Cecilia A Sawyers | Contract Administrator Business and Grants Management, Contracts and Compliance Communicable and Environmental Diseases and Emergency Preparedness Andrew Johnson Tower, 4th Floor 710 James Robertson Parkway Nashville, Tennessee 37243 <u>cecilia.a.sawyers@tn.gov</u>

3.2. Please reference RFI # 34349-03923 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		7/18/2022
2.	RFI Response Deadline		8/2/2022

5. GENERAL INFORMATION:

- 5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will <u>not</u> create any contract rights. Responses to this RFI will become property of the State.
- 5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms

	RFI #34349-03923			
	TECHNICAL INFORMATIONAL FORM			
1.	RESPONDENT LEGAL ENTITY NAME:			
2.	RESPONDENT CONTACT PERSON:			
	Name, Title: Address:			
	Phone Number:			
	Email:			
3.	Please describe your organization's experience in providing the services outlined below:			
	a. Educating assisted living facilities ("ALFs") across a state.			
	b. Implementing an educational program regarding the benefits of working in aged care			
	c. Implementing a safety and quality improvement program with the goal of preventing unintentional and intentional harm in the course of caregiving throughout a state.			
	 Implementing a dedicated training system to provide enhanced education for providers, caregivers, and families across a state. 			
	i. Please provide a brief overview of your training system.			
	ii. What services should be included when implementing an online learning management system to provide enhanced and accessible education for providers, caregivers, and families across the state of Tennessee?			
	iii. Describe if the solution was vendor hosted or otherwise.			
	iv. What do you see as the major risks associated with implementing the system?			
	v. How would you address these risks?			
	vi. Describe your company's implementation process once you begin a new project.			
	vii. On average, how long does it take to release and complete implementation of the system?			
	viii. What type of methodology is used for identifying issues and problems during implementation and addressing them promptly?			
	ix. What kind of documentation/ training does the vendor provide for their products?			
	x. What kind of Help Desk services does the vendor provide?			
	xi. How does your company handle interfacing with existing systems?			
	xii. How many development teams do you have and what time zones are they located in?			

4.	Would one supplier be able to provide all the services that the state of Tennessee has listed in #3 If no, please explain from a supplier's point of view.
5.	Vendor Background and Experience:
	Please provide three (3) projects your company has implemented online learning management system project. Projects should have been implemented within the last five (5) years. For each project, describe:
	a. Client Name
	b. Brief description of the project
	c. Size of the project in terms of: # users, # user locations, and # of patient encounters
	d. Technology platform and architecture
	e. Interfaces hospital settings
	f. Software and Hardware specifications used
	g. Date implemented and timing for implementation process.
	h. The services and activities that your company performed for the project and the activities that the customer performed.
	i. Is the system still in use today? If yes, who is providing maintenance and support services? Are there additional fees associated with support services? If yes, please indicate the fee structure.
	j. Do you offer other products/ services that other vendors may not offer?
6.	What strategies would you use to implement an innovative program that will highlight the benefits of working in aged care, aiming to educate and inspire, across the state of Tennessee?
7.	What services are needed to create and implement a safety and quality improvement program with the goal to prevent unintentional and intentional harm in caregiving across the state of Tennessee?

COST INFORMATIONAL FORM

- 1. Describe what pricing units and payment methodology you typically utilize for similar services or goods (e.g., per hour, each, etc.):
- 2. Describe the typical price range for similar services or goods
- 3. Describe the estimated price range for maintenance and support for these programs and learning management system.

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: