

# Extended Primary Care for People Residing in Residential Aged Care Facilities

## Request for Proposal **Guidelines**

### CLOSING DATE AND TIME:

12:00 noon ACDT Thursday 23 November 2017

All applications must be lodged through the Adelaide PHN eTender portal [www.tenderlink.com/adelaidephn](http://www.tenderlink.com/adelaidephn)

# Contents

1	Purpose of this document .....	3
1.1	Acknowledgement.....	3
1.2	Adelaide Primary Health Network .....	3
2	Introduction .....	3
2.1	Background.....	3
3	Service Specification .....	5
3.1	Activities .....	5
3.2	After Hours Definition.....	8
4	Timeline .....	8
5	Applications .....	9
5.1	Submitting Applications.....	9
5.2	Queries and Updates .....	9
5.3	Revising Applications.....	9
5.4	Late Applications .....	9
5.5	Administrative Support for Submitting Applications .....	9
5.6	Acknowledgement of Applications.....	9
5.7	Confidentiality of Applications .....	9
5.8	Notification of Outcomes to Applicants.....	9
5.9	Opportunities for Feedback.....	9
6	Assessment .....	10
6.1	Compliance.....	10
6.2	Evaluation of applications .....	10
6.3	Contracting, Reporting and Evaluation Requirements.....	10
7	Reporting .....	10
8	Budget .....	11
8.1	Funding Exclusions.....	11
9	Acknowledgements.....	11

# 1 Purpose of this document

This document is designed to provide prospective applicants of the Extended Primary Care for People Residing in Residential Aged Care Facilities (EPC4RACF) Request for Proposal (RFP) with information on the service specifications and application process. Before submitting an application, applicants should read these guidelines carefully.

This is NOT an application form. Applications may only be submitted through Tenderlink <https://www.tenderlink.com/adelaidephn/> using the EPC4RACF Invitation to Apply document.

Please note, this document may only be used for the intended purpose and may not be copied or otherwise used without prior written permission from Adelaide Primary Health Network (Adelaide PHN).

## 1.1 Acknowledgement

The Adelaide PHN would like to acknowledge the Kaurna peoples who are the Traditional Custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past, present and future.

## 1.2 Adelaide Primary Health Network

Adelaide PHN is one of 31 independent organisations nation-wide that are funded by the Australian Government to coordinate and improve primary health care services in their local areas.

The Australian Government's objectives for PHNs are that they will:

1. increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and
2. improve coordination of care to ensure patients receive the right care in the right place at the right time.

Adelaide PHN reaches from Sellicks Hill to Angle Vale and from the foothills to the sea. It encompasses a community of some 1.2 million people.

Adelaide PHN aims to improve health outcomes for the community by commissioning services to address local needs. The Adelaide PHN is guided by community, clinical and stakeholder input.

For more information, please visit the Adelaide PHN website at [www.adelaidephn.com.au](http://www.adelaidephn.com.au). The Adelaide PHN website includes publications, resources, maps, population health data, and needs assessments for the Adelaide Metropolitan area.

# 2 Introduction

## 2.1 Background

### 2.1.1 Overview

Adelaide PHN seeks independent or joint (consortium, partnership, joint venture) applications from organisations operating Residential Aged Care Facilities (RACF) in the Northern and/or Western Adelaide metropolitan region to deliver EPC4RACF (the Project).

The successful applicant will be required to:

- deliver services that increase access to primary health care for RACF residents through the provision of enhanced onsite clinical/care coordination services and end-of-life (EOL) care; and
- provide these services over one or more RACF sites covering a total occupancy from between 150 to 400 residents.

More specifically, the Project involves the development and implementation of a coordinated, multidisciplinary model of service delivery that will include, but is not necessarily limited to, the provision of:

- quality, timely and responsive primary health care services to RACF residents delivered through a GP led multi-disciplinary primary health care team;
- onsite clinical/care coordination services with an emphasis on clinical handover and EOL care;
- the development, implementation, maintenance and periodic review of clinical protocols to treat and/or respond to care needs;
- formalised partnerships and care coordination arrangements with acute, emergency and medical deputising service/s (with an interest in aged care);
- education, training, information and resources to support RACF staff, visiting health professionals, family of residents in the delivery of the Project;
- a robust clinical governance framework to support the delivery of high quality, safe, evidence-based primary health care services;
- Systems and mechanisms that ensure ongoing sustainability of the multidisciplinary model beyond the Project period; and
- reporting and evaluation activity relating to the performance of the Project.

Project funding is available for a period of two years. It is anticipated the successful applicant will commence the Project by 1 January 2018.

Funding has been made available for the Project through the Adelaide PHN After Hours Primary Health Care Program approved by the Department of Health.

Adelaide PHN is currently funding EPC4RACF for RACF residents in the Southern Adelaide region. Collaboration with the current EPC4RACF service provider to promote information sharing and continuous quality improvement will be a requirement of the Project.

Detailed requirements for the Project are provided in Item 3 – Service Specification below.

### **2.1.2 Project Delivery Sites**

Preference will be given to applicants who are able to deliver the Project through sites located in one or more of the following Northern and/or Western Adelaide metropolitan local government regions:

- Campbelltown
- Charles Sturt
- Playford
- Port Adelaide Enfield
- Prospect
- Salisbury
- Tea Tree Gully
- West Torrens

Additional sites outside these regions may be considered where at least one site within the above listing has been specified for Project delivery.

### **2.1.3 Project Rationale**

Evidence suggests that improved health care experiences and outcomes for residents of RACF with complex clinical and care needs can be more effectively achieved through the provision of timely and quality primary health care services onsite.

Implementation of a coordinated, integrated primary health care team approach together with systematic management of complex chronic medical conditions, including preventative care, medication management, clinical care and interventions to respond to clinical deterioration are considered key elements for the delivery of effective onsite care.

The Project aims to optimise onsite primary health care through the establishment of resident-centred, evidenced based multidisciplinary primary health care model.

### **2.1.4 Project Aims**

The aims of the Project are to:

- provide RACF residents with proactive in hours primary health care to reduce hospital presentations in the after hours period;
- provide RACF residents with proactive in hours primary health care to reduce general practitioner attendance in the after hours period; and
- build the capacity and capability of RACFs to coordinate 24 hour care and clinical services for residents, particularly in relation to the management of complex/chronic conditions and EOL care.

### **2.1.5 Project Outcomes**

The intended outcomes of the Project are:

- improvements in the delivery and management of primary health care to ensure RACF residents receive the right care at the right time in the right place;
- a reduction in the incidence of acute exacerbations/episodes requiring general practitioner attendance in the after hours period; and
- a reduction in the number of potentially preventable hospitalisations for RACF residents.

## **3 Service Specification**

### **3.1 Activities**

The successful applicant will be required to deliver the Project to increase access to high quality, timely and responsive primary health care for RACF residents. In performing the Project the successful applicant will be required to:

- Establish a Clinical Manager/s to lead implementation and clinical care/care coordination for residents relating to the Project.
- Ensure the Clinical Manager/s is at a minimum a suitably qualified, experienced and general registered Nurse Practitioner, Advanced Practice Nurse or equivalent.

- Ensure the Clinical Manager/s is available to provide:
  - Advice and support to general practitioners and the multidisciplinary primary health care management team (refer below) on the clinical management of residents at risk of hospitalisation;
  - Clinical supervision to support the training and upskilling of staff;
  - Direct clinical intervention as relevant to support residents at risk of hospitalisation; and
  - Support residents to register (if not already) with My Health Record (MyHR) and work with primary health care providers to encourage upload of relevant information to the resident's MyHR
  
- Ensure suitably qualified, experienced and nursing staff are available for all shifts to manage the clinical care and higher acuity of residents who, instead of being transferred to hospital, will be remaining in the Project Delivery Sites through of the implementation of clinical protocols (the Protocols) (refer below).
  
- Implement training and professional development programs that include, but are not necessarily limited to, the:
  - Provision of competency based education and training packages for all clinical staff in required skills based on the *2012 National Safety and Quality Health Services Standards* relating to the Project; and
  - Provision of educational seminars in relevant clinical topics including in relation to the Protocols and any associated revisions.
  
- Establish a multidisciplinary primary health care team to inform development, implementation and delivery of the Project, including in relation to the Protocols, that comprises at a minimum:
  - A general practitioner to undertake the role as a change champion and clinical lead;
  - The Clinical Manager/s;
  - The Project Lead;
  - Allied Health Professional; and
  - Site Operation Manager from each of the Project Delivery Sites.
  
- Establish a Project Lead to develop and maintain systems and administrative functions to support all aspects of Project management, including but not necessarily limited to, Project:
  - Planning, implementation and ongoing management;
  - Governance frameworks, mechanisms and practices;
  - Risk management;
  - Performance (including financial) management, monitoring and reporting, including the collection of relevant clinical, de-identified resident and Project data for reporting to Adelaide PHN.
  
- Develop, implement and maintain an appropriate Clinical Governance Framework and associated mechanisms and practices to oversight Project delivery and ensure the quality and safety of resident primary health care is maintained.

- Develop and/or implement Protocols informed by evidenced-based best practice to optimise resident care which could include, but is not necessarily limited to, Protocols for:
  - Medication Management – administration, monitoring and review processes to achieve optimal therapeutic outcomes for residents through the safe and quality use of medicines;
  - Preventative, Restorative and Reablement – proactive care to prevent falls, halt and reverse decline and reduce risk of harm to residents;
  - After Hours Management – support clinical staff to better manage after hours and emergency care, including utilisation of GP locum services to enable clinical care and decision making to be effectively managed for residents;
  - Clinical Deterioration Management – recognition, response to, escalation and management of residents who are clinically deteriorating; and
  - EOL Care – structured, multidisciplinary care and associated decision making to address the essential steps in the care of dying residents, including incorporation of the SA Health 7 Step Pathway – Community version; and
  - Other conditions/treatments that may be effectively managed onsite and prevent unnecessary hospitalisations, for example, Peripheral IV Cannulation, Male Catheterisation, Skin Tear and Urinary Tract Infection management (inclusion of additional Protocols in the Project should be evidenced by data that demonstrates high priority need).
  
- Where Protocols exist, undertake reviews to identify improvements and revise the Protocols, as applicable.
  
- Ensure a structured clinical handover tool such as iSoBAR for intra and inter resident handovers is integrated into each of the Protocols;
  
- Ensure additional communication activities for the notification of relatives/carers and general practitioners are integrated into each of the Protocols;
  
- Undertake Protocol implementation within the Project Delivery Sites including, but not necessarily limited to:
  - Clinical Manager/s and or clinical lead engagement with all general practitioners, geriatricians and allied health providers participating in resident primary health care to ensure uptake and consistent application of the Protocols;
  - Establishing and maintaining consultative fora with staff, general practitioners, geriatricians and allied health providers to review and seek feedback on the Protocols implementation;
  - Ensuring the Protocols are integrated in the applicant/s existing programs such as palliative care, dementia programs and the like, as applicable;
  - Ensuring all staff are aware of, and provided with necessary initial and refresher training, in relation to the Protocols, including associated information, resources and tools to support daily work activities;
  - Contributing to improved health literacy and delivering information sessions to residents and their relatives/carers on the Protocols, hospital avoidance strategies and benefits of primary health care in the RACF; and

- Monitoring and evaluating the progress and effectiveness of Protocol implementation against Project Outcomes.
- Engage, and develop formal partnerships with acute, emergency and medical deputising service (with an interest in aged care) providers for support in relation to:
  - Development and delivery of clinical interventions and hospital avoidance training;
  - Alignment of client records templates to support clinical handovers, using a clinical handover tool such as iSoBAR;
  - Development of guidelines and SAAS support relating to the use of Extended Care Paramedics onsite assistance in palliation and EOL care; and
  - Any other activities that will contribute to improved resident health outcomes through the Project.
- Integrate systems, mechanisms and practices into the organisation to enable ongoing sustainability of the multidisciplinary model and continued improved resident health experiences and outcomes beyond the Project period.
- Undertake data collection and analysis, including the provision of qualitative and quantitative clinical data in relation to the Project.
- Work collaboratively with Adelaide PHN on the development and implementation of the Project, and other Adelaide PHN initiatives such as Health Pathways as appropriate.
- Work collaboratively with the current EPC4RACF service provider for Southern Adelaide to promote information sharing, continuous quality improvement and consistency across the residential aged care sector.
- Undertake evaluation activities in collaboration with the Adelaide PHN. Evaluation activity may include conducted pre-and post surveys with staff and general practitioners from the Project Delivery Sites.
- Provide a culturally safe and sensitive environment to diverse populations including but not limited to:
  - Aboriginal and Torres Strait Islander populations;
  - Culturally and Linguistically Diverse populations; and
  - LGBTQI populations.

### **3.2 After Hours Definition**

- After Hours is defined as:
  - Before 8 am and after 6 pm weekdays
  - Before 8 am and after 12 noon Saturdays
  - All day Sunday and public holidays.

## **4 Timeline**

The RFP will open for four weeks from 25 October 2017 to 23 November 2017.

Applications received by the cut-off date and time will be reviewed by an assessment panel. Adelaide PHN may work with preferred applicants to refine the proposed services.

## **5 Applications**

### **5.1 Submitting Applications**

Applications may only be submitted via Tenderlink <https://www.tenderlink.com/adelaidephn> from 25 October 2017 to 23 November 2017.

### **5.2 Queries and Updates**

Queries about the Invitation to Apply must be made through the Tenderlink Q&A Forum. Responses (de-identified) will be made available to all potential applicants via the Tenderlink Q&A Forum. The opportunity to submit queries through Tenderlink closes seven days prior to closing date.

Any updates to RFP documentation or additional information released once the RFP is open will be added to Tenderlink and all applicants who have downloaded the RFP will be notified by email of the additional information.

### **5.3 Revising Applications**

Applicants may revise their applications submitted through Tenderlink at any time up to the closing date. Revisions of applications will not be accepted after the closing date.

### **5.4 Late Applications**

Applications will not be accepted after the closing date.

### **5.5 Administrative Support for Submitting Applications**

Applicants are encouraged to contact the Tenderlink Support services on 1800 233 533 with any questions relating to submitting applications in Tenderlink.

### **5.6 Acknowledgement of Applications**

Each application lodged will be acknowledged via an automated email through Tenderlink.

### **5.7 Confidentiality of Applications**

Each application is treated as confidential.

### **5.8 Notification of Outcomes to Applicants**

All applicants will be advised in writing of the outcome of their application.

### **5.9 Opportunities for Feedback**

Once a contract has been awarded all applicants will be formally advised of the outcome verbally and in writing.

Unsuccessful applicants may request verbal or written feedback from Adelaide PHN. Unsuccessful applicants will be debriefed against the evaluation criteria, and may be provided with general information concerning the RFP outcome. No comparison with other applications will be provided.

Unsuccessful applicants may request a debriefing via [applications@adelaidephn.com.au](mailto:applications@adelaidephn.com.au). Applicants should include EPC4RACF RFP Request for Feedback in the subject line.

## 6 Assessment

### 6.1 Compliance

Applications must be compliant with the following to be assessed:

1. Applications must be complete and be submitted through the relevant Invitation to Apply page on Tenderlink - <https://www.tenderlink.com/adelaidephn/>.
2. Applications must be received by the closing date/time.
3. Applications must be provided in English.
4. Applications must adhere to word limits. If word limits are exceeded the application may be considered non-compliant and not assessed further or additional words will not be considered.

### 6.2 Evaluation of applications

Successful applicants will be selected through a competitive process. An application assessment panel will consider each submission against the requirements as defined in Section 3 Service Specifications and the ITA documentation.

Adelaide PHN reserves the right to request clarification information from applicants (at no cost to Adelaide PHN). However, Adelaide PHN is not bound to request additional information and the onus is on applicants to ensure their application is clear and complete.

Adelaide PHN reserves the right to work with preferred applicants to clarify and fine-tune applications and in some cases, request revised applications prior to a contract being awarded.

### 6.3 Contracting, Reporting and Evaluation Requirements

Contract negotiations are undertaken with the preferred applicant(s). If negotiations are not successful within a reasonable timeframe, Adelaide PHN may choose to approach the next preferred applicant and re-commence contract negotiations.

The preferred applicant(s) will only be permitted to engage in contract negotiations to amend sections of the Contractor Agreement (excludes schedules to the agreement) that they have pre-identified in their Tenderlink application. It is therefore recommended that applicants consider the Contractor Agreement template (as supplied) before applying for funds to be aware of the contractual obligations.

The successful applicant(s) will report regularly to Adelaide PHN as per the requirements set out in the agreed contract. The contracted organisation(s) will be required to report against agreed Key Performance Indicators (KPIs) contained in the contract and progress reports.

## 7 Reporting

Progress Reports, Financial Reports and a Final Report are part of the reporting obligations.

## 8 Budget

A total budget of up to \$580,000 (ex GST) for establishment and operational costs is available for the EPC4RACF Project for the period of two years.

Applicants will be required to complete an indicative operational budget for the entire period using the template provided as an appendix to the ITA documentation.

### 8.1 Funding Exclusions

Funding will not be available for the following:

- Existing services;
- Retrospectively for activities already undertaken or expenses already incurred;
- To pay for work undertaken to develop your proposal;
- Items of capital equipment;
- Infrastructure and capital works.

Applications will not be accepted from state government agencies.

## 9 Acknowledgements

In the ITA documentation applicants will be asked, if successful, to agree to the following:

- Prior to a formal contract being finalised between all the parties, a description of the project, amount of funding, and the identity of the applicants may be used in media releases and other publications provided to organisations or individuals with a view to them contacting the applicants for further information;
- Applicants may be required to produce proof of insurance cover held, registrations, and accreditation status;
- Accept the terms and conditions of the Adelaide PHN Policy 'Working with Vulnerable Persons for Contractors' (as supplied);
- Applicants agree to and accept the terms and conditions of the standard Adelaide PHN Contractor Agreement (as provided with the ITA documentation) without modification; or agrees and accepts the terms and conditions of the standard Adelaide PHN Contractor Agreement subject to good faith negotiation of proposed amendments (by the applicant) to the agreement outlined in the Contract Negotiation Request Template (supplied).