# Request for Proposals (RFP)

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<tr>
<th><strong>Scope of Service</strong></th>
<th>Nursing Temp Help Services</th>
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<tr>
<td><strong>RFP #</strong></td>
<td>2016RFP-29</td>
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<tr>
<td><strong>RFP issued by</strong></td>
<td>First Nations Health Authority (FNHA)</td>
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<tr>
<td><strong>Issue date</strong></td>
<td>October 09, 2015</td>
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<tr>
<td><strong>Closing date/time</strong></td>
<td>Proposals must be received before 16:00 hours (4:00 pm) Pacific Time on: October 23, 2015</td>
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<tr>
<td><strong>FNHA Contact Information and Questions</strong></td>
<td>All enquiries related to this RFP including any requests for information, questions, and clarification, are to be directed to the following email address: <a href="mailto:fnha.contracts@fnha.ca">fnha.contracts@fnha.ca</a>. FNHA will respond if time permits. Information obtained from any other source is not official and should not be relied upon. Enquiries and any responses will be recorded and may be distributed to all Proponents at the FNHA’s option.</td>
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| **Delivery of proposals** | **Hard copies:** Four (4) hard copies and one (1) electronic copy (saved on a CD/USB in a Microsoft compatible format) of their proposal to the following address:  
First Nations Health Authority, Attention: Contracts  
540 - 757 West Hastings Street, Vancouver, BC V6C 1A1  
Proposal envelopes should be clearly marked with the name and the address of the proponent, the RFP number and the RFP project name.  
**Electronic copy:** Alternatively, you may submit your proposal electronically to the following email address: fnha.contracts@fnha.ca. |
| **Short Listed Proponents** | For those Proponents which have not been contacted by end of business day on November 05, 2015, will serve as notice that their proposal submission was unsuccessful. |
| **Successful Proponent(s) Notified** | November 05, 2015 |
| **Proponent's submissions** | A person authorized to sign on behalf of the proponent must complete and sign the Proponent Section (below), leaving the rest of this page otherwise unaltered and include the originally-signed and completed page with the first copy of the proposal. |

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## Proponent Section  
**to be completed by proponent and included as the “cover page” of the Proponents Response**

The enclosed proposal is submitted in response to the above-referenced RFP including any addenda. Through submission of this proposal we agree to all of the terms and conditions of this RFP and agree that any inconsistencies in our proposal will not be considered. We have carefully read and examined the RFP including the Administrative Section and have conducted such other investigations as were prudent and reasonable in preparing the proposal. We agree to be bound by the statements and representations made in our proposal.

<table>
<thead>
<tr>
<th>Signature of Authorized Representative:</th>
<th>Legal Name of Proponent (and Doing Business As Name, if applicable):</th>
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<tbody>
<tr>
<td>Printed Name of Authorized Representative:</td>
<td>Address of Proponent:</td>
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<tr>
<td>Title:</td>
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<td>Date:</td>
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<tr>
<td>Authorized Representative email address (if available):</td>
<td>Authorized Representative phone, fax (if available):</td>
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1. **Summary of the Requirement**

   The First Nations Health Authority (FNHA) is seeking the services of contractors for the provision and management of a workforce of nurses to supplement internal FNHA resources on an as and when requested basis, at different isolated and semi isolated locations in the province of British Columbia.

   The contracted services will include primary health care and hospital nursing service requirements. The services provided by the contractor will include direct patient care to individuals, families and groups in the home and community and consultation, dependent on individual task authorization.

   Each contract is expected to be awarded for a period of three years.

   The terms and conditions applicable to this RFP are identified in Appendix A – Definitions and Administrative Requirements. Submission of a proposal in response to this RFP indicates acceptance of all terms and conditions that are included in Appendix A, and any addenda subsequently issued by the FNHA. Provisions in proposals that contradict any of the terms of this RFP will be as if not written and do not exist.

2. **Background and Specific Scope of the Requirement**

   The FNHA is responsible for providing the delivery of health services to First Nations communities across British Columbia. Recruitment and retention of Nurses working in isolated and semi isolated First Nations Communities is a challenge & in the absence of regular physician’s services, nurses are often the trained professional health care providers in communities, and their withdrawal due to a lack of staff could lead to temporary shortages of nursing staff in First Nations Communities.

   FNHA requires the services of a nursing agency to temporarily fill this gap and ensure continuity of services. The role of the contractor is to provide temporary, and well defined, nursing services “As and when required” for a period of 3 years from the contract date to provide direct patient care to individuals, families and groups in the home and community and consultation dependent on individual task authorization.

   Four (4) types of communities have been defined to accommodate geographic and demographic Circumstances, including:

   **Type 1 community:** Remote Isolated – No scheduled flights, minimal telephone or radio services and have no road access.

   **Type 2 community:** Isolated-Scheduled flights, good telephone services, and no road access.

   **Type 3 community:** Semi-Isolated - Road access is greater than 90km to physician services.

   **Type 4 community:** Non-Isolated – Road access is less than 90km to physician services.
3. Services

3.1 Services

The successful proponent shall provide the following services,

(a) Nursing services are required 24 hours a day, seven (7) days per week. While the nursing station is generally open only between 08:00 and 17:00, depending on the number of nursing positions allocated, the Agency’s nurses must work 7.5 regular hours per day, and be on stand-by 16 hours per day during the weekday, and 24 hours per day during weekends and statutory holidays. The on stand-by in each nursing station. The Proponent must ensure their nurses deliver the requested nursing services with a 48 hour period from the initial request.

(b) The FNHA will require the Agency's nurses for a period ranging from a minimum of seven (7) days, to a maximum of ten (10) weeks. Under special circumstances, as determined by the Nursing Manager, the services requested may be less than seven (7) days;

(c) FNHA will prefer Agency's nurses to accept full assignment.

(d) The duties of the Agency's nurse, assigned for relief work in a designated health facility will encompass the general care of clients, and the provision of co-operation and assistance with other nurses, physicians and community based health care workers in the treatment of illnesses, and the conduct and delivery of health programs designed to promote health, and the provision of advice;

(e) The Agency’s nurse’s responsibilities may be of a consultative or practical (clinical) nature dependent upon the demands and conditions of clients. The Agency’s nurse may also be required to provide health guidance and nursing care to individuals, families and groups in the health facility, home or community. The work will be in accordance with the Scope of Practice, prescribed by FNHA, and will include the prevention of illnesses and diseases, the promotion and maintenance of health, and the treatment of urgent conditions;

(f) The Agency’s nurses will work in close and frequent contact with the FNHA Nurse-In-Charge, or designate, and the Nursing Manager, or designate. In some locations, the Agency's nurses will also work with a Provincial Health Authority Nurse Practitioner;

(g) The Nurse-In-Charge (NIC) is responsible for the general operation, management, and day to day activities in the health facility. She/he will provide local orientation and support to the Agency's nurses;

(h) The Nurse-In-Charge, or designate, will communicate directly with the Contractor regarding the work to be done, and issues at the health facility surrounding the same, but reserves the right to deal directly with individual nurses should circumstances so dictate; and

(i) While the vast majority of the work will be completed in the actual nursing stations, some work may occasionally be completed at the home of clients, or within the community. An emergency situation might require work to be completed in other locations within the community and/or on the road, but these are very unusual circumstances.
3.2 Location of Work

(a) Geographical areas where the Agency’s nurses will provide nursing services are primarily in isolated First Nation communities of British Columbia, and occasionally in semi-isolated communities. In all communities, comprised in this Agreement, a health facility is the headquarters for health activities. This facility is usually comprised of living quarters and separate working quarters;

(b) A typical nursing station will include a reception area, waiting room, examination rooms with the necessary medical equipment, pharmacy, offices for nurses and community based workers (ie. Community Health Representative, Mental Health Worker), small laboratory, public health room, emergency/trauma room, holding rooms, utility rooms, and technical room;

(c) The Agency’s nurses are responsible to keep the living quarters clean and orderly, both inside and outside the building; Accommodation may be shared and no pets allowed.

(d) The Health facility usually has access to different computer networks, including the use of Internet in most facilities;

(e) The Agency’s nurses will have access to a variety of sensitive and confidential clients’ medical files which are kept in the health facility. Any issues with respect to delivery of community health programs, operations of the nursing station, and maintenance of the facility and equipment should be reported by the Agency’s nurse to the Nurse-In-Charge, or designate, of the health facility;

(f) Services will be required in the BC Region, which covers Type 2 or 3 communities as follows:

(i) Alexis Creek Health Centre, Alexis Creek, BC;
(ii) Anahim Lake Nursing Station, Anahim Lake, BC;
(iii) Bella Coola Health Centre, Bella Coola, BC;
(iv) Fort St. John Health Centre, Fort St. John, BC;
(v) Fort Ware Nursing Station, Fort Ware, BC;
(vi) Gitanyow Health Centre, Kitwanga, BC;
(vii) Gitwangak Health Centre, Kitwanga, BC;
(viii) Hagwilget Health Centre, New Hazelton, BC;
(ix) Hartley Bay Nursing Station, Hartley Bay, BC;
(x) Kitkatla Nursing Station, Kitkatla, BC;
(xi) Klemtu Nursing Station, Klemtu, BC;
(xii) Kwadacha Nursing Station, BC;
(xiii) Tsay Keh Nursing Station, Prince George, BC;
(xiv) Lillooet Health Centre, Lillooet, BC;
(xv) Lytton Health Centre, Lytton, BC;
(xvi) Moricetown Health Centre, Smithers, BC;
(xvii) Neskonlith Health Centre, Chase, BC;
(xviii) Port Simpson Nursing Station, Port Simpson, BC;
(xix) Seton Lake Health Centre, Seton Portage, BC;
(xx) Telegraph Creek Nursing Station, Telegraph Creek, BC
4. Special Requirements

(a) Services must commence within two (2) days of receipt of a request for an Agency’s nurse;
(b) The Agency’s nurses are entitled to drive FNHA owned vehicles on FNHA business;
(c) The Agency’s nurses may not bring a pet of any kind to the FNHA property (this includes adopting pets while on the property);
(d) The Contractor must ensure that the Agency’s nurses have a telephone calling card in order to make their private telephone calls and access the internet, if required. Where personal calls by Agency’s nurses have been charge to FNHA at the work location, these costs will be deducted from the Contractor’s invoice;
(e) The Contractor must have their Agency’s nurses sign an Occupancy Agreement, and will also be responsible to provide FNHA with a “damage deposit” as detailed in Schedule D - Basis of Payment, at the time a nurse is assigned to a specific First Nation community. Preference will be given to Remote Practice Certified Nurses.
(f) The Agency’s nurses may be required to share accommodations at certain times;
(g) NU-CHN-3 Agency’s nurses will be the first choice for relief work. NU-CHN-2 Agency’s nurses will be hired for short term assignments, and only when a NU-CHN-3 is not available.
(h) The Agency’s nurses must work closely with FNHA nursing managers/practice consultants on clinical oversight by consultation and training plans.
(i) Be responsible for recruitment of nursing help services (“Agency Nurse (s)”) on a temporary basis;
(j) The Agency’s nurses must:
   (i) Be screened through a personal interview by the Proponent’s supervisory or management staff;
   (ii) Complete a pre-employment application;
   (iii) Undergo a business and personal reference check;
   (iv) Provide medical certificate;
   (v) Sign a confidentiality statement as a condition of employment;
   (vi) Provide current proof of College of Registered Nurses of British Columbia (CRNBC) Registration; and
   (vii) Agree to signing an FNHA “Consent to Disclosure of Personal Information” form, and having finger prints taken;
   (viii) Comply with FNHA mandatory annual influenza vaccination policy.

(k) Be able to provide nurses to, at a minimum, the locations detailed in this Schedule. Other Locations in British Columbia may be required as well;
(l) Have access to a minimum of eight (8) nurses available on a temporary basis;
(m) Occupy a fully operational, permanent, commercial office, which will be open during normal business hours with a minimum of two (2) full time employees;
(n) Have at least three (3) years of experience in the provision of contracting nurses on a temporary basis;
(o) The Proponent will be responsible for all associated cost resulting from scheduling errors;
(p) The Proponent will pay FNHA finder’s fee of up to three (3) months’ salary, if they hire ex-FNHA nurses and assign them back to work at FNHA facilities.

5. Deliverables

The Contractor shall provide the following Deliverables to the FNHA as described and within the timelines set out below:

(a) Provide information regarding services provided in a timely fashion to the FNHA;
(b) Develop an annual work plan that will be reviewed and discussed with FNHA staff;
(c) Provide/ coordinate and participate in relevant staff training, as needed; and
Request for Proposals – Nursing Temp Help Services

(d) Monthly & quarterly reports which also include education, registration and insurance of all the contract nurses working under each task authorization as specified by FNHA. Proof of renewed and new certifications, licences, and insurance must accompany this report.

(e) Annual reports on remote, semi-isolated and isolated Pre-Placement Nursing Education Program and continuing education reports that provides all the names of contract nurses who have participated as well as the description of the continuing professional education including the duration of the modules, should be submitted no later than 15 days after the end of each fiscal year. March 31st of each year.

(f) Health Certificates of all the contract nurses to be provided before March 31st each year.

(g) Quarterly Report - Provide a Usage Report, to the FNHA on a quarterly basis; and

(h) The Usage Report must still be submitted should no services be requested during a given month (NIL report); and

(i) Such other deliverables as may be reasonably required by the FNHA from time to time to fulfill the purposes of this Agreement.

6. Knowledge, Qualifications & Experience Requirements for Nurses

6.1 Knowledge Requirements

The Agency Nurses must have

- Knowledge of Community health practices
- Knowledge of nursing ethical code and standards of practice
- Knowledge of current First Nations health issues.
- Knowledge of the common acute, chronic and emergent health conditions.

6.2 Experience requirements for Nurses

The Agency’s nurses must

(a) Have the ability to speak, read, write, and comprehend the English language;
(b) Have knowledge of the principles of health assessment, and the recognition and management
    Of common and emergency health problems, conditions, situations across the lifespan with
    variations/deviations from normal range as indicated with the following clinical specialties:

    (i) Management and assessment of adult clients;
    (ii) Management and assessment of paediatric clients;
    (iii) Management and assessment of obstetrical, gynaecological, and new-born clients;
    (iv) Management and assessment of mental health clients;
    (v) Management and assessment of emergency clients;

(c) Have knowledge of the standards of practice of the College of Registered Nurses of British Columbia;
(d) Comply with CRNBC Scope of Practice for Certified Remote Practice (CRP);
(e) Comply with FNHA Clinical Guidelines and Decision Support Tools (DST) for minor illnesses;
(f) Have general knowledge of pharmacology and FNHA pharmacy standards;
(g) Have a valid registration with the College of Registered Nurses of British Columbia;
(h) Have Certificate in Remote Practice through the College of Registered Nurses of British Columbia;
(i) Have a valid certification in CPR Level “C”;
(j) Have a pre-employment medical (within 12 months of FNHA and the Contractor executing this Agreement),
    including evidence of physical and psychological fitness to work in a remote or isolated First Nations
    community (working within a different culture, 24-hour availability, strong interpersonal skills, ability to
effectively work in a team environment);

(k) Understand the principles of communication conducive to establishing consultative and collaborative relationships with client population and other health team members;

(l) Understand the process and the modified S.O.A.P. method of charting including the legal aspects;

(m) Have knowledge and skill in performing laboratory tests done in a nursing station ie. hemoglobinometer, pregnancy kits centrifuge;

(n) Have knowledge and skill of basic interpretation of ECG;

(o) Adhere to the administrative policies and procedures, and the philosophy of medical and nursing practice with FNHA. This is detailed in the following:
   i) FNHA Clinical Practice Guidelines;
   ii) FNHA Scope of Practice document;
   iii) FNHA Emergency Medical Transportation Guidelines for Nursing in Primary Care;
   iv) CRNBC Remote Certified Decision Support Tools (DST); and
   v) FNHA policy and procedures on controlled drugs and substances in FNHA facilities;

(p) Must maintain clients’ medical records and files, according to policies, procedures and protocols provided by FNHA, and as directed by the College of Registered Nurses of British Columbia;

(q) Must be responsible for their own actions in the care of clients, in accordance with the terms and conditions of the FNHA Scope of Practice document and the Standards of Practice of the College of Registered Nurses of British Columbia;

(r) Must be willing to move between communities as required to meet the needs of the FNHA;

(s) Must not represent the views of the FNHA in any formal communication with the First Nations Band Community Leadership, including the Health Director, and Other First Nations agencies;

(t) Must have a valid driver’s license; and

(u) Must have CDEC-Communicable Disease Immunization certificate;

(v) Must complete Controlled Drug Substances course to meet Federal Legislative requirement. Agency to be responsible for all associated cost.

(w) Experience in nurse settings in settings such as acute care and/or emergency care.

(x) Ability to make clinical decisions with appropriate consultation in regards to further referral.

6.3 Nursing Education and Qualifications Descriptions:

Certified Remote Practice (CRP):

Nurses working in FNHA nursing stations must have the designation from CRNBC as having certification in Remote Nursing Practice.

RN’s who are CRNBC certified in remote nursing practice use decision support tools to carry out activities included in reproductive health certification, and for the treatment of minor diseases and illnesses.

Decision Support tools provide direction for registered nurses who have been certified by CRNBC to carry out specific certified practices. They assist these registered nurses in making clinical decisions, but are not a substitute for clinical judgement.

6.4 Nursing Qualifications for Community Health Nursing Levels:

NURSE IN CHARGE

Bachelor’s degree in nursing from recognised university
Certified Remote Practice designation
Recent training in conflict management
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NU-CHN-3:

- Bachelor’s degree in nursing from a recognized university; OR Bachelor of Technology in Nursing OR Bachelor of Arts in Nursing
- Diploma in nursing from a recognized post-secondary institution and an FNHA recognized certificate, or diploma, or courses in Community Health Nursing from a recognized university, OR Bachelor Arts Nursing
- Diploma in nursing from a recognized post-secondary institution and Community Health Nursing Certification from a Canadian Nurses Association.
- Certified Remote Practice Designation (beneficial)

NU-CHN-2:

- Diploma in nursing from a recognized post-secondary institution.

OCCUPATIONAL CERTIFICATION

- Current Registration as registered nurse in British Columbia
- Basic Life Support Certification Level C
- Trauma Nursing Core Course – Optional
- Pediatric trauma Life Support – Optional
- International Trauma Life Support – Optional
- Communicable Disease Control, Immunization Certification

7. Responsibility and Work performed by FNHA Staff

The successful proponent will:

a) Have the full cooperation of First Nations Health Authority staff and access to information necessary to meet the accountabilities set out in this request for proposal and respond to reasonable inquires.

The FNHA will:

a) Provide a reasonable level of resources (human and financial resources) to the successful proponent to meet the accountabilities set out in this request for proposal.

8. Evaluation

An evaluation committee will be formed by the FNHA and may include employees and contractors of the FNHA. All personnel will be bound by the same standards of confidentiality.

The mandatory and desirable criteria against which proposals will be evaluated are identified below. Proponents should ensure that they fully respond to all criteria in order to be comprehensively evaluated.

The FNHA may request and receive clarification from any Proponent when evaluating a proposal. The evaluation committee may invite some or all of the Proponents to appear before the committee in order to clarify their proposals. In such event, the evaluation committee may consider such clarifications in evaluating proposals.

8.1 Mandatory Criteria

Proponent responses must clearly demonstrate that they meet the following mandatory criteria or they will be excluded from further consideration during the evaluation process:

a) The Proponents proposal must be received at the closing location before the specified closing time;
b) The Proponents proposal must be in English and MUST NOT be sent by mail, facsimile or email;
c) Proponents must submit four (4) hard copies and one (1) electronic copy (saved on a CD/USB in a Microsoft compatible format) of their proposal to the following address:

First Nations Health Authority
Attention: Contracts
540-757 West Hastings Street
Vancouver, BC V6C 1A1

d) Proponents must submit one (1) Request for Proposals cover page, with the Proponent Section in its original form, unaltered, fully completed and signed;

e) Description of the Proponents organization, size and structure. Indicate if appropriate, if the Proponent is a small or minority-owned business;

f) Corporate Strength.

8.2 Desired Criteria

Capability of the Individuals and/or Team, including:

a) Location of the proponent(s);

b) Years and types of experience. Please also provide a description of prior experience, including the following:
   i. Names;
   ii. Addresses;
   iii. Contact persons;
   iv. Telephone numbers;

c) The type of assistance that will be required from the FNHA staff;

d) The availability of the proponent’s resources (IE staff) to ensure that deadlines are met in a timely manner;

e) Price. A detailed description of price, including: Fees, Expenses, GST, PST, any additional taxes,

f) Work Experience – working with First Nations organizations and/or First Nations; and

g) Knowledge of First Nations culture is an asset

h) Experience working in Healthcare.

FNHA procurement activities will be governed to ensure all vendors are treated fairly and have equal access to procurement activities; to the extent possible preference in awarding contracts will be given to First Nation organizations and/or First Nation individuals.
8.3 Evaluation Scoring

Once the following two requirements are met, the responses will be evaluated based on the evaluation criteria table below:

1) All responses must satisfy the Regulatory and Security Environments described herein to be considered.
2) The responses must pass all the mandatory criteria to be considered. Responses not satisfactorily meeting all mandatory requirements may be excluded from further evaluation at the discretion of the evaluation committee.

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<tr>
<th>Evaluation Criteria</th>
<th>Description</th>
<th>Weight</th>
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<tr>
<td>1.0 Corporate Strength (See Appendix E)</td>
<td>Proponents must demonstrate that they are positioned so that services and support can be provided to FNHA over the long term.</td>
<td>10.0%</td>
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<tr>
<td>2.0 Financial (See Appendix F)</td>
<td>Proponents are to provide the solution that provides the best value for FNHA's investment, and provides the required services and functionality for the lowest total cost of ownership.</td>
<td>35.0%</td>
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<tr>
<td>3.0 Service Requirements (See Appendix G)</td>
<td>Proponents are to demonstrate, in detail, how the proposal will meet all of FNHA's service requirements.</td>
<td>55.0%</td>
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<tr>
<td>Total</td>
<td></td>
<td>100%</td>
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8.4 Short Listed Proponents

Proponents who are short listed may be requested to interview in person, and/or teleconference, with the assessment panel to discuss certain aspects of their submitted proposal.

Proponents which are short listed may be requested to interview in person, and/or teleconference, with the assessment panel to discuss certain aspects of their submitted proposal.

9 Proposal Format

The following format, sequence, and instructions should be followed in order to provide consistency in Proponent response and to ensure that each proposal receives full consideration. All pages should be consecutively numbered, and as follows:

a) One (1) unaltered and completed Request for Proposals cover page, including Proponent Section completed in original form as per instructions;
b) Table of contents including page numbers;
c) A short (one or two page) summary of the key features of the proposal;
d) The body of the proposal, including pricing, i.e. the “Proponent Response”; and
e) The completed RFP response workbook using the specified response template. This is to be submitted electronically and in print.
f) A detailed description of all costs associated with the requirements listed in this RFP.

Proponents are to provide their response electronically by CD/USB and also in print (4 copies).
Appendix A - Overview of the FNHA

The First Nations Health Authority

The first and only provincial First Nations Health Authority in Canada. Transforming health services for First Nations and Aboriginal people in BC.

Why a First Nations Health Authority?

Statistically significant health disparities exist for First Nations people in BC and across Canada with health outcomes that consistently lag behind those of other Canadians. The First Nations Health Authority aims to reform the way health care is delivered to BC First Nations to close these gaps and improve health and wellbeing.

A New Relationship with our Partners

BC First Nations, the Province of BC, and the Government of Canada have all determined that First Nations health disparities are no longer acceptable. A New Relationship between these Tripartite Partners was forged and a series of precedent-setting agreements led to the creation of a First Nations Health Authority. The FNHA is mandated by two health agreements (the Transformative Change Accord: First Nations Health Plan [2006], and the Tripartite First Nations Health Plan [2007] - collectively “the Health Plans”), the BC Tripartite Framework Agreement on First Nation Health Governance [2011] and resolutions at the annual Gathering Wisdom events and the Framework Agreement.

In 2013, the First Nations Health Authority assumed responsibility for the design and delivery of health programs and services for BC First Nations formerly delivered by Health Canada’s First Nations Inuit Health Branch – Pacific Region. The FNHA has a broad mandate to improve health services for BC First Nations through new partnerships, closer collaboration, and health systems innovation.

Making History Today and Tomorrow

As the First Nations Health Authority has assumed responsibility for the historic transfer of programs, resources, assets, staff, and responsibilities, we are developing an organization that reflects First Nations culture and philosophy. Establishing a strong foundation prepares us to innovate, transform, and redesign health service delivery with guidance from BC First Nations in the coming years.

Responsive, Visionary, Transformative

The First Nations Health Authority is part of a unique health governance structure that includes political representation and advocacy through the First Nations Health Council, and technical support and capacity development through the First Nations Health Directors Association. Collectively, this First Nations health governing structure works in partnership with BC First Nations to achieve our shared vision.

The mandate of the FNHA is to:

• Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia;
• Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;
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- Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia;
- Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
- Be constituted with good governance, accountability, transparency and openness standards;
- Establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
- Collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law;
- Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
- Design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs;
- Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care;
- Carry out research and policy development in the area of First Nations health and wellness;
- The FNHA may undertake other functions, roles and responsibilities connected to health and wellness of First Nations and other aboriginal people in BC.

The FNHA is governed by a nine member Board of Directors who collectively brings years of experience in First Nations health, community development, financial management and political expertise at all levels of government. The Board provides leadership and oversight for all corporate activities of the FNHA.

The FNHA was created in conjunction with the First Nations Health Council, providing support services while the political consensus was being built among BC First Nations. As a result, the FNHA website – http://www.fnha.ca uses the FNHC name. For more information please visit the website or contact us at: info@fnha.ca.
Appendix B - Definitions and Administrative Requirements

1. Definitions

Throughout this Request for Proposals, the following definitions apply:

a) “Contract” means the written agreement resulting from this Request for Proposals executed by the FNHA and the Contractor;

b) “Contractor” means the successful proponent to this Request for Proposals who enters into a written Contract with the FNHA;

c) “the FNHA” means the First Nations Health Authority;

d) “must” or “mandatory” means a requirement that must be met in order for a proposal to receive consideration;

e) “Proponent” means an individual or a company that submits, or intends to submit, a proposal in response to this Request for Proposals;

f) “Request for Proposals” or “RFP” means the process described in this document; and

g) “Should” or “desirable” means a requirement having a significant degree of importance to the objectives of the Request for Proposals.

2. Terms and Conditions

The following terms and conditions will apply to this RFP. Submission of a proposal in response to this RFP indicates acceptance of all terms that follow and that are included in any addenda issued by the FNHA. Provisions in proposals that contradict any of the terms of this RFP will be as if not written and do not exist.

3. Additional Information Regarding the RFP

Proponents are advised to fill out and return the attached Receipt Confirmation Form. All subsequent information regarding this RFP including changes made to this document will be posted on the following websites: BC Bid at www.bcbid.gov.bc.ca, MERX at www.merx.com, and FNHA at www.fnha.ca. It is the sole responsibility of the Proponent to check for amendments on these websites.

4. Late Proposals

Proposals will be marked with their receipt time at the closing location. Only complete proposals received and marked before closing time will be considered to have been received on time. Late proposals will not be accepted and will be returned to the Proponent. In the event of a dispute, the proposal receipt time as recorded at the closing location shall prevail.

5. Eligibility

Proposals may not be evaluated if the current or past activities or interests of the Proponent, or any sub-contractors proposed by the Proponent, may, in the FNHA’s opinion, give rise to an unresolved conflict of interest in connection with the project described in this RFP. This includes but is not limited to, involvement by a Proponent or any proposed sub-contractors in the preparation of this RFP. If a Proponent is in doubt as to whether there might be a conflict of interest, the Proponent should consult with the FNHA Contact Person identified in this RFP.

Proposals from not-for-profit agencies will be evaluated against the same criteria as those received from any other Proponents.

6. Evaluation

Evaluation of proposals will be by a committee formed by the FNHA and may include employees and contractors of the FNHA. All personnel will be bound by the same standards of confidentiality. The FNHA’s intent is to enter into a Contract with the Proponent who has the highest overall ranking based upon such an evaluation.

7. Negotiation Delay

If a written Contract cannot be negotiated within thirty days of notification of the successful Proponent, the FNHA may at its sole discretion at any time thereafter, terminate negotiations with that Proponent and either negotiate a Contract with the next qualified Proponent or choose to terminate the RFP process and not enter into a Contract with any of the Proponents.

8. Debriefing

At the conclusion of the RFP process, all Proponents will be notified. Unsuccessful Proponents may request a debriefing meeting with the FNHA.

9. Alternative Solutions

If alternative solutions are offered, please submit the information in the same format, as a separate proposal.

10. Changes to Proposals

By submission of a clear and detailed written notice, the Proponent may amend or withdraw its proposal prior to the closing date and time. Upon closing time, all proposals become irrevocable. The Proponent will not change the wording of its proposal after closing and no words or comments will be added to the proposal unless requested by the FNHA for purposes of clarification.

11. Proponents’ Expenses

Proponents are solely responsible for their own expenses in preparing a proposal and for subsequent negotiations with the FNHA, if any. If the FNHA elects to reject all proposals, the FNHA will not be liable to any Proponent for any claims, whether for costs or damages incurred by the Proponent in preparing its proposal, loss of anticipated profit in connection with any final Contract, or any other matter whatsoever.

12. Limitation of Damages

Further to the preceding paragraph, by submitting a proposal, the Proponent agrees that it will not claim damages for whatever reason relating to the Contract or in respect of the competitive process, in excess of an amount equivalent to the reasonable costs incurred by the Proponent in preparing its proposal. Furthermore, by submitting a proposal the Proponent waives any claim for loss of profits if no Contract is made with the Proponent.
13. **Proposal Validity**
Proposals will be open for acceptance for at least 120 days after the closing date.

14. **Firm Pricing**
Prices will be firm for the entire Contract period unless this RFP specifically states otherwise.

15. **Currency and Taxes**
Prices quoted are to be in Canadian dollars, inclusive of duties where applicable; FOB destination with delivery charges included where applicable, and exclusive of the Goods and Services Tax (GST).

16. **Completeness of Proposal**
By submitting a proposal, the Proponent warrants that if this RFP is to design, create or provide a system or manage a program, all components required to run the system or manage the program have been identified in the proposal or will be provided by the Contractor at no charge.

17. **Sub-Contracting**
The use of a sub-contractor must be clearly defined in the proposal. This includes a joint submission by two Proponents having no formal corporate links. In such a case, one of the Proponents must be prepared to take overall responsibility for successful performance of the Contract and this must be clearly defined in the proposal.

Where applicable, the names of approved sub-contractors listed in the proposal will be included in the Contract. No additional sub-contractors will be added nor other changes made, to this list in the Contract without the written consent of the FNHA.

18. **Acceptance of Proposals**
This RFP should not be construed as an agreement to purchase goods or services. The FNHA is not bound to enter into a Contract with the Proponent who submits the lowest priced proposal, or with any Proponent. Proposals will be assessed in light of the evaluation criteria. The FNHA will be under no obligation to receive further information, whether written or oral, from any Proponent.

Neither acceptance of a proposal nor execution of a Contract will constitute approval by the FNHA of any activity contemplated in any proposal that requires any approval, permit, or license pursuant to any federal, provincial, regional district or municipal statute, regulation or by-law.

19. **Definition of Contract**
Notice in writing to a Proponent that it has been identified as the successful Proponent and the subsequent full execution of a written Contract will constitute a Contract for the goods or services. No Proponent will acquire any legal or equitable rights or privileges relative to the goods or services until the occurrence of both such events.

20. **Contract**
By submission of a proposal, the Proponent agrees that should its proposal be successful, the Proponent will enter into a Contract with the FNHA on the terms set out in Appendix C.

21. **Contract Negotiation and Award**
Following the evaluation and recommendation of the Evaluation Committee, the First Nations Health Authority may select one or more Proponents to enter into negotiations for a Contract or Contracts as follows:

(a) The First Nations Health Authority may elect to divide the Services into more than one Contract, and enter into negotiations with a Proponent with respect to a portion of the Services, and award more than one Contract with respect to the Services;

(b) If negotiations with any Proponent are not successful within such time period as the First Nations Health Authority may require, the First Nations Health Authority may at any time after the expiry of such time period discontinue further negotiation with that Proponent by written notice to the Proponent, and the First Nations Health Authority may at any time thereafter commence negotiations with another Proponent to finalize a Contract in accordance with the foregoing process with another Proponent. The foregoing process may be undertaken and/or repeated until either a Contract or Contracts are awarded by the First Nations Health Authority or until negotiations have been terminated by the First Nations Health Authority; and

(c) FNHA reserves the right to negotiate additional services of a similar functional or technological nature from the successful Proponent without further competitive procurements.

22. **Liability for Errors**
While the FNHA has used considerable efforts to ensure information in this RFP is accurate, the information contained in this RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by the FNHA, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

23. **Modification of Terms**
The FNHA reserves the right to modify the terms of this RFP at any time in its sole discretion. This includes the right to cancel this RFP at any time prior to entering into a Contract with the successful Proponent.

24. **Ownership of Proposals**
Proposals submitted to the FNHA become the property of the FNHA. They will be received and held in confidence by the FNHA.
25. **Use of RFP**

   Any portion of this document or any information supplied by the FNHA in relation to this RFP may not be used or disclosed for any purpose other than for the submission of proposals. Without limiting the generality of the foregoing, by submitting a proposal, the Proponent agrees to hold in confidence all information supplied by the FNHA in relation to this RFP.

26. **No Lobbying**

   Proponents must not attempt to communicate directly or indirectly with any employee, contractor or representative of the FNHA, including the evaluation committee and any officials of the FNHA, or with members of the public or the media, about the project described in this RFP or otherwise in respect of the RFP, other than as expressly directed or permitted by the FNHA.

27. **Collection and Use of Personal Information**

   Proponents are solely responsible for familiarizing themselves, and ensuring that they comply, with the laws applicable to the collection and dissemination of information, including resumes and other personal information concerning employees and employees of any sub-contractors. If this RFP requires Proponents to provide the FNHA with personal information of employees who have been included as resources in response to this RFP, Proponents will ensure that they have obtained written consent from each of those employees before forwarding such personal information to the FNHA.
Appendix C - Receipt Confirmation Form
RFP - Nursing Temp Help Services
Request for Proposals # 2016RFP-29

Please fill out this form in order to advise the FNHA that you intend to submit a proposal for this RFP

FNHA CONTACT INFORMATION AND QUESTIONS: All enquiries related to this RFP including any requests for information, questions, and clarification, are to be directed to the following email address: fnha.contracts@fnha.ca.

CLOSING DATE/TIME OF RFP: Proposals must be received before October 23, 2015, at 16:00 hours (4:00 pm) Pacific Time.

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR FIRM AND FAX TO (604) 689-1177

Company: ________________________________________________________________
Street Address: _____________________________________________________________
City: __________________________ Postal/ZIP Code: _______________
Province/State: __________________________ Country: ______________________
Mailing Address, if different: ________________________________________________
Phone Number: (___)___________________ Fax Number: (___)______________
Contact Person: _____________________________________________________________
Title: ___________________________________________________________________
Email Address: _____________________________________________________________
Request for Proposals

Appendix D

See the Spreadsheet for

Appendix E - Evaluation Criteria, Corporate Strength

Appendix F - Evaluation Criteria, Financial (Please complete the pricing schedule)

Appendix G - Evaluation Criteria, Service Requirements