

Innovation Partnership
Procurement by Co-Design

Bayshore Health Care & Kingston Health
Sciences – Innovative ALC Transitional Care
Program

Challenge Brief



Contact name

Anita Fitches

Response deadline

October 20, 2017

Phone number

905-822-8075 Ext. 32825

Challenge Brief reference #

125421

E-mail

afitches@bayshore.ca

Maximum procurement budget

\$ 75,000

Note: this does not obligate provider to procure any solution

All vendor responses must be made via completion of an “Innovator Brief” template and forwarded to the above contact via email by the response deadline, with a cc to designchallenge@marsdd.com.

Project Team

Silvie Crawford, Executive Vice President / Chief Nursing Executive (Kingston Health Sciences) – Procurement Specialist
Anita Fitches, Director, Integrated Care (Bayshore HealthCare) – Project Manager
Karen Fisher, Director, Community Partnerships (Bayshore HealthCare) – Patient / Caregiver Engagement Support
Shelley Burnett, National Director of Digital Health & Innovation – Information Officer
Transitional Care Manager – (Will add name if we move forward) - Clinical Champion
Patient /Caregiver engagement – TBD (Will add names if we move forward)

The Challenge

Maximum of 1200 characters

Problem Statement: It is exceedingly important to support patients and families as partners in determining their care. This will require access to information, as well as education and training. How might we better support Alternate Level of Care patients, families and caregivers to transition back to the community that will prevent readmissions to hospital by 30% over a 6 month period, by focusing on the top three causes: caregiver burnout, lack of real-time support, navigation advice to access the right resources at the right time.

Background:

Kingston Health Sciences Centre (KHSC) Kingston General Hospital site and Bayshore Health Care Ltd. (Bayshore) are creating a partnership opportunity with the SE LHIN Home and Community Care to deliver a comprehensive health services program to support the transition of patients currently designated, or likely to be designated, for Alternate Level of Care (ALC). The three organizations are implementing a high quality Transitional Care Program outside the hospital.

The program will support the seamless transition of ALC patient out of acute care settings, and into a restorative transitional care setting by offering short-term placement pending permanent placement into most appropriate community facility. It is designed for current ALC designated patients who are not deemed suitable for discharge home initially. This innovative approach would be aimed at current and potential ALC designated patients, with a destination of supported or assisted living (e.g. retirement home, shelter, group home), convalescent care or rehabilitation facility who may or may not receive the necessary amount of SE LHIN Home and Community Care service or may not be eligible for SE LHIN Home and Community Care services upon discharge.

The mandate of our program is not only to be responsive to Bill 41 Patients First: Action Plan for Health Care, specifically “delivering better coordinated and integrated care in the community, closer to home” but also to enhance “seamless transitions in care for our patient across our regional healthcare system”. Once implemented, the objective would be to further distribute this model across the entire LHIN.

How is this challenge important to the organization to deliver better care?

Patients and their caregivers are often reluctant to go home due to the higher complex needs and lack of resources at home to support. The goal is to engage patients and their caregivers in self-managing their conditions to reduce overall burden on the health system and prevent caregiver burnout while achieving improved long term outcomes for health. Patients want to be discharged from hospital to home and they want simple and effective tools to be able to manage their own health and be able to be in contact with the care team when in their home setting if any questions or concerns arise. Hospitals will be able to discharge patients earlier, because they know that the patient's condition can be continuously assessed, and interventions can take place to ensure acuity is addressed outside of the hospital environment. Patient and Caregivers need this extra support as reinforced in the Donner Report (2015); "our health system could not sustain the current levels of care in the community without the continued contribution of family caregivers. If we expect family caregivers to continue to support and care for their loved one, we need to support them."

How is this a challenge also faced by other organizations?

According to the Canadian Home Care Association, 7,500 or 14% of acute care hospital beds are inappropriately used across Canada each day. Over a single year, the use of acute hospital beds by alternate level of care or "ALC" patients exceeds 2.4 million days [CHSRF, 2011].

ALC is a complex, serious system issue that impacts patient care, patient safety, and patient quality of life. Although ALC was initially identified as a hospital challenge to "fix", there is no one intervention or short term solution to remedy this challenge. Home and community care programs play a key role in potential solutions. Across Canada, an estimated 30-50% of ALC patients could benefit from supportive home care and be discharged from hospital [CHSRF, 2011].

What are some ways that you have tried to solve this challenge in the past?

Other programs of care in the SE region are in place to help solve the ALC pressures such as Home First. This program doesn't sufficiently support the transition of ALC patients from hospital to their choice of home.

Why do current solutions in the market fall short of solving this challenge?

Current system contracts restrict and prevent the use of innovative models and technologies to support patients in new ways. Current contracts allow providers / clinicians to be paid for providing in-person visits when virtual support would be much more efficient and allow clinicians to support patients and their caregivers in real time. Also, although some virtual solutions have been tested, the focus has been supporting the patient as oppose to the patient and caregiver.

Desired Outcomes

Maximum of 3 outcomes based specifications (OBS)

OBS #1: Engagement of patients and caregivers in self management of their conditions will result in a 30% increase in ALC patients in the Transitional Care Unit able to remain in their place of choice

OBS #2: Reduce Emergency Department visits by 20% for ALC patients in the Transitional Care Unit over a 6 month period

OBS #3: Reduce readmissions to hospitals by 30% for ALC patients in the Transitional Care Unit over a 6 month period

Evaluation Criteria

Criteria to be used for vendor selection (NOT to evaluate solutions).

IMPORTANT: Below are evaluation categories for provider's use. Please modify according to your needs by adding any sub-criteria and weights if necessary.

Company (20%)

Has the company demonstrated the competency to act as partner? Do they have an innovative vision? Do they have a strong leadership team? Do they have strong references?

Proposed approach (10%)

Is the proposed approach to the challenge innovative? Do you agree that it can solve the challenge proposed? Will it have a significant impact on the end user (staff, patients, etc)?

Ability to execute (20%)

Has the company demonstrated the ability to deliver a solution to other complex challenges? What has been the outcomes of solutions they have implemented?

Ability to produce validation data (30%)

Has the company demonstrated their ability and expertise to produce validation data? Have they shared an example of data they have produced for any of their products or prototypes? Is the quality of that data sufficient enough to make a procurement decision?

Experience of project team (20%)

Does the team have experience working on innovative solutions? Did the company propose the right type of project team to take on this engagement?

Key Dates

The following is a summary of key dates in the RFP process. Program sponsor (MaRS) and provider may change any of the dates below, in its sole discretion and without liability, cost, or penalty.

Key Dates	Milestones	Duration
Sept 28, 2017	Program launch, providers invited to download and complete a Challenge Brief	2 weeks
Oct 16 - 20	All challenges posted online, vendors begin to respond with Innovator Briefs	1 week
Oct 23 - 27	Vendors have all submitted Innovator Briefs. Providers shortlist vendor selection.	1 week
Nov 6	Dialog day. Each provider will hear their selected vendor pitches. Final vendor selection completed.	1 day
Nov 7 - 10	Teams prepare and submit co-design grant application.	1 week
Nov 13 - 17	External judging panel reviews grant applications. Meets on 17th to make final decision. Co-Design grant winners announced.	1 week
Nov 20	Co-Design Workshop #1: Discovery. Teams sign collaboration agreements.	1/2 to 1 day
Nov 20 - Dec 15	Teams work on discovery phase.	4 weeks
Jan 15, 2018	Co-Design Workshop #2: Ideation & Concept testing	1/2 to 1 day
Jan 15 - Mar 3	Teams work on ideation and concept testing phase.	8 weeks
Mar 5 - 8	Design review sessions. 1 - 2 hour sessions with each team to review learnings from discovery and concept testing results.	1 week
Mar 9	Co-Design Workshop #3: MVP prototyping and evaluation framework.	1/2 - 1 day
Mar 9 - Jun 15	Teams work on MVP development and evaluation phase.	14 weeks
Jun 18 - Jul 5	Teams make procurement decision and formalize agreements.	3 weeks
Jul 9 - 13	External judging panel conducts site visits.	1 week

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Jul 20

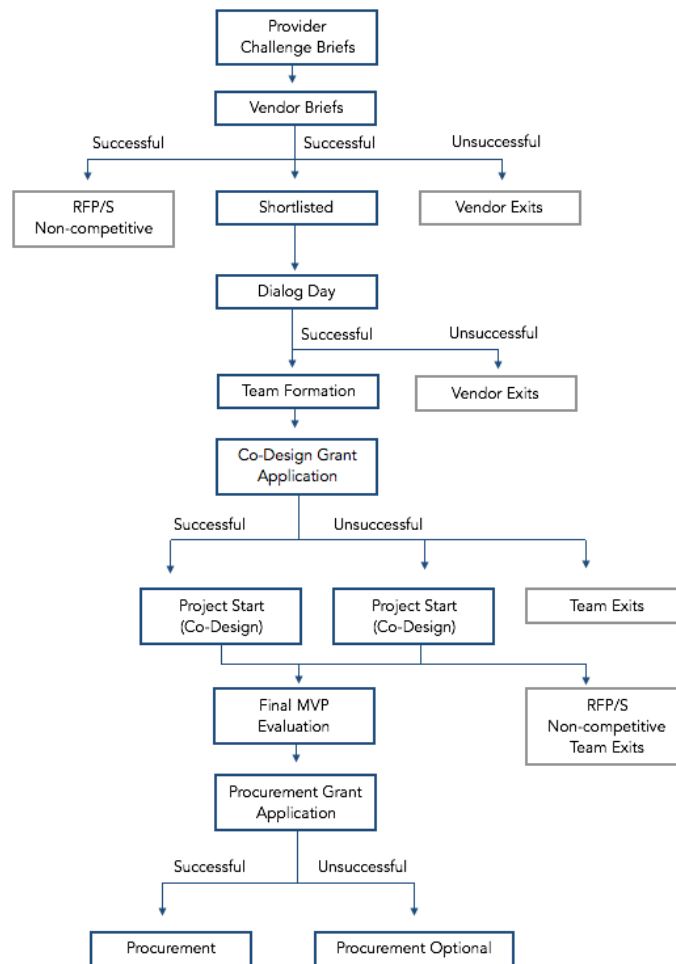
Final solutions day. Judges award up to \$50k for procurement.

1 day

Terms and Conditions

1. The “Innovation Partnership: Procurement by Co-Design” program may or may not lead to a procurement. There is no requirement for procurement at the end of the program, and procurement is at the discretion of the Provider. There are a number of potential outcomes from participation in this program (see figure below).
2. This Design Challenge document is issued to invite vendors who are able to develop solutions within the program timelines or have existing solutions that require refinement or validation, to respond and partner with the Provider to solve the proposed challenge.
3. The process will be in four phases:
 - a. Phase 1: Challenge Brief
 - i. Proponents prepare a submission in response to OBS
 - ii. Providers evaluate submissions based on evaluation criteria published in Challenge Brief, and generate a short list of qualified proponents
 - b. Phase 2: Dialogue Day
 - i. Short listed proponents are invited to present on submissions
 - ii. Providers evaluate presentation/discussion based on published criteria (to be made available to short listed proponents) and a proponent is selected. There are now two possible outcomes:
 1. Proponent may find an ideal solution and decide to pursue an RFP/S or non-competitive procurement strategy
 2. Proponent may form a team to pursue co-design
 - c. Phase 3: Co-Design
 - i. Selected proponent and provider form a team to co-design a solution and evaluate a minimum viable product, and decide whether to apply for the co-design grant. There are now three possible outcomes:
 1. Co-design moves forward with grant funding
 2. Co-design moves forward without grant funding
 3. Co-design does not move forward
 - d. Phase 4: Procurement
 - i. Providers evaluate success of the minimum viable product based on published desired outcomes
 - ii. Providers determine whether to move forward with a procurement, and whether to request the additional grant from IPPCD. There are now three possible outcomes:
 1. Procurement moves forward with grant funding
 2. Procurement moves forward without grant funding
 3. Procurement does not move forward

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4. Questions related to the Challenge being proposed must be directed to the Provider, and questions that modify the Challenge will be posted publicly for all potential proponents. Questions related to the Innovation Partnership: Procurement by Co-Design Program must be directed to MaRS (designchallenge@marsdd.com)
5. Submission requirements (mandatory requirements; proponents who do not meet the mandatory requirements will be disqualified)
 - a. Interested proponents must respond via submission of an Innovator Brief document, available online on <https://www.marsdd.com/systems-change/procurement-co-design>
 - b. The Innovator Brief document must be submitted directly to the Provider by the due date listed on the cover page of this document, with a cc to designchallenge@marsdd.com.
 - c. The submission must include proof of necessary licenses.
6. Bid disputes must be directed to the Provider, and will be managed according to the Provider's published bid dispute resolution process.

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