

# Request for Tender

## Organisational Digital Readiness Needs Analysis and Strategic Directions Paper

### PART A: TENDER SPECIFICATIONS



RFT released: 29/11/2016  
Information webinar: 01/12/2016  
Deadline for questions: 22/12/2016  
Deadline for submissions: 4pm 20/12/2016

Sunbury Community Health Centre  
Hume Whittlesea Primary Care Partnership  
C/- Plenty Valley Community Health  
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**Request for Tender – Organisational Digital Readiness Needs Analysis and Strategic Directions Paper**

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## 1. INTRODUCTION AND INFORMATION

### About the Hume Whittlesea Primary Care Partnership

The Hume Whittlesea Primary Care Partnership (HWPCP) is a voluntary alliance of health and community care agencies operating in the local government areas of Hume and Whittlesea in outer northern metropolitan Melbourne.

It is one of 30 Primary Care Partnerships (PCPs) across Victoria, funded by the Victorian Department of Health and Human Services as part of its PCP strategy. PCPs are the Department's preferred platform for driving health care initiatives that require a partnership approach.

#### Hume City Overview:

Situated in Melbourne's northern interface growth corridor, the City of Hume is one of the fastest growing and largest growth municipalities in Melbourne. From 2011 to 2036, the population is forecast to grow by 79.5%, from around 175,000 to almost 316,000. Hume is the 12th most disadvantaged local government area in Victoria and the third most disadvantaged in Metropolitan Melbourne.

#### City of Whittlesea Overview:

With the Hume municipality located to its west, the City of Whittlesea is in Melbourne's northern interface growth corridor. The population is expected to exceed 250,000 by 2030, with growth concentrated in the developing areas of Mernda-Doreen, South Morang and Epping North. In 2013, the population of the City of Whittlesea was 165,000 and was projected to increase by 19% by 2017.



#### Hume Whittlesea Primary Care Partnership – members

- [AMES Settlement](#)
- [Annecto](#)
- [Australian Greek Welfare Society](#)
- [Brotherhood of St Laurence](#)
- [Bubup Wilam](#)
- [Bundoora Extended Care \(BECC\)](#)
- [Care Connect](#)
- [Carers Victoria](#)
- [City of Whittlesea](#)
- [cohealth](#)

- [Dianella Health](#)
- [Eastern Melbourne PHN](#)
- [Foundation House](#)
- [Hume City Council](#)
- [Kangan Institute](#)
- [Kildonan Uniting Care](#)
- [LINK Community Transport](#)
- [Macedonian Welfare](#)
- [Mecwacare](#)
- [Melbourne City Mission](#)
- [Wellways Australia](#)
- [Mind Australia](#)
- [Mitchell Shire Council](#)
- [NEAMI North](#)
- [Nexus Primary Health](#)
- [North West Area Mental Health](#)
- [North Western Melbourne PHN](#)
- [Northern Health](#)
- [Plenty Valley Community Health Service](#)
- [Royal District Nursing Service](#)
- [Spectrum](#)
- [Sunbury Community Health Centre](#)
- [Travellers Aid](#)
- [Victorian Aboriginal Health Service](#)
- [Victorian TransCultural Mental Health](#)
- [Vincent Care](#)
- [Whittlesea Community Connections](#)
- [Wintringham Specialist Aged Care](#)
- [Women's Health in the North](#)
- [Youth Projects](#)

## Background to Digital readiness

Increasing expectations about the efficiency, effectiveness and quality of care are highlighting the need for better information on the care provided to individual patients and to populations. For example, the expanding use of electronic health records (EHRs) has the potential to overcome some of the challenges of gathering data in primary health care settings, and there is interest in the potential benefits of EHRs for patient care and secondary analysis: outcome measurement, quality improvement, public health surveillance and research (Majeed et al, 2008).<sup>1</sup>

Evidence suggests that meaningful use of electronic health records supports improved ability of the practitioner to diagnose disease, appropriately treat, prevent errors and coordinate services, thus improving patient outcomes. eHealth is the means of ensuring that the right health information is provided to the right person at the right place and time in a secure, electronic form for the purpose of optimising the quality and efficiency of health care delivery. eHealth should be viewed as both the essential infrastructure underpinning information exchange between all participants in the Australian health care system and as a key enabler and driver of improved health system efficiencies and improved health outcomes for all Australians.

Member organisations of the HWPCP area are at different stages of implementation of digital healthcare. Some organisations are still using paper-based health record systems, while others have multiple electronic health records for clients/patients; some may not be using any electronic supports while others are, including clinical support tools, secure eReferral systems, and secure health record systems that clients are able to access.

Using digital technology more effectively and ensuring providers are operating paper free at the point of care is critically important to dissolving the artificial barriers between care settings and professionals. It is essential to securing safe and sustainable health and care that supports healthier lives, delivering practical benefits for professionals and patients within local health and care

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<sup>1</sup> Majeed A, Car J, Sheikh A (2008) Accuracy and completeness of electronic patient records in primary care. Family Practice 25(4), 213-214.

economies. Where professionals continue to manage care in the face of unknown risks - patient experience, safety and effectiveness may suffer.

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## The Request for Tender

Hume Whittlesea PCP is seeking Request for Tender (RFT) from suitably qualified and skilled consultants to deliver three core pieces of work which will build on previous work delivered by the HWPCP and its member organisations. The Works relate to developing best practice standards for implementing digital care systems (health & wellbeing)<sup>2</sup>, establish a digital readiness baseline of member organisation and to develop a framework for strategic direction on digital care to member organisations.

## Objectives

The major objectives of the project are to:

- Establish a baseline for member organisations of HW PCP in regards to their current digital care systems
- Undertake a current situational analysis of national and state government policy and regulations in relation to digital care , I/T and I/M innovation in eHealth, health informatics and interoperability standards
- Provide each organisation with a report, comparing their organisation to average of all organisations, on digital readiness and digital maturity
- Provide a framework for strategic direction on digital care to member organisations

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<sup>2</sup> For this tender eHealth includes a focus on services delivered by both Health and Community Care Agencies

## 2. SCOPE OF WORKS

### The Request for Tender

Hume Whittlesea PCP is requesting tenders from suitably qualified and skilled consultants to deliver three products that will build on work begun by the HWPCP. The detailed Scope of Works is outlined below.

#### 2.1 Works required

- Development of a digital readiness paper which outlines best practice, evidence and creates a driver or imperative for agency engagement and adoption
- Develop, administer and collate an organisational survey to establish member baseline
- Provide a framework for strategic direction on digital healthcare to member organisations
- Consultation with the Project Advisory Committee

#### 2.2 Outputs

##### 1. Develop a digital readiness paper, outlining best practice and standards

Development of a digital readiness paper which outlines best practice, evidence and creates a driver or imperative for agency engagement and adoption.

Undertake a current situational analysis of Government Policy and regulations in relation to digital care, I/T and I/M innovation in eHealth, health informatics standards and interoperability standards

- Scan and consider alignments of State and Commonwealth digital health directions
- Literature Review on current I/T and I/M innovation in eHealth
- Provide an overview of health informatics standards and best practice
- Advice on APP regulations and standards
- Compare interoperability – open architecture (HL7, CDA, FHIR) integration standards
- Outline best practice and standards in digital care implementation.

#### Reporting

Draft and final versions of digital readiness paper submitted.

#### Presentation

Presentation of draft and report to project advisory committee, funding bodies (as required) and board of Hume Whittlesea Primary Care Partnership prior to finalisation of this resource.

##### 2. Establish a baseline for member organisations of HWPCP regarding organisational digital healthcare readiness

It is envisaged that the consultants will establish a baseline through the following methods:

#### Electronic Survey



Organisations will be invited to complete an initial electronic survey – a digital self-assessment to establish a baseline position within the HWPCP catchment area regarding the effective use of information, technology and systems by health and care professionals.

This self assessment is expected to provide a firm basis for planning, prioritisation and delivery within the health and care organisation. It will enable providers to monitor their progress against future developments.

**Out of Scope:**

- Digital Prescribing, Medicines Management & Administration, Pathology, radiology requests and results, Subscribing Services

**Follow up interviews**

If clarification or discussion is required post survey, follow up interviews with organisations will be offered.

**Reporting**

Provide each organisation with a confidential report, comparing their organisation to average of all de-identified organisations, on digital readiness and digital maturity.

Produce a digital roadmap – an effective roadmap which details a baseline against which organisations can demonstrate how far they have and can progress.

Report to each organisation on digital readiness and digital maturity compared to consolidated, average results. This report will support organisations with internal planning and prioritisation of organisational strategic direction.

Self Assessment survey report to HWPCP advisory committee.

**3. Provide a framework for strategic direction on digital healthcare to member organisations**

Utilising the evidence and best practice standards documented during Phase 1, and the feedback from consultation and surveys from Phase 2 – develop a paper which will lead the strategic direction of optimising and adopting digital care technologies for 2017-2020.

**Reporting**

Report on Phase three

Based on information obtained through Stages 1 & 2 detailed above, provide overall directions and advice.

**Presentation**

Presentation of results and report to members and board of Hume Whittlesea Primary Care Partnership and Project Advisory Committee

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### 3. RFT SUBMISSION GUIDELINES

#### PART A: Overview

**Registration:**

Tender documents can only be obtained following registration via the HWPCP tender portal.

**RFT release date: 29/11/2016**

**Enquiries:**

Tender enquires should be lodged through the online forum located in the HWPCP tender portal

**Information webinar: 01/12/2016 @ 2pm**

**Deadline for questions: COB 22/12/2017**

**Submissions:**

Completed responses must be entered into the Application Form (Part B) and submitted via the online portal in PDF. Respondents will receive a Successful Submission Receipt timed and dated upon completion.

Prior to submitting your proposal via the online portal, please download and familiarise yourself with all of the RFT documentation and any information hosted in the chat forum.

**Closing date:**

The closing time and date for responses to this RFT is **4pm 20 December 2016.**

Respondents that do not contain all the information requested may be excluded from the evaluation or receive a low score.

HWPCP is not bound to accept the lowest priced RFT or all or any part of an RFP and reserves the right to conduct the RFT process and select the successful respondent as it sees fit. HWPCP staff are unable to respond to verbal enquiries in relation to the proposal. Late, verbal or emailed proposals will not be accepted.

You will be prompted or instructed to upload separate documentation electronically to support the Application.

**Should Tenderers require any technical assistance, please contact XXXXXXX Customer Support on XXXXXXX.** Tenderers should plan to submit their applications with sufficient time to resolve technical problems if necessary. Tenders will **not** be accepted after **4pm 20<sup>th</sup> December 2016.**

**Please complete all sections:**

Application form

Upload any supporting documents

Referees

Supplier Declaration.

**Who can apply.**

This is a select tender process, meaning that only organisations that have been invited to apply are able to apply. Identified organisations have been requested to register their interest via Tenderlink/HWPCP which will then enable them to download the Tender documents.

Applicants who submit documentation without prior invitation or registration on Tenderlink will not be considered within the assessment process.

**Contract term:**

Project commencement date: **9 January, 2017**

Project completion date: **31 March 2017.**

**Budget:**

The maximum budget for delivery of all three phases of the project is \$30,000 (ex-GST).

**Timeline:**

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## PART B: SCORED SELECTION CRITERIA

An assessment panel comprising independent and HWPCP representatives will be established to assess responses to tender. The assessment panel will specifically be scoring responses to tender against the selection criteria below. They will be scored individually by each member of the panel, then panel members will then meet to collaboratively agree on final scores. Following the assessment, HWPCP may request negotiated amendments to a preferred applicant's response to the tender.

<p>1. Demonstrated understanding of, and preferably experience in eHealth and digital care projects or programs</p> <p><b>WEIGHTED: 20</b></p>
<p>2. Broad knowledge of the community care, primary health and acute sectors, particularly as they relate to the adoption and implementation of digital care, eHealth, secure messaging, electronic health records</p> <p><b>WEIGHTED: 15</b></p>
<p>3. Demonstrated experience in developing, distributing and collating online surveys, including implementing engaging innovative strategies to optimise uptake of surveys distributed</p> <p><b>WEIGHTED: 5</b></p>
<p>4. Demonstrated experience in developing strategic plans based on stakeholder engagement and data analysis</p> <p><b>WEIGHTED: 5</b></p>
<p>5. Exceptional report writing skills with demonstrated impacts</p> <p><b>WEIGHTED: 10</b></p>
<p>6. Demonstrated ability to deliver projects within agreed timeframes</p> <p><b>WEIGHTED: 5</b></p>
<p>7. Demonstrated value for money</p> <p><b>WEIGHTED: 20</b></p>
<p>8. Robustness of the described project methodology and/or project plan</p> <p><b>WEIGHTED: 10</b></p>
<p>9. Demonstrated ability to engage and work successfully with multiple stakeholders in complex projects.</p> <p><b>WEIGHTED: 10</b></p>

## PART C: DEVELOPING AND SUBMITTING YOUR APPLICATION

Please complete your submission using the HWPCP e-procurement portal which can be accessed at:

<https://www.tenderlink.com/hwpcp>

You will be asked to upload your Tender submission using the Tender Document Application form provided.

You will receive a time and date stamped confirmation after successful submission.

Part B “Scored Selection Criteria” of this RFT document provides guidance regarding how the evaluation panel will rank submissions and determine preferred applicants.

**Applications close: 4pm (AEST) on 20 December 2016. Late applications will not be considered.**

## PART D: INFORMATION SESSIONS AND HOW TO CONTACT HWPCP

An online information session will be held via webinar at 2pm on Thursday 1st December 2016.

To register to attend the webinar, please follow the prompts that will be emailed to you when registering on Tenderlink.

Questions or request clarification, should be posted on <https://www.tenderlink.com/hwpcp> Forum section.

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