

FUND FOR PUBLIC HEALTH IN NEW YORK, INC.

REQUEST FOR PROPOSAL

NYC Department of Health and Mental Hygiene
Healthcare Readiness Program
Office of Emergency Preparedness and Response (OEPR)

PLANNING FOR BUSINESS CONTINUITY SUMMIT
Healthcare Business Continuity Expert and Meeting Facilitator
Project Period: September 8, 2010 – December 30, 2010

Proposal Due Date: August 3, 2010

Fund for Public Health in New York, Inc.
291 Broadway, 17th Floor
New York, NY 10007

Project Description

Hospitals play a central role in disaster response and have created robust disaster preparedness and response plans that address the mitigation, preparedness and response phases of the disaster management cycle. However, they also face the challenge of planning for recovery and continuity of operations. A range of disasters can occur in New York City and hospitals require an approach that permits prioritizing essential services, identifying threats to those services and developing strategies to ensure that essential services are preserved or sustained across a range of disasters.¹

On November 17, 2010, the New York City Department of Health and Mental Hygiene (DOHMH) will host a day long Healthcare Business Continuity Summit. At this Summit, experts in healthcare business continuity planning from the vendor selected off this solicitation (the Vendor) will provide instruction and discussion to an audience of up to 150 senior staff (CEO, CFO, COO or vice presidents) and planners (emergency preparedness coordinators) from hospitals and their advocacy organization(s).²

Summit events must be tailored around the schedule of the attending hospital executives. That is, a morning session featuring keynote address by an expert in healthcare business continuity planning will take place for hospital executives attending in the first half of the Summit. The expert delivering the keynote address must be an executive from the selected Vendor or recruited by the Vendor. The keynote would be followed by a panel discussion moderated by the keynote speaker and other experts provided by the Vendor. A Q&A period would follow the panel discussion. Following lunch, facilitated workshops would provide further information, a planning tool and training for participants staying for the afternoon (planners from the attending hospitals).

To staff the Summit, DOHMH seeks a Vendor with extensive expertise in healthcare business continuity. The chosen Vendor for these services will assist in the creation of the summit's agenda and materials and facilitate the day's events. The Vendor must have the experience and capacity to engage the attention of an audience of senior healthcare facility leadership by presenting comprehensive and useful information. The selected Vendor will also provide ample resources to manage and lead workshops for planners.

The chosen vendor will provide the participating planners with hands on training to develop a working knowledge of clinical and healthcare business continuity planning. The vendor should develop and train on a tool that will allow participants to assess vulnerabilities and critical dependencies of facility departments essential to continuing to provide care to patients during a disaster. Participants should leave with the tool and be conversant in the principles of business continuity. They should have the foundation to proceed with business continuity planning once back at their facilities.

¹ Duckworth, J.L (2010, February). Healthcare and Public Health Continuity of Operations and Business Continuity Planning. Paper presented at the Public Health Preparedness Summit, Atlanta, GA.

² DOHMH would expect two participants from each healthcare provider organization: a senior manager who would attend the morning sessions and lunch and a planner who would attend the morning sessions and remain for afternoon workshops.

The tool presented should identify further steps at each facility required to build their individual plans for continuity of clinical services and healthcare business continuity.

The expected outcomes of this day long summit will be that:

- All participants will report heightened awareness of the importance of and processes required for effective business continuity planning;
- Planners leave with a tool or tools that will allow their hospitals to either create or further develop their continuity of clinical services and healthcare business continuity plans.
- All Participants give high ratings to the usefulness of workshops and other activities presented.

The Vendor will be expected to suggest which subjects are most important given the time constraints imposed by the need to limit the summit to a single day. Some topics are suggested:

1. Identifying Business Continuity Best Practices components:
 - a. Operations best practices
 - b. Stepwise development and vetting of the plan
 - c. Formal presentation or panel discussion of local best practices, including:
 - i. Training to execute a Business Continuity Plan (BCP)
 - ii. Integration of Emergency Operations or Disaster Response Plans with BCP
 - iii. Addressing issues BEFORE they impact the enterprise
 - iv. Technology installation and configuration
 - v. Other areas as identified
 - d. Disaster or business interruption triggers for activating the BCP
 - e. Monitoring processes and people for awareness of readiness of critical areas
 - f. Other areas as identified
2. Identifying Business Impact Analysis components:
 - a. people and processes
 - b. defining priorities of business functions, dependencies and timeframes
 - c. Identifying critical business functions, for example
 - i. staffing levels required to perform critical functions
 - ii. equipment, supplies, etc. required to support critical functions
 - iii. requirements for sustainability beyond 96 hours (to 1 week, 2 weeks, 1 month, etc) from time of incident
3. Identifying Patient Care components:
 - a. Patients
 - b. Reputation
 - c. Regulatory Compliance
 - d. Finances
 - e. Staff
 - f. Other business relationships
4. Addressing identified business continuity components through Logic modeling of Business Continuity Metrics and understanding how to use Business Continuity Tools to assess critical dependencies and vulnerabilities in

- a. All manpower and non personnel resources and range of services
- b. Delivery of service assumptions
- c. Delivery of service constraints
- d. Maximum tolerable down-time after disaster (time during which functions or resources are not available)
- e. Financial and operations impact during down-time
- f. Legal and ethical impacts of down-time
- g. Work-stress/burden on staff during down-time
- h. Stress upon patients during down-time

Project Deliverables

Deliverable	Minimum Required Activities³	Date of Completion
1	Work closely with DOHMH to recruit healthcare leadership to participate in the Business Continuity for Healthcare Summit	
	<ul style="list-style-type: none"> ▪ Identify primary point of contact for the duration of this project. ▪ Submit recruitment strategy of healthcare facility leadership (i.e., COO, CFO, CIO, vice-presidents and department directors). ▪ Implement recruitment strategy ▪ Coordinate with event organizer to create and publish: <ul style="list-style-type: none"> ○ Save the date ○ Event invitations and calls for submissions ○ Registration website ▪ Coordinate with event organizer and review registrations; supply additional strategies and measures for increasing registrations as needed. 	September 10, 2010
2	Plan the Business Continuity for Healthcare Summit	
	<ul style="list-style-type: none"> ▪ Submit a plan for the overall event, describing activities and outcomes. ▪ Recruit or provide a keynote speaker and/or expert panel for business continuity for hospitals. ▪ Provide a cadre of facilitators for small group discussions. ▪ Based on the final approved format for the small group discussions, develop a facilitator’s discussion guide to ensure consistent execution of the summit design, and effective facilitation guidelines. NOTE: There may be a need for multiple protocols tailored to the group represented. ▪ Design and conduct the facilitator’s training session. ▪ Create and submit summit activities/tools: <ul style="list-style-type: none"> ○ Topics for small group discussion 	September 20, 2010

³ All materials presented must be consistent with any applicable regulations established for hospitals by the New State Department of Health. See: <http://www.health.state.ny.us/nysdoh/hospital/regulations/index.htm>

	<ul style="list-style-type: none"> ○ Activity plans ○ Activity materials (including but not limited to handouts, visual aids, slides, posters, quizzes, problems, scenarios, modules, tests) ○ Locate and recruit presenters for panel presentations ○ Provide transcription services ○ Coordinate call for presentations for best practices ○ Evaluation tools for summit activities 	
3	Facilitate the Business Continuity for Healthcare Summit	
	<ul style="list-style-type: none"> ▪ Present keynote address or provide a keynote speaker for business continuity and disaster recovery processes ▪ Guide small group discussions for (for example) business continuity plan development, completion of a business continuity assessment tool ▪ Guide summary activities with all attendees as a group ▪ Implement evaluation of summit activities 	November 17, 2010
4	Evaluate the outcome and provide next steps for the Business Continuity for Healthcare Summit	
	<ul style="list-style-type: none"> ▪ Submit an after action report of this event which includes ▪ A summary list of participants' names, organizations, positions and contact information ▪ A summary of participants response to the components (modules or break out discussions) of the event in the form of an evaluation ▪ Needed improvements or gap closing measures hospitals should take toward business continuity planning, OR ▪ Recommendations for hospitals toward development of Business Continuity Plans 	December 17, 2010

In addition to these activities for planning and conducting the Business Continuity Summit, the selected vendor may be asked by hospitals through their own separate agreement with the vendor to follow up by reviewing their business continuity plans and activities.

Work Processes

The selected planner/facilitator will use the following processes to develop and render the above deliverables:

1. Assessment and Consultation
 - a. Clarify professional roles of the assignment with DOHMH Project Manager
 - b. Review deliverables with Project Manager and create a final scope of work
 - c. Meet weekly with DOHMH key staff to discuss plan of action for summit
 - d. Provide research on healthcare business continuity best practices to guide the project

2. Planning Activities

- a. Develop a project timeline and provide updates to the DOHMH Project Manager weekly;
- b. Develop agenda for Business Continuity Summit and evaluation tool for summit effectiveness through an iterative process.

3. Recruitment Activities

- a. Work with DOHMH and event planner to:
 - a. Target the appropriate audience of stakeholders in hospitals;
 - b. Contact stakeholders, either in-person or by other media to present proposal of attendance at summit.
- b. Review presentations from panel members for a focused session on best practices among New York City hospitals.

4. Facilitation

- a. Present keynote address or recommend and recruit healthcare business continuity expert to deliver keynote address;
- b. Moderate panel through question and answer session on best practices;
- c. Guide small group discussion;
- d. Guide participants in summary activities for developing business continuity tools or next steps for their development;
- e. Guide participants in the evaluation of summit.

Note that all deliverables are “work for hire” and will remain the property of DOHMH

Planner/Facilitator Requirements

The selected planner/facilitator must:

1. Have demonstrated significant national experience leading summits of this type;
2. Demonstrate understanding of continuity of clinical operations and healthcare business continuity practices and their implication;
3. Have experience presenting continuity of clinical operations and healthcare business continuity practices guidance to leadership and upper-management-level audiences;
4. Have a minimum of five (5) years of experience in the area of emergency preparedness, disaster response, and business continuity planning or hospital management;
5. Have experience creating training programs;
6. Demonstrate the ability to work proactively and collaboratively with DOHMH staff. (It is not required to have worked with DOHMH in the past.) The vendor will meet weekly with DOHMH staff during the planning phase of this project.
7. Demonstrate the capacity to provide support staff for the organization and facilitation of the conference and its component small group discussions.

In addition to required planner/facilitator skills, the selected consultant must have proficiency in the use of Microsoft Office suite and email.

Evaluation Process

The evaluation process will be:

1. Review of submitted materials in response to this RFP;
2. In person interview.

An evaluation committee of selected DOHMH staff members and healthcare emergency preparedness partners will evaluate and rank all proposals received. The in-person interviews will be held through the week of August 10, 2010 with the evaluation committee. A contract will be awarded to the proposal that best fits the criteria described in previous sections.

Vendor Application Requirements

The vendor application must include the following:

1. A resume(s) and cover letter. In the cover letter, please indicate how experience and skills meet qualifications for this position. In addition, please indicate salary requirements.
2. Detailed examples of continuity of clinical operations and business continuity development projects for healthcare including, but not limited to:
 - a. Previous training, meeting or conference event presentation materials, agenda, outcomes and follow up;
 - b. Previous business continuity consulting projects materials, outcomes and follow up.
3. Listing of facilitators (or potential subcontractors for group facilitation and evidence of their experience and capacity to fill this role) and administrative staff.
4. A list of three (3) references including: names, business addresses, telephone numbers and email addresses.

Period of Performance

The expected period of performance is September 8, 2010 to December 30, 2010. The scope of work will engage the consultant for a minimum of 250 hours over the project period.

Proposal Date, Time and Location

Proposals are due no later than 5:00pm (EST) on August 3, 2010. Proposals must be submitted via email and U.S. Postal Service (1 original plus 3 copies) to:

Andrea Y. Hart, M.S.
Grant Manager
Fund for Public Health in New York, Inc.
291 Broadway – 17th Floor
New York, NY 10007
Email: ahart@health.nyc.gov

Timeline

RFP release	July 12, 2010
Questions taken to	July 20, 2010
Questions published to all proposers by	July 30, 2010
RFP due	August 3, 2010
Vendor interviews start	August 10, 2010
Vendor selection	August 16, 2010
Start work	September 8, 2010
End work	December 30, 2010

Questions Regarding Request for Proposals

Applicants with questions regarding this Request for Proposals (RFP) should send them via email to the above authorized contact person at the email address stated above. For all programmatic questions, please contact Dr. Darrin Pruitt at dpruitt@health.nyc.gov. Questions will be accepted through July 20, 2010, till 5:00PM (EDT). Answers to all questions received by this deadline will be distributed to all RFP recipients no later than July 30, 2010 by 5:00PM.