

AMENDMENT OF SOLICITATION
RFP AHRQ-01-0007
Patient Safety Coordinating Center

Amendment No. 1 to RFP AHRQ-01-0007
Date of Amendment to Solicitation: July 13, 2001

Attention: All Prospective Offerors

The following questions and answers are provided:

Note: The due date for receipt of proposals is extended to JULY 26, 2001, 12 NOON EDT

1. Can AHRQ provide a list of principal investigators, co-principal investigators, and their respective organizational affiliations, for all grants/RFAs awarded to date, who are subject to the Special Eligibility Notice?

Answer: Awards to-date include six institutions/principal investigators. They are listed in Section A (Background) of the RFP.

2. For budgeting and evaluation purposes, can AHRQ provide an anticipated level of effort for each of the five domains (data collection and analysis, methodology, instrument development and selection, evaluation, and implementation strategies) under Task 2.0, Technical Assistance? (b) Further, some sense of the phasing or percent of the effort in each year would be appreciated. For example, Item 31 in delivery schedule on p. 24 indicates that the level of effort for scrubbing/cleaning data "will increase in a major way" in the 3rd year, but this statement is not specific enough to develop a budget estimate.

Answer (a): There is no historical activity upon which to build accurate estimates. However, for budgeting and proposal evaluation purposes only, the following estimates may be used for years one and two:

- Data collection and analysis: 160 hours/year
- Methodology -- 180 hours/year
- Instrument development and selection -- 160 hours/year
- Evaluation -- 100 hours/year
- Implementation strategies -- 80 hours/year

The following estimates may be used for year three:

- Data collection and analysis -- 1800 hours/year
- Methodology -- 100 hours/year
- Instrument development and selection -- 400 hours/year
- Evaluation -- 600 hours/year
- Implementation strategies -- 600 hours/year

Answer (b): It is anticipated that years 1 and 2 of this project will each represent approximately 22% of the project's level of effort and resources, with the third year representing the remainder (i.e., 56%).

3. Item 28 in delivery schedule on p. 24 indicates that consolidated progress report is due once, at 13 months EDOC. However, text of paragraph 3.1 on p. 14 indicates this is an annual requirement, necessitating one and perhaps two more deliverables. Please clarify. Further, if the schedule is carried out at 12 month intervals, the third draft consolidated progress report would be due at 37 months, past the anticipated 3-year period of performance. Please clarify.

Answer: Item 28 in the schedule of deliverables should read "13, 25, and 35 months from EDOC."

4. Item 32 in delivery schedule on p. 24 indicates that the dissemination plan is implemented beginning in month 25 EDOC. However, the SOW is not specific with respect to the activities to be conducted, presumably because these will be defined in the plan. Please clarify how the level of effort and budget for implementation activities should be reflected in the proposal.

Answer: Each offeror is responsible for developing a plan, indicating its proposed level of effort, and preparing a corresponding budget based on the requirements as noted in Task 5 of the scope of work.

5. Paragraph 4.2.1 beginning on p. 17 requires conference call support "for each component of the patient safety initiative". Please clarify the meaning of this phrase. Alternatively, please specify the number of quarterly conference calls to be accomplished, and an estimated number of participants. For example, we might anticipate a quarterly conference call for each of the seven current and anticipated patient safety RFAs. Would this be a reasonable assumption?

Answer: A component may be defined as the group of awardees funded under a single RFA (e.g., clinical informatics to promote patient safety; improving patient safety: health systems reporting, analysis, and safety improvement research). A component may also be defined by function and include awardees funded under different RFAs but focusing on a particular topic (e.g., epidemiology, evaluation, implementation). For budgetary and evaluation purposes only, offerors should anticipate a minimum of 36 quarterly conference calls per year with up to 20 participants per call.

6. Section L.9. Past performance, and questionnaires. p. 75. Given that the list of relevant contracts and subcontracts completed and currently in progress might be voluminous in some cases, we suggest that AHRQ limit past performance information to a defined number of relevant projects performed within a specific time period. We suggest a maximum of 20-30 projects within the past 5 years. This in turn, limits the number of past performance questionnaires that must be completed prior to the due date, and the burden on respondents. Alternatively, retain past performance as unrestricted but limit the number of references from whom questionnaires must be obtained.

Answer: In order for us to fully evaluate your past performance, it is requested that you submit the information requested for projects of similar products or services. The solicitation requests information for the past three years—since June 1, 1998, not five years.

7. The Communication paragraph on p. 11 indicates a requirement for electronic bulletin boards and chat rooms. However, these capabilities are not described in detail in the specific requirements on pp. 15-17. Please clarify. If these capabilities are required, please provide additional specifications for them (e.g., reliability, # of users, frequency of use, etc.).

Answer: Page 11 is part of Section A, Background. Pages 15 through 18 are the requirements of the scope of work which include electronic communication and conference calls. As noted in the RFP, electronic communication includes distribution list software, e-mail, and website components. Offerors may, but are not required, to include electronic bulletin boards/chat rooms.

8. Re: Website requirements pp. 16-17.

8a. Will the number of project-specific web pages be limited to the 13 grantees under the Health System Reporting RFA, or will web pages for the entire range of 65-75 grantees across all RFAs be required? If the latter, please indicate any phasing contemplated or envisioned.

Answer: Section 4.1.3 of the RFP states “The Contractor shall establish and maintain a website for the entire program of AHRQ-funded projects included under the coordinating center contract.” If an offeror anticipates phasing the implementation of the website and web pages, its proposal should include a plan and the rationale for this approach.

8b. There is no mention of the need for the contractor to update or refresh the contents of the website once it becomes operational at 3 months EDOC, although the Item 8 in the delivery schedule on p.22 indicates a need to keep the web pages current. Please clarify AHRQ's expectations for how this process would work, including review and approval of new content, frequency of updates, and division of responsibility between the PSRCC contractor and AHRQ staff for posting new/updated content on the website.

Answer: The periodicity of updates to keep the web pages current shall be part of the offeror's plan, and a rationale for the offeror's approach should be included in its proposal. It will be the responsibility of the contractor to post information on the web site after approval by the coordinating center's project officer and the project officer for the individual grant (i.e., in consultation with the principal investigator for each grant). The

project officers' responses shall be provided to the contractor within two weeks of receipt of material submitted for approval. Furthermore, AHRQ's web master shall be involved in coordinating center discussions about any web sites or web pages that the coordinating center may create to ensure that the web site and pages properly mesh with and link to the content on AHRQ's web site.

8c. We're assuming that the website will be accessible to the general public, and not limited to members of the AHRQ research community. Is this a correct assumption?

Answer: Yes.

9. Will AHRQ consider a 3 or 4 p.m. due date on July 19 rather than a 12 noon date, to help bidders be sure to make the deadline?

Answer: The due date for submission of proposals has been changed to 12:00 p.m. local prevailing time on July 26, 2001.

10. Does AHRQ contemplate any "best and final" round of consideration of high-ranking proposals?

Answer: AHRQ anticipates that discussions will be required with those offerors determined to be within the competitive range. However, we also reserve the right to make an award without discussion, as stipulated in the solicitation.

11. Can the government clarify who are the grantees on all six of these areas, where awards have already been made, with names of grantee institutions and PIs; when no awards have yet been made, can the government clarify when funding decisions will be decided and awards made?

Answer: Refer to question 1 for the names of grantee institutions to-date. Funding decisions and awards for applications submitted in response to the six RFAs released this fiscal year will be made no later than September 30, 2001.

12a. If the Developing Centers awards have not yet been made, can the government specify at least the number of awards likely to be made, so that travel budgets for Task 3.3 site visits can be estimated?

Answer: As noted on page one of the RFA for Developmental Centers for Evaluation & Research in Patient Safety, approximately 10 centers will be funded. Refer to the following URL: <http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-01-007.html> for more detailed information on the RFA.

12b. Are the additional 5 site visits in Task 3.3 to additional Developing Centers, or to other types of grantees?

Answer: The additional site visits mentioned are “place holders.” They may be used for developing centers if more than 10 awards are made, or they may be used for site visits to other grantees based on Agency needs.

13. Please clarify the number and timing of the report on the Health Reporting Demos that the CC should prepare.

Answer: The report on the Health System Reporting Demonstration grantees will be a stand-alone report, separate and apart from the annual progress report requirement. One electronic and 10 hardcopies of the draft report on the Health System Reporting Demonstration grantees shall be due to AHRQ 24 months from EDOC. One electronic and 10 hardcopies of a final draft shall be due to AHRQ two weeks after receipt of Agency comments (i.e., approximately 25 ½ months from EDOC). These reports shall be deliverables 33 and 34 respectively.

14. If the AHRQ conference space is not available or will not accommodate 150 people (more or less) in plenary sessions for the annual conferences, are we correct in assuming that the contractors' budget does NOT need to cover space costs in another venue?

Answer: The contractors' budget does not need to include costs for space in another venue

15. Reference bottom of p. 16/top of p. 17: Contractor shall accommodate on-site visits by Project Officer, etc: Does the ability of the Contractor to accommodate site-visits within 2 hours' time a requirement that forces the physical location to be within a 2-hour travel time from Rockville, Maryland)?

Answer: No.

16. Can AHRQ clarify whether the "progress report" in deliverables 28 and 29 are on progress for all grantees in all six areas (with or without the initial "best practices" grantees?) or only on progress of the health System Reporting Demos and the framework for feedback. Note that the SOW on p. 14 indicates that the CC should do this report "after two years" -- the delivery dates for deliverables 28 and 29 are at 13 and 14 months respectively.

Answer: Progress report is to include all grantees – including “best practices” grantees. In addition, there is a separate report required on the progress of Health System Reporting Demonstration grantees as noted in question 13.

17. No deliverable is specified for the "reports and data ... on patient safety that may become part of the National Quality Report." Can the government be more specific about what might be required, in what numbers (e.g., once? annually?), and in what format?

Answer: For the purposes of budgeting and proposal evaluation only, offerors shall anticipate an annual report in years two and three of the coordinating center contract. The report may include data on a number of medical error/patient safety variables that could be developed from the reporting demonstration grantees and others.

18. Is the HUBZone small business inclusion goal the same as the others or not? (stated as a % of total contract value versus % of total contract value for base period)

Answer: Yes

19. Does the "base period" reference in small business representation goals refer to year one only as the base budget period? If not, please define the base period.

Answer: As this is a three year contract with no option periods, the base period would be the entire three years.

20. Reference page 14 of the RFP--Do we assume that the Contractor is to budget for all meeting handout materials and refreshments for the 2-day annual meetings and the day-long steering committee meetings?

Answer: The Coordinating Center contractor shall budget for handout materials for the annual meetings and steering committee meetings as well as lunch/refreshments for the steering committee meetings. The contractor does not need to budget for lunch for the 2-day annual meetings for the awardee participants as they will incur those costs as part of their grant awards. However, the contractor shall make arrangements for and collect money from attendees who wish to purchase/participate in these lunches. Morning and afternoon refreshments for the annual meetings shall be costs incurred by the Coordinating Center contractor.

21. Do we assume that there will be no space or a.v. costs to the Contractor even if another venue is selected at the discretion of the Project Officer?

Answer: See answer to question 14.

22. If response to these questions takes longer than a week would AHRQ consider extending the due date from July 19th to August 2nd?

Answer: The proposal due date has been extended to 12:00 noon on July 26, 2001.

23. Does AHRQ want the projects submitted as past performance projects to be relevant to the proposed effort or simply the most recent projects conducted by the bidder? In

Section L.9 of the RFP, Item (1) says “A list of the last five (5) contracts” while Item (4) says offerors will be evaluated on projects "for similar products or services." Also, Item (1) asks for “all contracts and subcontracts currently in progress.” This can potentially include dozens of projects with multiple funding agencies. Is that what AHRQ desires?

Answer: Past performance projects relevant to the current scope of work are most desirable.

24. In the business proposal instructions on page 77 (Section L.11) it refers to an Attachment 6. Are you actually referring to Attachment 5? The RFP did not include an Attachment 6, is there such?

Answer: The reference should have read Attachment 5. There is no Attachment 6.

25. This is a complicated project requiring a comprehensive proposal. In order ensure high-quality proposals from bidders, will AHRQ consider extending the due date for the proposal? At a minimum,if AHRQ is worried about meeting internal award deadlines, perhaps the deadline for time of day could be extended to 5:00 on 7/19.

Answer: The proposal due date has been extended to 12:00 noon on July 26, 2001.

26. Can you provide additional information on the type of involvement you expect the CC to have with the additional 20 grantees from unspecified programs at HRSA, VA, RWJ? For budgeting and staffing purposes, more guidance would be helpful.

Answer: Refer to Task 1.3 of the RFP [The Coordinating Center contractor shall extend invitations to its annual meetings to medical error/patient safety projects funded through other sources (e.g., VA, RWJ, HRSA, AHRQ’s CERTS)].

27. When does AHRQ expect to award contract? When are discussions/proposal revisions expected to occur?

Answer: The contract will be awarded prior to September 28, 2001. Discussions, if required, will take place during late August/early September.

28. When will awards be in place for each of the six RFAs?

Answer: All RFA awards will be made on or before September 30, 2001.

29. What resources can we expect grantees to have dedicated to interactions with the CC?

Answer: Each RFA includes a preamble that, in general, notes that the “Agency will also support a coordinating center to provide guidance and facilitate interaction between the entities funded under the Agency’s patient safety programs.” Furthermore, each grantee

funded under the Systems-related Best Practices RFA as well as the six RFAs released in the current fiscal year are expected to participate in the annual meetings that are part of the SOW for the Coordinating Center RFP. Grantees will be expected to provide input material/raw data for a web page or provide a link to their own relevant web pages to facilitate the development of the web site under the Coordinating Center SOW. For the specific reference to activities related to the coordinating center in each of the RFAs, refer to <http://www.ahrq.gov/fund/grantix.htm>.

30. Section H.1 details the publication restrictions for the CC. Please confirm that these restrictions are removed following the end of the contract.

Answer: Any requests for modifications to terms and conditions contained in the solicitation and resultant contract will be handled on a case by case basis during negotiations.

31. Can AHRQ provided any guidance on the total level of effort expected (number of FTE's) across the entire contract?

Answer: Refer to question 2.

32. In section 4.1.3.1 the RFP refers to "Scrolling for Information." Please clarify that refers to browsing a list of topics/sub-topics, like one would do when navigating in Yahoo?

Answer: In section 4.1.3.2 "Scrolling for Information," refers to browsing a list of topics or sub-topics on the website in order to collect and analyze data for research purposes.

33. What is the role of AHRQ's Office of Health Care Information (OHCI) in this project? What is the boundary between their dissemination work and the CC? The RFP is not clear on this task.

Answer: The coordinating center dissemination plan will be implemented in partnership with AHRQ to include but not be limited to project staff in its Office of Health Care Information who will be assigned to work on activities in the coordinating center. OHCI staff will help ensure that the goals and objectives in the dissemination plan are met in a mutually agreeable way and will provide any clarification needed on which activities will be carried out by AHRQ and which will be carried out by the coordinating center. The coordinating center activities shall not be implemented before or without input from OHCI, especially on issues related to publication of any materials about the coordinating center's work. Furthermore, AHRQ's web master shall be involved in coordinating center discussions about any web sites or web pages that the coordinating center may create to ensure that the web site and pages properly mesh with and link to the content on AHRQ's web site.

34. Can AHRQ specify the minimum level of technical assistance required for the grantees? Without greater specification, it is difficult to scope out and budget this task.

Answer: Refer to question 2.

35. What is the timing for interactions with the National Quality Report?

Answer: Refer to question 17.

36. The RFP specifies one contract staff member for site visits (page 15). Should the contractor plan to include a subject matter expert as well as the project director, if the project director is not an expert in patient safety?

Answer: The RFA for the Developmental Centers for Evaluation & Research in Patient Safety, page 6 of 18, notes that, “each DCERPS will have a site visit conducted by staff from the coordinating center and AHRQ to serve as a consultative visit to aid recipient DCERPS in their design and completion of a pilot study.” It is each offeror’s option to develop an approach that is acceptable from both technical and budget perspectives.

37. What are the expected number of and planned schedule for awards for the six types of solicitations listed on page 9 of the RFP?

Answer: Refer to question 11.

38. What are AHRQ’s expectations on level of effort for Task 2 (research, methodological, and design support) as a percentage of the entire effort?

Answer: Refer to question 2.

39. Item #32 on the list of deliverables (page 24) lists “5.2, Implement dissemination plan.” However, the corresponding section of the Statement of Work does not discuss implementation of the dissemination plan. Is the purpose of the task to develop a dissemination plan only or to be involved in and actually begin the implementation? Please clarify the discrepancy.

Answer: Offerors shall both develop and implement their dissemination plan in consultation and coordination with AHRQ’s Office of Health Care Information.

40. Is the dissemination task focused only on dissemination and diffusion of information, or does the task also involve dealing with related aspects of facilitating adoption into practice, such as promoting models for moving new ideas and technology into practice?

Answer: Implementation of the dissemination plan shall include dissemination and diffusion of information. In addition, the coordinating center shall be responsible for

“value added” work that makes the transition from individual project/program findings to a cohesive program. That is, the coordinating center shall synthesize work/findings provided by included awardees and disseminate and diffuse the synthesized information. The coordinating center shall not facilitate, promote, or endorse practices.

41. In reference to page 15, section 3.3 of the Statement of Work, can you please clarify the role of the contractor staff for the site visit?

Answer: As noted in the RFP, the purpose of the site visit is to aid recipient grantees in their design and completion of the pilot study. In addition, the role of the contractor staff is to complete the logistics of the site visit (e.g., establish a meeting date, meeting place, agenda).

42. OMB Form SF-LLL is included in the solicitation but not referenced. Should this Disclosure of Lobbying Activities form be included in the Business Proposal?

Answer: This form should be included in the original business proposal, along with Section K, Representations and Certifications.

43. Do all electronic communication processes / solutions have to be secure (page 15, section 4.1)? If yes, what is the minimum encryption level (e.g., 128-bit encryption)?

Answer: Electronic communications (i.e., e-mail) shall not require encryption. However, Task 5 (deliverable 31) addresses cleaning and scrubbing data to facilitate data/information warehousing and sharing. The extent of the need to secure those data, which should be de-identified, is unknown at this time but could include a requirement for encryption at about month 14 and thereafter.

44. Is there a list of approved or preferred distribution list software packages?

Answer: There is no preferred vendor’s list for the distribution software.

45. Do e-mail and other electronic communication between the contractor and clients (i.e., individual projects, the Agency, and the patient safety research community) have to be secure?

Answer: See question 43.

If yes, then:

- Does the proposed secure e-mail solution have to be completely within the contractor's control, or is a commercially hosted solution acceptable?

Answer: The stated requirement for an e-mail solution is that it be compatible with Microsoft Exchange for document and text transfer. It is expected that the recommended e-mail solution shall be managed and maintained by the contractor. Thus a commercially hosted e-mail solution is acceptable but the contractor shall manage the relationship with the third-party vendor. Also refer to question 43.

- Is a solution acceptable that requires installation of a new e-mail client or component on the clients' computers?

Answer: The proposed solution shall be compatible with Microsoft Exchange, including Exchange's digitally encrypted PKI solution. The solution must first be proposed to AHRQ before a decision could be made regarding the installation of components on AHRQ's computers.

- Some secure e-mail services are subscription based. Is this acceptable? If yes, who will be responsible for managing and paying for the subscriptions? (i.e., Agency, clients, or contractor)?

Answer: Refer to the answer to the previous bullet 2 in question 45. Also refer to question 43.

- What is the minimum encryption level?

Answer: Refer to question 43 and 45.

46. Will the Agency provide a subnet of TCP/IP addresses for use with the Web sites that are developed under this contract?

Answer: The Agency shall provide TPC/IP addresses for a web server if it is housed on-site at AHRQ. Otherwise, the contractor shall make provisions for IP addressing, and the IP information shall be provided to AHRQ in order to modify the domain registration.

47. Can the Web sites be hosted on a server that also hosts other (i.e., non-Agency) Web sites, if security requirements are met on the Agency Web sites? In other words, is a dedicated, Agency-only Web server required?

Answer: AHRQ has no requirements that preclude the hosting of the web-site on a non-dedicated server but that server shall meet the Agency's security requirements and service level expectations.

48. In section 3.1, Progress Reporting, can the government specify the approximate number of grantees and contractors who will be submitting progress reports that must be reviewed? That is, shall we assume it will be only the 10 grantees under the HSRD program? Or all 65-75 grantees mentioned in the RFP?

Answer: Progress reports will include all grantees (i.e., 65 to 75).

49. In section 3.3, it is not clear whether all of the dates are calendar dates or whether some are fiscal dates. Please verify that the site visits to assist Developing Centers and other unnamed projects are requested as follows:

- Ten 2-day site visits during Oct-Dec 2002 to Developing Centers (clearly specified in the RFP)
- Five 2-day site visits during May-July 2002 to unnamed projects (specified as "mid 2002")
- Five 2-day site visits during May-July 2003 to unnamed projects (specified as "mid 2003")

Answer: The dates included in task 3.3 are calendar dates.

50. For purposes of budgeting for conference calls under task 4.2, should the contractor assume there are six "components of the patient safety research initiative"? And that there will be six times four quarterly calls?

Answer: Refer to question 5.

51. In several places, Section C, Specific Requirements, refers to "components" of the patient safety initiative. Are these components the same as the RFA areas listed on page 9?

Answer: Refer to question 5.

52. Section L, paragraph L.9, "Past Performance Information", subparagraph (1) states "provide a list of the last five (5) contracts and subcontracts completed during the past three years and all contracts and subcontracts currently in process." Is there some way that this list could be narrowed down and provide you with information that is more pertinent to your review?

Answer: See answers to questions 6 and 23.