SYNOPSIS

The Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) intends to issue a Full and Open Competitive Request for Proposal (RFP) for the program entitled "Hospital Improvement Innovation Networks (HIINs)".

Under this initiative, CMS intends to solicit and award multiple HIIN contracts to qualified contractors to support the goals of the QIN-QIO 11th SoW through education, collaboration and engagement of acute care hospitals; all of the work of the contractors under this requirement should result in sustained reductions in hospital-based harm and unnecessary readmissions of the beneficiary population.

Since the initial launch of the initiative, the Partnership for Patients' Hospital Engagement Networks have demonstrated the capability, as hospital associations and hospital systems, to recruit and support ~3,700 of the nation's hospitals in ambitious multi-year programs of work across the full spectrum of patient harm. Positioning the PfP work in support of the QIN-QIO 11th SOW will continue to improve patient safety and catalyze accelerated, significant, and measurable reductions in patient harm at national scale. These programs are more effective working in concert than either program is working alone.

The priority of the HIIN will be to focus on the eleven core areas of harm identified in the SoW. These core areas are those for which content has been developed, learning activities conducted and made available to hospitals participating in this next phase of the partnership. The HIIN shall address additional forms of preventable harm not limited to, but including, this core set:

1. Adverse drug events (ADE), including at a minimum, opioid safety, anticoagulation safety, and glycemic management
2. Central line-associated blood stream infections (CLABSI), in all hospital settings, not just Intensive Care Units (ICUs)
3. Catheter-associated urinary tract infections (CAUTI), in all hospital settings, including avoiding placement of catheters, both in the ER, and in the hospital
4. Clostridium difficile (C. diff) bacterial infection, including Antibiotic Stewardship
5. Injury from falls and immobility
6. Pressure Ulcers
7. Sepsis and Septic Shock
8. Surgical Site Infections (SSI), to include measurement and improvement of SSI for multiple classes of surgeries
9. Venous thromboembolism (VTE), including, at a minimum, all surgical settings
10. Ventilator-Associated Events (VAE), to include Infection-related Ventilator-Associated Complication (IVAC) and Ventilator-Associated Condition (VAC)
11. Readmissions

CMS expects HIINs as part of this requirement to be committed to fostering a culture of safety and reducing harm to patients as part of a continuum of care – which shall involve addressing opportunities and specific harm topics that are most meaningful and impactful to the specific populations each HIIN serves. HIINs are expected to address all forms of patient harm including, at a minimum, the eleven "core" topics listed above, in pursuit of achieving the quantitative aims of the PfP program. These plans must include, at a minimum, the project milestones, measures, and evidence-based best practices they propose to put in place for each identified opportunity.

Through coordinated efforts with industry and experts in the field of medicine, CMS has tested models such as large improvement networks aimed at rapidly studying, and identifying alternative methodologies and care models for bringing about rapid change and improvements in patient care. In support of the QIN-QIO 11th SOW, the HIIN will engage the hospital, provider and broader care-giver communities to

quickly implement and spread well-tested, evidence-based, and measured best practices; the end result of the overall initiative is the anticipated reduction in all-cause hospital-based harm and readmissions for our beneficiary population.

The HIIN will engage the hospital, provider and broader care-giver communities to quickly implement and spread well-tested, evidence-based, and measured best practices. The HIIN shall provide technical assistance to participant hospitals to ensure that methods proposed to reduce all-cause harm (including the eleven "core" harms) are implemented among hospital participants. Such technical assistance may include establishing learning collaboratives, developing data sharing networks, developing mechanisms to support peer-to-peer training among hospitals, conducting conference calls, webinars, and site visits to participating hospitals. These activities must be conducted to ensure hospital engagement, and continuous participation in all PfP improvement efforts in support of the QIN-QIO 11th SoW, across all forms of hospital harm; the end result of the overall initiative is the anticipated reduction in all-cause hospital-based harm and preventable readmissions.

The contractor shall coordinate with other PfP participants and stakeholders, including the members of the prime contractor QIN-QIO community (regional QIN-QIOs, BFCC-QIOs and BFCC-NCC partners) and the Transforming Clinical Practice Initiative (TCPI) where applicable, to collect and share data and other elements necessary to implement, operate, and evaluate the PfP, and to achieve the aims of the QIN-QIO 11th SOW.

HIIN contractor awardees may be required to perform the following tasks:

- The reduction of all-cause patient harm in hospitals using goals which will be ambitious and comparable to that established when the PfP was launched in 2011;
- Using the CY 2014 harm rate of 121 harms per 1,000 discharges (as reported in the 2015 AHRQ National Scorecard update) as the baseline for progress toward new ambitious goals, which will run through CY 2019;
- Recruit hospitals to participate in the reduction of all-cause patient harm and readmissions. The overall goal remains to recruit the active participation of 100% of short-stay, acute care hospitals in the United States. As a part of the HIIN integration, CMS envisions that the program would increase recruitment of short-stay, acute care medical centers to at least 4,000, including:
    - Coordinating with the QIN-QIOs to identify and recruit hospitals in communities where QIN-QIOs lead care transitions work to reduce readmissions and community-based ADE reduction work; and
    - Recruiting hospitals to work to reduce CAUTI, CLABSI, C. diff, and other HAIs, and to further augment this work by pursuing additional harm areas in these hospitals.
- The spread of evidence-based best practices to hospitals designed to decrease all-cause patient harm and 30-day readmissions;
- The collection and reporting of standardized measures for targeted harm areas, such as those that were introduced in the HEN 2.0 SoW;
- Measuring and tracking hospital performance through an established system to collect outcome and process measures on a monthly basis;
- Conduct training activities that address patient harm topics (e.g. webinars, simulation training, meetings, etc.);
- Provide technical assistance and support to hospitals. The HIIN shall provide technical assistance to participating hospitals to ensure that the interventions proposed to reduce patient harm and readmissions are implemented consistently. This may include:
    - Action on readmissions with emphasis on the reduction of all-cause 30-day readmissions;
    - Addressing, tracking, and utilizing data to reduce healthcare disparities in harm and readmissions; and

    - Activities to ensure patients and their families are involved in their care and decision making.
- Collaborate, align, and coordinate with other quality improvement stakeholders on harm reduction activities. These collaborative efforts should include the coordination of activities to synergize partnering entities' contributions to harm reduction, as well as environmental scans of recruited hospitals to prevent unnecessary burden with regard to programming and reporting; and
- Facilitate hospital leadership commitment to the aims of the PfP.

CMS intends to utilize a two phase evaluation process when evaluating Offerors' proposals. Phase I is a Go/No Go evaluation and Phase II is a Best Value determination. In Phase I, the government will evaluate each proposal to determine if the proposal is technically acceptable. The proposal either meets the criteria or it does not. If the proposal is technically acceptable, then it will move on to the Phase II evaluation process.

- Phase I will include a two part Go/No Go criteria.
    - Go/No Go Factor 1: Capability to fulfill at least one of the following organizational requirements:
        - Organizations that are national, regional, or state association of hospitals as identified through an organizational charter or agreement and a governing body that represents affiliated members.
        - Organizations that function as national affinity organizations that represent hospitals which address specific patient and/or regional health issues identified through an organizational charter or agreement and a governing body that represents affiliated members.
        - Organizations that hold corporate ownership and operational control of a hospital chain of at least 25 hospitals; and/or
        - Organizations that have extensive experience supporting large number of hospitals through technical assistance and quality improvement strategies, across multiple states/regions, to generate significant improvements in quality and safety.
    - Go/No-Go Factor 2: Evidence of existing capacity and systems to collect, track, and monitor hospital quality data. This requirement involves having systems and processes currently in place to support the receipt, collection, and analysis of quality improvement metrics from participating hospitals (for example, via an existing web-based portal for hospitals to upload their data to the HIIN, data use agreements in place with nationally-standardized data repositories, etc.).

- Phase II will consist of an evaluation of the Offerors' proposals in relation to the criteria listed in Section M of the RFP. The government will utilize a Best Value determination to discern which Offerors' proposals meet the terms and conditions of the solicitation and represent the overall best value to the Government.

Description:

In accordance with FAR 5.203, CMS hereby notifies industry of its intent to solicit for this requirement under full and open competition under NAICS code 541611 Administrative Management and General Management Consulting Services with a Small Business Size Standard of $15 Million.

A pre-proposal conference is tentatively planned on or about May 17, 2016 that will include information about this new requirement. CMS anticipates that this conference will take place via webinar only. More

details about this conference, including the final date and time, and registration instructions, will be made available in the proposal solicitation notice.

It is anticipated that CMS will award multiple firm fixed price (FFP) contracts with a period of performance to include a base period of two (2) years with one (1) twelve (12) month option period.

This announcement is not an RFP. The solicitation package will be available approximately 15 to 30 calendar days after this notice and the due date of receipt of proposals is anticipated to be 30 days from the RFP issue date. The solicitation will be available on the Federal Business Opportunities (FedBizOpps) website at www.fbo.gov. Contract awards are anticipated by September 30, 2016, or earlier. It will be the Offeror's responsibility to frequently check the FedbizOpps site where the solicitation is to be posted for any amendments, changes to the RFP issue and closing date. Questions related to this synopsis should be referred to Jeannine Bohlen at Jeannine.Bohlen@cms.hhs.gov.

All contractual and technical questions must be submitted in writing (via e-mail). Telephone questions will not be accepted. The Government is not obligated or committed to award any contract as a result of this notice. Hard copies or CD ROMs will not be available. Telephone and fax requests will not be honored.

Contractors must be registered in the System for Award Management (SAM) database prior to award, during performance, and through final payment of any contract resulting from this RFP. Contractors may obtain information on SAM registration by visiting: https://www.acquisition.gov.

Source selection procedures will be used with the intent to award multiple FFP contracts to the responsible Offerors whose proposal, conforming to the RFP, is the most advantageous and offers the best value to the Government, price and other factors considered.

Please refer to the FedBizOpps site for the actual solicitation documents once issued.