REQUEST FOR PROPOSAL December 2008
Hospital Epidemiology Leadership, Infectious Disease Consultation & Antibiotic Rounding Support for Allina Regional Hospitals

Allina is committed to reducing the mortality & morbidity & cost of antimicrobial resistance and reducing our healthcare associated infections (HAI). Our infection prevention and control programs in our Metro Hospital operations have the benefit of Infectious Disease physician consultants & hospital epidemiologist services. In addition, our ID physician consultants have implemented post-prescription concurrent review practice (Antibiotic Advisory Team or “AAT”) which is a primary evidence-based practice to reduce antimicrobial resistance and reduce unnecessary use of antimicrobial therapy.

Cambridge & Buffalo hospitals will be served by AMC: Infectious Disease at Coon Rapids AMC and will provide the same services as noted below. New Ulm is not participating.

The RFP is for River Falls, Owatonna & St Francis hospitals for the following services:

**Onsite Services: estimate of 8-10 hours quarterly per hospital**
- Medical Staff education to discuss the Hospital Epidemiologist’s role, how to access the consultant, as well as provide at least twice a year topical medical education, such as antimicrobial resistance, over treating UTIs, & CDAD (C.diff) prevalence.
- Meet periodically with Medical Executive Committee, Infection Control Committee, and other committees as determined by the organization (clinical service, Hospitalist, etc.) along with site Infection Control Practitioner(s) to present the Infection Prevention & Control program plan, goals and progress.
- Meet periodically with site staff in infection control, pharmacy & lab.
- Participate as a member of the Quarterly Allina Infection Prevention and Control Council

**Telephonic or non-local Services: estimate 8-10 hours monthly**
- Provide telephone consultations (scheduled and unscheduled) for the Infection Control Practitioner, pharmacist & medical staff members for issues related to antimicrobial treatment, outbreak protocols, occupational exposures and specific patient issues.
- Provide planning consultation in collaboration with the ICP for reducing HAI and MDROs.

**Antibiotic Rounding Support: estimate 5 hours weekly for St Francis & River Falls combined**
- Post prescription antibiotic rounding (AAT) with Pharmacist daily Monday through Friday during the week. (Excluding Owatonna until they are up on Excellian in 2010) using the newly-created workbench tools which will be available January 2009.
- Provide individual patient recommendations based on common set of interventions in the Dear Doctor notes.
- Provide annual report of the effectiveness of AAT program for each site.

Additionally, in the future we would also like to explore patient consultation using telephonic tools or onsite Infectious Disease consultations if possible.

**Who is qualified to provide services?**
Board Certified in Infectious Disease and either two years of providing Hospital Epidemiology services to hospitals within the past 5 years or completed the SHEA/CDC course in Healthcare Epidemiology. Your practice can rotate coverage for services as long as those providing services meet the above criteria and individuals are credentialed as hospital medical staff members.

**The following practices will receive the Request for Proposal:**
1. Allina Medical Clinic, Coon Rapids-AMC, Infection Disease: Michael Slama, MD
2. St. Paul Infectious Disease, Roseville MN: Gary Kravitz MD
3. Infectious Disease Medicine, Minnetonka MN: Daniel Anderson, MD
4. Columbia Park Clinic, Infectious Disease, Andover MN: Alberto Ricart, MD
I. Scope of the Proposal

Allina is requesting a proposal to supply a service to accomplish the following function:

- Consultation & oversight of the Infection Prevention and Control plan for each Regional Hospital operations; and
- provide post prescription antibiotic rounding using the Excellian tools and in consultation with site pharmacist lead.

The current system in use at Allina to perform this function is:

Currently these services are being provided by: Alberto Richart, MD, Columbia Park Clinic for Unity Hospital, Wendy Slattery, MD AMC for Mercy Hospital, Gary Kravitz, MD, St. Paul Infectious Disease for United Hospital and Dan Anderson & Steve Sonnesyn, MDs, Infectious Disease Medicine for Abbott Northwestern hospital.

All respondents to this RFP will be asked to provide information regarding their solution to the aforementioned functions.

II. Service Provider Instructions

A. Selection Process Timetable

Allina staff (the proposal team) will review and evaluate the submitted proposals. Consultants whose proposals meet the evaluation criteria will be invited to demonstrate their proposed system solutions. Consultant s will be informed of their status throughout the evaluation process.

The expected timetable for the evaluation process is outlined below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Distribute RFP</td>
<td>December 10</td>
</tr>
<tr>
<td>Receive consultant responses</td>
<td>December 17</td>
</tr>
<tr>
<td>Conduct Consultant interview</td>
<td>December 28-January 9</td>
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<tr>
<td>Investigate references</td>
<td>December 28-January 9</td>
</tr>
<tr>
<td>Select Consultant</td>
<td>January 13</td>
</tr>
<tr>
<td>Negotiate contract</td>
<td>January 13-February 2</td>
</tr>
<tr>
<td>Begin system implementation</td>
<td>1st Qtr 2009</td>
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Allina must receive consultant proposals on or before 5:00 p.m. of the “Receive responses” date. Consultant s will be notified in writing of the Allina selection after the “Select Consultant” date.
B. Proposal Submission

For convenience, we have enclosed an electronic copy of the RFP. Please submit your proposal via email, in MS Word 2003 and MS Excel 2003 to the contacts below:

Marsha.studer@allina.com
Marsha Studer can be reached at 612-262-4545

Allina will not review incomplete proposals.

All material submitted becomes the property of Allina and its agents, and will not be returned. If the consultant intends to submit confidential or proprietary information as part of the proposal, any limits on the use or distribution of that material should be clearly stated in writing.

Consultants are asked to not contact any other representatives of Allina during this process. Consultant communications and questions should be directed only to the contact person noted above. Please allow sufficient time in all communications to not jeopardize the submission of proposals by the mandatory due date.

C. Proposal Conditions

Allina reserves the right to enforce the following proposal conditions:

- This RFP may be modified or withdrawn by Allina at any time.
- Any and all information provided to consultants by Allina is proprietary information and is to be used solely for the purpose of responding to this RFP. Consultant proposals will be the sole property of Allina.
- By the issuance of this RFP, Allina is not obligated to award a contract.
- The proposal received from the successful consultant, as well as this RFP, either in whole or in part, at Allina’s option, will become part of the contract between Allina and the consultant.
- Allina reserves the right to share with board members, attorneys, affiliates and employees of Allina, any and all responses to this RFP, and any subsequent consultant information or contractual documents.
- Allina reserves the right to amend the contents of this RFP, or due dates herein, during the proposal solicitation, evaluation and selection process. Any changes will be communicated to consultants in writing.

D. Evaluation Criteria

Formal consultant proposals should adhere to the requirements for consultant bids outlined in this Request for Proposal. Proposals will be reviewed and evaluated on the following:

- “Business case” within Allina’s environment
- Integration with other Allina systems
- Consultant viability and prior experience in providing services
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- Consultant support of initial implementation, future enhancements, documentation, training and ongoing support.
- Competitive pricing
- Client references

Allina reserves the right to reject any and all responses received as a result of this RFP. Allina is under no obligation to disclose the reasoning behind its decisions in evaluating this response or any aspect of the consultant capabilities.

E. Confidentiality

By submitting a response to this RFP, the consultant expressly acknowledges that Allina’s patient data, business procedures, ideas, inventions, plans, financial data, contents of the RFP, and other Allina information disclosed in this process are the sole and exclusive property of Allina. The consultant agrees that it will safeguard such information to the same extent it safeguards its own confidential material or data relating to its own business information that is of a confidential or proprietary nature. The consultant agrees that it will not disclose any of the Allina information to any third party without the express, written permission of Allina.

H. Proposal is a Firm Offer

Your proposal represents a firm offer. All terms and conditions contained in your proposal are final unless Allina requests changes. Allina reserves the right to negotiate any portion of the proposal and to accept or reject any portion thereof. Consultants may not modify their proposal or negotiate to improve their competitive position after the proposal has been submitted. Your proposal must be dated and signed by an officer of your company who has authority to obligate the company.

III. Consultant Response

This section lists questions relating to your organization, management, research and development plans. Please answer each question completely, concisely, and accurately. Single word answers are quite acceptable if further qualification or explanation is not needed or requested. You may respond to the RFP electronically.

A. Consultant History, Organization and Financials

1. Person providing information in this section, including the following if possible:

   - Name
   - Title
   - Address
   - Phone Number
   - FAX Number
   - Internet email address

   <Click here and type>
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2. How long has your practice been in the business of Hospital Epidemiology & post prescription antibiotic rounding (AAT)?
3. What percentage of your practice revenues involves Hospital Epidemiology & post prescription antibiotic rounding?
4. Do you have any information system concerns or requirements to fulfill the service requirements?
5. How many Hospital Epidemiology & post prescription antibiotic rounding (AAT) contracts did you sign in the last two years? At which sites?
6. Are you now involved in, or have you within the last five years been involved in, any lawsuit or arbitration proceeding relating to your services? If so, please describe briefly.
7. Is there any acquisition history in your company the last three fiscal years? If yes, please explain.

B. Cost of Services
1. Describe the contracting options that you will offer.
2. Will you be able to invoice by location?
3. What is the cost of services based on for an hourly rate of expense?
   For example: require payment at the beginning of contract year and billing based on estimated time with quarterly adjustments based on time and materials. Or Flat fee with annual negotiation of contract.
4. Are you able to offer flexibility in providing for all or some of the sites and all three services (on site, telephonic & AAT) for all sites or selected sites?

C. References

Please provide references for the services under consideration.

IV. Services Information

Allina believes that the key to a successful consultant -client working relationship is consistent high quality support.

1. Within what period of time will you commit to respond to calls for assistance?
2. In your planned or unplanned absence, what support is available from your practice?
3. What consultant office location will provide Allina sites with support?
4. Describe the different levels of support available to Allina.
5. What specific support will you offer Allina Regional Hospitals as they work to improve their Infection Control programs and meet regulatory and accreditation standards?
6. How will you align the work at Regional Hospital sites with work being done at the Allina system level?