Request for Proposals

Curriculum and Web Development Services
Health Professional Education - Opioid Use and Opioid Use Disorder (HPE-OUOUD) Project
Empowering the next generation of health care and social service professionals with knowledge, skills, tools and supports to address opioid-related harms in Canada

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1. **Introduction**

1.1.   **Invitation to Proponents**

This Request for Proposals ("RFP") is an invitation by the Canadian Association of Schools of Nursing (CASN), on behalf of the **HPE-OUOUD project partners**, to submit a proposal for **curriculum and/or web development services for a national e-resource** for the *Health Professional Education - Opioid Use and Opioid Use Disorder (HPE-OUOUD) Project: Empowering the next generation of health care and social service professionals with knowledge, skills, tools and supports to address opioid-related harms in Canada* . This project is funded by the Substance Use and Addictions Program at Health Canada.

1.2. **Overview of the Partner Organizations**

The **Canadian Association of Schools of Nursing (CASN)** is the national voice for nursing education, research, and scholarship, and represents baccalaureate and graduate nursing programs in Canada. CASN's objective is to lead nursing education and nursing scholarship in the interest of healthier Canadians. To that end, CASN is the accrediting body for nursing schools in Canada, develops curriculum guidelines and offers continuing education courses for nurse educators. More detailed information can be found at http://www.casn.ca/

The **Association of Faculties of Pharmacy of Canada (AFPC)** is the national non-profit organization advocating the interests of pharmacy education and educators in Canada. Representing the ten Canadian Pharmacy Faculties including their faculty and students pursuing undergraduate professional or graduate training, AFPC is committed to the development of and excellence in pharmacy education. More detailed information can be found at https://www.afpc.info

The **Canadian Association for Social Work Education – l'Association canadienne pour la formation en travail social (CASWE-ACFTS)** is a national, charitable, association of university faculties, schools, departments, and modules offering social work education in Canada. The Association's primary mandate is to support the promotion of excellence in social work education, scholarship, and practice. This mandate is primarily carried out through the accreditation of BSW and MSW social work programs, research, the publication of a **journal**, and an **annual conference**. More detailed information can be found at https://caswe-acfts.ca

1.3.   **Project Overview**

The project partners, CASN, AFPC and CASWE-ACFTS have committed to working together to collaboratively foster curricular change in entry-to-practice education programs for registered nurses, pharmacists, and social workers across Canada. The goal of the project is to ensure that health care and social service providers enter the workforce well equipped with relevant,

evidence-informed knowledge to address issues related to opioid use and opioid use disorder across the prevention, health promotion, harm reduction, treatment, and recovery continuums at primary, secondary, and tertiary care levels.

This project embraces a public health approach to prevention, health promotion (social determinants of health (SDOH)), harm reduction, treatment, and recovery and wellbeing related to opioid use and opioid use disorder. The three partnering associations will carry out the following activities:

- Develop interprofessional education guidelines for nursing, pharmacy, and social work education related to opioid use and opioid use disorder to promote and guide curricular change in Canadian schools/faculties of nursing, pharmacy and social work.
- Create interprofessional, consensus-based protocols for education programs that will address selected education guidelines to facilitate the integration of the guidelines among the member schools of the three health professions collaborating in this project.
- Develop an electronic resource for faculty and students in entry level registered nursing, pharmacy, and social work programs providing them with information, teaching and learning materials, and tools related to the education guidelines to provide greater and more in-depth content support to foster the integration of the interprofessional guidelines into the curricula of member schools. A secondary audience would be practicing registered nurses, pharmacists and social workers.
- Develop and implement a knowledge mobilization process and plan to inform current practices in the health professions.

The project work is overseen by a management committee comprised of the Chief Executive Officers of CASN, AFPC and CASWE-ACFTS. The project is guided by an Advisory Committee comprised of faculty from educational institutions, staff from regulatory bodies, registered nurses, pharmacists and social workers in practice and policy, other professional associations involved in opioid use, treatment and mental health, as well as persons with lived experience/persons using drugs/persons with opioid use disorder. A subset of the Advisory Group, the Education Working Group, is comprised of faculty from all three disciplines, and provides support to hired consultants in the development of the electronic resource by reviewing drafts and providing teaching, learning, and content expertise.

All working meetings will be held in English. Content developed as part of this RFP is to be developed in English.

1.4.   Contact

For the purposes of this procurement process, the contact shall be Leah Watts, Project Manager, lwatts@casn.ca.

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1.5.   Contract

Proponents will be evaluated according to the criteria included in section D. The selected Proponent will be required to enter into negotiations for an agreement with CASN for the provision of the Deliverables (Section 3). The term of the agreement will be for conducting Curriculum Development and/or Web Development for a national online e-resource.

The duration of the contract will be from December 1, 2019 to December 31, 2020.

1.6.   No Guarantee of Volume of Work or Exclusivity of Contract

CASN makes no guarantee of the value or volume of work to be assigned to the successful Proponent. The Agreement to be negotiated with the selected Proponent may not be an exclusive contract for the provision of the described Deliverables. CASN may contract with others for the same or similar deliverables to those described in the RFP or may obtain the same or similar deliverables internally.

CASN reserves the right to reject any or all proposals submitted in response to this RFP. CASN reserves the right to cancel the RFP process at any time. CASN reserves the right to issue a new request for proposal at any time.

1.7.   Agreement on Internal Trade

Proponents should note that procurements falling within the scope of Chapter 5 of the Agreement on Internal Trade are subject to that chapter but that the rights and obligations of the parties shall be governed by the specific terms of each particular tender call. For further reference, please see the Internal Trade Secretariat website at http://www.ait-aci.ca/index_en.htm.

2. Timetable and Submission Instructions

Proponents should submit their proposals according to the following timetable and instructions.

2.1.   Timetable

Issue Date of RFP	October 10, 2019
Deadline for Proponent's questions related to RFP	October 20, 2019
Response from CASN to questions related to RFP	October 25, 2019
Submission Date	November 5, 2019

The RFP timetable is tentative only, and may be changed by CASN at any time, subject to appropriate notice.

2.2.   Proposal Submission

Proposals are to be prominently marked with the RFP title, with the full legal name, and return address of the Proponent, and with the Submission Date.

Proposals are to be submitted by email on or before the Submission Date. Proposals submitted after the submission date will be rejected.

Proposals must be submitted electronically to Leah Watts by 11:59pm on November 5, 2019. Contracts will be awarded in November 2019. Proposals must contain all of the following materials:

1. Company Information

- Full legal company name(s) (if applicable)
- Any other relevant name under which the company carries on business
- RFP contact information
- Street address
- Phone number
- Company website (if any)
- 3 letters of reference with contact information
- Acknowledgement form (see Appendix X)

2. Component(s)
- Identification of which component(s) the proposal applies - content development and/or web development

3. Qualifications
- List of all team members and their role(s)
- CV for all team members
- Relevant experience, skills and qualifications in education curriculum and/or e-resource development
- Provide examples of e-resources that have been previously developed
- Demonstrated knowledge and understanding of opioid use and opioid use disorders necessary to carry out the work (if applying to content development component)

4. Approach
- A detailed description of the approach and processes the Proponent will use to meet the RFP service requirements

- A detailed description of the approach and processes the Proponent will use for planning/meeting with team members and the project manager, Management Committee, Advisory Committee, and Education Working Group
- A detailed description of the project management approach and processes the Proponent will use to successfully meet all deliverables/milestones.
- A tentative timeframe for deliverables
- A description of quality control processes it has currently, and/or will use, to measure service performance related to this project/service.

5. Pricing

The total maximum funding available for both the e-resource Content Development and Web Development is $100,000.

The Proponent should provide cost estimates in a budget format. Rates should be provided in Canadian funds with applicable duties and taxes itemized separately. Rates should include all labour and materials, insurance, and travel costs (other than those required by CASN) and other overhead that may be applicable.

Personnel costs
The Proponent should provide its consulting fees on a per diem rate at 7.5 hours per day. If more than one level of personnel is involved, please provide the per diem rates of each level of personnel. The Proponent should specify the number of consulting days required for the deliverables.

6. Proposal Format
The proposal **should not exceed** seven pages (not including appendices), and should be size 12 Times New Roman font, normal margin sizes, single spaced.

7. Withdrawing Proposals
At any time throughout the RFP process, a Proponent may withdraw a submitted proposal. To effect a withdrawal, a notice of withdrawal must be sent to the Project Manager by an authorized representative. CASN is under no obligation to return withdrawn proposals.

3. Detailed Description of Service Requirements

3.1. General information

This request for proposals is seeking content and/or web developers for the e-resource.

Proponents may bid on either the content development service <u>or</u> the web development service <u>or both</u> the content and web development services.

The primary target audience of the e-resource is faculty of registered nurse, social work and pharmacy entry level education programs. The intention is that faculty would be able to easily integrate the e-resource into their programs/courses. A secondary audience is practicing registered nurses, pharmacists and social workers.

The e-resource for faculty and students in entry level nursing, pharmacy, and social work programs is expected to provide them with information, teaching and learning materials, and tools related to education guidelines on opioids and opioid use disorder to provide greater and more in-depth content support to foster the integration of the interprofessional education guidelines into the curricula of member schools.

Successful proponents will be required to work with the Project Manager, the web development team (if applicable), the Management Committee (MC) and Education Working Group (EWG) to meet the requirements of the project. Translation of all content will be carried out by CASN.

3.2.   Timeline

Milestone/Deliverable	Dates
Attendance at a content outline/brainstorming meeting in Ottawa	Tentatively booked for December 13, 2019
First draft of the content ready for review by MC and EWG	March 2, 2020
Receive feedback from MC and EWG on the first draft of content	March 16, 2020
Second draft of the content ready for presentation at a national stakeholder forum in Ottawa	Late March 2020
Final draft content due	August 31, 2020
Review of final draft content by external stakeholders	September 2020 – October 2020
Content put into the e-resource	January 15, 2021
Soft launch and on-going e-resource testing, review, revisions	January - February 29, 2021
Final e-resource completed	March 31, 2021

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3.3.   Scope of Services and Deliverables

The Proponents will be responsible for the creation of the content and/or web development to host an e-resource that will consist of three to five overarching modules.

Content
Content developed must address the content outlined in the draft education guidelines available in Appendix A (including learning objectives and learner evaluation). Throughout the modules, the e-resource will support the integration of the entry level education guidelines into curricula across the country.

Web development/design
The web development/design should result in an interactive e-learning system, based on identified learning objectives. The web development should include learning tools such as (but is not limited to): case studies, self-assessment quizzes, virtual patient scenarios, games, self-reflection exercises, discussion groups/for a, projects, bulletin boards, etc. The e-resource platform should be SCORM compliant.

4. Proposal Evaluation

4.1.   Selection Criteria
The contracts will be awarded based on the uniqueness, comprehensiveness, utility and viability of the educational content proposed, the clear relationship to the education guidelines, and on the submitters' ability to demonstrate competence in education content development and/or e-resource web development.

Content Developer Criteria

Team Members
The content development 'team' must include representation from each pharmacy, registered nursing, and social work. Collectively, the 'team' should possess skills and experience in;
- Interprofessional education knowledge
- Program curriculum content design and evaluation
- Knowledge and application of adult learning principles
- Knowledge of learner assessment
- In depth experience in eLearning content development

Criteria	Weight
Qualifications of Team Members • Relevant experience, skills and qualifications in education curriculum and/or e-resource development • Sufficient personnel to meet project deliverables on time • Demonstrated knowledge and understanding of the topic area necessary to carry out the work • Representation from pharmacy, registered nursing and social work	**/40**
Approach • A detailed description of the approach and processes the Proponent will use to meet the RFP service requirements • A detailed description of the approach and processes the Proponent will use for planning/meeting with team members and the project manager, Management Committee, Advisory Committee, and Education Working Group • A detailed description of the project management approach and processes the Proponent will use to successfully deliver content outlined in the scope of services and deliverables. • A tentative timeframe for activities and deliverables • A description of quality control processes it has currently, and/or will use, to measure service performance related to this project/service.	**/50**
Pricing • Comparative pricing compared to other proposals	**/10**
Total	**/100**

Web Developer Criteria

Criteria	Weight

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Qualification of Team/Team Members	/20	
- Relevant experience, skills and qualifications in web development - Relevant experience, skills and qualifications on e-resource development and hosting learning tools (such as case studies, self-assessment quizzes, virtual patient scenarios, games, etc.) on the e-resource.		
Approach	/50	
- A detailed description of the approach and processes the Proponent will use to meet the RFP service requirements - A detailed description of the approach and processes the Proponent will use for planning/meeting with team members and the project manager, Management Committee, Advisory Committee, and Education Working Group - A detailed description of the project management approach and processes the Proponent will use to successfully deliver content related to the all services and deliverables - A tentative timeframe for activities and deliverables - A description of quality control processes it has currently, and/or will use, to measure service performance related to this project/service.		
E-resource Capabilities	/20	
- Demonstrated bilingual platform/software. Ability to develop a bilingual e-resource, ability to toggle between languages (translation not required). - Ability for the e-resource to be mobile format compatible		
Pricing	/10	
Comparative pricing compared to other proposals		
Total	/100	

4.2.   Selection Process

Three members of the management committee will be responsible for the selection process.

Conflict of Interest

Members of the Project Advisory Committee are welcome to submit a proposal. Members of the Education Working Group would not be eligible to sit on the committee if their proposal was

accepted. Members of the project who have submitted a proposal or who have a conflict of interest will not be part of the selection process.

5. Terms and Conditions of the RFP Process

Language of Proposals
Proposals should be submitted in English only.

Proponents Shall Bear Their Own Costs
The Proponent shall bear all costs associated with or incurred in the preparation and presentation of its proposal, including, if applicable, costs incurred for interviews or demonstrations.

Confidential Information of CASN
All information provided by or obtained from CASN in any form in connection with the RFP either before or after the issuance of the RFP
(a) is the sole property of CASN and must be treated as confidential;
(b) is not to be used for any purpose other than replying to the RFP and the performance of any subsequent Contract;
(c) must not be disclosed without prior written authorization from CASN; and
(d) shall be either permanently deleted or returned by the Proponents to CASN immediately upon the request of CASN.

No Contract until Execution of Written Agreement
The RFP process is intended to identify prospective vendors for the purposes of negotiating potential agreements. No legal relationship or obligation regarding the procurement of any good or service shall be created between the Proponent and CASN by the RFP process until the successful negotiation and execution of a written agreement for the acquisition of such goods and/or services.

Governing Law
The terms and conditions in this Section 5 – _Terms and Conditions of RFP Process (a) are included for greater certainty and are intended to be interpreted broadly and separately (with no particular provision intended to limit the scope of any other provision); (b) are non-exhaustive (and shall not be construed as intending to limit the pre-existing rights of the parties to engage in pre-contractual discussions in accordance with the common law governing direct commercial negotiations); and (c) are to be governed by and construed in accordance with the laws of the province or territory within which CASN is located (Ontario) and the federal laws of Canada applicable therein.

Copyright Clearance

Ensuring copyright clearances are complete, where required, is the responsibility of the proponents.

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Appendix A - Draft Educational Guidelines

Learning Outcomes:

1) Demonstrate an understanding of the legal and illegal use of opioids in Canada, and the impact of their use on the health of Canadians:
a) Describe the incidence, prevalence and consequences of opioid use and opioid use disorder in Canada;
b) Summarize trends related to the number of deaths and hospitalizations resulting from opioid use across Canada, using evidence-informed sources;
c) Describe political, social, cultural, economic and historical factors that have contributed to the increased use of opioids in Canada;
d) Describe the range of biological, psychological, familial, and personal factors that can influence the risk of substance use;
e) Identify the type and routes of opioids being used legally and illegally in Canada;
f) Recognize the potential short- and long-term health effects of opioid use and the impact of their use on others;
g) Describe the role of pharmacotherapies in addressing harmful or problematic opioid use, as well as emerging and evidence-based treatments for opioid use disorder;
h) Identify risk factors for an opioid overdose and interventions to reduce the risk; and
i) Recognize factors that may influence the selection of a specific type of medication assisted treatment for opioid use disorder.

2) Recognize the importance of a continuum of care for clients using opioids:
a) Describe the importance of assessing and responding to the particular needs of the person using opioids and their families;
b) Explain the importance of collaborating with the person using opioids and their families to determine and understand their reasons for use and the ultimate goal of treatment (e.g. safer use, abstinence, opioid maintenance, obtaining specified outcomes);
c) Discuss the importance of collaborating with persons using opioids to formulate mutually agreed upon goals, and methods of monitoring progress and evaluating outcomes;
d) Recognize the potential facilitators and barriers to involving persons using opioids in their care, including communication barriers (jargon, health literacy, cultural differences, language barriers, etc.) as well as barriers related to trust of the medical system, logistic barriers for individuals, etc.;
e) Recognize the uniqueness of individual's experience with opioid use and treatment;
f) Recognize that relapse is not uncommon in opioid use disorder;
g) Recognize the importance and role of stepped care in which the least intensive services are offered first;

h) Describe the role of peer-engaged and peer-led services to establish trust and support for persons using opioids to sustain positive changes; and

i) Recognize the multifactorial nature of opioid use and the subsequent need for interprofessional and intersectoral collaboration throughout the continuum of care.

3) Demonstrate screening, assessment, and monitoring skills related to opioid use and opioid use disorder:

a) Employ consistent screening procedures, using appropriate and validated screening tools, such at the SBIRT;

b) Recognize the importance of screening persons using opioids and persons with opioid use disorder for concurrent disorders, for recovery capital, and for available resources to support resilience;

c) Demonstrate the ability to complete a multidimensional contextual assessment of the person using opioids and persons with opioid use disorder;

d) Identify factors that might prevent successful outcomes, including physical and mental health challenges, stressors, criminalization, profiling, and social determinants of health (e.g. housing, income, social support);

e) Understand your role in supporting individuals who use opioids for medical purposes to maximize benefit and minimize risk; and

f) Include an integrated treatment approach to meet the substance use, medical and mental health, and social needs of the person. Refer to other service providers when necessary.

4) Establish a trusting, compassionate, therapeutic relationship with persons using opioids or persons with opioid use disorder, and significant others:

a) Understand the importance of reflecting on your own biases and assumptions as they relate to persons who are different from yourself, and in particular, those who use opioids;

b) Demonstrate the importance of providing welcoming and culturally safe spaces when providing care or services to persons who use opioids;

c) Develop trusting relationships based on respect and a non-judgemental approach;

d) Employ anti-stigma approaches when providing care or services and act to disrupt stigma;

e) Facilitate peer support and mutual self-help as a key vehicle for establishing safety and hope if and when acceptable to the person;

f) Demonstrate an understanding of positive, evidence-informed change strategies, and motivation and change theories (e.g. self-regulation theory, stages of change, theories of motivation);

g) Engage persons in shared decision making in determining outcomes to be achieved;

h) Engage with persons to support self-management;

i) Recognize ambivalence and/or resistance as natural phases of the change process;

j) Collaborate with the person to identify support networks to facilitate change;

k) Respect the stage, pace and place of the person using opioids in the change process; and

l) Recognize and promote strengths and resilience.

5) Integrate an understanding of trauma- and violence-informed practice principles in providing care or services to persons using opioids or persons with opioid use disorder:

a) Demonstrate an understanding of the potential impact of past and current experiences of trauma and social and structural violence (colonialism, racism, stigma, interpersonal, intergenerational);

b) Recognize and acknowledge health inequities resulting from trauma and violence, marginalization and/or stigma that the person may have experienced;

c) Apply an awareness of trauma and violence and the ongoing potential health and other impacts (e.g., chronic pain, mental health issues, coping);

d) Provide welcoming and safe spaces when providing care or services;

e) Support choice, voice, control, and emotional and cultural safety when providing care or services; and

f) Provide opportunities to learn or experience wellness and coping skills.

6) Educate persons, families, significant others, communities, and the public regarding opioid use and opioid use disorder:

a) Provide appropriate information to persons who are prescribed opioids, as well as to their families and significant others, including the purpose of the medication, how it is optimally used and its risks, benefits and consequences;

b) Participate in the development, implementation and evaluation of public education, treatment, prevention and health promotion programs related to opioid use;

c) Educate persons, families, and significant others on recognizing and responding to opioid overdose, and on take-home naloxone; and

d) Challenge and avoid reinforcing gender and other stereotypes and harmful attitudes in health promotion and education materials about opioid use.

7) Demonstrate an understanding of pain and pain management:

a) Compare types of pain (e.g. acute, chronic, palliative);

b) Provide information to persons experiencing pain on both pharmacologic and nonpharmacologic management of pain;

c) Describe non-pharmacologic options available to help individuals relax, distract, or refocus;

d) Recall the elements of a complete pain assessment;

e) Describe the social, psychological and physical aspects of chronic and cancer pain; and

f) Provide information to persons and their families regarding use and disposal of opioids to control pain.

8) Integrate an understanding of harm reduction in providing care or services to persons using opioids and persons with opioid use disorder:

a) Describe how harm reduction fits with professional ethics and standards;

b) Determine whether persons using opioids are experiencing or are at risk of experiencing harm and determine an appropriate course of action;

c) Describe the role of supervised consumption services, needle distribution, exchange programmes and other harm reduction services in preventing harm;

d) Assess and manage overdose risks;

e) Provide emergency services and administer naloxone in response to an overdose; and

f) Identify the signs and symptoms of withdrawal and take appropriate action.