

**Patient & Family Education Content**

Request for Proposal

August 11, 2016

Presented by:

**NYU Hospitals Center**

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# Introduction

NYU Hospitals Center (NYUHC) is one of the nation’s premier academic medical centers. Our trifold mission to serve, teach, and discover is achieved daily through an integrated academic culture devoted to excellence in patient care, education, and research.

NYUHC is conducting a Request for Proposal (RFP) for qualified professionals to handle the following objective: To provide the educational content for an interactive communications platform (MyWall) in our existing hospital locations as well as the new Kimmel Pavilion hospital.

[**Our Leadership, Campus Transformation, and Community Service Plan**](http://nyulangone.org/our-story#programs)

Located in the heart of Manhattan, with additional facilities throughout the New York City area, NYU Hospitals Center consists of four hospitals:

* [Tisch Hospital](http://nyulangone.org/locations/tisch-hospital), our flagship acute-care facility
* [Rusk Rehabilitation](http://nyulangone.org/locations/rusk-rehabilitation), ranked as one of the top 10 rehabilitation programs in the country by U.S. News & World Report since 1989, and recently [awarded a three-year accreditation](http://nyulangone.org/press-releases/rusk-rehabilitation-at-nyu-langone-medical-center-awarded-three-year-carf-accreditation) from the Commission on Accreditation of Rehabilitation Facilities  (CARF)
* [Hospital for Joint Diseases](http://nyulangone.org/locations/hospital-for-joint-diseases), a dedicated inpatient orthopedic hospital
* [Hassenfeld Children’s Hospital](http://nyulangone.org/locations/hassenfeld-childrens-hospital) of New York at NYU Langone, which provides comprehensive children's health services across NYU Hospitals Center
* Lutheran Medical Center, a 468-bed acute-care facility in Sunset Park, Brooklyn

Additionally,our growing outpatient network brings our world-class medical services directly to the communities where our patients live and work. When more complex care is needed, we bridge the gap between our community-based practices and our hospitals to provide a seamless healthcare experience.

Specialists at NYU Hospitals Center treat a full range of medical conditions in both inpatient and outpatient settings at [locations](http://nyulangone.org/locations) throughout New York City’s five boroughs, Long Island, New Jersey, and Westchester, Putnam, and Dutchess counties.

**Partnership and Collaboration:**

In a groundbreaking partnership, NYU Hospitals Center and Lutheran Medical Center, in Sunset Park, Brooklyn, have joined forces. The new collaboration will combine the best in local, community-based healthcare with the array of specialty services, expertise, and research strengths of our academic medical center. NYU Lutheran, a 468-bed hospital founded in 1883, is a New York State-certified Level I Trauma Center and a New York State-designated regional stroke center. The NYU Lutheran system includes Lutheran Family Health Centers (a network of 9 outpatient primary care sites, 25 school-based health and dental clinics, and a large community medicine program); Lutheran Augustana (a comprehensive extended care and rehabilitation center); the Community Care Organization (a licensed home care agency); and subsidized senior housing developments.

## Our Nationally Recognized Experts and Programs:

Each year, we are recognized for providing outstanding care. In 2013, 2014 and 2015, NYU Hospitals Center was [ranked number 1 for overall patient safety and quality](http://nyulangone.org/press-releases/nyu-langone-scores-1-for-overall-patient-safety-and-quality-among-leading-academic-medical-centers-participating-in-university-healthsystem-consortium-2014-quality-and-accountability-study) among leading academic medical centers that were included in the University HealthSystem Consortium Quality and Accountability study. We received The Gold Seal of Approval®, and were the first recipient of the Perinatal Certification by The Joint Commission, the leading accreditor of healthcare organizations in America, reflecting a commitment to high-quality patient care. We also were the first academic medical center in New York City to receive the Baby Friendly Designation, which is sponsored by the WHO and UNICEF to recognize hospitals that offer an optimal level of care for infant feeding.

Our exceptional physicians are named on *Castle Connolly’s* “America’s Top Doctors” and *New York* magazine’s “Best Doctors” annual listings. Our nurses are also recognized for excellence in the care they provide, receiving [Magnet® status](http://nyulangone.org/press-releases/nyu-langone-medical-center-granted-magnet-status-third-consecutive-time-for-excellence-in-nursing-services) for the third consecutive time by the American Nurses Credentialing Center (ANCC). Magnet® status is an honor achieved by only 7 percent of hospitals in the United States.

At NYU Langone, we emphasize treating the whole person and not simply the disease. We are renowned for evidence-based clinical care across a wide array of specialties, including [cardiac and vascular care](http://nyulangone.org/locations/cardiac-vascular-institute), [cancer](http://nyulangone.org/locations/perlmutter-cancer-center), inpatient and outpatient musculoskeletal care—including orthopedics, rheumatology, and rehabilitation—and a host of specialty children’s services at [Hassenfeld Children’s Hospital](http://nyulangone.org/locations/hassenfeld-childrens-hospital) and the [KiDS Emergency Department](http://nyulangone.org/locations/kids-emergency-department).

[**Campus Transformation**](http://nyulangone.org/our-story/campus-transformation)**:**

Our campus transformation project is reshaping NYU Hospitals Center through construction, renovations, and expansions. The Kimmel Pavilion will be an 830,000 square foot hospital building, which will focus on inpatient and procedure-based care for several of the medical center’s strategic areas including cardiovascular, neurosciences, oncology and pediatrics. The building is designed to be 22 stories tall, linked with Tisch Hospital on several key levels, and house 374 inpatient beds on 11 floors. Thirty-four surgical/procedure rooms which include (30) Class C OR rooms, 3 Procedure/TEE rooms and 1 bronchoscopy room will be housed on three floors at the base of the building. Reflecting the continuing shift from inpatient to outpatient procedures, the hospital includes a dedicated area for patients who require observation but not hospitalization following a procedure. The building also supports the entire campus with the sterile processing department, clean loading docks, café and conference center. The Hassenfeld Children’s Hospital, with 120 inpatient beds and four dedicated operating rooms, will provide a personalized child and family-centered experience. The Hassenfeld Children’s Hospital includes all locations where children receive care throughout the ambulatory network and the KiDS of NYU ED.

# Milestone Calendar

The following calendar of events is based on planned NYUHC activities and anticipated supplier delivery capabilities. It is presented for illustrative purposes only. These milestones will be reviewed as necessary at the time a contract is awarded to a Supplier.

|  |  |  |
| --- | --- | --- |
| **Milestones** | **Date** | **Time** |
|
| RFP Release Date | August 11th  |  |
| Additional Questions due | August 15th | 4:00 p.m. EDT |
| Answer to Vendors due | August 25th  | 4:00 p.m. EDT |
| Initial Responses Due | September 16th |  5:00 p.m. EDT |
| Bidders Conference/Demo | Week of September 26th  | TBD |
| Final Responses Due | October 11th | 5:00 p.m. EDT |

# Required RFP Response

Suppliers are required to submit their Proposal in the specified electronic format. Supplier will submit their entire RFP response and all completed forms electronically via e-mail with supplier’s information and responses provided in the appropriate places therein. The required electronic applications formats are **Microsoft Word and Microsoft Excel**. Any supporting graphic or presentation-based slides may be submitted in a separate PowerPoint file. PDF format is **not acceptable** for any submitted text, graphics or slides.

# Proposal Due Date, Delivery Instructions and Communication

All **Initial Responses** are due by **September 16, 2016** no later than 5:00 P.M. EDT.

All **Final responses** are due by **October 11, 2016** no later than 5:00 P.M. EDT.

Send your complete electronic response via email to:

ITSourcing@nyumc.org

Bidders Note: All questions regarding interpretation or specifications must be submitted in writing to ITSourcing@nyumc.org only. Under no circumstances shall vendor contact any employee of NYUHC. Any dialogue initiated by the bidder not addressed to contacts above will result in an immediate disqualification. Discussions on other business matters and not related to this RFP are permitted.

# Proprietary Information, Non-Disclosure

Supplier shall have no rights in this document or the information contained therein and shall not duplicate or disseminate said document or information outside the supplier's organization without the prior written consent of NYUHC.

# Costs Incurred

All costs incurred in the preparation of the Proposal shall be borne by the supplier. By submitting a Proposal, supplier agrees that the rejection of any proposal, in whole or in part, will not render NYUHC liable for incurred costs and/or damages.

# NYUHC Reserves Right to Reject Any and All Bids

Nothing in this RFP shall create a binding obligation upon NYUHC. Moreover, NYUHC, at its sole discretion, reserves the right to reject any or all bids, as well as the right not to award any contract under this bid process. NYHMC reserves the right to award any portion of this bid. All bids shall be governed by NYUHC standard Policy and Procedure and Terms and Conditions.

# Effective Period of Prices

All pricing Proposals by vendor will remain fixed and firm until October 11, 2017.

# Functional Requirements

## Requirements

A contract will be executed between NYU Hospitals Center (NYUHC) and the selected content provider(s). The qualified candidate(s) will work in partnership with the management team, the Kimmel Transition Coordinating Committee(s), and all individuals to provide content for NYUHC, including but not limited to, the following:

1. Patient and family education across the continuum of care (including inpatient and outpatient settings), including:
	1. Welcome/orientation materials
	2. Safety protocol and instructions
	3. Patient medication education/information
	4. Procedural/surgical preparation including videos, checklists and bite-sized tips
	5. Advance directives
	6. Care of the Obstetrical Patient pre and after delivery
	7. Standard K-12 education web programming for children
	8. Top diagnosis/disease teaching materials
	9. Top treatment teaching materials, including anatomy information
	10. General health and wellness information
	11. Discharge and Post Visit instructions
	12. Movies, TV, games, and other electronic entertainment
	13. Healing music, relaxation and nature content
		1. Integrative health content (mind-body techniques, guided relaxation, etc.)
2. Integration with Epic, Epic MyChart and Epic MyChart Bedside
3. Integration with leading IPS/Digital Wall vendor platforms
4. Integration with third party systems through standard web services

**Content Delivery requirements:**

* content is available for **paper** print-out upon request (and is formatted for paper when printed)
* content is available via **MyWall** while the patient is admitted (and is formatted for large screen)
* content is available via **MyChart Bedside** while the patient is admitted (and is formatted for tablet)
* content is available via **MyChart** patient portal (web and mobile app) at all times (and is formatted for mobile phone or tablet or web)
* content is available to be consumed by any **3rd-party web service** at all times (and does not include presentation-specific formatting)

**Content Quality Requirements:**

* content **does not include presentation-specific formatting** so it can be translated into additional languages without knowledge of markup (HTML)
* content is **clinically validated and peer reviewed**
* content is available in **multiple languages**, including but not limited to: Spanish, Chinese, Russian, Yiddish, Korean, Arabic, Vietnamese
* content **can be read aloud** via text-to-speech technology (and has been vetted for high-quality experience)
* content can be displayed for those with physical or visual impairment and / or mobility issues (**ADA compliant**)
* **illustration** is used wherever possible

**Translation Quality:**

Firms are expected to provide the following services:

* Highly qualified translators/linguists experienced in translating documents for global public health audiences, particularly in the areas of patient and family education.
* All editors and proofreaders working on any part of the services provided to NYUHC must have a minimum of three (3) years experience, with an exemplary record of providing the highest quality work. No person working on any part of the services contained herein may be, or have been, subject to any disciplinary action or warnings regarding the quality of their translations, while employed by your Firm.
* Technical terms that would require more than a sixth (6th) grade reading-level to accurately comprehend must be kept to an absolute minimum, not to exceed thirty (30) words.
* The small amount of absolutely necessary technical terms for any content that would require more than a sixth (6th) grade reading-level to accurately comprehend, shall be defined in a glossary. The glossary must be provided in the targeted languages (enumerated above), with quality control systems in place to monitor the technical glossary. Capability and costs to develop and maintain technical glossaries in additional languages must be a part of the proposal and pricing.
* Maintain and train competent backup translators/linguists to quickly address rush work orders.
* Ensure quality and accuracy of all material before final submission, and point out factual inconsistencies or unclear passages, and suggest solutions.
* One-hundred percent (100%) of translated materials must be proofread by a native speaker of each language specified in this document, regardless of media or method.
* A Certificate of Authentication for any or all translated language(s) must be made available to NYUHC within (24) hours of a written request.

NYUHC reserves the right to amend the original scope of engagement as needed, and will work closely with the successful provider to capture all changes in written format.

**Supplier Answer**: Indicate your compliance with each requirement and document any exception.

## Key Success Factors

A successful launch of the comprehensive patient and family education content requires meeting/exceeding these project goals:

1. Compatibility with large screen monitors (60 inches or larger) and other mobile devices (i.e. tablet, mobile phone, etc.)
2. Access to clinically-validated, evidence-based content that meets the needs of school-aged children, teens and adults. All content (including print, videos, etc.) should be presented in the 4th – 6th grade reading level and plain language should be used when possible.
3. Access to content in various languages, including: Spanish, Chinese, Russian, Japanese, Hindu, and Yiddish at a minimum; but also, additional preferred languages of Korean, Arabic and Vietnamese.
4. Interactive audio and visual content that interfaces with Epic, MyChart, and Epic MyChart Bedside to ensure full access to patient educational materials and information across the continuum of care (including functionality that enables patients to record notes during hospitalization and access educational material, including their notes, from any location, including post- inpatient discharge or ambulatory visit/procedure)
5. Ability to integrate customized NYUHC materials or other acquired materials with vendor content to create a comprehensive suite of materials and assign based on the patient’s care plan
6. Ability to co-develop material with NYUHC content experts as needed
7. Ability to gamify patient and family education
8. Accommodate all patients, including the following populations:
	* 1. Perinatal (Women, Neonates, Premature Patients)
		2. Pediatric (including neonatal and maternity)
		3. Expectant and New Parents
		4. Geriatric (65 and older)
		5. Physical impairment
		6. Visual impairment
		7. Mobility issues
9. Access to reports for monitoring of utilization and comprehension
10. Ability for content to be read aloud via state-of-the-art text-to-speech technology. Vendor to detail technology utilized.
11. Technology Agnostic Architecture / Interoperability
	1. Well-defined Web Services interface to facilitate retrieval of content using open standards from any type of client device (REST).
	2. System should support automatic ingestion and updates to institutional taxonomy, and allow users to tag content using custom taxonomies.
	3. System should allow NYUHC to add custom fields to the content types, as needed by the hospital, and implement workflow around these data fields without needing to engage vendor in services to customize the solution.

**Supplier Answer**: Indicate your compliance with each requirement and document any exception.

## Additional Requirements & Use Cases

1. Please describe your approach to addressing the various health literacy levels of your content, and include a list of all languages provided for your content.
2. If you are invited on-site to demonstrate your education content, you will be asked to present at least one (1) use-case scenario from the below diagnoses. The scenarios will include inpatient and outpatient visits, and demonstrations should be reflective of the full suite of educational content for the given diagnosis. Please indicate if you do not offer comprehensive content for any of the below diagnoses in your response:
* Vaginal delivery without complicating diagnoses
* Normal newborn / well baby care (regulatory information re: Newborn metabolic Screening; Congenital Heart Screening; Newborn Hearing Screening)
* Breastfeeding
* Maternal Postpartum Depression
* Cesarean Section without CC/MCC
* Major joint replacement or reattachment of lower extremity without MCC
* Neonate with significant problems requiring NICU level care
* Rehabilitation with CC/MCC
* Seizures without MCC
* Heart Failure
* Myocardial Infarction
* Scoliosis and spinal fusion, except cervical without MC
* Chemotherapy without acute leukemia as secondary diagnosis with CC
* Pediatric Congenital Cardiac Disease
* Pediatric Cancer Diagnosis and Treatment
* Pediatric Epilepsy Diagnosis and Treatment

## Project Approach

1. Define your firm’s approach to this project, identifying your proposed actions by the requirements listed in the RFP.
	1. Firm’s approach
2. Describe your process for developing content, including: methodology for appropriate health literacy, including reading level/target reading level of your content; sources utilized; internal governance/review process for overseeing and ensuring accuracy; currency and relevant updates/additions as diagnostic approaches and treatment advances develop; and, involvement of patients and families.
3. Is NYUHC able to customize content materials? If so, please describe process for customization, including turnaround time for any proposed content changes. What is the process for obtaining content for patient-facing medical center website?
4. Please describe how your content is evidence-based and best practice. How often are your materials updated to reflect clinical advancement? How is scientific content evaluated and updated, using which levels of evidence and relying on which resources as “gold standard”?
5. Please describe the process for updating and developing new content and define the backgrounds of the professionals on your content writing teams. Who serves on your review and advisory board? What is the breadth and depth of reviewer and medical specialty capacity (i.e., obstetricians reviewing OB content)? How do you incorporate patient and family perspectives and knowledge into your materials?
6. Please describe your patient and staff engagement models for in situ use. How does the patient/family signify completion of materials, and how is patient utilization defined? Are there any teach-back components built into content? Do patients have the ability to peruse content not assigned to them? Are patients able to start/stop content and pick up where previously stopped? Can patients share content with other family members?
7. Describe the process and outcomes with a client(s) with whom you co-developed materials such as videos, or content for children or elders.
8. Describe a client(s) who employs multiple vendor solutions/content, including their own developed materials (and how this fits with your approach).
9. Please describe your process for obtaining patient and provider feedback.
	1. Plan for project governance and communication
	2. Project success metrics
	3. List items specifically not in scope

# Technology Requirements

**10.1 Content Structure and Format**

* Content shall be provided in standard structured format, such as json, HTML or XML with schema definition
* Content structure/contract shall not change without notification by vendor and prior approval of NYUHC
* Content structure shall be approved for integration into Epic
* Content shall adhere to all applicable ISO standards for accessibility and language independence
* Content shall include meta-data such as last-update date and taxonomy attribute tags

**10.2 Content Management**

* System shall offer full CMS lifecycle capabilities, including importing, creating, updating, and retiring content
* System shall offer standard and configurable approval workflow capabilities
* System shall adhere to the “write once, publish anywhere” delivery approach
* System shall enforce separation of content from presentation information
* System shall allow for creation of robust and flexible taxonomies
* System shall allow for import of robust external taxonomies
* System shall allow for additional metadata fields to be created without configuration or system enhancements
* Vendors are required to have a signed agreement with Epic, allowing them to view the vendor content for troubleshooting purposes

**10.3 Content Delivery**

* System shall provide RESTful services for accessing all content and metadata (both read and write)
* System shall provide bulk export capabilities to export content in format consumable by Epic
* System bulk export shall be consumable by any 3rd party system via agreed upon export file structure
* System shall provide on-demand web services for access to content by taxonomy-based keywords

**10.4 Learning Management**

 System shall:

* be able to create accounts for patients upon demand
* allow providers and patients to browse and search content (including content not assigned to them)
* allow providers to assign content to patients
* be able to track patient progress through content
* provide interactive comprehension evaluations
* allow patients to annotate content
* allow patients to share content (and account information) with additional users (friends and family)
* allow role-based access to patient activity (i.e., providers and family members)

**10.5 Third-Party Application Integrations**

* System shall integrate with video servers for rich media content
* System shall allow access to best of breed K-12 educational materials and tools
* System shall integrate medication leaflets with the Medication Administration Record

# Roadmap

Please provide product roadmaps for the next 12 and 24 months.

# Professional Services and Customer Support

1. Describe your professional services practice.
2. Describe your experience in providing these types of services. Highlight company strengths as they relate to the request from NYUHC.
3. What personnel will be involved in delivering both direct and indirect services?
4. Briefly describe your experience in implementing similar solutions, including:
	1. How you provided support to academic medical centers to implement such solutions, being sure to outline any road blocks you encountered, and how they were resolved.
5. Identify the key owner in your organization who is ultimately responsible for ensuring the success of this implementation.
6. Describe your proposed implementation methodology, including:
	1. Timeline for implementation, key milestones and dates
	2. Organizational chart defining each employee’s responsibilities
	3. Specify all individuals who will be responsible for implementation, their functions, and their responsibilities. Please include biographies for team members proposed to lead this project.
	4. Provide a detailed management plan and outline of the proposed workflow, and any requirements to deliver services
	5. Outline the required NYUHC team members required for a comprehensive deployment, and approach for engagement by function and time commitment during the implementation planning process
	6. Based on past and successful experience, what role/leadership qualities do you recommend the champion and/or sponsor for the solution have, and why? Please share several models from academic medical center clients.
	7. Describe your communication methods and processes. Identify key points of contact necessary in the performance of this agreement.
	8. What types of standard or *ad hoc* reports do you provide detailing project status?
	9. What service guarantees do you offer?
	10. What penalties have you incurred in the past year?
7. Describe your customer support practice, including details on how the platform would be supported once implemented.
8. What is the development and release cycle for changes in content or release of new content? How are customers engaged in new content development?
9. Submit a typical implementation plan, and a proposed schedule for the project. Provide the last three (3) academic medical center implementation plans, and a brief description of how/if the timeline and quality objectives were met, and detail the lessons learned.

**Supplier Answer**: Indicate your compliance with each requirement and document any exception

# Regulatory and Compliance

1. How do you manage reporting for the Joint Commission and other regulatory agencies?
2. How does your solution help the organization meet the following regulatory and industry standards? (Identify specific examples, and include other regulatory entities your product adheres to and/or your Firm has experience with):
	1. The Joint Commission
	2. HIPAA (Health Insurance Portability and Accountability Act)
	3. HITECH (Health Information Technology for Economic & Clinical Health Act)
	4. CMS (Centers for Medicare and Medicaid Services)
	5. FDA (Food and Drug Administration)
	6. CCHIT (Certification Commission for Healthcare Information Technology)
	7. State specific requirements and mandates, including maternal child
	8. Is your company or any of its subsidiaries currently a defendant in any legal action, or a participant in any arbitration/mediation process? If so, please provide a detailed explanation.

**Supplier Answer**: Indicate your compliance with each requirement and document any exception.

# Training

1. Describe technical and administrative training.
2. Describe and provide end-user training materials that have been used successfully at similar organizations, as well as vendor training resources provided and client training resources recommended.

**Supplier Answer**: Indicate your compliance with each requirement, and document any exception

# Pricing

Please provide pricing information in the enclosed Pricing Attachment. All support and services should be included for a five (5) year agreement.

# Description of Company

Please provide:

1. The company’s full name, address, main telephone, and appropriate contact information, including e-mail address.
2. A brief historical perspective on your company (years in the business, growth via mergers and acquisitions, key industry innovations)
3. What are your company values?
4. Describe your corporate culture. Explain how you differentiate yourself from your competition.
5. Describe the full range of services your company offers and the corresponding rates. Include all services that will be available and all expenses that we would incur under this agreement.
6. List office locations and specific responsibilities of each.
7. Please provide an overview of your company’s growth over the past five years.
8. Provide audited financial statements for the two fiscal years immediately prior to this one.
9. What is your company’s Epic experience and differentiators with Epic?
10. What is your five-year strategic plan and vision for patient/family education and engagement?

# Past Performance and References

Provide a list of past and current clients that are premiere Academic Medical Centers with Epic fully implemented (at least three (3) references). Indicate if you have previously partnered with Oneview Healthcare.

For each reference, please include the following:

1. Healthcare organization name, contact name, title, address, and telephone number.
2. Describe the relationship and services provided.
3. Provide current and past account information, of similar size and scope. Include:
	1. A current, long-term customer
	2. A current customer implemented in the past 18 months
	3. A former customer terminated within the past 18 months, and reasoning for termination (other than consolidation)

Failure to provide suitable references to NYUHC will result in the Supplier’s bid being rejected without further consideration.

**Supplier Answer**: Indicate your compliance with each requirement, and document any exception.