

Questions and Answers for 1000254069 Updated March 6<sup>th</sup>, 2024

1. Is there a pool of Nurses associated with each Health Centre?

Answer: Yes, ISC HCPs and Contract HCPs with applicable credentials (licensure and training certification) will be available to work in the provinces (regions) in which their credentials apply. Therefore the Health Facilities, based on each province (region), could be staffed by HCPs that have the credentials applicable to that province (region).

2. Is there a Union involved?

Answer: Yes, there are unions representing the HCPs.

3. Will there be a need for an HR module or Payroll module?

Answer: Could you please elaborate further on the HR module/ component? No, for the Payroll module.

4. Will there be a need to track tasks within this opportunity?

Answer: Could you please elaborate further on this question?

5. To dig a little deeper with this scenario. (1) Would a HCP be able to be scheduled at multiple Healthcare Facilities within their Province if they are holding the appropriate skill set (credentials)? (2) Will there be geographical limitations to the HCP's or open to accept any posted shift in their Province? (3) And if they live close to the border of the next Province will they be able to receive posted shifts from that Province?

Answer:

(1) Yes

(2) An HCP can accept shifts in multiple facilities ensuring adequate travel time between locations is arranged. Most travel is via airlines with limited flights over a large geographical area.

Also, see FR-021 in the SOW – instances in which an HCP cannot be scheduled into a specific Health Facility/ community.

(3) The HCP can be scheduled in any province/ region in which they have the applicable credentials (licensure and training certification).

6. Will the Union Collective Agreements (CA's) be available to evaluate? Are there more than one Union per Province working alongside each other? If so, how would the shift offering be handled (rules)?

Answer: All Collective Agreements are posted online for viewing. There are HCP's with multiple CA's staffed in each facility. Shifts are filled first by regularly scheduled staff and then vacancies based on availability of HCP's.

7. Will you need to track HR elements to be offering shifts to HCP's who:
- have seniority / hire date / hours worked etc. - No
  - accru time in time-banks / could affect time off requests - No
  - track credentials / renewals - Yes
  - wage grids / wage rates - No
  - discipline tracking / reporting – Yes
  - WSIB tracking - No
  - and more...

Who will be providing Payroll? We can work with them to integrate the data for a smooth transition. Payroll is not an element of NNS

8. Will the HCP's be required to document the services they provide to the clients / patients? In some cases there might be a specific need or task needed to be accomplished during that visit. This could affect who gets offered the shift.

Answer: No.

9. **(NEW)** - Can you briefly explain a typical shift request? Would the HCP be called out to a Health Centre to see a single person, spend the day there (seeing many people), or be there for an extended period of time (example; 1 week)?

Answer: HCP's are typically scheduled for 2-4 week assignments, working a regular 7.5 - 12 hour shift with after-hours standby during the week and 24 hour standby on weekends.

10. In the Proposal Document, Appendix C, which appears to be a security checklist, a budget of \$1,020,000 is posted in Section 4.

- a. Is this budget an official constraint of this tender?

Answer: No. A budgetary/ monetary value must be indicated on the security checklist – this amount was simply based on an educated estimation only.

11. In the Proposal Document, Annex B, Chapter "Basis of Payment", the table is limited to one box per year.

a. Should professional services and licensing costs be included in the same box? Yes, as separate amounts.

Note: The Bidder should provide, as part of the (each) year monetary amount, the cost for a base of 1,750 licenses, plus the cost per year to add licenses in increments of 250.

b. Or, conversely, should we understand that SAC itself will deploy autonomously from the documentation provided, and therefore that there are no professional services to offer? The professional services required are outlined in/ throughout the Statement of Work.

c. If not, is it possible to identify your expectations for the provider's delivery of professional services as part of the deployment (project mode)? The professional services required are outlined in/ throughout the Statement of Work.

12. In the Proposal Document, Section MT4, 3,000 employees are discussed.

a. Does this number correspond to the number of employees to be planned and therefore the number of licenses desired by ISC?

Answer: As indicated in MT4, "The Bidder must provide a system that enables up to 3000 HCPs to be concurrently logged in and viewing their schedules (read-only ability) without performance degradation."

Having said that, the Bidder should provide, as part of the (each) year monetary amount, the cost for a base of 1,750 licenses, plus the cost per year to add licenses in increments of 250.

13. In the Proposal Document, Section TS-001, 100 expert users are discussed.

a. Can you describe the desired profile types and how these users would like to work?

Answer: TS-001 states "System must enable up to 100 Business Administrators, Schedulers and Travel Teams to concurrently add and/ or edit data without performance degradation." See FR-001 – FR-007 for further information on each User type and functionality.

14. The Proposal Document in Section BR-001 refers to centralized systems.

has. Beyond a centralized body, is it desirable to centralize planning in one place, regionally or locally in each care centre?

Answer: BR-001 states "System must provide a centralized scheduling system, able to support complex

scheduling of HCPs, of varying designations, across all applicable regions (Alberta, Manitoba, Ontario and Quebec), their communities and the individual Health Facilities.

Based on departmental/ operational requirements, Saskatchewan and Atlantic regions may also be included in the scope of this project.”

We used the term “centralized” more so with the purpose that ISC requires one unique method/ system for scheduling HCPs into more than 50 communities/ Health Facilities (with varying levels of HCP staffing requirements) across at least four regions/ provinces. This one unique method/ system is required in order to eliminate duplication of effort and having multiple “sources” of scheduling information which can create confusion and lack of absolute clarity of HCP allocation.

15. In the Proposal Document, Appendix A, Section 5.2.b, reference is made to ISO 27017. has. As this is a data hosting standard, does SAC accept that the ISO 27017 certification is held by the hosting provider (for example Microsoft Azure Canada)?

Answer: Yes, there is a requirement for ISO 27017, since the National Nurse Scheduler was/ is assessed at a level of Protected A – Medium – Medium. In addition, the Protected A designation would require the vendor to possess either a SOC 2 type2 Report, or an ISO 27001 certification, as opposed to both certifications as required with a Protected B designation.

16. In the Proposal Document, Section BR-008 refers to interfaces with UKG/Kronos Workforce Dimensions and MS Excel.

a. Can you elaborate on the nature and specifications of the expected interfaces?

Answer: The data migration system must seamlessly extract data from the existing system or a compatible medium, ensuring its integrity and structure by leveraging APIs or direct database interactions. Some examples of data expected to migrate include...

- Health Care Professional Shifts/ Schedules
- Health Care Professional Certifications
- Business Structure
- Regions (Provinces)
- Communities
- Health Facilities
- Jobs

