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## **SECTION I. INTRODUCTION AND GENERAL INFORMATION**

The purpose of this Request of Proposals (RFP) is to solicit sealed proposals to establish contract(s) through competitive negotiations for the procurement of goods and/or services set forth in Exhibit A, **Scope of Work**.

It is intended that this RFP will result in UNMH entering into a contractual agreement with one or more successful Offeror(s), for an initial strategic planning project, and possible subsequent projects for an **initial contract term of four (4) year(s)** with an option to renew, as provided for in NMSA 13-1-150 (Multi-Term Contract). Continuation of the contract(s) is contingent upon satisfactory contract compliance by the Contractor, as determined by UNMH. The UNMH must approve all contract renewals, amendments and adjustments.

### **1.1 Forms and Exhibits.**

were present with respect to this RFP; or hold any staff of UNMH liable for any uncertainty, inconsistency, error, omission, or ambiguity in any part of this RFP.

## **1.5 Clarification and Questions**

1.5.1 Submission. **Offerors may request clarification of this RFP by:**

1.5.1.1 ~~Submit (in writing)~~ requests for clarification by email to the Procurement Specialist identified on page 1 of this RFP

Offeror statement or claim, if the statement or claim or its Proposal is patently unwarranted or is questionable; or

- 1.9.2 Ceegu"vj g"Qhgtqt"r tgo kugu"y j gtg"cp{ "r ctv'qh"vj g"y qtm'ku"vq"dg"ecttkgf "qw"vq"eqphko " Proposal information, quality of processes, and to obtain assurances of viability; and
- 1.9.3 The Offeror shall cooperate in the verification of information and is deemed to consent to UNMH verifying such information.

## **SECTION II. PROPOSAL COPIES AND FORMAT**

### **2.1 Number of Responses and Copies**

Qhgtqt"proposal should be clearly labeled and numbered and indexed as outlined in **Section 2.2. Proposal Format**. Proposals should be submitted as outlined below. The original copy shall be clearly marked as such on the front of the binder. Each portion of the proposal (technical/cost) must be submitted in separate binders and must be prominently displayed on the front cover.

- 2.1.1 Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to the **RFP 497-24 BEDSIDE NURSE/SUPPORT STAFF/CLINICAL PROCESS IMPROVEMENT CONSULTING SERVICES**.
- 2.1.2 **Proposal** - One (1) ORIGINAL and one (1) ELECTRONIC COPY of the proposal containing ONLY the Technical Proposal; **The proposal can NOT be emailed.**
- 2.1.3 Electronic Copies - **The electronic version/copy of the proposal must mirror the physical binder submitted (i.e. One (1) usb,).** The electronic version can NOT be emailed. **The original, hard copy and electronic copy information must be identical. In the event of a conflict between versions of the submitted proposal, the Original hard copy shall govern.**

Any proposal that does not adhere to the requirements of this Section and **Section 2.2 Response Format and Organization**, may be deemed non-responsive and rejected on that basis.

### **2.2 Proposal Format**

- 2.2.1 All proposals should be submitted as follows:
  - a. Hard copies must be typewritten on standard 8 ½ x 11 inch paper (larger paper is permissible for charts, spreadsheets, etc.)
  - b. Pages should be one-sided, one and one-half spaced and numbered.
  - c. Typeface must be easily readable such as Time Roman, type size 12-poin( )jeb TJ1dages sATG{P,

**organized and indexed** in the following format and must contain, at a minimum, all listed items in the sequence indicated.

- A. Table of Contents
- B. Signed Authorized Signature Page (Exhibit D)
- C. Proposal Summary (Optional)
- D. Response to Specifications/Evaluation Criteria
  - 1. Organizational Experience, quality and stability (Exhibit B, Section 1.a)
  - 2. Technical Approach (Exhibit B, Section 1.b)
  - 3. Management Approach (Exhibit B, Section 1.c)
  - 4. Total Project Cost (Exhibit B, Section 1.d)
- E. Exhibits
  - 1. Resident Veterans Certificate (Exhibit C)
  - 2. Small & Small Disadvantaged Business Certification (Exhibit E)
  - 3. Conflict of Interest and Debarment/Suspension Certificate Form (Exhibit F)
  - 4. Insurance Requirements (Exhibit G) ó acknowledgement
  - 5. Certification and Disclosure regarding Payments to Influence certain Federal Transactions (April 19910) (Exhibit H)
- F. Other Supporting Material (If applicable)
- G. Other Supporting Material (If applicable)

Within each section of the proposal, Offerors should address the items in the order indicated above. All applicable forms provided in this RFP must be thoroughly completed and included in the appropriate section of the proposal. For example, if you are not seeking a resident preference, you do not need to submit the Exhibit C resident preference form.

The proposal summary may be included by potential Offerors to provide the Evaluation Committee with

- 3.5 INSURANCE REQUIRMENTS:** The Offeror should provide proof of insurance coverage, o ggwpi "vj g" tgs wktgo gpw"lp"vj g" Ugevkp" rcdgrf "õkpuwtcepg" Tgs wktgo gpwö"qt"cu"pqvfg"lp"vj g" specifications (**Exhibit G**). **Offeror should submit proof of insurance in the form of a ðEgt vñlecvg'qh'kpuwtcepgö'y kj 'vj gk't gur qpug'cpf 'r tkqt 'vq'eqo o gpelpi 'y qtni'wpgt "the resulting contract.** Qhgtqt'kpuwtcepg"uj cm'tgo ckp"lp"ghgev"hqt"vj g"gpvktg"vgtto "qh"vhe contract and must be extended to coincide with any future contract extensions. The Offeror must provide proof of insurance coverage acceptable to UNMH, in its sole discretion, prior to award of an Agreement.
- 3.6 SAMPLE AGREEMENT:** The successful respondent will be required to enter into an Agreement with the Regents of the University of New Mexico, for its public operation known as University of New Mexico Hospitals.
- 3.7 INFORMATION SECURITY PLAN.** Offeror(s) shall not install any systems software and hardwctg." cr r ñecvku." fcvdcugu." kphqto cvkqp"qt" gve0'qp" WPOJ ði"eqo r wkp" f gxlegu-assets kpenf kpi "gzi qtvlk r qtv' hrgu." ewuqo "hrgu"qt" gve0'y kj qw' r tkqt" cr r tqxcn' hrgo " WPOJ ði" K" division. The successful Awardee may be required to complete the UNMHs Information Security Rcp" kphqto cvkqp"cpf "uwo k"vq" WPOJ ði" K" f gr ctwo gpv' hqt" cr r tqxcn' " Hkwtg" vq" eqo r rvg" hqto " w qp" WPOJ ði" tgs wguv'qt" hckkpi "vq" tgegkxg" K" cr r tqxcn' o c { "tguw"lp" Qhgtqt \*u" dglpi "eqpukf gtgf" as non-responsive and/or termination of agreement.
- 3.8 TAXES.** The University is exempt from Federal Excise Taxes and from New Mexico Gross

agents or subcontractors as approved by the Hospital. If the Offeror is not using agents or subcontractors on this RFP, the Offeror should respond by stating not applicable.

**EXHIBIT A**  
**SCOPE OF WORK**

**1. BACKGROUND**

University of New Mexico Hospital is part of the UNM Health System, which serves as the clinical arm of the UNM Health Sciences Center. UNMH is a large tertiary care hospital providing care to more than 200,000 New Mexicans per year. We house the only National Cancer Institute-designated comprehensive Cancer Center, a comprehensive stroke and neuro-trauma service, burn center, pediatric cardiothoracic surgery program, advanced gynecology, and advanced urology. In addition to these programs, we have dozens of other specialty lines we are uniquely equipped to cover.

UNM Hospital and its many specialty and primary care clinics serve as the primary teaching hospital for

opportunity for improvement, efficiency opportunities and evaluation of workforce practicing at the peak of their skillset or license. Specific activities will include developing evaluation tools, analyzing evaluation data, drafting summary reports and creating data visualizations, conducting interviews and focus groups, providing group and individual process improvement coaching to improve efficiency within one or more patient care units. Respondents will provide a proposed engagement timeline for individual patient care unit evaluation as well as concurrent evaluation of up to four patient care units.

### 3. SCOPE OF WORK

Evaluation of nursing/support staff care delivery process through direct observation in the inpatient setting

- Conduct input- interviews staff, providers, patients and other stakeholders to identify opportunity and gather information
- Conduct state analysis through the use of workflow diagrams to identify signal opportunities for improvement
- Identify inefficiencies, redundancies, and potential points of process failure
- Compare current processes against industry best practices
- Identify core issues causing inefficiencies and identify gaps
- Identify process and best practices or ideas for improvement
- Identify areas, specifically scope of practice issues that are below type and expectations
- Prioritize which processes have the most impact and need immediate attention
- Develop recommendations that incorporate resources to refine workflows, remove obstruction, and improve outcomes.
- Prepare reports for hospital leadership and hospital leadership as well as a proposed timeline for implementation
- x Provide training to staff on process improvement projects after completion of the engagement.
- Describe any other deliverables that may be necessary

**EXHIBIT B**

ii.



*Lowest Bidders Hourly Rate amount divided by this Bidders Hourly Rate amount times 25 ( 50 available Cost points)*

- e. **Evaluation Criteria Summary:** The following is a summary of the evaluation factors and the weighted value assigned to each.

<b>1.a</b>	<b>ORGANIZATIONAL EXPERIENCE, QUALITY, AND STABILITY (Exhibit B, Section 1.a above)</b>	25	Points Possible
<b>1.b</b>	<b>TECHNICAL APPROACH (Exhibit B, Section 1.b above)</b>	45	Points Possible
<b>1.c</b>	<b>MAL1.34 320.09 13.92 rer3.92 reW* nBT61.T/F4 11&gt;0 1 rW* nBT</b>		



**EXHIBIT D  
AUTHORIZED SIGNATURE PAGE**

**THE FOLLOWING OFFEROR INFORMATION MUST BE COMPLETED AND RETURNED WITH THE RFB:**

Please note that the information requested on the certification form is for reporting purposes only and will not be used in evaluating or awarding an agreement.

**ACKNOWLEDGMENT OF ADDENDA**

The undersigned acknowledges receipt of the following addenda:

Addenda No. \_\_\_\_\_ Dated \_\_\_\_\_

Addenda No. \_\_\_\_\_ Dated \_\_\_\_\_

Addenda No. \_\_\_\_\_ Dated \_\_\_\_\_

**New Mexico State Preference Number** (Pursuant to Sections 13-1-1, 13-1-21.2 & 13-4-2 NMSA 1978, Offerors Claiming 5% Preference Must be Certified Prior to IFB or RFP Opening):

Resident Business: Pref. Number \_\_\_\_\_

Resident Manufacturer: Pref. Number \_\_\_\_\_

Resident Offeror: Pref. Number \_\_\_\_\_

Resident Veterans Preference Certification Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned, as an authorized representative for the Company named below, acknowledges that the Offeror has examined this RFP with its related documents and is familiar with all of the conditions surrounding the described materials, labor and/or services. Offeror hereby agrees to furnish all labor, materials and supplies necessary to comply with the specifications in accordance with the Terms and Conditions set forth in this IFP and at the prices stated within the IFP.

The undersigned further states that the company submitting this IFP is not in violation of any applicable Conflict of Interest laws or regulations or any other related clauses included in this IFB.

**COMPANY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NEW MEXICO GROSS RECEIPTS TAX NO** \_\_\_\_\_

**FEDERAL EMPLOYER ID NUMBER (FEIN)** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED REPRESENTATIVE** \_\_\_\_\_

**PRINTED OR TYPED NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**DATE** \_\_\_\_\_



**EXHIBIT F**  
**THE UNIVERSITY OF NEW MEXICO HOSPITALS SUPPLIER CONFLICT OF INTEREST**  
**AND DEBARMENT/SUSPENSION CERTIFICATION FORM**

**CONFLICT OF INTEREST. The authorized Person, Firm and/or Corporation states that to the best of his/her belief and knowledge:** No employee or Regent of The University of New Mexico Hospitals (or close relative), with the exception of the person(s) identified below, has a direct or indirect financial interest in the Offeror or in the proposed transaction. Offeror neither employs, nor is negotiating to employ, any University of New Mexico Hospitals employee, Regent or close relative, with the exception of the person(s) identified below. Offeror did not participate, directly or indirectly, in the preparation of specifications upon w

**EXHIBIT G  
INSURANCE REQUIREMENTS**

**CERTIFICATES OF INSURANCE:** The Offeror shall furnish the Owner one copy each of **CERTIFICATES OF INSURANCE:** The Offeror shall furnish the Owner one copy each of Certificates of insurance herein required for each copy of the Agreement showing coverage, limits of liability, covered operations, effective dates of expiration of policies of insurance carried by the Offeror. The Offeror shall furnish to the Owner copies of limits. The Certificate of Insurance shall be in the form of AIA Document G-705 or similar format acceptable to the Owner. Such certificates shall be filed with the Owner and shall also contain the following statements:

1. 0Vj g" Tgi gpw'qh'vj g" Wpkgtuk\ "qf New Mexico Hospitals, the University of New Mexico Hospitals, its agents, ugtxcpw'cpf "go r nq {gg'ctg'j gr "cu'cf f kkpccil'pwtgf 0
2. 0Vj g" kpuwtcepg"eqxgtci g'egt v'kgf "j g'gk'uj cm'pqv'dg"ecpegrf "qt"o cvgtkcm\ "ej cpi gf "gzegr v'chgt "hqv\ "hkg"67+ days writtep'pqv'eg'j cu'dggp'r tqxkf gf "v'j g'qy pgt0

**COMPENSATION INSURANCE:**

Vj g" Qhgtqt"uj cm'r tqewg"cpf "uj cm'o clpvc\p" f wt\pi "j g" rkg"qh"vj ku"eqpvtcev"Y qtngtu"Eqo r gpucvqp"cu"tgs vktgf "d{" cr r riedcng"Ucvg"rcy "hqt"cm'Qhgtqt"go r nq {gg'u"q"dg"gpici gf "cv'vj g'ukg of the project under this project and in case of cp{"uwej" y qtm' uwdngv' j g" Qhgtqt" uj cm' tgs vktg" vj g" uwdQhgtqt" qt" uwd" uwdQhgtqt" uko kctn\ "vq" r tqxkf g" Y qtngtu" Eqo r gpucvqp" kpuwtcepg" hqt" cm' vj g" uwdQhgtqt" qt" uwd" uwdQhgtqt" Y qtngtu" y j lej "ctg"eqxgtgf "wpf gt" vj g" Qhgtqt" Y qtngtu"Eqo r gpucvqp" kpuwtcepg"0" kpe"ecug"cp {"ercuu"qh"go r nq {gg"gpici gf "kp"y qtn'qp"vj g" r tqlgev'wpf gt" vj ku"eqpvtcev"ku" pqv'r tqvev'gf "wpf gt" c" Y qtngtu"Eqo r gpucvqp"Ucwwu."vj g" Qhgtqt"uj cm'r tqxkf g"cpf "uj cm'ecwug" gcej "uwdQhgtqt" qt" uwd" subQhgtqt" vq" r tqxkf g"Go r nq {gtu'kpuwtcepg"kp"cp {"co qwpv'qh'pqv'iguu'vj cp"&722.2220

**QHGTQTU'RWDNE'NKCDKNI' KPUWTCEPG**

Vj g" Qhgtqt"uj cm'o clpvc\p" rkdckv\ "kpuwtcepg"eqxgtci g" o'gs wcn'vq" vj g" o czko wo "rkdckv\ "co qwpv'ugv'hqt vj "kp" vj g" P gy " Mexico Tort Claims Act Section 41-4-3" G\Ugs O'P O UC"3; 9: 0" Vj g" kpuwtcepg" o wv'tgo clp"kp" hqt eg" hqt" vj g" rkg"qh"vj g" contract including all contract extensions or renewals. The limits effective July 1, 1992 are:

\$400,000 per person/\$750,000 per occurrence plus \$300,000 for medi







Number (ECCN) on the packing documentation, and, (ii) send an electronic copy of the ECCN number and packing documentation to: [ECCN@UNM.EDU](mailto:ECCN@UNM.EDU)

19. ELIGIBILITY FOR PARTICIPATION IN GOVERNMENT PROGRAMS. Each party represents that neither it nor any of its management or any other employees or independent contractors who will have any involvement in the services or product

Seller agrees that it and its sub-contractors will maintain general liability, product liability and property damage insurance in reasonable amounts (at least equal to the New Mexico Tort Claims Act limits) covering the above obligation and will maintain workers' compensation coverage covering all employees performing under a resultant Purchase Order/Agreement on premises occupied by or under the control of the University. The liability of the University will be subject in all cases to the immunities and limitations of the New Mexico Tort Claims Act, Sections 41-4-1 et seq. NMSA 1978, as amended."

29. **INDEPENDENT BUSINESS.** Neither Seller nor any of its agents shall be treated as an employee of the University for any purpose whatsoever. Seller declares that Seller is engaged in an independent business and has complied with all federal, state and local laws regarding business permits and licenses of any kind that may be required to carry out the said business and the tasks to be performed under any resultant Purchase Order/Agreement. Seller further declares that it is engaged in the same or similar activities for other clients and



46. PAYMENTS FOR PURCHASING. No warrant, check or other negotiable instrument shall be issued in



shall not accrue leave, retirement, insurance, bonding or any other benefit afforded to employees of the University as a result of any resultant Purchase Order/Agreement.

63. **SITE FAMILIARITY.** The Seller shall be responsible for thoroughly inspecting the site and work to be done prior to submission of an offer. The Seller warrants by this submission that the site has been thoroughly

