



**December 1, 2020 - Summary of the Chinatown Multi-Level Care Foundation Pharmacy Services RFP Questions that were submitted:**

- 1. How many of the 96 residents at ECCC are classified as supportive/assisted living (as opposed to long term care designation)?**

All of the residents are long term care.

- 2. What is the average occupancy rate of beds at the ECCC?**

Prior to COVID -19, the occupancy rate was approximately 98 percent.

- 3. How many new admissions do you typically see in a day/week?**

In the past, prior to COVID -19, we would have 1-2 admissions per month.

- 4. Is the Edmonton Chinese Senior's Lodge a part of service provision with this RFP, specifically the 15 supportive living suites?**

The Lodge is a separate entity and is not operated by the Foundation therefore is not part of the RFP. All of the 96 residents in the Edmonton Chinatown Care Centre are long term care residents.

- 5. How many physicians/nurse practitioners provide services within ECCC?**

There are currently 6 family physicians with admitting privileges at ECCC.

- 6. Can you provide a breakdown of type of suites in the new build for 2022; continuing care/supportive living.**

This information is not yet available.

- 7. Section 1.6 – given the current environment (COVID), will consideration be given for email submission vs paper-based submissions?**

No, we require paper-based submissions as outlined in the RFP.

- 8. What is the anticipated start date of service provision?**

It is difficult to predict due to COVID-19 but, if a new pharmacy provider is chosen it is anticipated that implementation/transition would start spring of 2021.

- 9. Please elaborate on the requirement for infusion pumps; how many are required, what type of infusions are they being used for, etc.**

At present, infusion pumps are not required but we anticipate the pumps will be required in the future either at ECCC or at our new site so we would like to see Infusion pumps as part of your proposal to provide pharmacy services.

**10. Appendix A, tab 10 – please confirm that you are asking proponents to provide actual copies of our policies and procedures. These are deemed proprietary and confidential, and would be shared based on being awarded the contract.**

The RFP requires that you identify the policies and procedures in place within your organization from the list in tab 10 and that you provide copies of the policies and procedures that apply to how you provide pharmacy services in the facility.

**11. Can you clarify the ePen-PCC integration requirements?**

We wish to continue the ePen arrangements currently in place and in use by the admitting family physicians. ECCC care staff are currently using Catalyst tablets for eMAR. We wish to change to Point Click Care for eMAR. Please include in your proposal your suggestions regarding how and when implementation of this change would be accomplished. The site currently has good internet connectivity.

**12. Can you clarify which version of PCC would need to be implemented, OM or IMM?**

We need to integrate medication administration with the currently used clinical PCC. Yes, we would expect the change to PCC for medication administration to be part of the transition and therefore be live on the effective date.

**13. Can you clarify whether you expect to go-live with PCC on the services effective date?**

Yes, we would expect the changes to PCC for medication administration to be made after the transition is complete. Please include the timelines for transition to PCC in the description of your implementation plan

**14. Can you clarify the type of liquids that you require in unit dose packaging?**

Multidose containers should be used as little as possible. We are interested in what you would suggest to reduce the use of multidose packaging.

**15. What does ECCC deem to be removal of Biohazardous materials?**

Medications, pouch packaging, narcotics and sharps as stated in RFP.

**16. Can you clarify your requirements around MAID? Is the expectation that pharmacy send pre filled syringes, or medication vials and supplies.**

We require a copy of your MAID policy as it would apply to this facility.

**17. Can you clarify your current process around Pharmacist led med rec and the role of the home? Does the home participate in the process or is it purely pharmacist driven?**

The medication reviews are completed on site by the pharmacist. The pharmacist communicates with the family physician and the physician signs off on the doctor's order sheet if in agreement with the med review.

**18. Are you currently using PCC Point of Care (POC)?**

The facility is currently using POC such as for the daily charting by the Health Care aides but not using PCC for medication administration documentation.

**19. Can you provide the number of nursing stations?**

There are three nursing stations – one on each of the three floors.

**20. Are you able to identify standard equipment needs and quantities required (med carts, treatment carts, fax machines, pill crushers, etc.)?**

We expect the proponent to provide information about what they think would be required to provide the pharmacy services as described in the RFP as well as meeting accepted standards. There are 96 residents with 40 residents (twenty residents on each of two wings) on each of the second and third floors and 16 residents on the first floor.

**21. Do staff currently use electric or manual pill crushers?**

The staff currently use electric pill crushers.

**22. Ongoing monitoring, maintenance and management of equipment. Does this just mean the regular service we always provide or is this something more?**

We will require regular preventive maintenance and ongoing monitoring of all equipment for the duration of the contract. This all equipment including electronic equipment which you include in your proposal to provide pharmacy services.

**23. Is there an anticipated date /timeline/goal to complete the Accreditation Canada Assessment?**

We are not sure of the dates for Accreditation due to COVID-19.