Amendment #1

Question and Answers

BPM017853 PHPA-1029

Perinatal Neonatal Quality Collaborative

RFP Section	Page #	Question	Response
3.1, Background and Purpose	7	The fifth sentence in this paragraph states that the Collaborative will conduct an obstetric and a neonatal initiative "approximately every two years." Are there in-progress obstetric and neonatal initiatives initiated by the incumbent that we should plan to assume in FY 2020 and complete in FY 2021?	The applicant should plan to convene a Steering Committee to select the obstetric and neonatal initiatives. The initiatives selected by the Committee may be the same initiatives most recently identified by the previous grantee.
3.2.2.ii, Staffing	8	Does the Collaborative currently have co-chairs? A steering committee? Can their names and affiliations be provided?	The most recent co-chairs to serve on the Collaborative are: Dr. Ann Burke, Med. Dir. Obstetrics, Holy Cross, Dr. Jim Rost, Neonatologist, Vice Pres./CMO, Adventist Healthcare, Dr. Lorraine Milio, Obstetric Dir., Center for Addiction in Pregnancy, Bayview Med. Center, Bonnie DiPietro, Director of Operations, Maryland Patient Safety Center
3.2.2.ii, Staffing	8	Do the Collaborative's current physician leaders (co-chairs or equivalent, steering committee members or equivalent) volunteer their time, or are they compensated for it?	The previous grantee included costs in their budget for Learning Network Co-Chairs.
3.2.3.b, Activities	9	How long are the current face-to-face educational learning sessions/meetings for hospital teams?	The applicant will need to determine the appropriate length of face-to-face educational learning sessions.
3.2.3.iii.c, Activities	9	This section references maintaining and supporting an internet-based portal. Is there an existing portal? If so, will a new contractor be provided access in order to maintain and support it? Does a new contractor need a specific software license in	The applicant will need to develop an internet-based portal. Data from the previous grantee is not available.

		order to maintain and support an existing portal (e.g., SharePoint)?	
3.2.3.iv, Activities	9	Does the collaborative have an "existing database"? If so, will a new contractor be provided access in order to utilize it? Does a new contractor need a specific software license in order to utilize this database? If access is not possible, will the existing data be extracted from the database and provided to a new contractor?	The applicant will need to develop a database to complete the project work. Data from the previous grantee is not available.
3.2.3.iv, Activities	9	We understand that all Maryland birthing hospitals are required to belong to the Vermont Oxford Network. Do all these hospitals report data to the Network? What data do they report? Does the Collaborative have access to these data, and is there a cost for such access?	Information on the data reported by birthing hospitals to the Vermont Oxford Network is not available.
3.2.3.iv, Activities	9	This section states that the "Department's epidemiology staff will collaborate with the applicant in data collection and analysis." For purposes of estimating our analytic level of effort, please indicate the extent of collaboration by Department epidemiology staff. Is their role guidance and oversight, e.g., input to the analytic approach, review of proposed analyses and visualizations, data validation? Or will Department staff conduct a share of the analyses? If so, please quantify with a percentage if possible.	Epidemiology staff will provide guidance and oversight on applicable data analyses and will conduct analyses using relevant maternal and child health data such as vital statistics and inpatient hospital discharge data. Epidemiology staff can conduct analyses as needed.
3.2.3.iv, Activities	9	Does MDH provide relevant data to the contractor? If so, please describe them (e.g., maternal mortality, low birth weight, etc.) and the frequency with which they are available.	MDH does not provide raw data such as vital statistics or hospital discharge unless proper Data Use Agreements have been put in place. Epidemiology staff are available to analyze these datasets as needed and supply results of analyses.
3.2.3.v, Activities	9	This section references expanding the Collaborative website. Please provide the URL for the current Collaborative website and indicate whether it will be transferred to a new contractor in order to expand it. If so, please indicate the content management system that the Collaborative website uses.	The applicant is expected to develop a portal and website. The previous grantee's website can be accessed at: http://www.marylandpatientsafety.org/perinatalcollaborative.aspx

4.2, Proposals	11	The bolded text states that the offeror should submit a redacted PIA copy of the Proposal Narrative. Does this mean we should submit a redacted PIA copy of both Volume 1, Project Narrative, and Volume 2, Budget Justification?	The applicant is expected to submit a redacted PIA copy of the Project Narrative.
4.3.1.3, Mandatory Requirements Documentation	12	There is no text below this heading. Is content missing?	All mandatory documents are included in the solicitation.
5.2.4.d, Workplan	13	This criterion asks evaluators to consider whether the "proposed measures" are "credible and relevant." Is this a reference to the measures of effectiveness, for which a fillable block is provided on the workplan template? We understood from the pre-application conference that we were not to propose collaborative topics, so it would be difficult to propose actual outcome measures. Please confirm.	Yes, the following evaluation criteria: 'are the proposed measures and data sources credible and relevant?' is in reference to the measures of effectiveness. The applicant is expected to draft measures of effectiveness of their scope of work.
3.2.2 ii. Staffing	8	The RFA does not lay out the specific responsibilities or estimate of time of the co-Chairs. Can you provide more requirements, if any?	The applicant is expected to determine specific responsibilities of the co-Chairs.
3.2.2 iv. Staffing	8	The RFA does not lay out the requisite design of the Steering Committee beyond the specific number of members. Can you provide more requirements, if any?	The applicant is expected to determine the design of the Steering Committee.
3.2.2 Staffing	8	Do any of the experts providing support and services for this project (i.e., co-Chairs, members of Steering Committee, Project Manager, and any other programmatic staff, etc.) need to be based in Maryland or should any current member remain?	It is helpful, though not required, to have at least one staff person based in Maryland.
		Should our budget for the project reflect costs for the co-Chairs, members of the Steering Committee, any other experts' time? If so, what are their current rates?	The applicant can include staff time in their budget. The previous grantee included staff time for Learning Network co-chairs, faculty/presenters, and internal staff (CEO, Director of Operations, Business Development Manager, and Data Analyst).