**Grand River Hospital**

**and**

**St. Mary’s General Hospital**

***Contact Tracing (Line Listing) Proposal***

***Additional Questions and Answers***

**Proposal Submission Deadline: June 29, 2020**

**Questions and Submissions Contact:**

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Submit your proposal in Word Format

**Question:** Do you have a sample of the kind of data that is used and/or captured as part of the process that Occupational Health goes through?

**Answer:** Attached is the “Employee Health & Wellness – Potential Exposure to

Positive COVID-19” form that the St. Mary's Occupational Health and Wellness team used during the recent COVID-19 outbreaks. There are nuances and details that are not captured on this form, but it provides the basic overview.

*(see the attached document)*

**Question:**  Do you have sample template or listing of fields that Occupational Health tracks on staff schedules?

**Answer:**  There are no standard templates. At GRH, Occupational Health simply reviews the staff schedules in our current staff scheduling system (Kronos – ESP).

**Question:**  Do the hospitals have building layout diagrams that indicates where clinical

programs/services are versus administrative support services?

**Answer:**  We do have blue print and layout diagrams. However, this is not information that we typically make publicly available due to safety concerns. This is something that we could share with the successful proponent as part of an implementation process, if required.

**Question:**  What current software does Occupational Health use for the contact tracing (line listing) process?

**Answer:**

Currently the data/information required is not in a single source. The team accesses various systems:

* Cerner (patient charting)
* Empath (staff demographic)
* ESP (scheduling)
* Parklane (occupational health charting and patient health information)

**Question:** What is the budget for this project?

**Answer:** No firm budget has been set at this time. The hospitals are interested in learning from the market what the cost would be for such a solution.

**Question:** Are the hospitals open to working with consultants from outside Canada?

**Answer:** Yes, but please note that BPS expense guidelines related to travel will be need to be complied with should these resources need to travel (assuming travel is permitted from a COVID-19 restriction perspective).

**Question:** What are the items staff carry at all times when they are at the hospital (i.e. badge)?

**Answer:** Hospital ID badges are the most consistent item that people wear on their persons on a daily basis.

**Question:** Is there any detailed workflow/tasks/permissions diagram describing Patients' flow in the hospital, before they are confirmed as COVID-19 positive?

**Answer:** The scope of this challenge and line listing process is related to being able to trace and track **staff** and their contacts.

**Question:** Who is the ultimate admin/user of this solution?

**Answer:** Occupational health is the key business user and driver of this process.

**Question:** Do you consider automated notifications directly to all the staff who are at risk? Or do admins prefer to initiate per staff notifications? Or do they prefer not to send any notifications and just call them in person?

**Answer:** At this time, communications are a mix of email and/or calls. Calls are often preferred and required as the investigation process requires application of occ health experience and judgement.

**Question:** Do we need to notify patients as well, in case they are confirmed for COVID-19?

**Answer:** No. Scope is focused on staff.