

## WRITTEN QUESTIONS AND ANSWERS

### RFA-18-0012 MDRO

#### ANSWERS ARE IN RED

1. Question: (Section 2.2.B.2) “develop a final report of participating facilities that includes pre and post analysis of the NHSN annual LabID data for MRSA and CDI” Please clarify if recruited facilities must report both MRSA and CDI into NHSN since this data is required in the final report.

Answer: The final report is intended to provide a summary of outcomes as well as evaluate the success of the project. The vendor should include both process and outcome measures as part of the evaluation. It is beyond the scope of this project for the vendor to initiate reporting to the National Healthcare Safety Network (NHSN) for facilities that do not currently do so. If NHSN data is not reported by the facility or the vendor does not have access, an alternate measure of evaluation to be included in the final report should be suggested and justified in the application.

2. Question: (Budget Worksheet) On the Budget Worksheet, cell H4 (Budget Summary Personnel) pulls data from cell B20 (Total Requested Annual Salary). Should the cell reference instead pull from cell F20 (Total Requested Amount Requested)?

Answer: No, it should not.

3. Question: (Section 2.2.D.3) *“Recipient must develop an Arkansas-specific MDRO prevention and control toolkit based on CDC and other recognized-guidance documents, as well as participation and feedback of participants that includes sample educational curricula, print materials regarding isolation and other needed graphics, tools, and communications. This toolkit must be submitted to the HAI Program and once approved disseminated to participants of the collaborative in a timely manner.”*

Does the ADH have expectations regarding how many items in the toolkit are to be physically printed and how many may be digital-only, or is this at the vendor’s discretion?

Answer: The specifics of the toolkit and format of any and all associated documents are at the vendor’s discretion. The ADH has no expectation of the number of physically-printed and/or digital components of the toolkit, only that each is easily accessible and provided in a timely manner. In the above quote, print materials refers to documents that could be printed and posted at a facility (i.e. a poster) but does not mean that the vendor must provide that document in a physical format.

4. Question: (Section 2.2.D.3) *“Recipient must develop an Arkansas-specific MDRO prevention and control toolkit based on CDC and other recognized-guidance documents, as well as participation and feedback of participants that includes sample educational curricula, print materials regarding isolation and other needed graphics, tools, and communications. This toolkit must be submitted to the HAI Program and once approved disseminated to participants of the collaborative in a timely manner.”*

Does the ADH have expectations regarding the timeframe for materials production (for example, prior to any events or throughout the contract duration)?

Answer: The deadline for material production is by the end of the project deadline on June 30<sup>th</sup>, 2019. The vendor should incorporate feedback from participating facilities to ensure the toolkit is applicable and meets identified needs. That said, there are no expectations for the timeline only that a proposed timeline be submitted as part of the application narrative.

5. Question: (Section 2.2.D.3) *“Recipient must develop an Arkansas-specific MDRO prevention and control toolkit based on CDC and other recognized-guidance documents, as well as participation and feedback of participants that includes sample educational curricula, print materials regarding isolation and other needed graphics, tools, and communications. This toolkit must be submitted to the HAI Program and once approved disseminated to participants of the collaborative in a timely manner.”*

If existing materials are found that would accurately and appropriately serve the purpose of the toolkit deliverables, may the vendor choose to use these rather than redeveloping them? If the materials are the property of other agencies or government entities, would the ADH assist the vendor by requesting permission or confirming rights to reuse the materials as required?

Answer: Yes, if existing materials are found that would serve the purpose of the toolkit deliverables the vendor can choose to use those materials as long as appropriate permissions to do so have been received. All of the components of the toolkit do not have to be initially developed by the vendor. Yes, the healthcare-associated infections (HAI) program staff of the Arkansas Department of Health (ADH) will work closely with the vendor and if needed can request permission for use of other agencies or government entities materials to be reused. However, if permission is not received it is the responsibility of the vendor to find or develop the components of the toolkit by the project deadline of June 30<sup>th</sup>, 2019.

6. Question: (Section 2.2.E.1) *“conduct 1 onsite visit for at least 25 of the recruited healthcare facilities.”* Is a virtual visit acceptable for an onsite visit?

Answer: Answer: Yes, virtual onsite visits would be accepted as long as the applicant can document that those occurred, provide an agenda, and are attended by both the awardee and a recruited facility.

7. Question: (Section 2.2.C.1) *Recipient must host three (3) one-day conferences that discuss MDRO education and implementation of evidence-based practices for prevention and control. Location, date, and time of conference shall be determined by the recipient.*

Do conferences have to be in person? Are virtual conferences acceptable?

Answer: Conferences can be hosted in person and/or virtually. As long as the curriculum and main focus of the conferences are aligned with the expectations outlined in the agreement, and the curriculum is robust enough to meet the expectations to qualify as a one-day conference, the conference(s) format is at the vendor's discretion.