

## STATEMENT OF WORK

### TITLE OF PROJECT:

#### **Acquisition of a Staff Scheduling / Labor Management Software System and licenses for:**

- VA New York Harbor Health Care System (Brooklyn, Manhattan and St. Albans campuses)
- VA Hudson Valley Health Care System (FDR Montrose and Castle Point Campuses)

### BACKGROUND:

The Veterans Health Administration (VHA) Office of Nursing Services (ONS) is engaged in the implementation of a nationally standardized staffing methodology for nursing personnel. The goal of this acquisition is to achieve secure a reliable and evidence-based system that will be supporting a National process to measure the impact of staff levels on patient care outcomes and be in compliance with VHA Directive 2010-034 Staffing Methodology for VHA Nursing Personnel.

This acquisition addresses the Nursing Leadership priority to provide Veterans with the best care, meet national and organizational criteria, and demonstrate tangible benefits to employees, supervisors, and executive leadership. This software acquisition must provide the ability to implement an automated staff scheduling process, efficiently and effectively track fiscal and human resources functions, and accurately reflect productivity and workload.

This request seeks a solution to automate scheduling and staffing processes; provide decision support for staff assignments based on the objective and variable data; improve patient care by matching nursing competency to required needs. Contractor software shall provide data for outcome measurements and pull data from Veterans Health Information Systems and Technology Architecture (VistA); Decision Support System (DSS)/Managerial Cost Accounting (MCA); VA Nursing Outcomes Database (VANOD) and Paid Enhancement for VANOD (PEV); Office of Nursing Service (ONS) to create strategic plans based on retrievable and accurate data. The system shall accommodate today's increasing staffing challenges by using 21<sup>st</sup> century technology.

The system shall automate labor-intensive, time-consuming processes that are now manually interfaced with multiple applications to increase efficiencies, data quality, and to support decision making. Staffing schedules are currently created several weeks in advance; however, as a patient population and available resources can change in a matter of hours, it is critical to have access to employee information to be able adjust staffing arrangements to manage the clinical nursing needs of Veterans and to facilitate communication in changing needs within the facility and with the employees.

Because nursing care is delivered 24 hours/7 days a week, ability to access and modify scheduling by managers, supervisors and chiefs is needed based on the patient condition and the amount of nursing required to manage the care of each patient. Nursing hours worked frequently involve a variety of shifts that require an hourly rate increase; in addition, permanent and intermittent nurses all have different hours worked and compensation requirements. Therefore, a resource management system needs to accurately correlate and calculate time and cost by work unit, nurse position type, and pay variables. Nurse Executives need data to plan for current and future staffing

needs and costs, which requires tools to help them manage their workforce. Multiple standardized reports are needed as well as the ability to create ad-hoc reports.

Resource management not only involves staff planning, but also scores of managerial tasks including adherence to directives limiting hours of work in a given time period, regulatory dictates, and special pay and time accounting accordance to defined payment schedules. Nurses functioning as managers must have the flexibility to determine the appropriate level of nurses/nursing staff for patient care needs while considering important variables, such as: the various education, scope of practice, and experience levels of staff; the number of staff on orientation; the number of temporary staff on the unit; the acuity of patients; the anticipated acuity on a particular shift; the physical layout of the unit; the availability of hospital resources; the technology on the unit; and the unit turbulence (such as the number of admissions, discharges and transfers.)

This system will accommodate nursing staffing at all sites within both VA New York Harbor Health Care System and VA Hudson Valley Health Care System. The staffing software will also be used in other Patient Services areas (e.g., Sterile Processing Service) and may be implemented in other services/departments should the need arise.

## TYPE OF CONTRACT:

Firm-Fixed-Price

## PERFORMANCE PERIOD:

The contractor shall complete the work required under this SOW within 60 Days or less from date of award, unless otherwise directed by the Contracting Officer (CO). If the contractor proposes an earlier completion date, and the Government accepts the contractor's proposal, the contractor's proposed completion date shall prevail. Work at the Government site shall not take place on Federal holidays or weekends unless directed by the CO.

## PLACE(S) OF PERFORMANCE / DELIVERY:

<b>VA New York Harbor Health Care System</b>	<b>VA Hudson Valley Health Care System</b>
<b>New York Campus</b> 423 East 23rd Street New York, NY 10010	<b>FDR Montrose Campus</b> 2094 Albany Post Rd. Montrose, NY 10548
<b>Brooklyn Campus</b> 800 Poly Place Brooklyn, NY 11209	<b>Castle Point Campus</b> 41 Castle Point Road Wappingers Falls, NY 12590
<b>St. Albans Community Living Center</b> 179-00 Linden Blvd. & 179 Street Jamaica, NY 11425	

## APPLICABLE DOCUMENTS:

The following documents are required in the performance of the tasks associated with this Statement of Work (SOW):

1. 44 U.S.C. § 3541, "Federal Information Security Management Act (FISMA) of 2002"
2. Federal Information Processing Standards (FIPS) Publication 140-2, "Security Requirements For Cryptographic Modules"
3. FIPS Pub 201, "Personal Identity Verification of Federal Employees and Contractors," March 2006
4. Software Engineering Institute, Software Acquisition Capability Maturity Modeling (SA CMM) Level 2 procedures and processes
5. 5 U.S.C. § 552a, as amended, "The Privacy Act of 1974"
6. **42 U.S.C. § 2000d** "Title VI of the Civil Rights Act of 1964"
7. Department of Veterans Affairs (VA) Directive 0710, "Personnel Suitability and Security Program," May 18, 2007
8. VA Directive 6102, "Internet/Intranet Services," July 15, 2008
9. 36 C.F.R. Part 1194 "Electronic and Information Technology Accessibility Standards," July 1, 2003
10. OMB Circular A-130, "Management of Federal Information Resources," November 28, 2000
11. 32 C.F.R. Part 199, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)"
12. An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, October 2008
13. Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
14. Homeland Security Presidential Directive (12) (HSPD-12), August 27, 2004
15. Health Technology Management (HTM) Service Bulletin SB2012-004; Removable Media Scanning; November 2012
16. Health Information Technology and Health Data Standards
17. <http://www.nlm.nih.gov/healthit.html>
18. Healthcare Information Technology Standards Panel <http://www.hitsp.org/>
19. VA Directive 6500, "Information Security Program," August 4, 2006
20. VA Handbook 6500, "Information Security Program," September 18, 2007
21. VA Handbook 6500.5, "Incorporating Security and Privacy in System Development Lifecycle"
22. VA Handbook 6500.6, "Contract Security," March 12, 2010
23. National Institute Standards and Technology (NIST) Special Publications

24. VA Directive 6550, "Pre-Procurement Assessment for Medical Devices,"
25. VA Handbook 1907.01 Health Information Management Systems (HIMS)
26. Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104- 191)
27. Personally Identifiable Information (PII) (VHA Directive 1080)
28. VA Maintenance/Installation (Warranty) Contracts; VAIQ 7058822; March 24, 2011
29. VHA Handbook 1600.01, *Business Associate Agreements*
30. VA Directive 6300, *Records and Information Management*
31. VA Handbook 6300.1, *Records Management Procedures*
32. VA Handbook 6500.1, *Electronic Media Sanitization*
33. Contractor Access Policy Guidance Bulletin, January 30, 2012, VA OIT Field Security Service (FSS) No. 26.

*The listing of reference materials in this section is not intended to require the Contractor to perform any other specific tasks or services that are not expressly described in and required to be performed by other sections in this SOW.*

## **SCOPE:**

The contractor shall provide all resources necessary to accomplish the deliverables described in the Statement of Work (SOW) requirements below, except as may otherwise be specified. An integrated system and automated data extraction tools are necessary to effectively assign staffing resources and monitor standards of care. This system will pull from systems that have data stored to avoid duplicate effort and to feed the other downstream data systems.

The primary use of the system will be staffing scheduling, so managers can coordinate schedules, capture data, produce reports, and coordinate work assignments to meet patient care needs. The primary users of the system are nurse managers, supervisors, service chief and secretaries, who will coordinate schedules, capture data, produce reports, and coordinate work assignments. The timekeepers will use the system to post time for staff based on the schedules in the system.

The staffing scheduling system must provide/allow for the:

- Appropriate response to the fluctuations in patient census and acuities by using embedded decision support tools.
- Adequate staffing levels based on patient acuity and other care related variables.
- Collection of nationally comparable Nursing hours per patient day (NHPPD) data.
- Collection of data to prepare staffing reports, develop strategic plans and improve hiring practices.
- Compliance with public law and other regulatory mandates for staffing regulations and monitors.
- Ability to consolidate multiple administrative needs in one package (licensure, certifications, emergency notifications, etc.).
- Generation of predefined and ad-hoc reports.
- Self-scheduling ability (major nursing satisfier).
- Accurate accounting of contract/agency nursing utilization. Success factors: production of accurate NHPPD data, increase in efficiencies in managing staffing scheduling issues by 50%.

## TECHNICAL REQUIREMENTS:

The proposed software must have hosted solution, database management, backup hardware and software, disaster recovery, 24-hour emergency hardware and software support, operating system licensing, systems monitoring, and no server installation or maintenance required from both the VA New York Harbor and VA Hudson Valley Health Care Systems. Software maintenance service should consist of enhancements, standard bug fixes and basic software support with person to person contact regardless of the medium used to communicate.

The staffing scheduling system must:

1. Be web-based, software as a service model, with the company hosting data on their servers. The vendor would be responsible for all monthly support, system and server maintenance, software updates, enhancements, etc. The system software must be able to support up to 10,000 active employees (5,000 per Health Care System) to include licenses for 12 months of service. This will involve an annual renewal.
2. Utilize an HL7 interface with VistA that brings in real-time patient Admit, Discharge, and Transfer information; census, acuity, variances, skill mix, track/assign patient care, track unit/facility turbulence, incidents and outcomes. (The VA standard HL7 message includes the following PII: patient name (first, last), SSN, patient ID 1, unit, room and bed number.) Utilizes an HR interface (SFTP of employee data from the PAID 450 file) that brings in several points of data validation for VANOD including series, position, grade, step, licensure and certification information, EOD, Education (degrees, other schooling, etc.), BOC, ALBCC, Occupation Series Code, service start date, separation date, union code, duty basis, leave balance (AL/SL), type of appointment, WGI eligibility, allowances, probationary information, due dates for proficiency/performance appraisals with evaluator, Veteran's preference, etc. Utilizes the census interface to correlate with budgeting and reporting to databases like VANOD, DSS, NDNQI and more.
3. Incorporate live HL7 link to automate VHA Directive 2010-034: Staffing Methodology.
4. Incorporate ALBCC information to automate VHA Directive 1731: DSS Labor Mapping and VHA Directive 1750: Managerial Cost Account (MCA). Report output matches MCA fields for Labor Mapping Completion.
5. Measure and report staffing ratios, Nursing Hours per Patient Day (NHPPD) real time calculation with workload, create variable staffing plans, compare actual/budgeted and forecasted schedule realizing targets, and pull data to submit budget plans based on hours/FTEE and cost. Reporting must also allow for the use of tracking "true cost of doing business hours" vs. "payroll hours." Overtime reports can be run as Home Unit + Float In hours or Home Unit + Float Out hours.
6. Reporting allows for PDF, Excel, Word, and CSV formats for graphs and scorecards, alerts, daily/weekly/monthly summary reports, contain unlimited archives, sustain accuracy with payroll changes and output for NHPPD trending over annual time periods.
7. System allows for Timekeepers can mark tours of duty entered into VATAS and receive alerts about changes to tours.
8. Automate storage and alert system for proficiency due dates to include the creation of reports to track and automate notifications for licensure/certification, proficiencies and performance appraisals, track educational degrees, competency/skills, mandatory training,

overtime/compensatory time, staff turnover, patient turbulence, and FMLA/OWCP, and Light duty.

9. Have the following functional capabilities:

- a. An automated staffing package is required to provide: Demographic Tracking tools: maintains employee contact/ emergency contact information. Maintains employee-preferred method of communication. Vendor shall provide any software updates and installation as they become available.
- b. Staffing Scheduling Tools should include block/manager or self-scheduling method, split shifts, requests, display start and end times, float shifts, track direct and indirect assignments including sitter hours (**NYHHCS Only**), shared governance, charge, orientation, FMLA, OWCP, Light Duty, daily assignment tools, and direct and indirect care hours. Dependent on staff level access, users should be able to:
  - Maintain prospective schedules.
  - Audit Trails for changes to the system
  - Create prospective schedules across a 12 month period.
  - Allow staff to switch shifts amongst peers
  - Allow staff to make themselves available for overtime and advise of current OT use in comparison to regular clients
  - Manage Position Control
  - Validate employee time and attendance and accurate costing information.
- c. Proficiency System:
  - Ability to staff and maintain repositories of anecdotal notes for proficiency input, specialty certification tracking, licensure tracking, education (all degrees earned) tracking, skill based competencies tracking, ACLS/BLS/131.5 tracking, and continuing education tracking. Mandatory tracking, mandatory health information. Tools for staff to self- report professional portfolio.
- d. Rule engines to facilitate scheduling:
  - Apply regulations — hour limits, time off requirements, staffing ratios, etc.) as they apply to individuals being scheduled to work:
  - Apply union requirements stored in the system to create staffing schedules
  - Use staff preferences to create staffing schedules.
  - Match competencies to staffing needs. Match nursing staff with patient needs across the system while maintaining balanced patient workloads.
  - Apply unit preference to competencies, e.g. ICU nurses are ACLS certified.
  - Apply permanent schedules requests to when generating schedules.
  - Apply rotating shifts rules when generating schedules.
  - Capabilities to accommodate scheduling changes based on patient census scheduling. Apply patient acuities to staffing needs
  - Track hours per patient day
  - Generate alternate work schedules
  - Capability to allow or restrict swapping unit assignments based on competencies.
  - Capabilities to restrict overtime assignment based on regulations
  - Predict staffing needs based on previous trends (e.g., high surgery days)
  - Provide functionality to maintain disaster preparedness (notifications and call-backs).

- e. Communication Tools should allow for employees to access their own schedule, view their unit schedule, see benefit accruals, have mobile access, send and receive messages, and self-schedule.
  - Creates a personalized web-based dashboard for all stakeholders
  - Web-based for employee access
  - Web-based for managers access for staff bidding
  - Staff bidding on open positions (Staff to staff communication, e.g. to swap shifts)
  - Exchange shifts between co-workers
  - Alert applicants for checking status
  - Produce real time reports for long-term strategy for hiring staff.
- f. Training/Implementation
  - Vendor to provide implementation specialists to manage software implementation and provide training.
  - Vendor to provide on-site training at each facility to nursing leadership (including managers, service chiefs, nursing informatics staff, etc.), IT, and SPS staff, etc. Training will include staff scheduling for end-users and management reports for resource analysis.
  - On-site implementation of the system is required as follows:
    - Project Definition
      - Establishing Project Goals
      - Assigning Project Roles & Workgroups
      - Define Interfaces
      - Workload
      - Define and Document Existing Workflow Processes
      - Label configuration of job codes and units and leave schedules
      - Present Projections for Workflow Process
    - System Configuration
      - System Administrator Training
      - Security Configuration
      - Workload and Unit Budget
      - Validate Interface Data
    - User Training
      - Pilot Unit Training
      - User Training
      - System-Wide Project Roll Out
      - Employee Access
      - Position Tracking
    - Courses and Consultation
      - Staffing Methodology Class
      - Executive Analytics Class
      - Reports Workshop
      - Data Mining & Scorecards
      - Set Up Alerts
  - Ongoing support
    - Unlimited email and phone support

- Emergency telephone support line 24/7/365 should an issue arise during the off-tours to be answered by a support person; issue resolution time = one hour, on average
- Weekly phone call for VA users to resolve issues and demonstrate new features that are released every four weeks in the software update

## **GOVERNMENT-FURNISHED EQUIPMENT AND GOVERNMENT-FURNISHED INFORMATION:**

No materials or information of this type are anticipated for use by the Vendor/ Contractor in this contract.

Only VA employees shall utilize VA computer workstations, laptops, monitors to access the staff scheduling system.

## **SECURITY:**

Vendor/Contractor and subcontractor employees will be required to secure facility ID badges from the VA Police Department.

## **INFORMATION SECURITY AND PRIVACY:**

The contractor shall have a Business Associate Agreement (BAA) and safeguard Personal Health Information (PHI) agreements. Notwithstanding any other provision, the Contractor shall be determined to be in compliance with the requirements of this section so long as it maintains a National Business Associate Agreement (BAA) with the Veterans Health Administration (VHA) in compliance with VISN and/or local Procurement Contracts

Business Associate Agreements (BAA) are mandated by the Health Insurance Portability & Accountability Act (HIPAA) and defined at 45 CFR 160.103 and amended by the Health Information Technology for Economic and Clinical Health Act (HITECH).

The BAA will be issued for execution upon award of the contract.



## **Information Security Requirements:**

VISTA Interface, access to employee and patient information

### **General**

Contractors, contractor personnel, subcontractors, and subcontractor personnel shall be subject to the same Federal laws, regulations, standards, and VA Directives and Handbooks as VA and VA personnel regarding information and information system security.

#### **(1) Access To VA Information And VA Information Systems**

- (a) A contractor/sub-contractor shall request logical (technical) or physical access to VA information and VA information systems for their employees, subcontractors, and affiliates only to the extent necessary to perform the services specified in the contract, agreement, or task order.
- (b) All contractors, subcontractors, and third-party servicers and associates working with VA information are subject to the same investigative requirements as those of VA appointees or employees who have access to the same types of information. The level and process of background security investigations for contractors must be in accordance with VA Directive and Handbook 0710, *Personnel Suitability and Security Program*. The Office for Operations, Security, and Preparedness is responsible for these policies and procedures.
- (c) Contract personnel who require access to national security programs must have a valid security clearance. National Industrial Security Program (NISP) was established by Executive Order 12829 to ensure that cleared U.S. defense industry contract personnel safeguard the classified information in their possession while performing work on contracts, programs, bids, or research and development efforts. The Department of Veterans Affairs does not have a Memorandum of Agreement with Defense Security Service (DSS). Verification of a Security Clearance must be processed through the Special Security Officer located in the Planning and National Security Service within the Office of Operations, Security, and Preparedness.
- (d) Custom software development and outsourced operations must be located in the U.S. to the maximum extent practical. If such services are proposed to be performed abroad and are not disallowed by other VA policy or mandates, the contractor/subcontractor must state where all non-U.S. services are provided and detail a security plan, deemed to be acceptable by VA, specifically to address mitigation of the resulting problems of communication, control, data protection, and so forth. Location within the U.S. may be an evaluation factor.

The contractor or subcontractor must notify the Contracting Officer immediately when an employee working on a VA system or with access to VA information is reassigned or leaves the contractor or subcontractor's employ. The Contracting Officer must also be notified immediately by the contractor or subcontractor prior to an unfriendly termination.

## (2) Training

- (a) All contractor employees and subcontractor employees requiring access to VA information and VA information systems shall complete the following before being granted access to VA information and its systems:
  - i. Sign and acknowledge (either manually or electronically) understanding of and responsibilities for compliance with the *Contractor Rules of Behavior*, Appendix E relating to access to VA information and information systems;
  - ii. Successfully complete the *VA Privacy and Information Security Awareness and Rules of Behavior* training (TMS # 10176) and annually complete required security training;
  - iii. Successfully complete the appropriate VA Privacy and HIPAA training ((TMS # 10203) annually
- (b) The contractor shall provide to the COR a copy of the training certificates and certification of signing the Contractor Rules of Behavior for each applicable employee within 1 week of the initiation of the contract and annually thereafter, as required.
- (c) Failure to complete the mandatory annual training and sign the Rules of Behavior annually, within the timeframe required, is grounds for suspension or termination of all physical or electronic access privileges and removal from work on the contract until such time as the training and documents are complete.

Contractor will also be subject to other requirements in VA Handbook 6500.6, Contract Security, Appendix C.

Please see separately attached **Appendix C** - VA Information and Information security / privacy information and **Appendix D** - Rules of Behavior (Signature(s) required).

## SAFETY CODES/CERTIFICATION/LICENSING:

Vendor/Contractor will be required to abide by all applicable VA, Federal, State, and Local safety codes, laws, and regulations that apply.

## TRAVEL:

Vendor/Contractor does not have any special requirements for travel. Any necessary travel accommodations including travel to and from the contractor's/vendor's place of business to the place of performance is included in the price of the contract.

## Invoicing

As of November 15, 2013, all vendors submitting commercial invoices via fax to the VA Financial Services Center will be RETURNED.

All vendors invoicing VA are required to use the OB10 e-Invoicing system to submit invoices for payment. It is the responsibility of the vendor to have an active OB10 account established prior to invoicing.

For OB10 registration and/or additional information, please use:

<http://www.tungsten-network.com/US/en/veterans-affairs/>