



**Louisiana Department of Health  
Office of Public Health**

**Request for Information (RFI)**

**For**

**The Louisiana Department of Health (LDH) is gathering information to review options to support the shortage of medical staff in Louisiana hospitals. Through this RFI, LDH is seeking information from hospitals regarding their ability to provide additional medical/surgical (med/surg) bed and intensive care unit (ICU) bed capacity above what is currently staffed and available, if additional medical staff were to be provided to the hospitals by LDH.**

**RFI #: LDH-RFI-CONTRACT MEDICAL STAFF FOR LA HOSPITALS**

**RFI Response due date/time:**

**Thursday, December 31, 2020, at 4:30 p.m. (CST)**

*NOTE: This Request for Information (“RFI”) is intended solely for informational and planning purposes and DOES NOT constitute a solicitation. Any and all information received may be reviewed and discussed, as appropriate, and may result in an emergency Cooperative Endeavor Agreement(s) or any other processes resulting in award of a contract or agreement of any type or form, for any or all of the services included in the RFI.*

*Only information that is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential by a proposer. Any material within a response to this*

*RFI identified as such must be clearly marked and will be handled in accordance with the Louisiana Public Records Law. R.S. 44:1 et seq. and all applicable rules, regulations, and policies. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.*

**RFI Release Date: December 22, 2020**

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## **1 GENERAL INFORMATION**

### **1.1 Background**

The mission of the Louisiana Department of Health (LDH or Department) is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. LDH is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner.

Currently the State of Louisiana is experiencing a significant third spike in COVID-19 positive cases, impacting the availability of medical personnel throughout the state. Current data indicators project that by early 2021, Louisiana could maximize the availability of all staffed and operational med/surg and/or ICU beds. Louisiana hospital Chief Medical Officers (CMO's) have communicated their inability to provide the additional staff needed to ensure the adequate provision of COVID-19 med/surg and ICU beds. Several hospitals have indicated that they have physical licensed beds and equipment available, but they do not have available staff to open the additional beds

In the best efforts of the State to support the staffing shortages of Louisiana hospitals, LDH is seeking information through this RFI to determine the best course of action.

### **1.2 Purpose of RFI**

This RFI is issued for the purpose of gathering information from qualified hospitals in Louisiana that can demonstrate their ability to provide additional bed capacity for COVID patients and other public-health emergency (PHE) related surge medical needs over and beyond the capacity currently being staffed and operated by the hospitals, if additional medical and support staffing were supported from LDH.

### **1.3 Project Overview**

#### Additional Bed Capacity:

At the current rate of projection, the state of Louisiana is facing a potential shortage of staffed and operational med/surg and/or ICU beds by early 2021. The Department is seeking information on a hospital's capacity to make additional beds available for COVID-19 treatment based on the following criteria:

- The facility is a Tier 1 hospital in Louisiana, licensed by the Louisiana Department of Health.
- The additional beds would be over and beyond the current licensed beds being staffed and operated the hospital as of the date of December 22, 2020.

- The additional beds would be for the treatment of COVID-19 positive patients and PHE-related surge needs during the public health emergency.
- The additional beds are either: (1) existing licensed (though currently unstaffed, non-operational) hospital beds, requiring only set-up time of 72 hours or less; or (2) hospital beds that can be ready for licensure within five (5) days without any required construction or build-out.
- The facility has sufficient PPE and supplies to support the additional beds.
- The facility agrees to accept referrals from other statewide or regional hospitals.
- The facility maintains all responsibility for patients; the hospital facility manages and provides all care and services to each admitted patient, and directs, oversees, and manages the care provided to all patients by all medical and support staffing.

### Priority Consideration

In order to maximize resources efficient and effectively, the Department will give preference and/or priority consideration to submissions/responses as follows:

#### Regional Hospital Collaboration

The Department will give priority consideration to submissions wherein all Tier 1 hospitals within a region consult and confer and submit one collaborative information submission regarding where staffing resources can best be utilized within the region at one, but no more than two, hospitals within the region (ie, a “Regional Submission”). The Department will also give priority consideration to a proposal wherein all Tier 1 hospitals within several regions consult and confer and submit one collaborative information submission where staffing resources can best be utilized within the multi-region area at one, but no more than three, hospitals within the multi-region (ie, a “Multi-Regional Submission”). All Tier 1 hospitals involved in a Regional Submission or Multi-Regional Submission shall sign the submission, acknowledging participation and agreement, but there shall be one designated responder as noted in Section 2.3 below.

#### Economy of Scale and Existing Licensed Bed Capacity:

All submissions should understand and take into consideration that one of the goals of the Department is to maximize the potential economies of scale that may exist in larger Tier 1 facilities. For example, if a facility has the ability to bring 50 bed into operation, but for staff, this would represent a true “economy of scale” and maximize placement of staff. This type of submission would be preferred by the Department. As such, priority consideration will be given to those facilities that have a minimum of 50 existing licensed beds that can become operational for treatment of COVID-19 positive patients with the additional medical and/or support staffing.

Further, all submissions should bear in mind that another goal of the Department is to utilize existing licensed hospital bed capacity, before new hospital beds are licensed. This type of submission is preferred and will be given priority consideration by the Department.

#### Contract Staff Payment and Assignments:

If LDH were to determine it to be in the best interest of the State to provide medical staff directly to any hospital, LDH would be responsible for payments to the staffing contractor(s). All other costs associated with the care of patients admitted into the additional bed space such as supplies, medicine, oxygen, food and all wrap-around services would be at the expense of the admitting hospital.

If LDH were to determine to provide medical staff (or support staff) directly to any hospital, such medical staff would be designated to a certain wing, unit, beds, hallways or buildings, and such staff could not be utilized to supplement existing staff for other existing, operational wings, units, beds or locations of the hospital.

If LDH were to determine to provide medical staff (or support staff) directly to any hospital for a certain wing, unit, beds, hallways or building, the hospital must agree not to bill the patient, patient's responsible party, third party payors, insurance companies, Medicaid or Medicaid Managed Care Companies, or Medicare for medical staffing and support staffing in connection with the patient's inpatient stay at the hospital. Further, the hospital would be subject to audit to ensure that such billing or payment did not occur.

LDH reserves the right to determine the type and number of medical or support staff, if any, to provide to any licensed hospital in Louisiana; such decisions will be at LDH's sole discretion and determination; such decisions may consider a multitude of factors including, but not limited to, the need in a particular area or region of the State, regional collaboration by hospitals, experience in treating COVID patients, and best use of limited funding to maximize services.

#### Projected Timeline:

LDH affirms that such staffing at licensed hospitals would occur if and when there are no available, staffed/operational hospital beds in Louisiana; current staffed hospital capacity across the state shall be utilized first, before any staff assignments to hospitals would occur.

LDH will continue to monitor the Control Charts throughout all phases of the response. The Control Charts are the metrics of monitoring ICU and Med Surge bed availability in hospitals across Louisiana, via bed poll data, at the regional level. The Control Charts are generated daily, and will be used to inform and shape decision-making by LDH when activating and de-activating staffing for hospital sites.

The earliest that LDH would assign staff to hospitals is mid- to late January 2021; any staffing assignments would be approved by LDH through written agreement; LDH currently anticipates no staffing assignments after March 31, 2021; however, the date could be extended depending upon the public health emergency. Please note that these dates are subject to change at LDH's discretion.

#### Projected Staffing Needs:

LDH anticipates that it may be necessary to assist with staffing a minimum of four hundred (400) hospital beds.

## 2 ADMINISTRATIVE INFORMATION

### 2.1 RFI Coordinator.

Requests for copies of the RFI must be directed to the RFI coordinator listed below:

Jimmie Sanders  
Louisiana Department of Health  
Office of Emergency Preparedness  
628 N. 4<sup>th</sup> Street  
Baton Rouge, LA 70802  
Jimmie.Sanders3@la.gov  
Phone: 225-342-2663

*This RFI will be sent to all licensed hospitals in Louisiana by the LDH Health Standards Section via electronic transmission or facsimile transmission on December 22, 2020.*

*This RFI will also be posted to the LDH website.*

### 2.2 Schedule of Events

<u>Activity/Event</u>	<u>Date</u>
Public notice of RFI	12/22/2020
Deadline for questions/inquiries	12/27/2020 at 4:30 pm CST
Response to questions/inquiries	12/29/2020 at 6:00 pm CST
Deadline for receipt of response to RFI	<b>12/31/2020 at 4:30 pm CST</b>

**NOTE: LDH reserves the right to deviate from this Schedule of Events at any time and without notice.**

### 2.3 Response Content

#### 2.3.1 Executive Summary

The summary provided should introduce the scope of the response in as much detail as possible. At a minimum, it should include administrative information including the name of the responder's point of contact, his/her phone number, email address, and any other pertinent contact information. The summary should also include a brief recitation of the responder's qualifications and ability and willingness to meet, if not exceed, LDH's requirements as included herein. The summary must also include responses to the following:

- a. Hospital name and address for which the staffing is requested.
- b. The total number of COVID-19 positive patients admitted to the hospital/facility from March 1, 2020 through December 31, 2020; the current number/census of COVID-19 positive patients admitted to the hospital as of the date of the hospital's submission of the response to the RFI.
- c. Information on the following types of beds:

(1) Existing Licensed ICU beds:

Include the number of currently licensed ICU beds at the hospital, the number of such licensed ICU beds that are currently staffed and operational, and how many such licensed, staffed and operational ICU beds are designated for COVID patients. Include specific information as to how many more of the currently licensed ICU beds could become operational within 72 hours, if additional staffing were provided, to provide services to COVID patients; include a designation and floor plan showing the physical area (wing, floor, hallway, building) of these additional operational beds that would be designated for COVID patients. Include the type and number of staff requested for the additional operational ICU beds that would provide services to COVID patients; include a projected staff matrix.

If the facility proposes to license new ICU beds (above and beyond what is already licensed as of December 22, 2020), include information as to the number of new ICU beds to be licensed, include information as to how many would be dedicated for COVID patients, include an attestation that no construction or build-out is necessary for these new ICU beds and that the ICU beds can be ready for licensure within five (5) days, and include the type and number of staff requested for these additional ICU beds; include a projected staff matrix.

(2) Existing Licensed Medical/Surgical (med/surg) Beds:

Include the number of currently licensed med/surg beds, the number of such licensed med/surg beds that are currently staffed and operational, and how many such licensed, staffed, and operational med/surg beds are designated for COVID patients. Include specific information as to how many more of the currently licensed med/surg beds could become operational within 72 hours, if additional staffing were provided, to provide services to COVID patients; include a designation and floor plan showing the physical area (wing, floor, hallway, building) of these additional operational beds that would be designated for COVID patients. Include the type and number of staff requested for the additional operational med/surg beds to provide services to COVID patients; include a projected staff matrix.

If the facility proposes to license new med/surg beds (above and beyond what is already licensed as of December 22, 2020), include information as to the number

of new med/surg beds to be licensed, include information as to how many would be designated for COVID patients, include an attestation that no construction or build-out is necessary for these new med/surg beds and that the med/surg beds can be ready for licensure within five (5) days, and include the type and number of staff requested for these additional med/surg beds; include a projected staff matrix.

(3) Other Existing Licensed Beds:

Include information on any other existing licensed beds (identifying the specific type and number of beds), the number of such licensed beds that are currently staffed and operational, and how many such licensed, staffed, and operational beds are designated for COVID patients. Include specific information as to how many more of the currently licensed beds could become operational within 72 hours, if additional staffing were provided, to provide services to COVID patients; include a designation and floor plan showing the physical area (wing, floor, hallway, building) of these additional operational beds that would be designated for COVID patients. Include the type and number of staff requested for the additional operational beds to provide services to COVID patients; include a projected staff matrix.

If the hospital's proposal plans to utilize existing licensed beds that may currently be under-utilized, such as pediatric beds, the hospital must make assurances that it shall maintain adequate capacity to meet the needs of recipients that may need services provided therein.

- d. Staff matrix of medical staff provided by hospital for currently staffed and operational hospital beds (including emergency room/department beds)
- e. Measures that have been put in place to maximize use of current staff.
- f. A patient census report, by week, for the time period of November 23, 2020 through December 27, 2020; the patient census report shall be broken down by ICU beds, med/surg beds, and other beds (please specify).
- g. Measures taken to maximize use of current med-surge and ICU beds and staff (i.e. review of elective surgeries, etc.).
- h. Measures taken to minimize admittance (i.e. administering monoclonal antibodies, etc.).
- i. Measures that have been taken to obtain additional contract staff and issues with contracting.
- j. Information confirming and explaining the hospital's policy regarding accepting referrals from other hospitals.



- k. Confirmation that the hospital will be ready to accept any staffing assignments beginning January 15, 2021.

### **2.3.2 Corporate Background and Experience**

Responders should give a brief description of its history, organizational structure, and number of years in business. Responders should also specifically describe their experience with admitting and treating COVID-19 patients.

### **2.3.3 Approach and Methodology**

Responders should provide the approach and methodology that it will use to provide additional hospital services detailed in this RFI.

## **2.4 Response Instructions**

### **2.4.1 Response Submittal**

#### Response

Responders interested in providing information requested by this RFI must submit responses containing the information specified no later than the deadline for response to RFI as stated herein. The response to the RFI must be delivered at the responder's expense to the RFI coordinator at the email address provided in section 2.1 of the RFI.

The responses must be received by **electronic** copy only to [Jimmie.Sanders3@la.gov](mailto:Jimmie.Sanders3@la.gov) on or before the date and time specified herein. Email submissions are the only acceptable method of delivery. Fax, mail, and courier delivery shall not be acceptable. Responders should allow sufficient time to ensure receipt of their e-mailed proposal by the time specified herein.

Responses received after the deadline, corrupted files, and incomplete submissions (*e.g.*, Part 1 and Part 2 of 3 are received, but Part 3 is not) may not be considered.

#### Questions and Inquiries regarding the RFI

LDH will consider email inquiries, questions and requests for clarification of the content of this RFI. Any such inquiries, questions, or requests for clarification must be submitted via email only to the RFI Coordinator listed in Section 2.1 above by December 27, 2020, at 4:30 pm, CST. Any inquiries, questions, or requests for clarification not received by email, not directed to the RFI Coordinator, or not received by the deadline will not be considered or answered.

Official responses and answers to all inquiries, questions, and requests for clarification will be posted by LDH on its website by December 29, 2020, at 6:00 pm CST.

Only the RFI Coordinator has the authority to officially respond to inquiries, questions, and requests for clarification. Any communications from any other individuals shall not be binding on LDH or the state.

Additional Instructions and Notifications to Responders

#### **2.4.2 RFI Addendum(a)/Cancellation**

LDH reserves the right to revise any part of the RFI by issuing an addendum(a) to the RFI at any time. Issuance of this RFI, or subsequent addendum(a), if any, does not constitute a commitment by LDH or the State to issue an RFP or any other process resulting in award of a contract of any type or form. In addition, LDH may cancel this informal process at any time, without incurring any liability from responders or potential responders.

#### **2.4.3 Ownership of Response**

Any and all materials submitted in response to this RFI shall become the property of the State.

#### **2.4.4 Cost of Preparation**

LDH shall not be liable to any responders, or potential responders, for any costs incurred that are associated with developing a response, preparing for discussions, if any are held, or any other costs, that may be incurred by a responder or potential responder due to responding to this RFI.