

**REQUEST FOR EXPRESSIONS OF INTEREST**  
**CONSULTING SERVICES**

Selection # as assigned by e-Tool: JA-T1177-POO1  
Selection Method: Competitive Selection  
Country: Jamaica  
Sector: Social Protection and Health Division  
Funding – TC #: ATN/OC-17804-JA  
Project #: JA- T1177  
TC name: Support for the Strengthening of Public Health, Primary Care Services and Information Technology Strategies to Address Non- Communicable Chronic Diseases  
Description of Services: Continuous Quality Improvement Strategy Consultant  
Link to TC document: <https://www.iadb.org/Document.cfm?id=EZSHARE-297751937-25>

The Inter-American Development Bank (IDB) is executing the above mentioned operation. For this operation, the IDB intends to contract consulting services described in this Request for Expressions of Interest.

Expressions of interest must be delivered using the IDB Portal for Bank Executed Operations ( <http://beo-procurement.iadb.org/home>) by October 9, 2020 at 5:00 P.M. (Washington D.C. Time).

The consulting services (“the Services”) includes (i) to ascertain the critical clinical, managerial and information system support processes to care for patients with NCDs; (ii) to elaborate recommendations to streamline and improve the clinical, managerial and information system support processes to care for patients with NCDs; (iii) to develop a set of quality of care (QC) indicators for NCDs prevention and treatment in primary and secondary care settings; (iv) to identify the actions required to steer the organizational structure of healthcare services for continuous quality improvement (CQI) activities. The consultancy will have duration of 6 months.

Eligible consulting firms will be selected in accordance with the procedures set out in the Inter-American Development Bank: [\*Policy for the Selection and Contracting of Consulting firms for Bank-executed Operational Work\*](#) - GN-2765-1. All eligible consulting firms, as defined in the Policy may express an interest. If the Consulting Firm is presented in a Consortium, it will designate one of them as a representative, and the latter will be responsible for the communications, the registration in the portal and for submitting the corresponding documents.

The IDB now invites eligible consulting firms to indicate their interest in providing the services described below in the draft summary of the intended Terms of Reference for the assignment. Interested consulting firms must provide information establishing that they are qualified to perform the Services (brochures, description of similar assignments, experience in similar conditions, availability of appropriate skills among staff, etc.). Eligible consulting firms may associate in a form of a Joint Venture or a sub-consultancy agreement to enhance their qualifications. Such association or Joint Venture shall appoint one of the firms as the representative.

Interested eligible consulting firms may obtain further information during office hours, 09:00 AM to 05:00 PM, (Washington D.C. Time) by sending an email to: Ricardo Cuevas Perez at [rperez@iadb.org](mailto:rperez@iadb.org)

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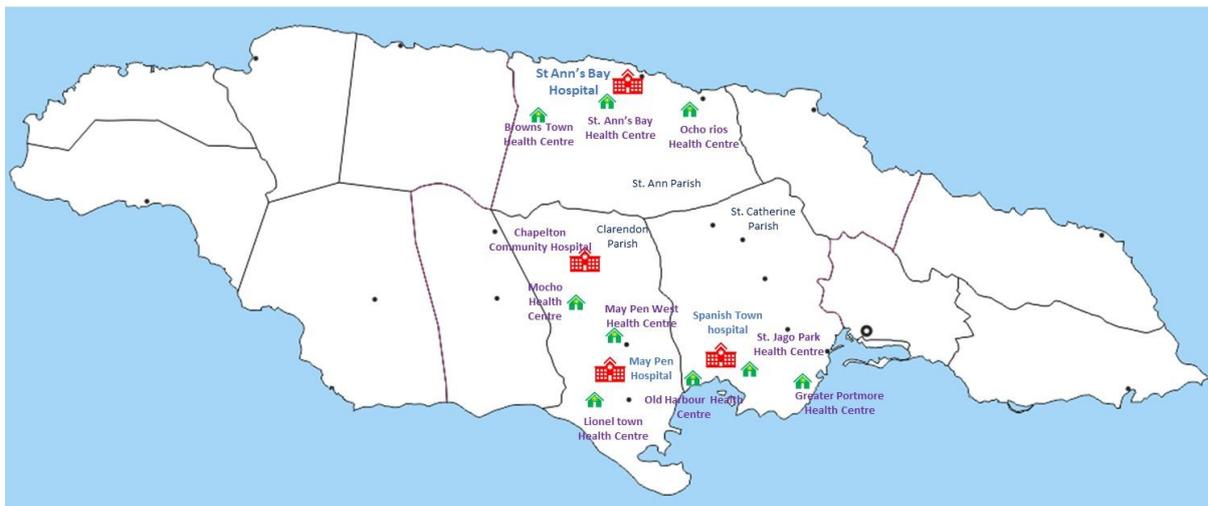
## DRAFT TERMS OF REFERENCE

### **1. Background and Justification**

- 1.1. Established in 1959, the Inter-American Development Bank (“IDB” or “Bank”) is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries. The Social Protection and Health Division provides direct assistance to the Ministries of Health within the region to promote better health conditions, reduce the risk of poverty associated with health problems, and achieve sustainability of health services for the entire population. Based on international evidence, SPH provides support to strengthen their health systems.
- 1.2. The Social Protection and Health Division (SPH) is committed to the preparation and supervision of IDB operations in borrowing member countries in the areas of social protection (safety nets and transfers and services for social inclusion which include: early childhood development, youth programs, care services for dependency, among others), health (health capital investment strategies, health networks strengthening, health system financing, organization and performance, among others) and nutrition.
- 1.3. This technical cooperation (TC) is designed to support the implementation of the hybrid operation consisting of a programmatic policy-based loan (PBP) (JA-L1080, 4669/OC-JA) and an investment loan (JA-L1049, 4668/OC-JA) for US\$50 million each that together comprise the “Support for the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases (NCDs) Programme.”
- 1.4. The programme objective is to contribute to the improvement of the health of Jamaica’s population by strengthening comprehensive policies for the prevention of NCDs risk factors and improved access to an upgraded and integrated primary and secondary health network in prioritized areas with an emphasis on chronic disease management, that provides more efficient and higher quality care.
- 1.5. The PBP has three components. 1) To maintain an appropriate macroeconomic policy framework consistent with the project. 2) To promote the development of policies and regulatory measures to tackle the primary NCDs risk factors (unhealthy diet, overweight/obesity, physical inactivity, alcohol, and tobacco consumption). 3) To reinforce policies and regulatory measures to improve NCDs management by reorienting the healthcare services towards a people-centred chronic care model (CCM). This component also addresses the foundation of the National Plan of Action for Information Systems for Health (IS4H). IS4H includes the development of governance, infrastructure, information architecture, and policy to support interoperability standards across components of the information system to facilitate tracking of patients, a referral system, modules to support NCDs self-care and follow-up.
- 1.6. The investment loan reinforces the infrastructure and organization of health services and improves the quality and efficiency of care for NCDs through two components.
- 1.7. Component 1 strengthens the organization and consolidates integrated health services networks through financing upgrade and expansion of three hospitals, replacement of three primary care clinics and renovation of seven more within the catchment areas of the hospitals (see figure). It includes improvements in infrastructure and equipment.

- 1.8. Component 2 improves management, quality, and efficiency of health services. This component provides technical assistance to design and implement the CCM in the intervention area, develop care pathways and protocols, and prepare change management, continuous quality improvement and social marketing for behaviour change strategies. It also finances the fourth Jamaica Health and Lifestyle Survey. This component also supports the operationalization of the IS4H plan. In this regard, it finances the implementation of the IS4H National Policy by establishing a strong foundation for a digital health ecosystem that includes the design and implementation of the electronic health record (EHR) platform and strengthens telehealth, telemedicine and telementoring capacity of the MOHW.
- 1.9. The PBP benefits the whole Jamaican population, whereas the investment loan has approximately 1.3 million potential direct beneficiaries (about 45% of the population) who reside in the catchment areas of the health services networks.

Hospitals and health centres of the intervention area



- 1.10. This consultancy complements the efforts of the MOHW to set the groundwork for continuous quality improvement. Currently, the MOHW is developing pathways and protocols for NCDs to streamline the care processes and reduce the variability and errors of clinical decisions. We define the process of care as a set of partially ordered steps to deliver healthcare for a specific group of patients. Also, the MOHW is building the EHR as part of the introduction of its digital health information system. The EHR not only will gather clinical information; moreover, it will support clinical decisions and provide inputs to monitor and evaluate the quality of care (QC) for NCDs patients. The efforts to streamline the processes of care, introduce the EHR and develop QC indicators will improve the competence of the healthcare services and the health outcomes of patients with NCDs. Under this perspective, it is justifiable to examine the clinical, managerial and information support system processes for NDCs patients to identify its strengths and potential flaws, detect the information requirements, and propose improvements. Also, it is pertinent to construct process and health outcomes indicators to evaluate the QC of selected NCDs (i.e., type 2 diabetes, hypertension, depression) that will document the progress of the changes.

## 2. Objectives

- 2.1. The main objectives of this consultancy are: (i) To ascertain the critical clinical, managerial and information system support processes to care for patients with NCDs. (ii) To elaborate recommendations to streamline and improve the clinical, managerial and information system support processes to care for patients with NCDs. (iii) To develop a set of QC indicators for NCDs prevention and treatment in primary and secondary care settings. (iv) to identify the actions required to steer the organizational structure of healthcare services for CQI activities.

### **3. Scope of Services**

3.1. Process oriented analysis is a valuable tool into the design of a clinical information system. The consultancy firm will analyse and propose improvements for critical clinical, managerial and current support system processes of the care for patients with NCDs. The analysis should take into consideration that the guidelines and protocols of care are under construction. The development of QC indicators should be congruent with the EHR and the guidelines and protocols of care that are currently in construction. In this context, the activities of the consultancy must be carried out with full involvement of the MOHW authorities and EHR developers:

### **4. Key Activities**

The key activities include, but are not limited to, the following:

- 4.1. To map out and analyse clinical, managerial and information system support processes:
  - 4.1.1. Clinical processes involve prevention, screening and curative care for selected NCDs (i.e., type 2 diabetes, hypertension). This analysis should describe the chronological steps of service delivery. Also, the activities that each health provider performs and how these activities are correlated.
  - 4.1.2. Managerial processes comprise medical appointments, diagnostic services (i.e., order entry, appointments and distribution of laboratory or imaging results), delivery of medications prescribed to patients, referrals, hospital admissions, discharges and references.
  - 4.1.3. The information system support processes include data gathering, collection and retrieval. Also, it is necessary to ascertain the flow of information of patients with NCDs throughout the ambulatory and hospital services. This analysis comprises data collected during the interaction with patients of the different providers, and the parameters to be fed in each step.
  - 4.1.4. To elaborate a set of recommendations to streamline the clinical and managerial processes. This activity must summarise the priority clinical and managerial processes that require to be optimised.
  - 4.1.5. To elaborate a set of recommendations to improve the data management process. Such recommendations should comprise the data collection method, data collection instruments, data transmission, data processing, and data quality strategy from recording to reporting. Also, it is expected to include the definition of the required catalogues, terminology and standards for semantic and organisational interoperability. This activity must comprise an estimate of the infrastructure and economic resources required.
- 4.2. To construct the indicators of QC, and set the basis of the health services for CQI activities
  - 4.2.1. To conduct a systematic review of the literature on QC indicators of competent care for the selected conditions. For example, the components of type 2 diabetes health care such as screening for complications, comorbidity, nonpharmacological and pharmacological treatment and health outcomes.
  - 4.2.2. To prepare a set of preliminary QC indicators of competent care, positive user experience and quality impact such as better health, confidence in the system and economic benefit.
  - 4.2.3. To assemble panels of expert clinicians for each selected NCD that will validate the pertinence and feasibility of the preliminary QC indicators.
  - 4.2.4. To integrate the list of validated indicators and collaborate with the EHR developers to ascertain the availability of the information in the EHR architecture to apply the

indicators.

4.2.5. To define the roles and capabilities required to modify the organizational structure towards CQI activities,

4.2.6. To design a control panel of QC indicators for the selected NCDs.

The firm will collaborate with the MOHW national, regional and local authorities and other consultants working on the development of the quality of care indicators and the construction of the electronic health record.

The firm will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for the preparation.

## **5. Expected Outcome and Deliverables**

### **5.1. Clinical, managerial and information system support processes**

5.1.1. Product 1. Work Program

5.1.2. Product 2. Mapping and situation analysis of clinical, managerial and information support system processes for NCDs

5.1.3. Product 3. Recommendations to streamline the clinical, managerial and information support system processes for NCDs.

### **5.2. Development of QC indicators and organizational structure for CQI activities**

5.2.1. Product 4. Method used to build the QC indicators: (i) literature review, (ii) construction of preliminary set of indicators, (iii) validation process and final set of QC indicators.

5.2.2. Product 5. Design of a control panel of QC indicators for selected NCDs.

5.2.3. Product 6. Definition of the roles and capabilities of the organizational structure to perform CQI activities.

5.2.4. Product 7. Final report that should include

5.2.4.1 Introduction

5.2.4.2 Mapping and situation analysis of clinical, managerial and information systems support processes for NCDs care – analytical approach and results

5.2.4.3 Set of recommendations to improve the clinical, managerial and information support systems for NCDs care

5.2.4.4 Method used to design the QC indicators

5.2.4.5 Final set of indicators

5.2.4.6 Control panel of QC indicators

5.2.4.7 Definition of the roles and capabilities of the structure to perform CQI activities

5.2.5. Estimate of the infrastructure and economic resources required

## **6. Project Schedule and Milestones**

Phase	Deliverable	Months after contract signature
<b>Clinical, managerial and information system support processes</b>		
1	Work program	1 month
2	Mapping and situation analysis of clinical and managerial processes and analysis of the information support system for NCDs	3 months
3	Recommendations to improve the clinical, managerial and information support system processes for NCDs.	4 months
<b>Development of QC indicators and organizational structure for CQI activities</b>		
4	Method used to build the QC indicators and final set of QC indicators	5 months
5	Definition of the roles and capabilities required to modify the organizational structure towards continuous CQI activities.	6 months
6	Control panel of QC indicators for selected NCDs	6 months

## **7. Reporting Requirements**

7.1. The consulting firm will have to submit a report for each phase of the project according to the work plan presented in the proposal of the contracted firm. The documents must be presented in English language.

## **8. Acceptance Criteria**

8.1. The consulting products will be acceptable if they are in accordance with the requirements of the terms of reference and with the work proposal. The persons authorized to approve the consulting products are Ricardo Perez Cuevas (SPH/CJA) and Jennifer Nelson (SCL/SPH).

## **9. Other Requirements**

9.1. IDB will have sole ownership of intellectual property rights of all the products prepared and delivered under this consultancy

9.2. Level and years of professional experience. Consulting firm with extensive experience (at least 5 years) in healthcare process analysis and health systems information analysis, design and implementation of healthcare process improvements, construction of quality of care indicators and CQI initiatives. The collective experience of the firm should include work with international organizations and governments in developing countries. The firm should have proven experience in at least three countries.

9.3. Areas of expertise. Healthcare process analysis and health information systems and quality of care improvement

9.4. Qualifications. Strong quantitative analytical skills and capacity to propose original technical work pertinent to the context of the Ministry of Health and Wellness of Jamaica.

9.5. Language of work. English.

## **10. Supervision and Reporting**

10.1. The firm will report to Ricardo Perez Cuevas (SPH/CJA) and Jennifer Nelson (SCL/SPH) and will hold meetings with the Bank Team and officials of the Ministry of Health and Wellness of Jamaica every month to discuss the progress in the preparation of the deliverables.

## 11. Schedule of Payments

11.1. The payment terms will be based on project milestones or deliverables. The Bank does not expect to make advance payments under consulting contracts unless a significant amount of travel is required. The Bank wishes to receive the most competitive cost proposal for the services described herein.

11.2. The IDB Official Exchange Rate indicated in the RFP will be applied for necessary conversions of local currency payments.

1	Work program	10%
2	Document with the map and situation analysis of clinical and managerial processes and analysis of the information support system for NCDs	10%
3	Document with the recommendations to streamline the clinical, managerial and information support system processes for NCDs.	20%
4	Document describing the method used to build the QC indicators and the final set of validated indicators.	10%
5	Document with the design of the organizational structure to perform continuous quality improvement activities in health settings	10%
6	Document describing the control panel of QoC indicators for selected NCDs	20%
7	Final report	20%