

DOH55986

SUBRECIPIENT REQUEST FOR PROPOSAL (RFP)

The Ohio Department of Health (ODH) is soliciting proposals for professional services.

1. PROJECT INFORMATION:

- 1.1. Project Title: Ohio Stroke Inter-Rater Reliability (IRR) Service Plan
- 1.2. Solicitation Posting Date: Friday, January 31, 2025.
- 1.3. Inquiry Start Date: Friday, January 31, 2025.
- 1.4. Inquiry End Date: Thursday, February 20, 2025, by 3 p.m. All questions must be submitted via email to Procurement@odh.ohio.gov and include "DOH55986 Inquiry" in the subject line. Questions received after this date will not receive a response.
- 1.5. Solicitation End Date: Thursday, February 27, 2025, by 3 p.m. All required application components must be received by **February 27, 2025, at 3 p.m.** Applications should be submitted and emailed to Procurement@odh.ohio.gov and include "DOH55986 Proposals" in the subject line. Each application component (Technical and Cost Proposals) must be clearly labeled.
- 1.6. Project Background: The Ohio Stroke Registry, as mandated by Ohio Section [3727.131](#) of the Ohio Revised Code (ORC), requires hospitals that are recognized by the Ohio Department of Health (ODH) under section [3727.13](#) of the ORC as a comprehensive stroke center, thrombectomy-capable stroke center, or primary stroke center to send information, statistics, and other data on stroke care, including information, statistics, and data that align with nationally recognized treatment guidelines and performance measures, to the Ohio Stroke Registry. The current Ohio Stroke Registry uses the American Heart Association's (AHA) Get With The Guidelines-Stroke (GWTG-Stroke) data management platform. ODH has historically provided an inter-rater reliability (IRR) service to hospitals participating in the Ohio Coverdell Stroke Program. The IRR service includes reabstraction audits of patient medical records or charts on data entered into the GWTG-Stroke Patient Management Tool to ensure accuracy and consistency of data coding quality and completeness. The IRR process is necessary to accurately assess stroke programs in Ohio and identify areas of focus for quality improvement initiatives to improve patient outcomes. The number of chart abstractions is determined based on the number of stroke cases per year for each hospital.

DOH55986

- 1.7. Project Objective: The purpose of this project is to provide IRR services, including analysis, both at the hospital level and state level for hospitals that are recognized by the department under section [3727.13](#) of the Ohio Revised Code as a comprehensive stroke center, thrombectomy-capable stroke center, or primary stroke center. Acute Stroke Ready Hospitals may also participate in the Ohio Stroke Registry.
- 1.8. Projected Estimated Budget: \$40,000.00; Not to Exceed
- Renewal Estimated Budget: \$60,000.00; Not to Exceed per each renewal term.
- 1.9. Project Award: One (1)
- 1.10. Project Period: 04/01/2025- 09/30/2025 with four (4) additional Renewal Terms may not exceed after 9/30/2029.

ODH reserves the right to execute multiple agreements with awarded provider to fulfill the entire project period, subject to and contingent on the discretionary decision of the Ohio General Assembly to appropriate funds (if needed) for the biennium, satisfactory performance of the awarded providers and the needs of the Ohio Department of Health.

- 1.11. Agreement Term: Initial contract agreement period of five (5) months, with four (4) optional renewal periods, each lasting twelve (12) months.
- 1.12. Renewal Terms: 48-months of optional renewal periods structured as four (4) consecutive 12-month renewal options listed below:
- Renewal Optional Period Year 1: 10/01/2025 - 09/30/2026.
 - Renewal Optional Period Year 2: 10/01/2026 -09/30/2027.
 - Renewal Optional Period Year 3: 10/01/2027-09/30/2028.
 - Renewal Optional Period Year 4: 10/01/2028-09/30/2029.

At the sole option of ODH, ODH may extend this Contract past the initial Agreement Term for a period of ninety (90) days. Renewal terms may be exercised by mutual agreement between the Subrecipient and ODH. The cumulative time of all mutual renewals may not exceed four (4) additional years and are subject to and are contingent upon the discretionary decision of the Ohio General Assembly to appropriate funds for this project in each new biennium. If any renewal is exercised, a new contract will be issued by the specified renewal terms. ODH may evaluate whether a renewal is appropriate considering the satisfactory performance of the Subrecipient and the future and continuing needs of ODH's Programs.

DOH55986

2. PROJECT REQUIREMENTS: Subrecipient must meet the following mandatory requirements to be considered for evaluation.

2.1. Subrecipient Experience Requirement:

2.1.1. The Subrecipient must provide documented evidence in its Proposal of company history, number of employees to be dedicated to the project, financial stability, and capacity to do the Work.

2.1.2. The Subrecipient must provide documented evidence in its Proposal of relevant experience and expertise by documenting successful completion of providing IRR services for multiple hospitals in the past 5 years, including:

- A methodology for the IRR process.

2.1.3. The Subrecipient must provide documented evidence in its Proposal of relevant experience and expertise by documenting successful TA provided to multiple hospitals for IRR services.

2.2. Candidate Expertise Requirement:

2.2.1. The Subrecipient must propose key planned project personnel with the following skills and experience:

- Using the American Heart Association Get With The Guidelines-Stroke Patient Management SuperUser Tool.
- Using statistical analysis software.
- Providing technical assistance to onboarding hospitals for the IRR process.
- Creating individual hospital IRR summaries.
- Experience as a stroke coordinator and/or abstractor.
- Analyzing and evaluating quantitative and qualitative data and information and developing a summary report.

2.3. **Notice of Award Requirements:** Eligible organizations may include State, Local and Indian Tribal Governments, institutions of higher education, non-profit organizations (including faith-based, community-based, and tribal organizations), and hospitals. Specific eligibility requirements are found in the program specific Solicitation



3. SCOPE OF WORK AND DELIVERABLES:

3.1. Scope of Work:

SCOPE OF WORK	
3.1.1	The subrecipient must prepare for and participate in quarterly conference call meetings and ad hoc calls with ODH staff to review deliverable progress and discuss challenges. Prepare an agenda prior to each meeting and submit meeting minutes after each meeting. Any questions or concerns should be sent to the ODH Stroke Program Manager at least two days in advance of scheduled calls.
3.1.2	<p>The subrecipient must develop an in-depth process, methodology, and a quarterly timeline for conducting IRR with each hospital participating in the Ohio Stroke Registry with the approval of the ODH Stroke Program Manager. This process must include:</p> <ul style="list-style-type: none">• The number of charts to abstract per hospital per quarter in accordance with the following minimum requirements:<ul style="list-style-type: none">○ Hospitals with one (1) to 100 stroke cases per year will have a minimum of five (5) patient charts to reabstract per year, hospitals with 101-200 stroke cases per year will have a minimum of seven (7) patient charts to reabstract per year, and hospitals with over 200 stroke cases per year will have a minimum of 10 patient charts to reabstract per year. Oversampling of patient charts may be necessary in certain circumstances.• The randomization process for chart selection.• How the approximately 18 variables for reabstraction will be compared and reported, and how hospital performance will be monitored over time.• How the findings of IRR can be used by hospitals to improve their data quality and processes.• The content included in the IRR reports for each hospital.• A detailed step-by-step schedule and timeline of the IRR process.
3.1.3	<p>The subrecipient must provide onboarding and technical assistance (TA) for new hospital stroke coordinators and abstractors regarding the IRR process. This may be done using virtual or in-person site visits. Quarterly Technical Assistance Logs outlining the TA provided should be sent to the ODH Stroke Program Manager. The following information should be included in these Quarterly TA Logs:</p> <ul style="list-style-type: none">• An ongoing cumulative number of hospitals utilizing TA, separated into quarters.• List of hospital names, name/role of individual(s) trained, date and TA provided, and type of TA provided.
3.1.4	<p>The subrecipient must conduct the IRR process on a quarterly basis and submit a Quarterly IRR Report 30 days after the end of the quarter to the ODH Stroke Program Manager. The Quarterly IRR Report should include:</p> <ul style="list-style-type: none">• The number and names of hospitals who went through the IRR process during that quarter.



DOH55986

	<ul style="list-style-type: none"> The number and names of hospitals who were asked to complete the IRR process, and hospitals that did not and the reason. The IRR report for each hospital.
3.1.5	<p>The subrecipient must provide an annual IRR report to the ODH Stroke Program Manager using a reporting template established by ODH, including the following:</p> <ul style="list-style-type: none"> An analysis of data elements for all participating hospitals combined, including data elements where hospitals are performing well, challenges, barriers, and areas for quality improvement. Number and names of hospitals who through the IRR process for the year (from Quarterly IRR Reports), as well as a list of hospitals that did not complete the IRR process. A summary of TA provided to hospitals.
3.1.6	<p>The subrecipient must create and email an Annual IRR Summary Report to each participating hospital, which includes the following:</p> <ul style="list-style-type: none"> The report should include the following information, by quarter: <ul style="list-style-type: none"> Date of reabstractions Number of reabstracted charts Quarterly Item-Specific Percent Agreement (ISPA) List of discrepancy elements A total of charts abstracted for the year and overall average ISPA for the year. <p>A copy of each participating hospital's annual summary report will be provided to the ODH Stroke Program Manager.</p>
3.1.7	<p>The subrecipient will communicate with the ODH Stroke Program Manager any changes of contacts for participating hospitals, including name, role, and email address on a quarterly basis.</p>

3.2. Deliverables and Due Dates: **Initial Contract Period**

DELIVERABLES:		DUE DATE
3.2.1	The subrecipient must prepare for and participate in quarterly conference call meetings and ad hoc calls, as needed, with ODH staff. An agenda and any questions or concerns should be sent to the ODH Stroke Program Manager at least two days in advance of scheduled calls. Subrecipient must submit meeting minutes seven (7) days after the call.	Within 30 days after contract awarded and quarterly thereafter
3.2.2	The subrecipient must submit a process, methodology, and quarterly timeline for conducting IRR with each participating hospital with the approval of the ODH Stroke Program Manager.	Within 30 days after contract awarded
3.2.3	<p>The subrecipient must submit Quarterly TA Logs that include:</p> <ul style="list-style-type: none"> Number of hospitals utilizing TA in each quarter. 	April 30, 2025, and quarterly thereafter



DOH55986

	<ul style="list-style-type: none">List of hospital name, individual name/role, date TA provided, and type of TA provided in each quarter. <p>Reports should be submitted 30 days after the end of each quarter to the ODH Stroke Program Manager.</p>	
3.2.4	<p>The subrecipient must submit Quarterly IRR Reports that include:</p> <ul style="list-style-type: none">The number and names of hospitals who went through the IRR process during that quarter.The number and names of hospitals who were asked to complete the IRR process and that did not and the reason why.The IRR report for each hospital.	April 30, 2025, and quarterly thereafter

3.3. Deliverables and Due Dates: **Renewal Optional Period 1**

DELIVERABLES: Renewal Optional Period - Year 1		DUE DATE
3.3.1	<p>The subrecipient must prepare for and participate in quarterly conference call meetings and ad hoc calls, as needed, with ODH staff. An agenda and any questions or concerns should be sent to the ODH Stroke Program Manager at least two days in advance of scheduled calls. Subrecipient must submit meeting minutes seven (7) days after the call.</p>	Quarterly
3.3.2	<p>The subrecipient must submit Quarterly TA Logs that include:</p> <ul style="list-style-type: none">Number of hospitals utilizing TA in each quarter.List of hospital name, individual name/role, date TA provided, and type of TA provided in each quarter. <p>Reports should be submitted 30 days after the end of each quarter to the ODH Stroke Program Manager.</p>	Quarterly
3.3.3	<p>The subrecipient must submit Quarterly IRR Reports that include:</p> <ul style="list-style-type: none">The number and names of hospitals who went through the IRR process during that quarter.The number and names of hospitals who were asked to complete the IRR process, and hospitals who did not and whyThe IRR report for each hospital.	Quarterly
3.3.4	<p>The subrecipient must submit an Annual IRR Report, as dictated in 3.1.5, for the calendar year.</p>	January 15, 2026, and annually thereafter
3.3.5	<p>The subrecipient must submit annual IRR summary reports for each participating hospital as dictated in 3.1.6.</p>	September 30, 2026, and annually thereafter

DOH55986

3.3. Deliverables and Due Dates: Renewal Optional Period 2

DELIVERABLES: Renewal Optional Period - Year 2		DUE DATE
3.4.1	The subrecipient must prepare for and participate in quarterly conference call meetings and ad hoc calls, as needed, with ODH staff. An agenda and any questions or concerns should be sent to the ODH Stroke Program Manager at least two days in advance of scheduled calls. Subrecipient must submit meeting minutes seven (7) days after the call.	Quarterly
3.4.2	The subrecipient must submit Quarterly TA Logs that include: <ul style="list-style-type: none"> • Number of hospitals utilizing TA in each quarter. • List of hospital name, individual name/role, date TA provided, and type of TA provided in each quarter. Reports should be submitted 30 days after the end of each quarter to the ODH Stroke Program Manager.	Quarterly
3.4.3	The subrecipient must submit Quarterly IRR Reports that include: <ul style="list-style-type: none"> • The number and names of hospitals who went through the IRR process during that quarter. • The number and names of hospitals who were asked to complete the IRR process, and hospitals who did not and why • The IRR report for each hospital. 	Quarterly
3.4.4	The subrecipient must submit an Annual IRR Report, as dictated in 3.1.5, for the calendar year.	January 15, 2027, and annually thereafter
3.4.5	The subrecipient must submit annual IRR summary reports for each participating hospital as dictated in 3.1.6.	September 29, 2027, and annually thereafter

DOH55986

3.4. Deliverables and Due Dates: Renewal Optional Period 3

DELIVERABLES: Renewal Optional Period - Year 3		DUE DATE
3.5.1	The subrecipient must prepare for and participate in quarterly conference call meetings and ad hoc calls, as needed, with ODH staff. An agenda and any questions or concerns should be sent to the ODH Stroke Program Manager at least two days in advance of scheduled calls. Subrecipient must submit meeting minutes seven (7) days after the call.	Quarterly
3.5.2	The subrecipient must submit Quarterly TA Logs that include: <ul style="list-style-type: none"> • Number of hospitals utilizing TA in each quarter. • List of hospital name, individual name/role, date TA provided, and type of TA provided in each quarter. Reports should be submitted 30 days after the end of each quarter to the ODH Stroke Program Manager.	Quarterly
3.5.3	The subrecipient must submit Quarterly IRR Reports that include: <ul style="list-style-type: none"> • The number and names of hospitals who went through the IRR process during that quarter. • The number and names of hospitals who were asked to complete the IRR process, and hospitals who did not and why • The IRR report for each hospital. 	Quarterly
3.5.4	The subrecipient must submit an Annual IRR Report, as dictated in 3.1.5, for the calendar year.	January 15, 2028, and annually thereafter
3.5.5	The subrecipient must submit annual IRR summary reports for each participating hospital as dictated in 3.1.6.	September 29, 2028, and annually thereafter

DOH55986

3.5. Deliverables and Due Dates: **Renewal Optional Period 4**

DELIVERABLES: Renewal Optional Period - Year 4		DUE DATE
3.6.1	The subrecipient must prepare for and participate in quarterly conference call meetings and ad hoc calls, as needed, with ODH staff. An agenda and any questions or concerns should be sent to the ODH Stroke Program Manager at least two days in advance of scheduled calls. Subrecipient must submit meeting minutes seven (7) days after the call.	Quarterly
3.6.2	The subrecipient must submit Quarterly TA Logs that include: <ul style="list-style-type: none"> Number of hospitals utilizing TA in each quarter. List of hospital name, individual name/role, date TA provided, and type of TA provided in each quarter. Reports should be submitted 30 days after the end of each quarter to the ODH Stroke Program Manager.	Quarterly
3.6.3	The subrecipient must submit Quarterly IRR Reports that include: <ul style="list-style-type: none"> The number and names of hospitals who went through the IRR process during that quarter. The number and names of hospitals who were asked to complete the IRR process, and hospitals who did not and why The IRR report for each hospital. 	Quarterly
3.6.4	The subrecipient must submit an Annual IRR Report, as dictated in 3.1.5, for the calendar year.	January 15, 2029
3.6.5	The subrecipient must submit annual IRR summary reports for each participating hospital as dictated in 3.1.6.	September 29, 2029

4. TECHNICAL EVALUATION CRITERION:

SUBRECIPIENT PROFILE		WEIGHT
4.1	The Subrecipient must provide documented evidence in its Proposal of company history, number of employees to be dedicated to the project, financial stability, and capacity to do the Work.	5
4.2	The Subrecipient must provide documented evidence in its Proposal of relevant experience and expertise by documenting successful completion of providing IRR services for multiple hospitals in the past five (5) years, including: <ul style="list-style-type: none"> A methodology for the IRR process. 	20



DOH55986

4.3	The Subrecipient must provide documented evidence in its Proposal of relevant experience and expertise by documenting successful TA provided to multiple hospitals for IRR services.	10
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STAFFING PLAN (PERSONNEL PROFILE)		WEIGHT
4.4	Subrecipient provided a detailed staffing plan which demonstrates the Subrecipient's ability to provide experienced staff with the expertise to complete the scope of work and deliverables. Subrecipient submitted personnel profiles for each key member of the work team, which includes the candidate's education, training, qualifications, and proposed Work assignment(s).	10
4.5	<p>The Subrecipient must propose key planned project personnel with the following skills and experience:</p> <ul style="list-style-type: none">• Expertise using the American Heart Association Get With The Guidelines Stroke Patient Management SuperUser Tool.• Providing technical assistance and onboarding to hospitals for the IRR process.• Creating IRR summaries and letters.• Experience as a stroke coordinator and/or abstractor.• Expertise in Microsoft suite and virtual meeting platforms.• Analyzing and evaluating quantitative and qualitative data and information.• Writing reports and analyzing and evaluating quantitative and qualitative data.	20

WORK PLAN		WEIGHT
4.6	Subrecipient demonstrated a clear understanding of the Project and required Work. The Subrecipient provided a detailed and complete process to meet the deliverable requirements.	15
4.7	Subrecipient documented in detail in its Proposal a proposed work plan including methodology.	20

TOTAL	100
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DOH55986

5. PROPOSAL SCORING

CRITERIA	MAXIMUM ALLOWABLE POINTS
Technical Proposal	500
Cost Proposal	200
MBE Set -Aside	50
Total	750