

GOVERNMENT OF NCT OF DELHI

**INVITATION FOR EXPRESSION OF INTEREST (EOI)
for providing
TELE - CONSULTATION SERVICES USING DIGITAL TECHNOLOGIES FOR COVID-19
MANAGEMENT**

Government of NCT of Delhi intends to provide easy & timely access to paramedical & medical health services (tele-triaging and tele-consultations), to the residents of Delhi for managing Covid-19 patients/ pandemic, using digital technologies/ IT&C platform. This IT&C platform based Tele-Covid 19 management solution will also be used to provide information & other allied services for catering to various needs of patients and management of the pandemic. This solution will also be required to be integrated with the existing healthcare delivery system for providing related services and leveraging of resources.

For this purpose, it is proposed to hire services of private provider (s) to provide Tele-Covid 19 management solution and services, as per the indicative scope of work.

Department of Health and Family Welfare, GNCTD thus invites reputed firms who have experience & capacity in providing this solution & services to submit expression of interest.

Indicative scope of work along with the application form, can be downloaded from <http://health.delhigovt.nic.in>. All subsequent information related to this EOI will appear on this web site.

The filled in applications should be submitted on or before **8th June, 2021** through email at dirdhs@nic.in with a copy at osdpsh@gmail.com or to office of DGHS, F-17, Karkardooma, Delhi - 110051.

(Sandeep Mishra)
Special Secretary
Department of Health & Family Welfare

- 1.8. All the submissions will be the property of the DoHFW, without any claim whatsoever on propriety of submitted documents and information.
- 1.9. A consultative workshop of the interest firms shall be convened in auditorium of Delhi Secretariat, I. P. Estate, New Delhi – 02 on 10th June, 2021 at 02:00 p.m. The purpose of the workshop will be to seek suggestions on key aspects of the proposed arrangements. The applicants shall be intimated individually regarding time slots for making their presentations, if any.
- 1.10. The firm shall bear all costs and expenditure incurred and / or to be incurred by it in connection with its expression of Interest including preparation, mailing and submission of its interest and for subsequent workshops / presentations if any. The DoHFW will in no case be responsible or liable to the Firms for their incurring any such cost, expenditure etc. regardless of the conduct or outcome of the EOI process.
- 1.11. For any clarifications/Information, may please contact, Dr. Sanjay Agarwal, OSD (H&FW), DoHFW, GNCTD at osdpsh@gmail.com. Kindly mention contact details in mail.

2. WHO CAN EXPRESS INTEREST

The firm interested to express interest

- a) Should be a recognized business entity (Company / Societies / Trust / Firm)
- b) Should have sufficient experience and capacity in providing Tele-calling services including Tele medicine in India particularly for Covid-19 patients under home isolation.
- c) Should be capable to develop a required solution for the proposed services either independently or through tie up with other firms (Consortium).
- d) Should be financially capable

3. FORMAT FOR EXPRESSING INTEREST

1. Name of the applicant Firm:
2. Type of Business Entity:
3. Year of establishment / incorporation
4. Registration details about the constitution of Firms
5. Name of the Chief Functionary:
6. Address of the Registered Office:
7. Address of the Delhi / NCR Office:
8. Telephone Nos. of contact person:
9. E-mail for correspondence:
10. Turnover for last 3 years (for each year)
11. Net worth as on date
12. Credentials / Experience of providing tele-calling services including tele-medicine services. (services provided and duration since provided)
13. Total number of lines operational for inbound calls.
14. Total Number of tele-calling seats

15. Maximum capacity to attend inbound tele-calls per day
16. Maximum capacity to make outbound tele-calls per day
17. Maximum capacity for doing tele-triaging per day
18. Maximum capacity for tele-consultations per day
19. Total number of paramedics on roll and deployed per shift
20. Total number of Doctors on roll and deployed per shift
21. IT solution / platform used (brief description of workflow / MIS reports generated)
22. Detailed proposal including suggestions for proposed Tele-Covid 19 management solution covering
 - a) Proposed IT solution / architecture along with work flow for tele-Covid 19 management system. It should clearly mention all the modules /broad services (along with seamless integration of modules) that will be provided for managing covid 19 patients and pandemic, through this platform.
 - b) Assumptions for system design & smooth operation-
 - i. likely demand for each type of services at various per day/cumulative case load levels during pandemic (scenarios as per historical data and forecasting models).
 - ii. Total number of daily calls at various levels of case loads; likely no calls requiring tele- triaging; likely number of calls requiring tele-consultation, likely number of calls for other services, likely number of patients require home isolation or hospitalization at various pandemic scenarios;
 - iii. work load handling capacity for each type of manpower / service; total call processing capacity per tele-call seat, how many tele-triaging can be done by each paramedic; how many tele-consultation can be handled by each doctor;
 - iv. other assumptions
 - c) Based on assumptions above, plan for recruiting & scheduling of call center staff/ paramedical/doctors to meet daily demand for tele-triaging & tele-consultation during various levels/peak of patient load (as per forecasting models and various scenarios of caseloads)
 - d) Plan to keep track of patient health status including but not limited to Electronic Medical Record(EMR).
 - e) Mechanism for inter linking ambulance services, lab services and delivery of medicines as per prescription provided through tele-consultation services.
 - f) Plan for integration with existing government healthcare system for patient care services like linkage with district health structures for home visits / lab tests / supply of medical logistics.
 - g) MIS Plan for actionable reports required at various levels.
 - h) Please enlist various reports system should generate.
 - i) Financial feasibility including expected basis for charges (minimum baseline payments/pay per service provided/ Mechanism to verifying services provided for payment purposes etc.
 - j) The dashboard design and key indicators.
 - k) KPI metric for monitoring the provision and performance of services based on objective and verifiable parameters
 - l) Any Innovative ideas

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Indicative features of proposed solution & services to be provided

1. Tele-Covid-19 management solution will provide Covid-19 related services to Delhi citizens suspected and/or suffering from Covid-19 and also develop an effective mechanism to monitor the day-to-day progress of patients.
2. The service provider shall have a ready and customizable IT & communication based solution & which will be modular, service oriented and scalable. The solution shall cover following but not limited to under mentioned modules/services.
3. GNCTD will procure services (based on output specifications) and pay per verified service provided (like tele-calls attended, tele-triaging done or tele-consultations done etc). A minimum assured availability based payments can be considered. The payment terms and conditions will be defined in RFP.
4. This tele-covid 19 management system can be accessed through a common number and various channels by the Public. For this adequate number of lines (with provisions of scaling up / reserve lines) will be established to cater to the peak load during pandemic period
5. The inbound calls will be segregated on the basis of information/ service sought. The citizen will be provided services or will be suitably connected with the identified information/service provider. The tele-center shall (if required) be able to address queries related to ambulance; O2 availability; hospital beds, medicines, etc. and for which it will source data from identified databases/agencies
6. The system shall access ICMR data or data from other sources including department run call centers etc. for identifying, triaging and managing covid 19 positive / suspected cases requiring Covid-19 management.
7. Provider will make immediate outbound call (day one calling) as soon as data is available on ICMR / other portals
8. The system should have module for triaging of patients into pre-defined categories based on triaging parameters and guidelines. Based on triaging it will identify patients fit for Home isolation/ isolation at Covid Care Centers/ transfer to Covid Health Centre / transfer to hospitals and quarantine of contacts as per existing protocols/Guidelines.
9. The patients identified for home based care will be assigned to identified pool of doctors for regular tele-consultation/video consultation (outbound calls) as per the guidelines / agreed upon protocols.
10. The service provider shall ensure that tele-consultation services are commenced within a 01 hour from being assigned patients.
11. COVID - 19 positive patient under home care will be followed up on a daily basis and necessary parameters will be entered/updated in EMR.
12. The tele-center shall provide facility for outbound calls to patients in home isolation & address queries & concerns; guide on essential care/usage of medical devices etc.
13. There shall be facility for receiving inbound calls from Covid-19 positive patients in case of emergency / queries
14. System will capture Hospital bed status and coordinate for shifting patients requiring hospitalization at any stage.
15. The patients requiring hospitalization shall be facilitated in securing admission in

Covid facilities & also coordinate with ambulance service.

16. Access to EMR & prescriptions shall be provided to the patient as well as various service providers including at command centers, district authorities, dispensaries, field workers and at department level as an integrated system through various channels.
17. The platform can be accessed by various stakeholders from multiple devices to capture/update data or view reports.
18. The solution /platform shall be extended for use by the department to provide services including tele-consultation or triaging by deploying its own manpower / volunteers
19. The service provider shall extend for use platform/ modules by government health infrastructure (including ambulance services) for providing ancillary services for Covid-19 management like Lab services, home visits, distribution of medicines and other supplies, provision of ambulances, admission in hospitals. For this it will provide customized features.
20. The critical alerts will be generated and notified to the doctors/ other stakeholders including command and control structures through various channels – sms, WA, emails, phone calls,
21. Provider will interface / integrate with government systems / platforms where required.
22. The provider shall develop and provide interfaces to feed data by government staff as required.
23. Dashboard shall be extended for use by all stakeholders, through which queries or requests can be raised for provision of service and vice versa
24. The tele-center shall integrate / provide reports & coordinate with State/ District based command/ control centers.
25. The tele-covid center shall be suitably & adequately staffed with qualified and experienced tele-callers, paramedics and doctors (including specialists – pulmonologists, psychiatrists, critical care experts, intensivists, gastroenterologists, cardiologists etc) to respond and provide identified services. Arrangement for adequate numbers of paramedical/doctors required at various peak levels shall be made by Service Provider.
26. The system design needs to be scalable based on surge and demand and should particularly be able to respond to peak demand during pandemic. If required for effective management of pandemic situation, and to meet demand beyond capacity to handle, provider may engage services of other firms to use its platform and provide envisaged services on its behalf at terms and conditions approved by department
27. The Service Provider shall provide a secure online real time web based system (including MIS for various levels) required for such tele-services.
28. Development / installation of necessary software, testing & commissioning of IT platform as well as operation and day to day maintenance shall be the sole responsibility of the Service Provider.
29. The Service Provider shall prepare, evolve and follow Standard Operating Procedures (SOP) regarding all operational aspects which shall be shared (for prior

approval) with the DoHFW, GNCTD and shall follow the Protocols / guidelines as provided by the government from time to time.

30. Periodic audit and quality checks shall be undertaken by the Service Provider/government appointed representatives including third party to ensure good quality tele-services & prescriptions based on evidence based medicine/agreed protocols/guidelines.
31. The provider shall provide highest quality of service with corrective actions wherever required & continuous adaptation/customizations to new requirements.
32. The Service Provider shall document and maintain accurate records, database and reports (as well as Confidentiality of patient data) as per applicable laws and as specified under the Agreement in a comprehensive and planned manner and shall share all the data records, database and reports (as well as Confidentiality of patient data) with the department.
33. The liability in case of any legal dispute including medico legal aspect shall be of the Service Provider. The Service Provider shall indemnify the DoHFW for any eventuality that arises from such tele-services including tele-medicine/ tele-consultation.
34. Intellectual property rights for data generated through this system shall vest with the DoHFW.
35. The Service Provider shall procure back-up systems at its own cost
36. The Service Provider shall commence services within 15 days of notice for commencement of operations.
37. The services shall be provided round the clock i.e. 24 hours every day, 365 days a year.
38. The term of engagement will initially be for one year extendable for period as per pandemic conditions and requirement
39. The tele-centre facility shall be located in NCR and employ staff fluent in local vernacular.
40. The system should be capable for data mining / information analytics and forecast demand for future based on historical data and forecasting models.
41. The provider will provide access to the solution for use by department as may be required.