

# Website Redesign Project: wisconsinhealthreports.org

## Request for Proposals

### Preamble

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The following request for proposals (RFP) seeks a website development firm to undertake the redesign of [www.wisconsinhealthreports.org](http://www.wisconsinhealthreports.org). The desired firm will have strong expertise in developing websites that engage consumers and present complex data in a comprehensible and useful way. As the website will continue to grow beyond this initial redesign project, there is an opportunity for continued partnership. The deadline to respond to this RFP is April 20, 2010. The target launch date for the redesigned website is August 18, 2010.

### Project Goals

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Wisconsin is a national leader in the emergence of private sector initiatives to measure and publicly report on the quality of health care. These efforts have largely been embraced by health care organizations, which view this as an important activity to monitor and improve the health care they deliver. It is also critical information for those accessing the health care system: the public. With the increasing demand on consumers to take more control over their health care decisions, the need for transparent and unbiased information is paramount.

While a strong consumer movement in the United States has made proactive research the norm whenever important decisions are being made – be it shopping for a new car or enlisting the services of an electrician – the idea that consumers should also critically evaluate their choice of health care provider using data is not yet widely accepted. The challenge is two-fold: (1) helping consumers see that there are in fact differences in quality between one provider compared to another; and (2) framing medical quality information, often very technical in nature, in a way that is both digestible and useful for a consumer audience.

Attempts to engage consumers in health care quality information are still in their nascent stage, with several state-level organizations around the country currently experimenting with various approaches. One early lesson that seems clear is that consumers need to be drawn into this information in a way that addresses their current frame of reference vis-à-vis the health care system. In other words, there is need to “meet consumers where they are at” rather than expecting them to immediately understand why and how they may want to use these data.

In Wisconsin, several rich sources of health care quality data are available through key stakeholder organizations. Together these organizations created a website to help consumers access these different sources of information. The [Wisconsin Health Reports](http://www.wisconsinhealthreports.org) website currently functions in a portal capacity, giving consumers a brief overview of health care quality and then leading them to four stakeholder websites:

1. [Wisconsin Collaborative for Healthcare Quality](http://www.wisconsinhealthreports.org), reporting performance data on Wisconsin physician groups, hospitals and health plans;
2. [CheckPoint](http://www.wisconsinhealthreports.org), reporting performance data on Wisconsin hospitals, sponsored by the Wisconsin Hospital Association;

3. [PricePoint](#), reporting cost information for inpatient, outpatient and emergency services in Wisconsin, also sponsored by the Wisconsin Hospital Association; and
4. [DRconnection](#), providing information about individual Wisconsin physicians, including their practice location and educational history, sponsored by the Wisconsin Medical Society.

While the Wisconsin Health Reports website was a first step at bringing together different sources of information for the consumer, the website stakeholders envision a redesigned website that will go further to integrate and better provide health care information for the consumer, in one place.

The aim of this redesign project, therefore, is to transform the current site from one that acts as a portal, directing consumers away to the associated websites, to a more robust site that draws quality data from the associated organizations and engages consumers in using the site to learn important information about the quality of their care. Initially, focus will be paid to data currently available from the first two websites listed above, Wisconsin Collaborative for Healthcare Quality and CheckPoint. The overall goal of the site is that consumers will access and use health and comparative performance information to make health care decisions, such as choosing a medical clinic, deciding where to be hospitalized, or informing themselves about the type of treatment to expect for a specific health condition.

The Wisconsin Collaborative for Healthcare Quality (WCHQ), which administers [wisconsinhealthreports.org](http://wisconsinhealthreports.org), is seeking proposals from qualified website development firms to undertake this redesign and maintain an ongoing partnership for further site development.

Given the aim of this redesign, three key elements of expertise are needed from the selected website development firm:

1. Demonstrated expertise in developing websites that are engaging to consumers;
2. Proven skill at handling complex data both in terms of back-end database development and front-end display so that information is easy-to-understand by the public; and
3. A modular approach to website development that will allow for seamless expansion as the website grows in both anticipated and unanticipated ways.

## **Audience**

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The primary audience of the Wisconsin Health Reports website is consumers accessing health care services in the state of Wisconsin. The site needs to be responsive to the fact that consumers may be coming to the site for different purposes. They may, for instance, have a health condition for which they need treatment, are curious to check out how their current doctor's office rates, or want to help a loved one choose where to be hospitalized.

The site must also be responsive to various accessibility issues, including consumers who may still be using a dial-up Internet connection, have vision or hearing constraints and/or may not speak English as their first language.

The site will be used not only by individual consumers themselves, but also by those who act on their behalf, such as community organizations, health advocacy groups and social service agencies. In this respect, the media is another prospective audience of this website, as they frequently serve as a conduit to bring information to the general public.

In addition, as many consumers receive their health care through an employer-sponsored health plan, employers have a key stake in promoting information to consumers that will help them to make effective health care choices. Other audiences will include health care providers themselves, public policy makers and national groups.

Despite interest in the site from other audiences, primary attention needs to be paid to making the site a place where consumers feel they belong and that it was made expressly for them.

### **Scope of Work**

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WCHQ is seeking a website development firm with proven expertise in data-driven websites and a commitment to: (1) innovative display of data to communicate complex information to consumer audiences; (2) creative problem solving and attention to best practices in engaging consumers; and (3) collaborative partnership and responsive customer service.

WCHQ intends to contract for all services required to plan, produce, design, develop and implement the redesigned site on a work-for-hire basis, receiving all final design, data, and architectural files and products. The scope of this project will entail a full reconstruction of the wisconsinhealthreports.org website, to include display of a select set of quality measures from the possible list outlined in Appendix 1. The site should accommodate various modalities to engage consumers, including videos, downloadable materials and resource links. It should also incorporate web design strategies for handheld mobile devices. The site should include solutions which allow users to search for and display information in a way that is most relevant for them. This may include tailoring a display to show results for only a particular geographic area, changing the display to a Spanish version, or enlarging text for improved readability.

As part of the redesign process, WCHQ will provide:

- A) All copy for the site other than copy required for the website development firm to complete information architecture and user interface work (i.e., navigational elements).
- B) Relevant logos in a digital format, along with style and usage guidelines.
- C) Excel spreadsheets containing all contact information and quality data to be displayed for each reportable entity (i.e., medical clinic or hospital).
- D) A vision for the future expansion of the website, including ideas about new types of quality measures to be reported.

Proposals from interested website development firms should include all costs and time for:

- A) Information architecture (a high-level site map and up to 6 pages of wireframes, as needed)
- B) User interface design (for the site itself, as well as presentation of quality data within the site structure; plan to present 2 or 3 distinct concepts for several pages for WCHQ's

review and input, from which one direction will be chosen, refined and re-presented for WCHQs approval, then extended to additional pages within the site, as needed)

*NOTE: Creative concepts are neither expected nor desired in response to this RFP.*

- C) Photography and/or illustration, if recommended and integral to the site design
- D) Database Design (accommodating current clinical and hospital quality ratings data for a select set of conditions outlined in Appendix 1 and anticipating expansion of quality ratings)
- E) Programming and development (all coding necessary to produce a fully functional site)
- F) Quality control testing, technical integrity assurance and all bug fixes identified during client beta testing
- G) Writing and loading metadata for search engine optimization
- H) Establishment of a Google Analytics account for tracking of website traffic
- I) Content management solution and training on its use for WCHQ staff (the content management solution should allow staff both the ability to make changes to all site copy as well as make edits to individual data points, as needed. It will not include uploading of full datasets, making updates to the data display or additions/modifications to the site navigation)
- J) Migration and support of approved beta test site to host server to ensure a successful final implementation of live site
- K) Support for subsequent data uploads on a quarterly basis

Additionally, WCHQ requests that respondents who offer hosting services, either directly or through trusted strategic partners, include estimates for hosting, support and site maintenance not including content or data updates accommodated by the content management solution described in (I) above.

## **Timeline**

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The timeline and process for this Request for Proposals is as follows:

- RFP announced April 2, 2010
- Deadline for submissions: April 20, 2010
- Finalists announced: April 23, 2010
- Finalist presentations in Madison, WI April 30, 2010
- Winning firm selected: May 7, 2010
- Contract start: May 21, 2010

Up to three finalists will be asked to make arrangements to give an in-person presentation at the WCHQ offices in Madison, Wisconsin on Friday, April 30, 2010. Finalists will be notified no later than April 23, 2010; however, all interested candidates are advised to hold this April 30<sup>th</sup> date on their calendars for the time being.

The target launch date for the redesigned site is August 18, 2010. We require that beta testing be completed no fewer than 5 business days prior to our launch date to allow sufficient time for

bug fixes, final approval by WCHQ, migration to the live server, and final quality assurance testing by the website development firm before taking the site live.

### **Budget**

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WCHQ is seeking proposals within a range of \$55,000-75,000. The total cost of the redesign project is not to exceed \$80,000. Proposals should include all time and materials required to plan, design, develop, quality assurance test, and migrate the new site to its live server environment.

### *Hosting, Support and Site Maintenance*

Please provide detail on the hosting and support options with related costs, including server and site maintenance (not including basic content or data updates, as noted above); service level agreements; and other support services on a monthly or annual basis. WCHQ will consider a 2-year contract if the discount offered for committing to more than 6 or 12 months is significant enough to warrant the longer term.

### **Criteria for Selection**

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WCHQ will consider the following criteria in selecting a website development firm:

- Responsiveness to our needs as outlined in this RFP
- Experience and capabilities in website design and development
- Relevant experience designing and developing complex, database-driven Web sites
- Originality and depth of ideas and strategies to implement them
- References and recommendations
- Personality, culture and work style
- Cost

### **Contact Information**

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Questions regarding this RFP should be submitted via e-mail to:

Cindy Schlough  
Director of Strategic Partnerships  
Wisconsin Collaborative for Healthcare Quality  
[cschlough@wchq.org](mailto:cschlough@wchq.org)

Questions will be accepted until 12:00PM (CDT) Monday, April 19, 2010. Answers to questions may be provided to all prospective candidates at WCHQ's sole discretion.

### **Submitting Your Proposal**

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Please follow the format included in Appendix 2: WCHQ Website Redesign RFP Response. Proposal responses must be provided as Microsoft Word documents (.doc files) or PDFs (.pdf files). Please include "WCHQ Website Redesign RFP Response" plus your firm's name and the date of your proposal in the header area of each page of the proposal. Also, please number the

pages consecutively (page # of total page #) in the footer area.

Completed proposals should not exceed 10 pages, using 12-point type and keeping to 1-inch margins. Screenshots or other visual examples of your firm's work may be included, preferably as a PDF, in an appendix that does not count toward the 10-page limit.

Submissions will be accepted until **5:00 PM (CDT) on Tuesday, April 20, 2010**. Please e-mail completed proposals to [cschlough@wchq.org](mailto:cschlough@wchq.org). Please use the following subject line for your email: "Website RFP Response: <Your firm's name>".

## Appendix 1. A List of Possible Measures to be Reported First on the Redesigned Wisconsin Health Reports Website

Measure Name	Source	Description
<b>Diabetes Care: A1C Blood Sugar Testing</b> <i>(Chronic Care)</i>	WCHQ	Good glycemic control for people with diabetes is cost-effective and improves quality of life. The A1c test has become the gold standard for assessing and monitoring glycemic control. The American Diabetes Association (ADA) strongly recommends that people with diabetes have two A1c tests annually, at a minimum. This measure assesses the percentage of patients 18 to 75 years of age with a diagnosis of diabetes who had two or more A1c tests, one A1c test, or no A1c tests within the measurement year.
<b>Diabetes Care: A1C Blood Sugar Control</b> <i>(Chronic Care)</i>	WCHQ	The American Diabetes Association recommends an A1c of less than 7%. It is estimated that for every one percent decrease in A1c, there is a 14-20% decrease in hospitalizations. This measure shows the percent of people 18 to 75 years of age with a diagnosis of diabetes whose most recent A1c blood sugar levels were at good control, (less than 7.0%), fair to poor control (greater than or equal to 7.0% and less than or equal to 9.0%), uncontrolled (greater than 9.0%) or who were not tested in the measurement period.
<b>Diabetes Care: LDL Cholesterol Testing</b> <i>(Chronic Care)</i>	WCHQ	Diabetes is a major risk factor for cardiovascular disease and its related morbidity and mortality. Diabetes is usually accompanied by dyslipidemia. This measure shows the percentage of people 18 to 75 years of age with a diagnosis of diabetes who received a LDL-cholesterol test in the measurement year.
<b>Diabetes Care: LDL Cholesterol Control</b> <i>(Chronic Care)</i>	WCHQ	Diabetes is a major risk factor for cardiovascular disease and its related morbidity and mortality. Diabetes is usually accompanied by dyslipidemia. The American Diabetes Association (ADA) strongly recommends that people with diabetes have an LDL cholesterol level less than 100 mg/dl. This measure shows the percent of people 18 to 75 years of age with a diagnosis of diabetes whose most recent LDL cholesterol test shows good control (less than 100 mg/dl), fair to poor control (greater than or equal to 100 mg/dl and less than 130 mg/dl), uncontrolled (greater than or equal to 130 mg/dl), or who were not tested in the measurement period.
<b>Diabetes Care: Kidney Function Monitored</b> <i>(Chronic Care)</i>	WCHQ	Diabetes is the leading cause of kidney disease in the United States. Early detection and intervention, along with improved glycemic and blood pressure control, can help reduce the risk of the development and progression of kidney disease. The measure shows the percent of people 18 to 75 years of age with a diagnosis of diabetes who were screened and/or monitored for kidney disease in the measurement year.
<b>Diabetes Care: Blood Pressure Control</b> <i>(Chronic Care)</i>	WCHQ	Cardiovascular disease is the major cause of mortality for individuals with diabetes. It is also a major contributor to morbidity and direct and indirect costs of diabetes. Studies have shown the benefits of reducing cardiovascular risk factors in preventing or slowing cardiovascular disease. The American Diabetes Association (ADA) recommends that people with diabetes have a blood pressure measured at every routine diabetes visit and that the systolic blood pressure is less than 130 mmHg and the diastolic blood pressure is less than 80 mmHg. This measure assesses the percentage of patients 18-75 whose most recent blood pressure reading within the measurement period is controlled to a rate of less than 130/80 mmHg.

<p><b>Diabetes Care: All or None Process Measure—Optimal Testing</b> (Chronic Care)</p>	<p>WCHQ</p>	<p>The All-Or-None method is a more complete way of reporting the diabetes measure and has three goals. All three goals must be reached by each patient in order to meet the measure. The Diabetes All-or-None Measure contains three goals. All three goals within the measure must be reached by each patient in order to meet the measure. Diabetes optimal testing includes: Two A1C tests performed during the 12 month reporting period – And One LDL-C cholesterol test performed during the 12 month reporting period – And One kidney function test during the 12 month reporting period, and/or diagnosis and treatment of kidney disease.</p> <p><i>Why use an All-or-None method?</i> This method was chosen because of the benefits it provides to both the patient and the provider.</p> <ul style="list-style-type: none"> <li>• For the Patient: The American Diabetes Association recommends these three tests to prevent and reduce diabetes complications such as blindness, loss of limb and kidney disease. All three tests should be performed and the test results will help your doctor decide the best diabetes care for you. The All-or-None measure can be used to see how well diabetes care is done where you receive your care.</li> <li>• For the Provider: This method represents a systems perspective emphasizing the importance of optimal care through a patient’s entire healthcare experience. In addition, this method gives a more sensitive scale for improvement. For those organizations scoring high marks on individual measures, the All-or-None measure will give room for benchmarks and additional improvements to be made.</li> </ul>
<p><b>Diabetes Care: All or None Outcome Measure—Optimal Control</b> (Chronic Care) Not yet released; coming in 2010</p>	<p>WCHQ</p>	<p>TBD</p>
<p><b>Uncomplicated Essential Hypertension Blood Pressure Control</b> (Chronic Care)</p>	<p>WCHQ</p>	<p>"Essential Hypertension" is diagnosed when no specific cause for the elevated blood pressure can be found. "Uncomplicated" refers to those patients without diabetes, chronic kidney disease, end-stage kidney disease, and/or congestive heart failure. A normal blood pressure for most adults is less than 120/80 mm Hg. If an individual's blood pressure is 140/90 mm Hg or above, that individual is said to have hypertension or high blood pressure. High blood pressure is a leading risk factor for coronary heart disease, congestive heart failure, renal disease and stroke. Controlling one's blood pressure can help prevent these diseases. This measure assesses the percentage of patients 18-85 years of age who have a diagnosis of uncomplicated essential hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg).</p>
<p><b>Cardiovascular Conditions: LDL Cholesterol Testing</b> (Chronic Care)</p>	<p>WCHQ</p>	<p>Persons with established coronary artery disease (CAD) have a risk for recurrent heart attack and death related to heart disease that exceeds 20% per ten years. Clinical forms of non-coronary atherosclerosis carry a risk for heart disease, acute event, or death equivalent to those with established CAD. LDL-cholesterol control has been established as the primary target of CAD management as for every 1% reduction in LDL, there is a 1% decrease in risk of future events/death; and the longer this lower LDL level is maintained, the greater the risk reduction. Persons with</p>

		established CAD or a CAD risk-equivalent condition have the same goal: one LDL-Cholesterol test annually, at minimum. This measure shows the percentage of people 18 to 85 years of age with a diagnosis of CAD or a CAD risk-equivalent condition who received an LDL-cholesterol test in the measurement year.
<b>Cardiovascular Conditions: LDL Cholesterol Control</b> <i>(Chronic Care)</i>	WCHQ	Persons with established coronary artery disease (CAD) have a risk for recurrent heart attack and death related to heart disease that exceeds 20% per ten years. Clinical forms of non-coronary atherosclerosis carry a risk for heart disease, acute event, or death equivalent to those with established CAD. LDL-cholesterol control has been established as the primary target of CAD management as for every 1% reduction in LDL, there is a 1% decrease in risk of future events/death; and the longer this lower LDL level is maintained, the greater the risk reduction. Persons with established CAD or a CAD risk-equivalent condition have the same goal: LDL-cholesterol control less than 100 mg/dl. This measure shows the percentage of people 18 to 85 years of age with a diagnosis of CAD or a CAD risk-equivalent condition whose most recent LDL cholesterol test shows good control (less than 100 mg/dl), fair to poor control (greater than or equal to 100 mg/dl and less than 130 mg/dl), uncontrolled (greater than or equal to 130 mg/dl), or those who were not tested in the measurement period.
<b>Screening for Chronic Kidney Disease</b> <i>(Chronic Care)</i> Not yet released; coming in 2010	WCHQ	TBD
<b>Adult Tobacco Use: Screening for Tobacco Use</b> <i>(Preventive Care)</i>	WCHQ	Tobacco use has been cited as the chief avoidable cause of illness and death in our society. Each year in the United States, more than 435,000 deaths are attributed to tobacco use. Smoking-attributable health care expenditures are estimated at \$96 billion per year in direct medical expenses and \$97 billion in lost productivity. Epidemiological data suggest that more than 70 percent of the 45 million current smokers in the United States report a desire to quit. It is important for clinicians to know that assessing and treating tobacco use leads to greater patient satisfaction with health care.  This measure assesses the percentage of patients age 18 to 85 years of age who have documentation in their medical record that they were asked about tobacco use status at a health care encounter during the 12-month measurement period.
<b>Adult Tobacco Use: Tobacco User Receiving Cessation Advice</b> <i>(Preventive Care)</i> Not yet released; coming in 2010	WCHQ	TBD
<b>Heart Failure Care: Hospital Length of Stay and Quality Comparison</b>	WCHQ	This quadrant analysis represents a comparison of congestive heart failure (also called CHF or heart failure) quality of care and length of stay. The purpose of this analysis is to attempt to quantify the value each hospital provides when caring for patients with heart failure.  The quality score is a composite number that takes into account how well a hospital performed in giving the recommended care proven to give the

		best results to most adults with heart failure. The length of stay is risk adjusted to account for differences in patients such as severity of illness and risk of death.
<b>Heart Failure Care: Hospital Charges and Quality Comparison</b>	WCHQ	This quadrant analysis represents a comparison of congestive heart failure (also called CHF or heart failure) quality of care and charges. The purpose of this analysis is to attempt to quantify the value each hospital provides when caring for patients with heart failure.  The quality score is a composite number that takes into account how well a hospital performed in giving the recommended care proven to give the best results to most adults with heart failure. The charges are risk adjusted to account for differences in patients such as severity of illness and risk of death.
<b>Heart Attack Care: Hospital Length of Stay and Quality Comparison</b>	WCHQ	This quadrant analysis represents a comparison of heart attack (also called AMI or acute myocardial infarction) quality of care and length of stay. The purpose of this analysis is to attempt to quantify the value each hospital provides when caring for patients with heart attacks.  The quality score is a composite number that takes into account how well a hospital performed in giving the recommended care proven to give the best results to most adults with a heart attack. The length of stay is risk adjusted to account for differences in patients such as severity of illness and risk of death.
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<b>Adult Smoking Cessation: Advice/Counseling for Heart Attack Patients</b>	CheckPoint	This measure assesses the percentage of acute myocardial infarction (AMI) patients with a history of smoking cigarettes, which are given smoking cessation advice or counseling during hospital stay. For purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.
<b>Adult Smoking Cessation: Advice/Counseling for Heart Failure Patients</b>	CheckPoint	Heart failure patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay. For purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.
<b>Angiotensin Converting Enzyme Inhibitor (ACEI) Medication for Heart Attack Patients with Left Ventricular Systolic Dysfunction (LVSD)</b>	CheckPoint	Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular function (LVF) consistent with moderate or severe systolic dysfunction.
<b>Angiotensin Converting Enzyme Inhibitor (ACEI)</b>	CheckPoint	Heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge. For purposes of this

<b>Medication for Heart Failure Patients with Left Ventricular Systolic Dysfunction (LVSD)</b>		measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular function (LVF) consistent with moderate or severe systolic dysfunction.
<b>Aspirin at Discharge for Heart Attack Patients</b>	CheckPoint	Acute myocardial infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
<b>Aspirin Received at Arrival for Heart Attack Patients</b>	CheckPoint	This measure assesses the percentage of acute myocardial infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
<b>Beta-Blocker Medication Prescribed at Arrival for Heart Attack Patients</b>	CheckPoint	This measure assesses the percentage of acute myocardial infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
<b>Beta-Blocker Medication Prescribed at Discharge for Heart Attack Patients</b>	CheckPoint	Acute myocardial infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
<b>Discharge Instructions for Heart Failure Patients</b>	CheckPoint	This measure assesses the percentage of patient discharges with a principal diagnosis of heart failure with complete discharge instructions in the medical record.
<b>Left Ventricular Function (LVF) Assessment for Heart Failure Patients</b>	CheckPoint	Heart failure patient with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or are planned for after discharge.
<b>PCI within 90 Minutes for Heart Attack Patients</b>	CheckPoint	This measures the percentage of acute myocardial infarction (AMI) patients with ST segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) who received percutaneous coronary intervention (PCI) within 90 minutes of hospital arrival.
<b>Abdominal Aortic Aneurysm Repair</b>	CheckPoint	Abdominal aortic aneurysm repair is one of several high-risk procedures assessed by the Leapfrog Group. An abdominal aortic aneurysm is an abnormal ballooning of the abdominal portion of the aorta, the major artery from the heart. Leapfrog criteria include procedure volumes - that is, how many of a given type of procedure a hospital performs. Leapfrog emphasizes volume measures because studies have shown that providers who perform a high volume, especially of high-risk procedures, tend to have better outcomes. This is a measure of how close each hospital is to meeting The Leapfrog Group's volume standard for this procedure.
<b>Heart Bypass Surgery</b>	CheckPoint	Coronary artery bypass graft is a surgical procedure to bypass clogged arteries in the heart to improve blood flow and prevent more serious heart problems. The Leapfrog measures include procedure volumes - that is, how many procedures of a given type a hospital performs. Leapfrog emphasizes volume measures because studies have shown that providers who perform a high volume tend to have better outcomes. This is a measure of how close each hospital is to meeting The Leapfrog Group's volume and quality standard for coronary artery bypass grafts.
<b>Heart Angioplasty</b>	CheckPoint	The use of percutaneous coronary interventions (previously known as coronary angioplasty or balloon angioplasty, a procedure done to help open narrowing of the coronary arteries) in certain heart attack patients results in a significant reduction in heart damage and death. The Leapfrog measures include procedure volumes--that is, how many procedures of a

		<p>given type a hospital performs. Leapfrog emphasizes volume measures because studies have shown that providers who perform a high volume tend to have better outcomes. This is a measure of how close each hospital is to meeting The Leapfrog Group's volume and quality standard for percutaneous coronary intervention.</p>
<p><b>Heart Attack Care Hospital Charges and Quality Comparison</b></p>	<p>CheckPoint</p>	<p>This quadrant analysis represents a comparison of heart attack (also called AMI or acute myocardial infarction) quality of care and charges. The purpose of this analysis is to attempt to quantify the value each hospital provides when caring for patients with heart attacks.</p> <p>The quality score is a composite number that takes into account how well a hospital performed in giving the recommended care proven to give the best results to most adults with a heart attack. The charges are risk adjusted to account for differences in patients such as severity of illness and risk of death.</p>
<p><b>Heart Attack Care Hospital Length of Stay and Quality Comparison</b></p>	<p>CheckPoint</p>	<p>This quadrant analysis represents a comparison of heart attack (also called AMI or acute myocardial infarction) quality of care and length of stay. The purpose of this analysis is to attempt to quantify the value each hospital provides when caring for patients with heart attacks.</p> <p>The quality score is a composite number that takes into account how well a hospital performed in giving the recommended care proven to give the best results to most adults with a heart attack. The length of stay is risk adjusted to account for differences in patients such as severity of illness and risk of death.</p>
<p><b>Heart Failure Care Hospital Charges and Quality Comparison</b></p>	<p>CheckPoint</p>	<p>This quadrant analysis represents a comparison of congestive heart failure (also called CHF or heart failure) quality of care and charges. The purpose of this analysis is to attempt to quantify the value each hospital provides when caring for patients with heart failure.</p> <p>The quality score is a composite number that takes into account how well a hospital performed in giving the recommended care proven to give the best results to most adults with heart failure. The charges are risk adjusted to account for differences in patients such as severity of illness and risk of death.</p>
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## Appendix 2: WCHQ Website Redesign RFP Responses

<CompanyName>

<Date>

### 1.0 COMPANY OVERVIEW

#### 1.1 Company Size:

Please provide the total number of employees (FTEs), the number of active clients on your roster, and your annual revenue.

Type Here

#### 1.2 Location:

Please provide the address of your company's primary location, the location of other offices, and the number of employees at each location.

Type Here

#### 1.3 Company History, Current Ownership

In what year was your company founded? How has it grown and/or changed since then? Is the company privately or publicly held? Who is the majority owner? How long have you been designing and developing Web sites?

Type Here

#### 1.4 Management Structure, Key Personnel

Please provide the names and titles of those people most directly involved in running your company. We would also like to receive a staffing model for this project along with the names, titles and brief bios of key personnel who would likely work on our project. If you plan to use subcontractors on our project, please note this in the proposal and include their information (names, titles and brief bios) and role on the team.

Type Here

#### 1.5 Key Clients and Length of Relationship

Who are your 5 largest clients? Does any one client account for more than 25% of your annual revenue? How many clients account for 10% or more of your annual revenue each? Do any of your current client relationships present potential conflicts of interest with our organization?

Type Here

### 2.0 CHEMISTRY

Describe how you work with clients. What's your approach to problem solving? Describe your "style of play."

Type Here

### **3.0 CREDENTIALS**

Where does your organization really shine? Tell us about categories, disciplines, media, technologies, etc., in which you have specific strengths and/or experience, particularly those in which your customers — and perhaps even your competitors — would say you excel.

Type Here

### **4.0 DEVELOPMENT PLATFORMS**

Do you have in-house programmers and developers? If so, which server operating systems, database(s), multimedia applications, Web development applications, browser configurations, etc. are you most comfortable and capable developing for? If you do not have in-house resources, please describe the nature and length of your relationships with any independent contractors or 3<sup>rd</sup> party providers you would engage in our project.

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### **5.0 HOSTING AND ANALYTICS**

#### **5.1 Web Site and Database Hosting**

Do you provide hosting services to clients? If so, do you house servers on-site or at a hosting partner's facility? Do you or your hosting partner offer shared Web and/or database servers, virtual private servers, dedicated servers, managed hosting, co-location, etc.?

Describe your Web hosting environment, including provisions for physical and Web security; data security and backup; redundancies for power, Internet connectivity, etc.

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#### **5.2 Web Stats and Analytics**

We would like to take advantage of Google Analytics with this redesign. We are open to using other analytics packages in conjunction with Google Analytics if doing so would provide more and/or better information about site traffic and usage. What Web analytics package(s) do you have the most experience and expertise in? Describe your approach to optimizing Web sites for Google and other search engines through natural/organic search.

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### **6.0 CONTENT MANAGEMENT**

Content on our site needs to be updated regularly and in a timely manner. In the interest of expediency, we would like to do as much of that work ourselves as possible without having to learn HTML or hire programmers. What content management systems, tools, applications or custom solutions do you have experience working with and supporting? What do you recommend for an organization such as ours?

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### **7.0 ONLINE MARKETING**

While not a critical component of this RFP, we'd like to have a general sense of prospective firms' capabilities in this area for future reference. Do you provide permission e-mail, pay-per-click campaigns, or other Web marketing services directly or in partnership with preferred providers? Please outline the services you offer and provide the names of any 3<sup>rd</sup> party providers with whom you partner to deliver them.

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## **8.0 RELEVANT EXPERIENCE**

### **8.1 Clients**

For which clients have you provided similar services as those we require over the past five years? Have you worked with health care and/or nonprofit clients in the past five years?

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### **8.2 Projects**

Please provide examples of similar projects and two or three short case studies of work you've done that you believe is similar to what we require, paying particular attention to the data presentation aspects of the work. How did your work help your client achieving their stated goals? Provide URLs for each example if your work is still live or at least accessible; if not, please provide screen grabs in an appendix to this document.

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## **9.0 APPROACH**

Do you follow a specific methodology for Web development? Describe your process for working through a Web site redesign. If you generally take a phased approach to such engagements, outline the phases and tell us how long each phase typically lasts, what you'll do and what you'll expect us to do during each, and what your deliverables will be during and/or at the end of each phase.

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## **10.0 INFLUENCES**

Tell us about a consumer website that you believe is a success at engaging consumers and could serve as a model for what our organization is trying to achieve. Briefly describe your theory of why this website is effective. If this is a website that you use personally, please share what draws you to this site as a consumer.

## **11.0 SCOPE, TIMELINE AND BUDGET**

Clearly identify the services and products you will deliver to fulfill our requirements for this project. Describe the form in which we will receive deliverables from you (e.g., hard copy, on-screen mock up, functional prototype, etc.) and when we will receive them. Provide an itemized estimate of the costs to plan, design, develop and deliver a beta-tested, fully functional site with basic content and data management functionality as described above. If you wish to provide detail as to estimated hours, billing rates of the team you'd likely assign to our project, anticipated outside expenses, etc., feel free to do so. Our outlook is holistic, however. We are more concerned with the number of working days it will take to finish what you propose doing for us than the number of hours you think it might take; we care more about total cost than hourly rates. In the end, what matters most to us is value: the net return on our investment, measured by the quality of your work and its effectiveness in achieving our objectives relative to the energy, time and money invested in it.

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## **12.0 CLIENT REFERENCES**

Please provide the names, titles, and phone numbers of contacts at three (3) different customers who would be willing to speak candidly with us about their experience with your company in Web design and development, online marketing, and/or Web site support. References should have direct knowledge of and experience with your organization as well as the staff you'd likely assign to our project.

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