



REQUEST FOR PROPOSAL (RFP)

Emergency Department Obstetric Emergencies Readiness Drill Training Curriculum Scoping & Final Curriculum Design (Pilot)

Anticipated Budget Range: \$25,000-\$30,000

Issue Date: March 5, 2026

Proposal Due: March 18, 2026

Anticipated Project Period: March 23-June 30, 2026

1. Overview

The Colorado Perinatal Care Quality Collaborative (CPCQC) seeks proposals from qualified contractors to scope, benchmark, and finalize a mobile, onsite training curriculum for rural hospital Emergency Departments (EDs) focused on obstetric (OB) emergency readiness drills. The training is intended to build ED team readiness for low-frequency, high-risk obstetric and neonatal events when obstetric specialty support is limited or delayed.

The target audience is ED nurses and ED providers (physicians, advanced practice providers), with optional participation by EMS/first responders and ED support staff based on local site needs. The curriculum is loosely based on the AIM Obstetric Emergency Readiness Resource Kit and aligns with CPCQC's mission, vision, and values.

The selected contractor will work closely with a CPCQC Clinical Quality Improvement (QI) Advisor and the CPCQC Deputy Director of QI throughout the project.

All deliverables must be provided in fully editable file formats (e.g., .pptx, .docx) without proprietary restrictions. CPCQC intends to own the final work product.

2. Background and Rationale

Rural emergency departments may be the first—and sometimes only—point of care for pregnant and postpartum patients experiencing time-sensitive complications. Due to lower obstetric volume, variable access to obstetric services, and transfer delays, rural ED teams often have fewer opportunities to practice obstetric emergency response, despite the need to act quickly and safely when events occur.



CPCQC is developing a pilot, onsite readiness drill training that emphasizes rapid recognition, role clarity, closed-loop communication, and rural-appropriate clinical response and transfer escalation. The training will be designed for implementation across diverse rural and frontier sites, with adaptable scenarios and supply requirements.

3. Project Goals and Objectives

The primary goals of this project are to:

- Benchmark and summarize comparable ED obstetric emergency readiness/drill programs in other states (with particular attention to Texas A&M, Mississippi, and Nebraska PQC).
- Review CPCQC's current draft curriculum outline (Appendix A) and incorporate evidence-based best practices for rural ED settings.
- Produce a finalized pilot curriculum package (objectives, agenda, activities, scenarios, and facilitator resources) that can be delivered onsite and is scalable statewide.
- Develop an evaluation plan to measure changes in participant knowledge, confidence, and team performance during drills, and to inform iterative curriculum improvement.
- CMS Conditions of Participation (CoP) Alignment

The finalized curriculum must be explicitly aligned with the CMS Conditions of Participation (CoP) requirements for Emergency Services Readiness, Delivery of Care and Staff Training (Appendix B). The curriculum must support participating hospitals, particularly rural ED settings, to operationalize and demonstrate readiness consistent with these requirements, including evidence-based protocols, appropriate equipment/supplies/medications, and staff role clarity during obstetrical emergencies.

4. Scope of Work

The scope includes three core workstreams:

A) Scoping and Benchmarking (Current-State Review)

- Identify and review 2-4 relevant ED obstetric emergency readiness/drill efforts, toolkits, or training models from other states and/or national entities. CPCQC is



particularly interested in models associated with Texas A&M, Mississippi, and Nebraska.

- Summarize key design elements (audience, duration, scenarios, facilitation model, supplies/equipment, evaluation approach, and lessons learned).
- Provide an annotated bibliography and/or reference list of reviewed resources (links and citations).
- Deliver a concise scoping memo (5–8 pages) with recommendations for CPCQC’s pilot curriculum design and implementation considerations for rural Colorado sites.
- **Perinatal Emergency Readiness Recognition (Exploratory)**
- As part of the benchmarking work, the contractor will explore the feasibility of a voluntary perinatal emergencies readiness recognition program for rural emergency departments, conceptually similar to Colorado’s COPPER program (Colorado Pediatric Preparedness for the Emergency Room), which is a voluntary ED readiness recognition program with tiered levels of recognition.
- The contractor will summarize potential pros/cons of creating a perinatal readiness recognition model (e.g., feasibility for rural EDs, equity implications, implementation burden, likely incentives, sustainability, verification approach), and provide a clear recommendation on whether CPCQC should pursue this concept in future work and, if so, a suggested high-level structure.

B) Curriculum Finalization (Pilot Curriculum Design)

- Review CPCQC’s draft curriculum outline and propose refinements to align with ED workflows, rural resource constraints, and simulation-based learning principles.
- Define 6–10 measurable learning objectives for the full training and 1–3 objectives per module/scenario.
- Design an interactive, drill-based agenda intended for onsite delivery (anticipated 4–6 hours, inclusive of breaks), with guidance for optional shorter versions (e.g., 2–3 hour “essentials” format).
- Create at least 3–5 standardized simulation/drill scenarios (e.g., shoulder dystocia, postpartum hemorrhage, hypertensive crisis/eclampsia, cardiac arrest, precipitous delivery with neonatal resuscitation).



- For each scenario: provide case stem, roles, expected actions, critical actions checklist, debrief guide, and rural-appropriate ‘what to do / what not to do’ notes.
- Develop a complete supplies/equipment list needed to run the training in a rural ED (including minimum viable set and ‘enhanced’ set), with recommendations for low-cost substitutes.
- Ensure content reflects respectful, equitable, person-centered care and trauma-informed communication, integrated across modules and scenarios.
- Include a brief CoP alignment crosswalk (e.g., 1–2 pages) mapping curriculum modules/scenarios/evaluation tools to the applicable CoP elements above.

C) Evaluation Plan and Pilot-Readiness

- Develop an evaluation framework and tools to measure participant learning and drill performance (e.g., pre/post knowledge questions, confidence survey items, skills/teamwork checklists, and debrief documentation template).
- Propose a simple data collection plan CPCQC can use during pilots (e.g., participation counts, scenario completion rates, time-to-intervention measures where relevant, and qualitative feedback).
- Recommend an approach for iterative improvement after 1–2 pilot deliveries (e.g., rapid-cycle debrief, change log, versioning).
- Participate in regular project meetings (anticipated biweekly) with CPCQC project leads for alignment and feedback.

Optional / Not in Scope (Potential Phase 2)

CPCQC anticipates a possible Phase 2 to facilitate a train-the-trainer (TTT) session to equip CPCQC staff to independently deliver the training and co-facilitate a one-hospital pilot of the curriculum. This is not required for selection under this RFP. However, proposers are encouraged to provide an optional add-on brief scope and cost for Phase 2.

5. Deliverables

At a minimum, the selected contractor will deliver:

Scoping Memo



- Summary of benchmarking findings (including Texas A&M, Mississippi, Nebraska, and other relevant examples).
- Recommendations for CPCQC pilot curriculum structure, scenarios, and implementation considerations.
- Annotated references list.
- Perinatal emergencies readiness recognition exploration brief (1-2 pages), including a summary of COPPER-style models, pros/cons, and a recommendation for CPCQC.

Final Curriculum Package (Editable)

- Slide deck(s) for delivery.
- Facilitator guide with detailed timing, scripts/notes, facilitation tips, and answers to anticipated questions.
- Scenario/drill packets (case stems, role cards, critical actions checklists, and debrief guides).
- Supplies/equipment list (minimum and enhanced) and setup instructions for a rural ED.
- Participant handouts (as needed), including quick-reference algorithms/checklists if applicable.
- Brief CoP alignment crosswalk (e.g., 1–2 pages) mapping curriculum modules/scenarios/evaluation tools to the applicable CoP elements

Evaluation Toolkit

- Learning objectives mapped to modules/scenarios.
- Pre/post knowledge assessment (recommended 8–15 items) with answer key.
- Participant confidence/self-efficacy survey (recommended 5–10 items).
- Team performance checklist(s) for simulation observers.
- Debrief tool/template and feedback form.

Implementation Notes

- Recommendations for adapting the training to different durations (e.g., 2–3 hours vs. 4–6 hours).
- Guidance for staffing and facilitation roles during onsite delivery.
- Versioning/change-log template for future updates.



6. Contractor Qualifications

- Demonstrated experience developing and/or facilitating clinical emergency readiness trainings, simulation-based education, or drill curricula (preferably in ED, obstetric, maternal health, and/or rural settings).
- Subject matter expertise in obstetric emergencies and emergency care workflows (or a clear plan to engage appropriate clinical SMEs).
- Experience creating practical facilitator tools, scenario-based learning materials, and evaluation instruments.
- Ability to work collaboratively with CPCQC staff, incorporate feedback, and deliver within timeline and budget.
- Commitment to respectful, equitable, person-centered care and alignment with CPCQC’s mission, vision, and values.

7. Budget

The anticipated budget range for this project is \$25,000-\$30,000. Proposals should include a comprehensive, itemized budget and a budget narrative describing how costs were estimated.

Budgets should, at a minimum, include:

- Personnel/Labor (hours and rates) by major task area (benchmarking/scoping, curriculum development, evaluation tool development, meetings).
- Any subcontractor/SME costs (if applicable).
- Travel costs (if any) should be clearly identified and justified. (Note: Onsite delivery is not expected under this RFP unless proposed as an option.)
- Indirect/administrative costs (if applicable) with rate; indirect should not exceed 15%.

Proposers may optionally include a separate budget line item and brief narrative for the potential Phase 2 Train-the-Trainer scope.

8. Proposed Timeline

CPCQC anticipates a project period of approximately 10–16 weeks with a June 30th end date. Proposers should propose a workplan with key milestones. A sample timeline is provided below; CPCQC may adjust as needed.

Milestone	Target Timing	Outputs
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Kickoff meeting	Week 1	Confirmed scope, communication plan, draft workplan
Benchmarking summary + scoping memo (draft)	Weeks 3–5	Draft scoping memo for CPCQC review
Curriculum structure + learning objectives (draft)	Weeks 4–6	Draft agenda, objectives, module map
Scenario packets (draft)	Weeks 6–8	3–5 draft scenarios with checklists + debrief guides
Slide deck + facilitator guide (draft)	Weeks 7–10	Draft slide deck and facilitator guide
Evaluation toolkit (draft)	Weeks 8–10	Draft pre/post, confidence survey, observer checklist, debrief tool
Final curriculum package + evaluation toolkit	Weeks 10–14	Final editable deliverables and implementation notes

9. Intellectual Property and Licensing

CPCQC will retain full ownership of all deliverables developed under this contract, including the ability to modify, revise, expand, condense, and adapt materials for different audiences or timeframes.

All final deliverables must be provided in fully editable formats (e.g., .pptx, .docx) and may not be locked behind proprietary platforms or licenses. CPCQC may apply its own branding and remove/replace contractor branding

10. Submission Instructions

Please submit proposals electronically in PDF or Word format to:

CPCQC Procurement Contact: Amber Johnson

Email: ajohnson@cpcqc.org



***Subject line: RFP – ED OB Emergencies Readiness Drill
Curriculum***

Proposal Due Date: March 18, 2026

Proposal format (maximum 4 pages, excluding appendices):

1. 1) Narrative (up to 2 pages): statement of interest; relevant experience; proposed approach and workplan; collaboration plan with CPCQC.
2. 2) Staffing plan and availability (up to 1 page): key personnel roles, qualifications, and time allocation.
3. 3) Budget and budget narrative (up to 1 page): itemized costs with hours/rates and assumptions.
4. Appendices (as needed): resumes/CVs (1 page per key staff), 1–2 relevant work samples, and references (2–3).

11. Review and Selection

Proposals will be reviewed by a CPCQC committee. CPCQC may request clarification or conduct interviews with shortlisted proposers.

Selection criteria will include:

- Demonstrated relevant experience and qualifications
- Strength and feasibility of the proposed approach/workplan
- Quality and practicality of planned deliverables for rural ED implementation
- Alignment with CPCQC mission, vision, and values, including respectful and equitable care principles
- Budget reasonableness and fit within the anticipated range
- Ability to collaborate responsively with CPCQC staff and meet timeline

Appendix A. Draft Curriculum Outline

CPCQC has developed a draft curriculum outline for this training. The selected contractor will review, refine, and finalize this content for the pilot curriculum package.

- Module 1: Foundations of OB Emergencies in the Rural ED
- Module 2: Respectful, Equitable, and Person-Centered Care
- Module 3: Normal Spontaneous Vaginal Birth, Integrated NRP & Recognizing Abnormal Presentation



- Module 4: Shoulder Dystocia
- Module 5: Postpartum Hemorrhage
- Module 6: Maternal Hypertensive Crisis
- Module 7: Cardiac Arrest in Pregnancy & Perimortem Cesarean
- Module 8: Postpartum Emergency Recognition, First-Year Mortality, Systems & Wrap-Up

Note: The draft outline currently anticipates ~5 hours with breaks and includes simulation-based drills. Contractors may recommend revisions to duration, sequencing, and activities to improve feasibility and impact for rural ED onsite delivery.

Appendix B. CMS Conditions of Participation (CoP) requirements for Obstetrical Services and Obstetrical Emergency Services

[Issue Brief: Obstetrical Services and Obstetrical Emergency Services](#)