**REQUEST FOR QUOTATION**

RFQ 23-0189

Secure Clinical Communications Platform

**ADDENDUM #1**

Revised 12/20/22 9:48am

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| **West Hawaii Region**  Yvonne S. Taylor, Sr. Contracts Manager Email [ytaylor@hhsc.org](mailto:ytaylor@hhsc.org) Direct (808) 322-4442 Fax (808) 322-4488  *AND*  Michelle Gray, Contracts Assistant II  Email [mgray@hhsc.org](mailto:mgray@hhsc.org)  Direct (808) 322-5830 |

1. Revised Timetable

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| Public release of RFQ | Friday, November 25, 2022 |
| Virtual Demos | Week of November 28 and December 5, 2022 |
| 1st round of questions due from Offerors | Monday, December 12, 2022 by 2:00pm HST |
| 1st Addendum release | Tuesday, December 20, 2022 |
| **Quote Due Date** | **Tuesday, January 10, 2023, by 2:00PM HST** |
| Discussions with Offerors (optional) |  |
| Award of Contract (tentative) | Week of January 23, 2022 |

1. Reference Request. Please provide three (3) references for similar solutions and customers no later than Tuesday, December 27, 2022
2. Questions and Answers:

**Q1: Does Hawaii health currently use Clinical Middleware for Nurse Call and Patient Monitoring?**

*A1: Ascom*

**Q2: Manufacturer, Model, Version of Clinical Systems that will require alarm output integration with Contractor?**

*A2:* *Ascom DH4 and DH7*

**Q3: How many facilities are in scope?**

*A3:* *2. Kona Community Hospital (“KCH”) and Kohala Hospital (“KH”)*

**Q4: What communication system(s) is currently being used?**

*A4:* *KCH - Ascom and Hawaiian Tel “NEC DTZ” landline*

*KH - Hawaiian Tel “Mitel” landline*

**Q5: Patient/Family Communication**

**- Total number of users that will need to communicate with patients of their family messages?**

**- Texting only, Voice/Video only, or all text, voice and video? All three**

**- How will patient list be managed (CSV, API, Redox, etc)?**

**- If multiple locations, are the list required to be segmented?**

*A5:* *ADC is 80 patients. This number excludes outpatient activity (radiology, oncology, outpatient surgery, lab). All three for means of communication. The two locations are about 50 miles apart.*

**Q6: How many schedules are currently being managed and through what system(s**)?

A6: *Nursing- All nurse schedules are done through Nurse Grid Software. Pharmacy also utilizes this software.*

*Physicians-Physician on-call; Anesthesiologist-proprietary software*

*Kohala Hospital does not have a scheduling system – individual departments use their own excel database/spreadsheet format.*

**Q7: Who currently manages the schedules?**

*A7:* *Physician on-call is populated by the quality department. The new process needs to eliminate this work obligation and provide a simple solution for the providers to enter the call and be dynamic. That being that providers can change the on-call schedule at any time, even if for a short period of time.*

*Nursing- the nurse managers submit their monthly schedules to Nurse Grid via an interface through our Payroll System, Kronos. The schedules are uploaded monthly by a member of the Payroll Dept.*

*Kohala Hospital managers are to procure and manage staff schedules monthly via unit spreadsheet/excel; these schedules are then input into the Kronos payroll system by manager and/or sent to payroll department to be input.*

**Q8: How many users (physicians, staff, IT, etc) are currently scheduled and in scope?**

*A8:* *We have about 85 active physician providers. The entire organization staff is to be included.*

**Q9: What PBX System(s) is in use at Hawaii Health? (ie Cisco, Avaya), Version, and Number of Devices, if within scope?**

*A9: KCH - Hawaiian Tel*

*KH - pages through landline telephones and message is paged through the digital landline phones and speakers in the hallway. Currently, no use of a paging console or software has been integrated. Envision is the service contract for our black “Mitel” digital phone services for paging at Kohala and Kona.*

**Q10: Is a Paging Console Software Integration in scope? If yes, what paging console software is in use today?**

*A10: Yes. No overhead paging.*

**Q11: Is Answering Service(s) integration in Scope?**

*A11: Not at this time.*

**Q12: Does Hawaii Health require access to message Archiving (Message History past 30 days)?**

*A12: Yes*

**Q14: Does Hawaii Health want to use Active Directory/SAML for User Provisioning and Authentication?**

*A14: Yes*

**Q15: Epic E.H.R Integration - What specific clinical workflow notification integration(s) are in scope? (ie: Consult Orders, Sepsis, Admit, Stroke, etc?**

*A15: Consults, critical values, trauma alerts, disaster alerts, orders, stroke alert, OB emergency c-section alert.*

**Q16: Does Hawaii Health require SSO (Single Sign On)? Which vendor (ie: Imprivata) - if expected integration?**

*A16: Yes. Imprivata*

**Q17: Other integrations (system/protocol - ie SMTP or API) - Will Hawaii Health have other systems that require integration via SMTP or API for sending alarms and alerts to Contractor?**

*A17: API. HillRom, Ascom*

**Q18: Does Hawaii Health have a MDM (Mobile Device Management) Vendor in place?**

*A18: No*

**Q19: Confirm # of beds?**

*A19: KCH - 94 beds (MS1-34, MS2-33, OB-7, ICU-9, BH-11 plus ED-24)*

*KH - 25 inpatient (Acute/SNF/ICF) and 4 ED beds*

**Q20: What Beds are in place? Manufacturer, Model? - Are bed alarms in scope?**

*A20: KCH - HillRom. We have a variety of models.*

*KH - Hillrom and Stryker models – bed alarms are on all beds*

**Q21: What RIS is used? Will alerts be sent via HL7? Do you have a Mobile PACS Viewer?**

*A21: Fujifilm. HL7. No.*

**Q22: What LIS is used?**

*A22: SunQuest. Laboratory services are contracted through Clinical Labs.*

**Q23: Describe any key workflow challenges that you would like to improve through this project**

*A23: Communication between providers and staff. Alerts to nursing. Communication with staff for patient movement and environmental services. Critical value alerts. Admission and discharge process.*

**Q24: Provide KPI's and metrics that you would like to impact through this project**

*A24: Response times.*

**Q25: Share any specific financial, clinical, or operational outcomes you would like to impact through this project**

*A25: Improve patient experience, effective and efficient communications, improve admission and discharge process.*

**Q26: Do you have an on-call scheduling solution today?**

*A26: Yes. But very antiquated and not dynamic.*

**Q27: What integrations should be included with our quote? (Hill-Rom, others?)**

*A27: KCH - Alarm systems, critical values from lab and radiology, trauma alert system,*

*KH - possible integrations with at least HillRom and Kronos*

**Q28: On question: 1.51 Solution includes user demographics and location information visible to other users.**

**What do you mean by user demographics? Are you referring to RTLS for location or role/department information? Or basic information such as user name, role, and availability status?**

*A28: User demographics includes basic information - user name, role, and availability status.*

**Q29: On Question: 4.20 Supports OR Systems HL7 or relevant interface (please describe integrated functionality).**

**Please provide examples of the type of OR Systems you’re looking to support via HL7 or relevant interface.**

*A29: Effective June 2023, our OR system will be EPIC.*

**Q30: Section 5.0: Reporting and Auditing. Does this section in reference to System Audit/Troubleshooting reporting as opposed to user/application reporting?**

*A30: Yes*

**Q31: How many Badge users? How many depts/units for Badge users?**

*A31: Approximately 300 including physicians. 7 departments/units.*

**Q32: How many shared devices is Kona anticipating needing for this rollout?**

*A32: +/- 220*

**Q33: Will the devices need to include scanning capabilities?**

*A33: Desired but not mandatory.*

**Q34: Is the plan to roll the platform out across all of Hawaii Health Systems, or only Kona at this time?**

*A34: This platform will be for Kona Community Hospital and Kohala Hospital only.*

**Q35: Are you utilizing any call centers for triage? If so, how many?**

*A35: No*

**Q36: Do you intend to replace the nurse call system you currently have?**

*A36: KCH - Not at this time.*

*KH - Currently Kohala Hospital only has the Hill-Rom nurse call system that can be utilized using the wall console (in patient rooms, departments, and corridors/entrances throughout the hospital), the patient call bell (dual use as TV remote and nurse call speaker; Hill-rom not connected directly to bed as not all beds are Hill-rom at KOH), and at the nurse’s station via Hill-Rom monitor. The egg-shaped Hill-Rom badge locator is current but its replacement is no longer being manufactured by Hill-Rom.*

**Q36.1: If nurse call system is being replaced, please provide installation drawings and device counts.**

*A36.1: N/A*

**Q37: Who is the current provider of the Ascom DECT system?**

*A37: Ascom*

**Q38: Is the current DECT system going to support the new communication platform?**

**a) If so, please provide DECT system “as built” drawings.**

**b) If so, please identify areas of poor DECT coverage.**

*A39: No*

**Q39: If new communications system is going to be on a Wifi system, please provide manufacturer and version of software.**

**a) If so, please provide Wifi system “as built” drawings.**

**b) If so, please identify areas of poor Wifi coverage.**

*A39: Information will be provided to successful offeror.*

**Q40: Is current Wifi system designed and operating for voice capability?**

*A40: Yes*

Q41: Will the HHSC General Conditions be in addition to the terms that my company provides?

*A41: Yes. HHSC reserves the right to redline and negotiate your company’s terms as well as negotiate your company’s redlines to the HSHC General Conditions.*

**Q42: Is the expectation for us to provide our redlines to the General Conditions with our response to the RFQ? Or is it desired by your leadership team to engage with the legal negotiation after a vendor is awarded the bid?**

*A42: Supply your redlines with your response. No additional redlines will be considered after RFQ due date. It is recommended to limit your redlines to deal-breaker items.*