**REQUEST FOR INFORMATION**

Electronic Medical Records

(“EMR”) System

Addendum 1
(revisions are highlighted)

RFI No:

HHSC 21-016

 for

Hawaii Health Systems Corporation
West Hawaii Region
Kona Community Hospital

Kona Community Hospital

79-1019 Haukapila Street

Kealakekua, HI 96750

Telephone (808) 322-9311

Fax (808) 322-4488

http://www.kch.hhsc.org/Procurement/default.aspx

An Agency of the State of Hawaii

SECTION 1 ADMINISTRATION

1. INTRODUCTION

This Request for Information (hereinafter “RFI”) is issued by **Kona Community Hospital** and **Kohala Hospital** of the West Hawaii Region (“WHR”), a division of **Hawaii Health Systems Corporation** (hereinafter “HHSC”) a public body corporate and politic and an instrumentality and Agency of the State of Hawaii. This RFI is governed by the applicable provisions of Hawaii Revised Statutes (“HRS”) and implementing rules. All procedures and processes will be in accordance with applicable HRS Chapters including, but not limited to, 323F. To the extent this RFI contains any terms or provisions inconsistent with applicable HRS Chapters and implementing policies, the statutes and the policies will control.

WHR’s current EMR system is Cerner, previously Soarian Clinicals. Cerner has announced plans to sunset Soarian. WHR is interested in learning about EMR solutions currently on the market and how they may integrate with WHR’s clinical and business models.

This RFI is issued solely for planning and information gathering purposes; it does not constitute a Request for Proposal (“RFP”) or an obligation to issue a RFP in the future. Responses to this RFI will not obligate HHSC to contract for any commodity or service.

This RFI is intended to obtain information regarding the functionality of various Electronic Medical Records (“EMR“) systems as well as the qualifications of vendors for implementing and maintaining the EMR system.

* 1. RFI SCHEDULE/TIMETABLE

The timetable as presented represents HHSC’s best estimated schedule. If an activity of the timetable, such as “Closing Date for Receipt of Responses” is delayed, the rest of the timetable dates may be shifted. RESPONDENT will be advised, by addendum to the RFI, of any changes to the timetable.

|  |  |  |
| --- | --- | --- |
| No. | Activity | Planned Date |
| 1. | RFI Public Announcement | Thursday, February 11, 2021 |
| 2 | Closing date for RFI questions  | Thursday, February 18, 2021 |
| 3. | Response to all questions  | Thursday, February 25, 2021 |
| 4. | Respondents to be contacted to review RFI | Week of March 1, 2021 |
| 5. | **Closing Date for Receipt of Responses** | **Thursday, March 18, 2021****2:00PM HST** |
| 6. | Review of responses.  | No later than Thursday, March 25, 2021 |
| 7. | Decision to release competitive procurement. | No later than Thursday, March 31, 2021 |

Figure RFI Schedule

1.1.1 CONFERENCE CALL

RESPONDENTS will be contacted by KCH to arrange an individual conference call to review the RFI to ensure RESPONDENTS understand the RFI.

* 1. REGIONAL CHIEF EXECUTIVE OFFICER (RCEO)

The RCEO for HHSC West Hawaii Region, or designee, is authorized to make final determinations regarding this RFI or any subsequent RFP, if any.

The RCEO for this RFI is:

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| --- |
| James Y. Lee, Regional Chief Executive OfficerWest Hawaii RegionHawaii Health Systems Corporation79-1019 Haukapila StreetKealakekua, HI 96750 |

Figure RCEO – Regional Chief Executive Officer

* 1. DESIGNATED OFFICIALS

The officials identified in the following paragraphs have been designated by the RCEO as HHSC’s procurement officials responsible for execution of this RFI.

* + 1. ISSUING OFFICER

The Issuing Officer is responsible for administrating/facilitating all requirements of the RFI solicitation process and is the **sole point of contact**, unless otherwise permitted by Issuing Officer, for RESPONDENT from date of public announcement of the RFI until the RFI’s conclusion. Violation of this provision may result in RESPONDENT’s disqualification from the RFI. The Issuing Officer is:

|  |
| --- |
| Yvonne S. Taylor, Sr. Contracts ManagerWest Hawaii RegionEmail ytaylor@hhsc.orgDirect (808) 322-4442Fax (808) 322-4488*or in Yvonne’s absence:*Michelle Gray, Contracts Assistant IIEmail: mgray@hhsc.orgDirect (808)322-5830 |

Figure Issuing Officer

* 1. HHSC ORGANIZATIONAL INFORMATION
		1. CHARTER

HHSC is a public body corporate and politic and an instrumentality and agency of the State of Hawaii. HHSC is administratively attached to the Department of Health, State of Hawaii and was created by the legislature with passage of Act 262, Session Laws of the State of Hawaii 1996. Act 262 affirms the State’s commitment to provide quality health care for the people in the State of Hawaii, including those served by small rural facilities.

* + 1. STRUCTURE AND SERVICES

HHSC oversees the operation of ten public health facilities throughout the Hawaiian Island chain, including Oahu, Kauai and Hawaii. In addition to the twelve HHSC facilities, Hawaii Health Systems Foundation and Ali’i Community Care are affiliates of HHSC.

HHSC is organized into five operational regions and provides a broad range of healthcare services including acute, long term, rural and ambulatory health care services. As the fourth largest public health system in the country, HHSC is the largest provider of healthcare in the Islands, other than on Oahu.

HHSC West Hawaii Region has two hospitals: Kohala Hospital and Kona Community Hospital.

Kona Community Hospital is a 94-bed full-service acute care hospital with 24-hour emergency services, proudly serving the West Hawaii community for over 100 years.  Every year, KCH updates its care to include the newest medical services, allowing KCH to use all of its abilities to serve West Hawaii residents and visitors whenever they are in need. Kona Community Hospital, considers everyone to be Ohana, and as such, KCH strives to be your friend, neighbor, and family in the community.

Kona Community Hospital’s staff includes over 400 highly skilled employees and 100 medical staff practitioners, many of whom have been with KCH for over 20 years. Along with our professional and experienced staff, KCH has many volunteers and affiliates that support KCH. KCH is also one of the largest employers in West Hawaii.

Kona Community Hospital is a private, public benefit health care facility accredited by the Joint Commission on Accreditation of Health Care Organizations.

Kohala Hospital is a 28-bed Critical Access Hospital (CAH) with 24 hour emergency services. We have proudly been serving the North Kohala community since 1917.

Our mission is to provide a “healing” environment to the community of North Kohala through the provision of quality health care services with emphasis on quality of life to all our patients and residents.

Our vision includes caring, commitment, innovation, and community. With those values in mind, we have continued to update and remodel our facility to meet the needs of our residents, patients, and staff. As we look forward to the future, we’re embracing new ways of leveraging technology to better serve our community.

* + 1. MISSION

The mission of HHSC is to provide and enhance accessible, comprehensive health care services that are quality-driven, customer-focused and cost-effective.

* 1. FACILITY INFORMATION

Detailed information pertaining to HHSC facilities is located at <http://www.hhsc.org>.

* 1. SUBMISSION OF QUESTIONS

Relevant questions must be submitted in writing via electronic mail to the Issuing Officer no later than the “Closing Date for Receipt of Questions”, identified in Figure 1 in order to generate an official answer. All written questions will receive an official written response from HHSC and become addenda to the RFI.

HHSC reserves the right to reject or deny any request(s) made by RESPONDENT.

Responses by HHSC shall be due to the RESPONDENT no later than the dates for initial questions and final questions stipulated in Figure 1.

Impromptu, un-written questions are not permitted and the only official position of HHSC is that which is stated in writing and issued in the RFI as addenda thereto.

No other means of communication, whether oral or written, shall be construed as a formal or official response/statement and may not be relied upon.

Send relevant questions to:

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| Yvonne S. Taylor, Sr. Contracts ManagerWest Hawaii RegionEmail ytaylor@hhsc.orgDirect (808) 322-4442Fax (808) 322-4488*AND*Michelle Gray, Contracts Assistant IIEmail: mgray@hhsc.orgDirect (808)322-5830 |

Figure Contact for Relevant Questions

* 1. RFI AMENDMENTS

HHSC reserves the right to amend the RFI any time prior to the ending date for the response evaluation period. RFI Amendments will be in the form of addenda and posted on the Kona Community Hospital Procurement website as well as distributed to RESPONDENTS who are participating in this RFI.

* 1. CANCELLATION OF RFI

The RFI may be canceled at any time when it is determined to be in the best interests of HHSC.

SECTION 2 RESPONSES

1. RESPONSE PREPARATION

RESPONDENT shall prepare a written response in accordance with requirements of this Section.

Responses shall include all data and information requested to qualify responses for evaluation.

The development of overly elaborate responses and presentation material, not required and/or related to RFI requirements, is highly discouraged. Electronic format is required as well as one (1) hard copy. Hard copy should be in a loose bound 3 ring binder or binder clipped.

* + 1. MANDATORY RESPONSE TABS

The following tabs must be used in the RESPONDENT’s response:

|  |  |
| --- | --- |
|  | Mandatory Tabs |
| 1 | COVER LETTER (OPTIONAL) |
| 2 | TECHNICAL  |
|  | SUMMARY |
|  | SYSTEM FUNCTIONALITY QUESTIONS |
| 3 | ESTIMATE |
|  | SUMMARY |

Figure Mandatory Response Tabs

Relevant material should be placed in the appropriate tabbed area (Figure 6). Greyed in areas in the Mandatory Response Tabs indicate category titles and the sections contained in the tabs are listed directly below the category title.

* 1. COSTS FOR RESPONSE PREPARATION

Any and all costs incurred in the development of responses, i.e. preparing and submitting, on-site product/service demonstrations, on-site visits, oral presentations, travel and lodging, etc. shall be the sole responsibility of RESPONDENT.

* 1. DISQUALIFICATION OF RESPONSES

HHSC reserves the right to consider as acceptable only those responses submitted in accordance with all requirements set forth in the RFI and which demonstrate an understanding of the Scope of Services. HHSC reserves the right to ask for clarification of any item in the response.

* 1. SUBMISSION OF RESPONSES

Each RESPONDENT may submit one (1) response for each product offering RESPONDENT wishes HHSC to review. The Issuing Officer must receive one (1) copy of the response in electronic format and one (1) hard copy via hand delivery, US Mail or overnight delivery. Electronic response must be received no later than the “Closing Date for Receipt of Responses”, identified in Figure 1. Due to continued delays with delivery dates due to the COVID-19 pandemic, the **hard copy** r**esponses received up to one (1) week after due date will not be rejected.** The hard copy shall be clearly marked “ORIGINAL. Responses submitted electronically shall have the information in Figure 6 inserted on the email subject line.

|  |
| --- |
| RFI # 21-016, Your\_Company\_Name’s Response Package  |

Figure Mandatory Response Item Identification

Mail or deliver hard copy responses to the following address:

|  |
| --- |
| Yvonne S. Taylor, Sr. Contracts ManagerHHSC West Hawaii RegionKona Community Hospital79-1019 Haukapila StreetKealakekua, HI 96750 |

Figure Address for Response Submittals

The outside cover of the package containing the response should be marked, as follows:

|  |
| --- |
| Response Submitted in Response toRFI # HHSC 21-016 |

Figure Mandatory Response Package Marking

RESPONDENTS may revise their responses only if the revisions are received by the response due date. RESPONDENTS must submit the revised response in its entirety as the original response will be shredded. Highlight the revisions and provide a summary of all revisions and associated page numbers. Clearly mark the revised response cover page “REVISED”.

* 1. CONFIDENTIALITY

RESPONDENT shall request in writing the nondisclosure of designated trade secrets or other proprietary data to be confidential. Such data shall accompany the response and shall be readily separable from the response in order to facilitate eventual public inspection of the non-confidential portion of the response. The responses are subject to disclosure rules set forth in Chapter 92F, H.R.S. The RESPONDENT bears the burden of establishing that the designated data is exempted from the disclosure requirements set forth in Chapter 92F.

All responses and other material submitted by RESPONDENT become the property of HHSC and may be returned only at HHSC’s option.

* 1. TECHNICAL SECTION

*The technical response shall include the following categories:*

* + 1. TECHNICAL SUMMARY

Clearly, concisely and briefly summarize and highlight the contents of the technical section. Summary should not exceed 1 page in length.

* + 1. SYSTEM FUNCTIONALITY QUESTIONS (attachment 1)

Answer all questions in accordance with the instructions stated on the questions document. Do not leave any comments sections blank.

* 1. ESTIMATE SECTION

Based upon the information provided by HHSC in this RFI, please provide a budgetary estimate for both the purchase and a five (5) year subscription. KCH also requests that RESPONDENTS provide an estimate for implementation and five (5) years of support and maintenance. This information is being requested for budgetary reasons only and will not obligate RESPONDENT to provide same pricing for the future Request for Proposal (“RFP”), should there be one.

SECTION 3 REVIEW

1. RESPONSE REVIEW COMMITTEE

An evaluation committee of approximately 5-7 reviewers will be selected from across KCH disciplines to review the RFI responses. The committee will be composed of individuals with experience in, knowledge of, and program responsibility for the requirements identified in the RFI. HHSC reserves the right to request additional information from RESPONDENT to clarify the RESPONDENT’s response.

* 1. RESPONSE REVIEW COMMITTEE PURPOSE

The review committee is tasked with reviewing all responses and determining what requirements will be included in the RFP, should there be one. At this time, HHSC does not anticipate creating a short list. If a short list is not created, all RESPONDENTS will be eligible to respond to the RFP, should there be one.

SECTION 4 QUESTIONS AND ANSWERS

NOTE: All respondents’ questions are included. If the same question was asked by multiple respondents, it is listed below as one question.

1. Is Kohala Hospital included in this RFI?
	1. YES
2. For Section 2.6.2 on the Instructions document, when “attachment 1” is mentioned, is that in reference to the “WHR RFI EMR Requirements” document or is there another attachment?  We wanted to validate as we are assuming this is in reference to the “WHR RFI EMR Requirements” document.
	1. Attachment 1 is the WHR RFI EMR Requirements
3. Are any clinics included in this RFI and if so, could you provide names of each clinic and number of providers?
	1. NO
4. For 2.6.1, “Clearly, concisely and briefly summarize and highlight the contents of the technical section. Summary should not exceed 1 page in length,” would this be a summary of our answers for 2.6.2?
	1. YES
5. Please clarify the submission’s format as the language is not clear.
	1. Electronic and one (1) hard copy is required. Electronic is due by due date and due to delays in mail system, hard copy will be received up to one (1) week after due date. Language in RFI has been updated. A due time has also been added to the due date.
6. What is the current strategic plan?

a. The strategic plan for the organization is being reviewed and reworked due to managerial turnover.  The plan for the EMR is to replace EMR with a vendor/software that is a better fit for the WHR.  The existing system was implemented by HHSC and rolled out to each region.  Over the last 5 years the regions have broken off or changed processes and status resulting in 1) the current EMR becoming too expensive and 2) the current EMR is no longer a good fit for WHR.  In short, the strategy is to install and implement an EMR that better fits with the requirements of WHR.

1. What are the strategic drivers that contribute to the decision process (Doctors, Financial Performance, Regulatory, etc.)?
	1. The main strategic drivers, in no particular order, are regulatory; clinical care (physicians and nurses); cost.
2. What are the current challenges you are facing in regards to your EHR?
	1. Current challenges are meeting regulatory needs and customization due to procedural and industry changes.
3. Do you have an existing application matrix that is clear on what you are trying to replace?
	1. No, but one is being created.
4. Do you have a current state interface diagram? If so, can you share?
	1. Interfaces are maintained by the corporate IT department.  We are inquiring with them and will notify RESPONDENTS if there is one.
5. Have you established a current governance structure? If so, who is on it?
	1. Due to recent managerial turnover a governance structure does not currently exist.
6. Can you extend the due date two weeks?
	1. No. We will extend the due date one (1) week. See updated timetable.