

The Rector and Visitors of the
University of Virginia
On behalf of its Medical Center

Request for Proposal #SH-052918

Renal Dialysis EMR System

Issued By:
Medical Center Procurement
Division of Supply Chain Management
University of Virginia Medical Center
Charlottesville, Virginia

May 29, 2018



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A. GENERAL INFORMATION

Request for Proposal (RFP) Name: Renal Dialysis EMR System

RFP Number: #SH-052918

Issue Date: May 29, 2018

Brief Description: The Rector and Visitors of the University of Virginia, a Virginia public corporation, on behalf of its Medical Center (hereinafter "Medical Center", "UVaMC", "UH" or "University") seek an experienced firm to deliver an automated, fully integrated renal dialysis EMR system solution with user-intuitive entry, retrieval, alert capabilities, and with extensive interfaces with Epic that would allow for better patient care across the continuum.

Pre-proposal Questions and Communications: Any questions and communications concerning this RFP must be sent to and through the Senior Contract Negotiator (SCN) listed below.

Proposal Due Date: The due date for this proposal is 5:00 EST August 3, 2018. Proposals are to be sent using the contact information below. By mail, provide minimum of (15) copies of each proposal and a full electronic version of the RFP, either sent electronically or on CD ROM with the response. The University of Virginia (the "University") may, at its discretion, accept late proposals if it is determined to be in the best interest of the University.

Expected Award Date: January 2019

Term of Agreement: The term of a resulting Agreement or Purchase Order will be for three years, with the ability to renew on the same terms and conditions, for two additional one-year periods if mutually agreeable to the University and the Selected Firm. The Selected Firm and the University will mutually agree at least 180 days prior to each renewal period whether to renew the terms of the Agreement.

Refer all questions to: University of Virginia Medical Center
Department of Medical Center Procurement
1300 Jefferson Park Avenue, Room #1951
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Charlottesville, VA 22903
Attention: Shelley Hawkins
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Fax: 434-982-4354
Email: Shelley.Hawkins@Virginia.edu

This Request for Proposal (RFP) has been posted on Procurement Services web site for your convenience. Addenda and attachments are posted if issued. The RFP can be downloaded at this web site: <http://www.healthsystem.virginia.edu/internet/scm>. It is the firm's responsibility to ensure that the latest version of the entire RFP and related links are reviewed prior to submission of a proposal. We encourage you to check the web site frequently for any changes prior to the due date. Call Marjorie Chambers (434) 924-9374 if you have trouble accessing the RFP from the web. For questions about the content of the RFP, contact Shelley Hawkins listed above.

For ease of reference, each firm or individual receiving this RFP is referred to as a "firm" and the firm or individual selected to provide services for the University is referred to as the "Selected Firm." This RFP states the instructions for submitting proposals and the procedure and criteria by which a firm may be selected.

Overview of the Medical Center:

1. UVaMC Locations and Services

The UVA Medical Center houses the outpatient and inpatient clinical portion of the University of Virginia Health System which also includes the Schools of Medicine and Nursing, the Claude Moore Health Sciences Library and the UVA Physicians Group (UPG). Inpatient and outpatient services are provided in a number of geographic locations which must be served by clinical and financial information systems. The Health System has routinely been included in rankings of high quality providers including Magnet recognition for superior nursing processes and quality patient, U.S. News and World Report's Best Hospitals and Best Children's Hospitals (7 nationally ranked specialties in 2016), and Best Doctors in America. Plans are underway for additional future facility and clinical program development which will be integral parts of the patient, family and clinician experience. The current and future array of services and sites include:

a. University Hospital (UH)

A full service, 10-story, 800,000 square foot academic medical center originally opened in 1989 offering the comprehensive array of inpatient and outpatient diagnostic, treatment and support services, serving a wide geographic region extending beyond Virginia into West Virginia, North Carolina, Maryland and beyond, including primary through quaternary care. It is staffed by more than 7,000 clinicians and staff, as well as over 1,000 volunteers. UH includes a Level I Trauma Center and a Level 4 Neonatal Intensive Care Unit. Ground and air transportation capabilities support and allow transport of patients from accident scenes, other hospitals and other locations. The inpatient services consist of approximately 600 beds. A hospital expansion project is underway that will renovate and expand the Emergency Department, expand interventional services and convert most of our semi-private patient rooms to private rooms. UH also has a 20 bed short stay unit, providing short term care for post procedure and observation patients.

b. UVA Children's Hospital

UVA Children's Hospital provides primary and specialty care in more than 30 specialties to children throughout Virginia. It is nationally ranked by U.S. News & World Report and includes a hospital-within-a-hospital at UVA Medical Center with 111 beds, a dedicated pediatric emergency department, a Neonatal Intensive Care Unit for infants, a Pediatric Intensive Care Unit for children younger than 18 and the UVA Child Health Research Center. The Battle Building, opened in 2014, consolidates outpatient children's care at a single location in Charlottesville.

i. The 200,000-square-foot Battle Building at UVA Children's Hospital is consolidating UVA's outpatient care for children. It brings together hundreds of doctors and healthcare staff devoted to caring for kids and families into a building designed to place children at ease and promote healing. Children can receive primary care as well as care from pediatric providers in dozens of specialties, including allergy, cardiology, hematology/oncology and teen health.

ii. Outreach Clinics – Physicians conduct Field Clinics throughout Virginia, providing pediatric subspecialty care in at least seven communities not able to support key subspecialties.

c. University of Virginia Outpatient Surgery Center

Located within the Battle Building, the Outpatient Surgery Center is comprised of twelve ORs and two procedure rooms as well as recovery room and related support services. A full array of anesthesia and surgical services is provided in this setting. Patients can be easily transported from the center to the UH if necessary for additional care or overnight stay if needed.

d. UVA Transitional Care Hospital

A 40 bed long term acute care hospital was established to expand the UH inpatient bed capacity and enhance operations and financial stability by relocating patients who require high intensity medical services with lengths of stay exceeding 25 days.

e. Emily Couric Clinical Cancer Center

The Emily Couric Clinical Cancer Center, located across the street from University Hospital, which provides the full array of services needed by patients with all kinds of cancer. The vision of those who planned the cancer center is that it will be “a place where families can come to be supported in their fight against cancer, knowing that they will receive the most advanced therapies possible. It is a place where their humanity will be valued, their individuality honored, and their intellectual, emotional, and spiritual struggle sustained.” The Emily Couric Clinical Cancer Center is designed to accommodate advances in such areas as genetic diagnosis and analysis, informatics, and molecular biology and is organized so that all disciplines and services can easily be brought to the patient to provide individualized care that is both sophisticated and tightly integrated. At the same time, the building is the center of a community that extends for hundreds of miles in all directions. The Emily Couric Clinical Cancer Center houses all outpatient services for adults diagnosed with cancer, including:

- Comprehensive services for patient-centered care
- Complete radiation-oncology treatment services
- Clinical trials office
- Complete patient and family services
- Clusters of exam and consultation rooms
- Telemedicine capabilities: Immediate and constant access to patient information is one of the most important conditions for the multidisciplinary care of cancer patients and is a foundation of success in this endeavor.

f. UVA-Health South Rehabilitation Hospital

A joint venture 40 bed rehabilitation hospital is located at Fontaine Research Park; this facility provides comprehensive rehab services for UVA and other patients needing such services who have been discharged by local hospitals.

g. Outpatient Services On Grounds

A wide variety of outpatient clinics are located in several sites in the vicinity of UVA. All are connected by enclosed walkways. The onsite clinics include:

- Primary Care Center – primary and specialty services located in a 125,000 square foot clinic adjacent to University Hospital; opened in 1977:
 - Dermatology
 - EEG and EP
 - Family Medicine
 - Heart and Vascular Center
 - Neurology
 - Gynecology
 - Pulmonary
 - Gamma Knife
- West Complex – an eight story 240,000 square foot facility constructed in 1960 and renovated over the past 20 years. Outpatient specialty services, in addition to administrative and office space, include:
 - Breast Care Center
 - Ophthalmology
 - Plastic Surgery

- Kidney Center (Dialysis) and Kidney Center Clinic
- Neurosurgery
- Surgery Clinic
- Urology
- Transplant Clinic
- Infectious Disease
- Travelers Clinic

h. Outpatient Services Off Grounds

A need for additional space as well as a desire to be more accessible and convenient for patients resulted in the development and expansion of services in sites off the main UVA grounds:

- Fontaine Research Park – subspecialty clinics, including Diabetes Education, Primary Care, ENT, PMR, Orthopedics, Hand Center, and Pituitary Clinic
- Northridge – a 60,000 square foot medical office building located about 4 miles west from UVaMC, constructed in 1989 and including primary and subspecialty clinics:
 - Cardiology and Thoracic Cardiovascular Surgery
 - Internal Medicine
 - Ophthalmology
 - Pediatrics
 - Women’s Center – obstetrics, gynecology, Midlife Center, mammography
- Orange – Medicine, pediatrics, some medical specialty clinics
- Continuum Home Health & Home Infusion – home health provides services in 15 localities and home infusion in Virginia and North Carolina
- Provider Based Primary Care locations –primary care practices located in communities surrounding Charlottesville operated as Provider Based Clinics, including Zion Crossroad Clinic, Stoney Creek Clinic, and Albemarle Family Medicine clinic
- Regional Primary Care – seven primary care offices owned and managed by UPG located primarily in rural regions surrounding Charlottesville including the Shenandoah Valley
- Telemedicine Program – UVA Health System provides telemedicine services throughout Virginia, serving rural communities and prisons with specialty care not routinely available.

i. UVA Imaging

A joint venture with Outpatient Imaging Associates (OIA) provides comprehensive imaging services at the Fontaine Research Park and Northridge. The UVA Department of Radiology provides medical staff for the centers, which provide accessible, patient-friendly services that are convenient for patients seen at UVA Clinics primarily at that location including Orthopedic Surgery and Physical Medicine and Rehabilitation.

j. Partnerships and collaborations

The MC has cultivated and values a distinct complement of partnerships and collaborations across the region. These include:

Novant Health UVA Health System – a regional health system that includes three medical centers

Collaborations for specialty care with Bon Secours Health System

Program of All-inclusive Care for the Elderly (PACE) a collaborative with JABA and Riverside Health

Radiosurgery Centers with Riverside Healthcare

Management services and medical direction for the stereotactic radiosurgery and stereotactic body radiotherapy services at Winchester Medical Center

Collaboration with Hospice of the Piedmont to provide a 10-bed inpatient hospice unit at the UVA Transitional Care Hospital

A pediatric liver transplant partnership with Children’s Hospital of Pittsburgh of UPMC

2. Customer Related Entities and Affiliates:

- *Related Entities.* UVa Physicians Group (UPG), its majority owned subsidiaries listed below, and the University's majority owned subsidiaries listed below shall hereinafter be referred to as "Related Entities." UPG is the University of Virginia Physicians Group, a Virginia not-for-profit corporation that furnishes clinical services, including the

practice plan for physician faculty at the University. The majority owned subsidiaries are: Community Medicine University of Virginia LLC, Virginia Urologic Foundation and University of Virginia Imaging LLC.

- *Affiliates.* Customer Affiliates include but not be limited to, health care providers, of whatever legal form, that UVA or the Related Entities owns or controls, or with which UVA or the Related Entities has entered into an agreement for the furnishing of health care services (or services directly in support of health care services) for consideration, or which are physician practices which refer patients to the University, whether under the University's existing organizational and network structure or under future arrangements. Examples include Riverside UVA Radiosurgery. However, the term "Affiliate" does not include a Health Care Software Vendor or an entity that furnishes primarily data processing services as, or predominantly in the nature of, a data processing service bureau.

B. SCOPE OF GOODS & SERVICES

I. SCOPE OF GOODS AND SERVICES

The University of Virginia Medical Center (UVAMC) is seeking an experienced firm to deliver and help implement an automated, fully integrated renal dialysis EMR system solution with user-intuitive entry, retrieval, alert capabilities, and with extensive interfaces to and from Epic that would allow for better patient care across the continuum. The ability to improve clinical workflow, simplify the user interface, and simplify daily operations is crucial to our business. With the right system, the Renal Dialysis Department has an excellent opportunity to not only redefine their workflows but also analyze the outcomes of the value-based purchasing program, and also analyze the outcomes of the research activities.

Epic Implementations

UVAMC rolled out Epic's Inpatient and Ambulatory clinical systems seven years ago. The enterprise implementation of Epic's Revenue Cycle Management (RCM) application suite on 7/1/17 completes the rollout of a fully integrated healthcare information system and to capitalize on its benefits.

- Installation of core revenue cycle Epic modules for:
 - Resolute Hospital Billing
 - Claims and Remittance Hospital Billing
 - Resolute Professional Billing
 - Claims and Remittance Professional Billing
 - HIM
 - Identity
 - Cadence
 - Grand Central
 - Prelude
 - MyChart
 - Welcome
- Installation of core clinical Epic modules for:
 - OpTime
 - Anesthesia
 - Beaker
 - EpicCare Home Health
- Transformation of 154 current legacy systems to include:
 - Retaining 117 current systems
 - Eliminating 37 systems

Functionality Requirements and Questions

Overall application functionality

1. B. Braun hemodialysis machine interface required, please list other machines in which you also interface with.
2. Urea Kinetic Modeling calculator also populate into Lab results (URR/KTV) using Daugirdas II model Single Pool.
3. Crownweb interface – ability to submit dialysis data to Crownweb thought NRAA – HIE.
4. Patient and staff scheduling capabilities
5. Flowsheets for Incenter Hemodialysis/Peritoneal Dialysis (CAPD/CCPD), and Home Hemodialysis (Nightly/Short Daily), NxStage Flowsheet and the ability to print.
6. Dialysis Orders for Hemodialysis/Peritoneal Dialysis (CAPD/CCPD), and Home Hemodialysis (Nightly/Short Daily)
7. Track immunizations (administered at internal and external facilities).
8. Ability to scan in documents.
9. Reporting and data exporting capabilities and ability to develop/create/generate reports.
10. Track mortality and mortality rate.
11. Track 4th treatments and prompts for diagnosis codes/and reason.
12. Multiple dialysis orders for standard treatment and extra treatment.
13. Ability to add and follow specific protocols for anemia/adequacy, etc.
14. Fluid management and alerts for same.
15. Tools for CMS Surveys to easily extract required data.
16. Interdisciplinary Team assessment/plan of care template or tools for rounding – alerts and autopopulate fields.
17. Ability to interface infection data to NHSN or exportable data for same.
18. Track hospitalizations.
19. Track infections.
20. Track falls.
21. Track access and access infections.
22. Ability to interface or export data to VASC-Alert.
23. Ability to track and/or remove AKI patients from data.
24. Ability to remove patients less than 90 days on dialysis from data.
25. Dashboard for quality improvement data.
26. Ability to use mobile devices (cell phone/tablets).
27. Ease of distribution of client/software to PCs; hands off client install for staff.
28. Lab result interface (if Epic not the dialysis EMR).
29. Lab order interface (if Epic not the dialysis EMR).
30. ADT/registration interface (if Epic not the dialysis EMR).
31. Billing/charge interface (if Epic not the dialysis EMR).
32. Various alerts to be determined or configured.
33. Mandatory fields for height and weights.
34. Dietitian orders – diet order, supplements.
35. Integration for home programs – flowsheets, clinic visits.
36. Users ability to reset passwords if locked out,
37. Ability to track when users last logged into system.
38. Exportable audit trails.
39. Ability to set up various templates for documentation (falls, machine verification, triage, etc.).
40. Access diagrams import and edit.
41. Ability to have multiple default service codes for facilities.
42. Ability to print pre and post label transmittal sheets.
43. Ability to track plan of care schedule/alert/notification when due.
44. Lab alerts for outliers – like Ca > 10.2 mg/dl, A1b < 4 g/dl, KT/V < 1.2, hgb < 10 and can be changed by when needed by authorized staff.
45. Ability to print patient lab reports or report cards in bulk – by facility, MD, etc.
46. Advance directives tracking/code status banner.
47. Transplant status tracking.
48. Allergy tracking.
49. Track start data (2778 date), modality changes.
50. Ability to track machine use.
51. Have patient phone number, DNR, advance directives, emergency contact, and pharmacy phone numbers visible on all flowsheet screens if not all screens.

52. List prescription numbers.
53. Depression screening tool (PHQ-2 and PHQ-9).
54. Pain assessment tool.
55. Ability to document non routine orders or patient care needs (i.e. weight of prosthesis,)
56. Print orders individually and by batch printing.
57. Emergency data sheet – demographics, Heb B, medications, dialysis orders, code status.
58. Billing requirements:
 - a. Ability to bill by UB721
 - b. G Codes
 - c. AY Modifiers
 - d. AX Modifiers
 - e. HA Modifiers
 - f. Kt/V
 - g. Access Code (V6, V5, V7)
 - h. Condition codes (71,73, 74, HHD, CCPD, CAPD)
 - i. JW Wastage Codes
 - j. Occurrence codes (51, HHD, CCPD, CAPD)
 - k. Occurrence codes (51, Date Kt/V completed)
 - l. Height
 - m. Weight
 - n. Diagnosis Codes
 - o. Co-morbidities Diagnosis Codes
 - p. 4th Treatment
 - q. Update of new billing regulations
 - r. Ability to reconcile billing charges and revenue (#37)
59. How to track dialysis specific modality/census by facilities/treatment & patient activity (transfer in/transients/transplant).
60. Keep dialysis lab orders separate from clinic orders.
61. Multiple users on same page (flowsheet) without each person logging out.
62. Multiple Epic interfaces (financial system, labs, registration) Epic interfaces to be considered are medication lists, problem lists, vaccinations, billing system (bidirectional).
63. Ability to export progress notes, care plan notes and flow sheets.
64. Would like the ability to imbed protocols and track deviations.
65. Reporting capabilities:
 - a. Would like the ability to display results graphically and in a spreadsheet with the ability to trend over time by facility, by MD, and at an organizational level.
 - b. Please be specific to what report training (if any) will be needed. Training should be included in the cost estimate.
 - c. Provide reports that can be viewed online, downloaded electronically and distributed by email.
 - d. Is the reporting function web-enabled?
 - e. Can reports be scheduled?
 - f. Please provide a sample and explanation of all delivered reports.
 - g. Is there a standard data extraction/reporting tool to be utilized with the System? Is it a standard across the integrated applications?

Training and Education

66. How do we integrate this application into our training program?
67. Does the system software have a mirrored image side for training and/or testing? Are they the same image for both or separate?
68. Describe the number of required hours of training for the implementation team prior to implementation. Please be specific as to role.
69. Does implementation team training occur on-site or off-site? If off-site, please be specific as to locations.
70. Describe the approach to training end-users and the required number of hours for this training.
71. Describe the training costs associated with training the following areas;
 - o Implementation team
 - o System administration
72. Describe the system and end user documentation that will be provided with the System. Indicate the format in

which this documentation will be delivered. Specify whether the documentation may be modified for local practices and, if so, how such modifications are made and how frequently it occurs.

Implementation, Testing, Integration, and Operational questions

73. What implementation services are available?
- Provide an installation and implementation work plan for all facets of placing the system into first productive use. Indicate the tasks required, the party responsible for each task (department, vendor, other), the approximate time required to complete each task and the relative sequence of task.
 - Is an off-hours and/or weekend go-live an option?
 - Please define what complement of UVa staff will be needed to accomplish the above timeline to include their roles and required skill sets.
 - Describe your implementation methodology. Your response should include your recommendation for software installation, for hardware installation (server and workstations), for load testing, and for implementation to include business process redesign/design.
 - Please define the number of vendor provided staff that will be made available to complete all phases of the implementation on a FTE basis (e.g., Project Manager = 1FTE, Education Specialist = .50 FTE)
 - Describe arrangements with third parties that provide installation / implementation resources for your products.
 - Describe the extent of services provided for the following installation activities:
 - Consulting
 - Software set-up
 - Business Process
 - Site preparation
 - Hardware set-up
 - Please provide samples of documentation (both system installation and training) provided as part of the standard installation approach including:
 - System administration and reference manuals
 - User operator manuals
 - Data processing operations manuals
74. What is the earliest implementation date you feel you can support?
75. How do we test our build? Will test plans and/or documented guidelines be provided? Describe the process and timing for acceptance testing and the relative responsibilities of both purchaser and vendor personnel.
76. Are there any limits to our testing before we are charged?
77. What interface engines support this application?
78. Other hardware / system / networking build?
79. What regulatory and/or compliance issues do we face when using this software? (e.g.: PCI for credit cards)
80. How does the system validate that the patient being reviewed is the correct patient?
81. What is overall system availability? How much scheduled and unscheduled down time have you had in the past 12 months?
82. Please describe the post implementation/optimization phase

Overall Technical Requirements – Vendor must review Attachments 3A & B and provide written responses to any item(s) that are not acceptable. Please label this response as “Response to Attachment 3A”, “Response to Attachment 3B”.

83. System Design
- a. System works with UVaMC standard desktop environment.
 - b. Detail which operating systems are compatible with your system and the operating system on which your system is based. Is the operating system standard or customized for your product within each separate site application? If a proprietary operating system is used, detail any plans you may have to migrate to a standard operating system
 - c. System utilizes a supportable network operating system.
 - d. Systems are customizable to capture data elements in required formats, as well as allow additional processes that may be required by the department, institution, and/or professional entities.
 - e. Describe the programming languages used, the database management system and structure that will support the System’s application software.

- f. Systems should allow for easy documentation.
- g. The database architecture supports multi-vendor platforms, specifically Microsoft SQL and Oracle.
- h. Describe your solution's support for virtualization.

84. Training and Education

- a. Does the system software have a mirrored image side for training and/or testing? Are they the same image for both or separate?
- b. Describe the number of required hours of training for the implementation team prior to implementation. Please be specific as to role.
- c. Does implementation team training occur on-site or off-site? If off-site, please be specific as to locations.
- d. Describe the approach to training end-users and the required number of hours for this training.
- e. Describe the training costs associated with training the following areas;
 - I. Implementation team
 - II. System administration
- f. Describe the system and end user documentation that will be provided with the System. Indicate the format in which this documentation will be delivered. Specify whether the documentation may be modified for local practices and, if so, how such modifications are made and how frequently it occurs.

85. Implementation

- a. Describe the process and timing for acceptance testing and the relative responsibilities of both purchaser and vendor personnel.
- b. Provide an installation and implementation work plan for all facets of placing the system into first productive use. Indicate the tasks required, the party responsible for each task (department, vendor, other), the approximate time required to complete each task and the relative sequence of task.
- c. Please define what compliment of UVaMC staff will be needed to accomplish the above timeline to include their roles and required skill sets.
- d. Describe your implementation methodology. Your response should include your recommendation for software installation, for hardware installation (server and workstations), for load testing, and for implementation to include business process redesign/design.
- e. Please define the number of vendor provided staff that will be made available to complete all phases of the implementation on a FTE basis (e.g., Project Manager = 1FTE, Education Specialist = .50 FTE)
- f. Describe arrangements with third parties that provide installation / implementation resources for your products.
- g. Describe the extent of services provided for the following installation activities:
 - I. Consulting
 - II. Software set-up
 - III. Business Process
 - IV. Site preparation
 - V. Hardware set-up
- h. Please provide samples of documentation (both system installation and training) provided as part of the standard installation approach including:
 - I. System administration and reference manuals
 - II. User operator manuals
 - III. Data processing operations manuals

86. Reporting

- a. Provide customizable and standard reporting functionality. Describe the tools including those from other vendors that are available for reporting and data modification. Please be specific to what training (if any) will be needed. Training should be included in the cost estimate.
 - I. Provide reports that can be viewed online, downloaded electronically and distributed by email.
 - II. Is the reporting function web enabled?
 - III. Can reports be scheduled?
- b. Please provide a sample and explanation of all delivered reports.
- c. Is there a standard data extraction/reporting tool to be utilized with the System? Is it a standard across the integrated applications?

87. System Support

- a. Where is the location of the vendor's office that will provide onsite support if needed?
- b. Describe your technical support organization and structure.
- c. What hours is your technical support department available?
- d. Describe how updates, new releases and enhancements are distributed and installed.
 - I. How frequently are updates issued?
 - II. How frequently are new versions issued?
 - III. Who applies the releases or enhancements, vendor or customer?
 - IV. Are updates applied to the Test environment first, and not applied in Production until successful testing is completed?
- e. Who refreshes the Test databases, vendor or customer?
 - I. If maintenance services are purchased do the updates and new versions come at no charge?
- f. Describe how bug fixes and other patches are applied to the system.
 - I. Who applies patches, vendor or UVaMC?
 - II. What are your procedures for testing and certifying your product with desktop PC operating system and other patches?
 - III. Are both the patches and the implementation services included in the maintenance fees?
- g. Describe your organization's dial-up capabilities for support purposes.
 - I. Do you require remote connectivity to support/troubleshoot the system? If yes, how is this achieved (eg. What ports are necessary? Does/can the onsite system initiate the connection – "phone home", etc.)?
 - II. Do you have capabilities for electronically delivering files, patches, etc.?
 - III. Are there fees for electronic access?
- h. Describe the availability and cost of support, add new features and to modify the system.
 - I. What services are billable over and above the usual support fee?
 - II. Please specify billable rates and all items, services, upgrades, enhancements, releases and situations where UVa would be required to pay a premium beyond normal maintenance fees.
- i. Describe how support calls are prioritized, under what circumstances and how quickly on-site support can be provided.
 - I. What are the guaranteed minimums and maximum times for on-site support arrival?
 - II. What are your provisions and requirements for escalation of ongoing problems?
 - III. Do you provide a means to check the status of an issue online?
- j. Describe the number of personnel and their required training and skill level for the equipment/system maintenance.
- k. Describe the responsibilities, assignments, and requirements of the personnel for your system's environment.

88. System Administration

- a. Describe your process on how you define and control specific level of user access.
- b. Do you support Microsoft ADFS/LDAP (Lightweight Directory Access Protocol) for user access? If so, please detail.
- c. Describe your audit capabilities.
- d. Please explain what workflow functionality is resident in the application (e.g. rules, routing, and approval). To what extent is it customizable?
- e. Please explain what data management tools accompany the System.
- f. Please explain what features and functionality are web enabled within the application.
- g. Please list employees required to efficiently manage this system (number, job description, etc.)
- h. Describe the average downtime for monthly, weekly and daily processing.
- i. Describe any performance monitoring tools that are contained in your bid.
- j. Describe in detail how the recovery procedures work.

89. Disaster Recovery

- a. Describe the support to be provided to UVaMC in the event that a catastrophic disaster disables the System for an extended period of time. If enhanced services of this type are offered at an additional cost, please specify these services and the costs.
- b. Specify what backup and recovery tools must be in place at UVaMC to support disaster recovery, include an option for offsite vaulting.

- c. Describe any hardware redundancy required for the disaster recovery process.

90. Hardware Specifications

- a. In the hardware proposal, please specify the per unit cost for each of the following:
 - I. Server(s)
 - II. Workstation(s)
 - III. High End Color Printer(s)
 - IV. Peripherals that may be needed to optimally interact with the application.
- b. Please describe the hardware requirements in order to optimally support your software, both the operating system and for the application to run.
- c. Please describe the workstation installation and configuration of client software and the removal of old client software.
- d. Please describe the compatibility of your system with current web browser versions (IE, Firefox, Safari, etc.).
- e. Does your solution function on a Mac system, or only on Windows OS?
- f. Please describe how your application runs with other applications on the same desktop.
- g. Does system have ability to send notification electronically in real-time in multiple formats: Pager, email, fax, handhelds, tablets, wireless systems.
- h. Does this application require server hardware to be remote for remote locations or can it be centralized with no degradation of service to remote locations?
- i. Does your application support full ("hot") backup of all system components and messages without shutting down any components?
- j. Does your solution run on Windows Server, Redhat Linux, or IBM AIX?
- k. Does your solution support high availability for real time switchover to standby server in manual and automated modes? Provide detailed diagram of systems hardware depicting failover/load balancing capabilities.
- l. Does your system have the ability to perform TCP/IP packet review and log trace files to determine actual data being transmitted to or from system?
- m. Please describe your storage requirements including capacity, required IOPS, and expected growth
- n. Scalability:
 - I. Describe how your system supports deployment of installation and configuration updates.
 - II. Describe how your solution allows for development, test, training, production and disaster recovery environments with no additional licensing fees.
 - III. Describe how your system accommodates future growth (adding additional departments, clinics, etc.).
 - IV. Describe how your system supports multiple application and web servers in a load balanced configuration environment for redundancy.

Qualification Questions

- 91. Provide your KLAS score and KLAS Confidence.
- 92. Provide any other industry rankings
- 93. Provide resumes of your implementation and support teams who will be dedicated to this account
- 94. Are you able to provide an on-site demo of the functionality incorporated into Epic?
- 95. Will you be using an off-shore professional or implementation service organizations to supplement any on-shore staff?

Total Cost of Ownership

- 96. The proposal shall include total cost of ownership as applicable to include but not limited to:
 - o Software, licenses, software upgrades
 - o Hardware, licenses, hardware upgrades
 - o Maintenance beyond warranty
 - o Technical support
 - o On-site support during implementation, post implementation
 - o Specific system costs discoverable during the RFP process

C. BASIS OF SELECTION

The Medical Center will evaluate proposals and, if a firm is to be selected, select the firm on the basis of:

1. The firm's plan to assist the Medical Center to meet its goals and requirements as discussed in this RFP including its Section B: Scope of Goods and Services.
2. The firm's relevant experience, qualifications and success in providing the goods and/or services outlined in this Request for Proposal.
3. The firm's references from institutions of higher education, teaching hospitals, and clients who are comparable to the Medical Center.
4. The firm's financial proposal.
5. The quality of the proposal, specifically, the provision, adequacy and completeness of your response.
6. The contractual terms that would govern the relationship between the Medical Center and the Selected Firm. The firm will be deemed to have fully accepted the Medical Center's Contractual Provisions: <http://www.medicalcenter.virginia.edu/scm/> , unless specific modifications are requested in the firm's written proposal, with an explanation as to why such modifications are required by the firm.
7. The firm's Small, Woman-owned and Minority-owned (SWAM) businesses status and/or the firm's plan for utilization of SWAM businesses.
8. Any other relevant factors as determined solely by the Medical Center.

D. CONTENTS OF PROPOSAL

Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be on completeness and clarity of content, and should be organized in the order in which the requirements are presented in the RFP. Firms should provide the following information:

1. A brief history of the firm and its experience, qualifications and success in providing the type of product requested.
2. A detailed description and the full specifications of the product and services proposed. Each firm should indicate in their proposal the firm's ability to achieve / comply with each specification. In the event that the firm wishes to propose an alternate specification that, in any way, differs from the above specifications, the firm should detail their proposed change(s) and how the proposed change would compare to the listed specification. Proposals should be formatted in such a way to address each of the above specifications in a line-by-line process.
3. The estimated ship date of the product from the time of the order (i.e., 10 wks after order)
4. Information on the warranty associated with the product you are proposing and any extended warranty (include the price) that might be available.
5. The firm's proposed price / fee for providing the Goods and Services, to include shipping charges (the University's shipping terms are FOB Destination), and description of invoicing process.
6. The firm's capacity for accepting electronic payments through Electronic Data Interchange (EDI) or Automated Clearing House (ACH) and any additional discounts that may result from paying electronically.
7. At least three references where similar goods and/or services have been provided. Include the name of the firm / organization, the complete mailing address, and the name of the contact person and their telephone number.
8. The firm's Small, Woman-owned and Minority-owned (SWAM) businesses status and/or how the firm intends to utilize SWAM firms in regards to this particular procurement.
9. An authorized representative of the responding Firm shall sign proposals. All information requested should be submitted; the Medical Center may reject proposals that are substantially incomplete or lack key information.
10. Each copy of the proposal and all additional documentation submitted should be bound or contained in a single volume where practical. Responders shall provide minimum of 15 copies of each proposal and a full electronic version of the RFP, either sent electronically or on CD ROM with the response.
11. Ownership of all data, materials, and documentation prepared for the Medical Center pursuant to this RFP shall belong exclusively to the Medical Center. Once an award is announced, all proposals submitted in response to this RFP will be open to the inspection of any citizen, or any interested person, firm or corporation, in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by a firm as part of its

proposal will not be subject to public disclosure under the Virginia Freedom of Information Act if the firm invokes the protections of Virginia Code Section 2.2-4342(F) in writing and follows its stated requirements prior to or upon submission of its proposal. A firm may not request that its entire proposal be treated as a trade secret or proprietary information. Nor may a firm request that its pricing be treated as a trade secret or proprietary information, or otherwise be deemed confidential. The Medical Center shall, upon receipt of any request under the Virginia Freedom of Information Act for materials that the Firm has identified as trade secrets or proprietary information in conformity with the requirements of Virginia Code Section 2.2-4342(F), notify the Firm that a request has been received, before responding to the request. Except as may be required by applicable law, the Medical Center shall not voluntarily disclose the designated trade secrets or proprietary information without prior written approval of the Firm.

12. Complete and return the information requested in Attachment 1, Firm Information. State point of contact information to include name, address, office telephone number, mobile telephone number, facsimile number and email address.
13. Provide the Medical Center with a written statement of any requested modifications to the Medical Center's Contractual Provisions: <http://www.medicalcenter.virginia.edu/scm/> pursuant to C.6 above. Failure to provide such a written statement will be deemed as full acceptance of the Medical Center's Contractual Provisions without exception.

The Issuing Office for this Request for Proposal and the location to return the response to is:

U.S. Mail:

Medical Center Procurement
Division of Supply Chain Management
University of Virginia Medical Center
P.O Box 800705
Charlottesville, Virginia 22908

All Other Deliverers:

Medical Center Procurement
Division of Supply Chain Management
University of Virginia Medical Center
1300 Jefferson Park Avenue, Room #1951
Charlottesville, Virginia 22903

E. TERMS AND CONDITIONS

- I. Awarded firms shall adhere to University and Medical Center Policies and procedures.
- II. This solicitation and any subsequent award will be governed by:
 - (a) The Selected Firm registering as a vendor with the University of Virginia Medical Center: <http://www.healthsystem.virginia.edu/alive/scm/procurement.cfm>
 - (b) In addition to the Medical Center's Contractual Provisions: <http://www.medicalcenter.virginia.edu/scm/>, the following Insurance provision will apply:

Insurance. The Medical Center will not execute an Agreement or authorize the provision of goods and services until the Firm satisfies the insurance requirements of the Medical Center. In no event should the Selected Firm construe these minimum required limits to be their limit of liability to the Medical Center. The Medical Center reserves the right to approve any insurance proposed by the Selected Firm. The requirements are as follows:

1. Automobile Liability insurance with a minimum combined single Limit of Liability for bodily injury and property damage of \$750,000 per accident on all owned, hired, and non-owned vehicles operated by the Selected Firm's employees;
2. Commercial General Liability insurance with a minimum combined single Limit of Liability for bodily injury and property damage of \$2 million per occurrence, to include premises/operations, products/completed operations, and contractual liability coverage and list the Medical Center as an additional insured, the proper name is: "The Commonwealth of Virginia, and the Rector and Visitors of the University of Virginia, its officers, employees and agents.";

3. Workers compensation coverage, (i) with Employer's Liability coverage of at least \$100,000 and (ii) which meets all statutory requirements.
4. The Selected Firm will provide the Medical Center with a valid Certificate of Insurance evidencing all required coverage with its proposal, which shall remain in force throughout the terms of any resulting Agreement. The Selected Firm shall only utilize insurers that hold at least an "A-" rating with A.M. Best Company. The Selected Firm shall notify the Medical Center in writing 30 days prior to the termination of any such insurance coverage for any reason whatsoever. The Selected Firm agrees to take no action that prohibits the utilization of this insurance or limits the liability of the Selected Firm for property damage or personal injury in conjunction with goods or services provided under this Agreement.
5. For clinical services, the contractual medical malpractice insurance limit requirement is \$2,000,000.
6. For professional services, the Professional Errors & Omissions Liability insurance limit requirement is \$1 million per claim.

ATTACHMENT 1

FIRM INFORMATION

Full Legal Name: _____
(Company Name as it appears with Federal Taxpayer ID Number)

Address: _____

Telephone Number: _____ **Fax Number:** _____

Web Address: _____

eMail Address: _____

DUNS Number: _____

SWAM Information:

Is your firm certified with the Commonwealth of Virginia's Department of Minority Business Enterprises (DMBE): YES___ NO___

Minority-Owned YES___ NO ___

Women-Owned YES___ NO ___

Small -Owned YES___ NO ___

Your firm's point of contact for this proposal:

Name: _____

Address: _____

Office Phone: _____

eMail: _____



Office of the Vice President for Management and Budget

Attachment 2

Vice President for Management and Budget's Request for Commitment

Greetings:

The quality of service the University of Virginia is able to deliver to its customers is directly related to the excellent support we receive from you and many other outstanding suppliers of goods and services. Without you, we would not be able to fulfill our educational, health care and research missions. An important part of our procurement program involves our commitment to doing business with small, women- and minority-owned (SWaM) businesses. As one of our most important vendors, we look to you to help us achieve this objective.

We conduct substantial business with small firms. We have a particular institutional focus on developing long-term business relationships with minority- and women-owned businesses. We count on our majority firms to help us achieve our goal.

I seek your assistance in two areas. First, to the extent practical, I ask that you involve small, women- and minority-owned businesses in the delivery of services you provide to UVa. The office of Procurement and Supplier Diversity Services is ready to assist you in identifying qualified diverse business partners. Second, I seek your help in reporting your results through our quarterly subcontracting reports. The terms and conditions previously provided to your organization outlined this process.

This effort is important to us. We depend on you in so many ways – this is another way that we can partner with your company to make things better.

Sincerely,

Colette Sheehy

Vice President for Management and Budget