

Solicitation 0910-001

Comprehensive Emergency Department Information System

University of California San Francisco

Bid 0910-001

Comprehensive Emergency Department Information System

Bid Number 0910-001
Bid Title Comprehensive Emergency Department Information System

Bid Start Date Jan 8, 2010 8:03:13 AM PST
Bid End Date Mar 1, 2010 1:00:00 PM PST
Question & Answer End Date Feb 10, 2010 9:00:00 AM PST

Bid Contact Lloyd Watson
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Contract Duration 1 year
Contract Renewal 2 annual renewals
Prices Good for 60 days
Pre-Bid Conference Feb 10, 2010 9:00:00 AM PST
Attendance is mandatory
Location: San Francisco General Hospital Emergency Dept
Conference Room 1E35
1001 Potrero Street
San Francisco, CA 94110

Bid Comments After Receipt and Review of documents please advise via written response your plans to attend the Bidders Conference and the number of attendees.

Please provide your general questions in advance so any supporting documents or additional information can be readily available at time of conference.

Be encouraged to raise any questions immediately so we might assist in clarifying your concerns.

The Bidsync process is new to the University and most probably to you. We want to make this process as productive as possible and welcome your feedback and participation.

Item Response Form

Item 0910-001-1-01 - Software
Quantity 1 each
Unit Price
Delivery Location University of California San Francisco
No Location Specified
Qty 1

Description
Software which manages the Emergency Room Information System



**EDIS PROJECT
REQUEST FOR PROPOSAL**

Author: EDIS Project Team
Updated: January 6, 2010
Version: 2009

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Request for Proposals for a Comprehensive Emergency Department Information System

I. Introduction

The University of California, San Francisco, Department of Emergency Medicine (UCSFDEM) at San Francisco General Hospital Medical Center (SFGHMC) is seeking to acquire a comprehensive Emergency Department Information System (EDIS).

The UCSFDEM supports the vision, values, and strategic goals of the Community Health Network of San Francisco through its mission to protect the health of all San Franciscans by providing quality, comprehensive, and culturally proficient health services. The acquisition and operation of an EDIS will be made possible by collaboration between the University of California, San Francisco (UCSF) and the City and County of San Francisco, Department of Public Health (CCSFDPH).

The mission of the UCSFDEM at SFGHMC is to provide comprehensive, individualized emergency and trauma care by functioning in unison with the medical staff and all disciplines of the organization. It is our goal to serve as patient advocates and uphold the Patient's Bill of Rights, with appreciation and respect for individual ethnic and cultural uniqueness. This is achieved by providing comprehensive individualized nursing and medical care based on established standards and communicating and collaborating with all health care providers to ensure the delivery of well-organized, quality emergency services.

The UCSFDEM at SFGHMC is the only Comprehensive Emergency Department in the City and County of San Francisco. In addition, it is the only Trauma Center in San Francisco and the only Level 1 Trauma Center between Palo Alto, CA and Portland, OR. The Emergency Department census is approximately 55,000 visits per year.

The emergency department at SFGHMC is a training site for the University of California San Francisco, Stanford University, and several other public and private hospital training programs in the Bay Area. Over 250 students, interns, and residents spend at least one month of their year based in the SFGHMC Emergency Department. The permanent Emergency Department staff is comprised of 33 attending physicians, 120 registered nurses, 18 nurse practitioners, and 31 support personnel.

The goal is to successfully implement an EDIS at SFGHMC with a go-live date of **January 5, 2011.**

II. Project Overview

A review panel consisting of individuals with clinical, information systems, finance, billing and compliance expertise from UCSFDEM and SFGHMC will review responses to this RFP. The selected vendor will have demonstrated qualifications to:

- Provide a comprehensive system of software and support for our emergency department including Tracking, Triage, Physician and Nurse Documentation, and Discharge Instruction that can interface with a minimum of effort to the San Francisco Department of Public Health Network and Systems at SFGHMC and other locations.
- Provide an integrated software solution that can meet SFGHMC requirements with minimal or no modification to the vendor's base system.
- Provide a system solution, based on both proven and current technology.
- Provide a seamless, comprehensive patient documentation tool that allows us to quickly and completely document patient visits from initial patient presentation to follow-up care.
- Provide a mechanism to quickly and completely identify the status of a patient visit.
- Provide a system that allows us to quickly and completely order tests and obtain test results.
- Provide a robust database that will facilitate clinical research and quality improvement programs.
- Provide a system that includes templates that will notify medical and nursing personnel to provide complete documentation.
- Provide, as part of the standard support contract, software updates to meet regulatory requirements as industry practices and guidelines change and evolve.
- Provide 24 hour per day/7 days per week technical support.
- Provide robust reporting tools that meet federal/state regulatory statutes for reports, management/productivity reporting requirements, and have the ability to create customized reports with a minimum of technical knowledge.
- Provide a system that can interface to current San Francisco Department of Public Health (DPH) at SFGHMC systems on a complex network, including web-delivery to the Community Health Network (CHN) Intranet.
- Provide for migration of current data in the UCSFDEM Database.
- Provide a qualified implementation team and formal acceptance testing approach that will yield a successful and timely implementation.
- Provide a specific level of customizability to fit the needs of the working environment in the ED; the process should be streamlined and user friendly
- Provide appropriately ample staff training materials (i.e. screen shots, literature, etc.)
- Provide a plan of scalability or stream of enhancement as SFGHMC builds a new hospital within the next 5 years and the ED goes from 29 to 60 licensed beds.

III. Submission Requirements

A. Time and Place for Submission of Responses for RFP

Responses to this RFP must be submitted to the Bidsync Website by 1:00 PM PST, March 1, 2010. A Pre-bid meeting will be held at SFGH on February 10, 2010 to answer vendor questions regarding the RFP document and provide a general walk through of the work site environment.

The Administrator for the RFP process is:

Lloyd Watson
Assistant Procurement Manager
University California San Francisco
Campus Procurement & Business Contracts

All during the bidding process shall be done in writing and via the Bidsync website.

B. Format and Content of Proposals

Firms interested in responding to this RFP must submit the following information, in the order specified below:

1. Introduction and Executive Summary

Submit a letter of introduction and executive summary of the proposal. The letter must be signed by a person authorized by your firm to obligate your firm to perform the commitments contained in the proposal. Submission of the letter will constitute a representation by your firm that your firm is willing and able to perform the commitments contained in the proposal.

2. Project Approach

Describe the services and activities that your firm proposes to provide to the emergency department at SFGHMC. Include the following information:

- a. Overall scope of work tasks; and
- b. Schedule and ability to complete the project within the hospital's required time frame; and
- c. Assignment of work within you firm's work team.

3. Firm Qualifications

Provide information on your firm's background and qualifications which addresses the following:

- a. Name, address, and telephone number, and email address of a contact person; and
- b. A brief description of your firm highlighting name, credentials, and contact information of principles, as well as how any joint venture or association would be structured; and
- c. A description of not more than four projects similar in size and scope prepared by your firm including client, reference and telephone numbers, staff members who worked on each project, budget, schedule and project summary. Descriptions should be limited to one page for each project. If joint consultants or sub consultants are proposed provide the above information for each.
- d. Provide a copy of your firm's most recent Annual Report to Shareholders.
- e. Describe your firm's expectations of what UCSFDEM and SFGHMC will provide to ensure timely completion of the project.

4. Team Qualifications

- a. Provide a list identifying: (i) each key person on the project team, (ii) the project manager, (iii) the role each will play in the project, and (iv) a written assurance that the key individuals listed and identified will be performing the work and will not be substituted with other personnel or reassigned to another project without UCSFDEM and SFGHMC's prior approval.
- b. Provide a description of the experience and qualifications of the project team members, including resumes if necessary.

5. References

Provide references for the lead consulting firm, lead project manager, and all sub consultants including the name, address and telephone number of three or more recent clients (preferably other public agencies).

6. Fee Proposal

The University of California, San Francisco and the City and County of San Francisco intend to award this contract to the firm that it considers will provide the best overall program services. UCSFDEM and SFGHMC reserve the right to accept other than the lowest priced offer and to reject any proposals that are not responsive to this request.

Please provide a fee proposal that includes the following:

- a. Total fee for each of the disciplines identified in the Scope of Work with a not-to-exceed figure; and
- b. Hourly rates for all team members. Hourly rates and itemized costs may be used to negotiate changes in the Scope of Work if necessary.

IV. Evaluation and Selection Criteria

A. Selection Criteria

A selection committee comprised of parties with expertise in Emergency Department Information Systems will evaluate the Proposals. The review panel will score the sections using a “Cost per Quality Point” (CPQT) tool that ranks the vendors’ responses. After scoring the RFP responses, the review panel may request vendor demonstrations at SFGH to allow staff to navigate and document in the vendors’ software environment. Upon completion of the scoring and demonstration, a vendor will be selected. The committee intends to evaluate the proposals generally in accordance with the criteria listed below:

Selection Criteria

Functional Requirements (Sections A-S)	600 points
Installation and Training	100 points
Support	200 points
References	50 points
Corporate Evaluation	<u>50 points</u>

Total Points Possible

1000 points

V. Schedule

A. Schedule

The Emergency Department Information Systems (EDIS) Committee will keep a record of all parties who request and receive copies of the RFP via BidSync. Any requests for information concerning the RFP must be in writing and any substantive replies will be issued as written addenda to all parties who have requested and received a copy of the RFP. No questions or requests for interpretation will be accepted after **January 27, 2010**.

Proposal Phase	Date
Electronic RFP is issued via email	01/08/2010

website	
Deadline for submission of written questions or requests for clarification	01/25/2010
Vendor Q&A and site visit	02/10/2010
Proposals due	03/01/2010
Scoring of proposals	03/26/2010
Product Demo IF Required	04/01/2010
Selection of vendor & Contract negotiations	04/15/2010
Contract Award	05/01/2010
Installation	07/01/2010
Training	11/01/2010
Go-Live Target Date	01/01/2011

B. Contract Award

The selection of any proposal shall not imply acceptance by UCSFDEM and SFGHMC of all terms of the proposal, which may be subject to further negotiation and approvals before UCSFDEM and SFGHMC may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time UCSFDEM, in its sole discretion, may terminate negotiations with the highest ranked proposer and begin contract negotiations with the next highest ranked proposer.

VI. Terms and Conditions for Receipt of Proposals

A. Errors and Omissions in RFP

Proposers are responsible for reviewing all portions of the RFP. Proposers are to promptly notify BidSync in writing, if the proposer discovers any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to the BidSync website promptly after discovery, but in no event later than five working days after to the date for receipt of questions. Modifications and clarifications IF required will be made by addenda as provided below.

B. Inquiries Regarding RFP

ALL inquiries regarding the RFP shall be made in writing and directed to the BidSync website. All questions and answers will be posted in a timely manner for all vendors participating in the RFP process.

C. Addenda to RFP

The EDIS Committee, UCSFDEM and SFGHMC may modify the RFP, prior to the proposal due date, by issuing written addenda. Addenda will be sent via regular, first class U.S. mail to the last known business address of each firm listed as having received a copy of the RFP for proposal purposes. Reasonable efforts will be made to notify proposers in a timely manner of modifications to the RFP.

Notwithstanding this provision, the proposer shall be responsible for ensuring that its proposal reflects any and all addenda issued prior to the proposal due date regardless of when the proposal is submitted. Therefore, UCSFDEM and SFGHMC recommend that the proposer call Angie Canas before submitting its proposal to determine if the proposer has received all addenda.

D. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

E. Revision of Proposal

A proposer may revise a proposal on the proposer's own initiative at any time before the deadline for submission of proposals. The proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any proposer.

At any time during the proposal evaluation process, you may be required to provide oral or written clarification of your proposal. UCSFDEM and SFGHMC reserves the right to make an award without further clarification of proposals received.

F. Errors and Omissions in Proposal

Failure by UCSFDEM and SFGHMC to object to an error, omission, or deviation in the proposal will in no way modify the RFP or excuse the vendor from full compliance with the specifications of the RFP or any contract awarded pursuant to the RFP.

G. Financial Responsibility

UCSFDEM and SFGHMC have no financial responsibility for any costs incurred by a firm in responding to this RFP. Submissions of the RFP will become the property of UCSFDEM and SFGHMC.

H. No Waiver

No waiver by UCSFDEM of any provision of this RFP shall be implied from any failure by UCSFDEM to recognize or take action on account of any failure by a proposer to observe any provision of this RFP.

I. Formal Vendor Presentations

UCSFDEM, SFGHMC, and the EDIS Committee may require a formal presentation or demonstration of your product prior to or after the completion of the internal RFP evaluation process. Please indicate your availability to provide a formal presentation between April 1, 2010 and April 8, 2010. The vendor will be responsible for any expenses associated with their presentation or demonstration.

VII. Description of Technical Environment

The SFGHMC Emergency Department operates in a complex information systems environment supported through a series of interfaces anchored by Siemens Enterprise Access Directory, Invision Patient Management System, Lifetime Clinical Record, and Openlink.

22 Network Access devices (mostly Wyse 9455 & 1200 along with a few full computers) and 7 printers are currently deployed in the ED clinical areas. These clinical devices run Siemens Invision/LCR delivered via Net Access and MS Internet Explorer.

We anticipate an additional 28 PCs and 8 printers in the clinical areas, along with the inclusion of 10-15 installations of the EDIS client on management, physician, nursing, and IS office PCs.

We are exploring two hardware options for the clinical areas, deployment of faster and more powerful PCs to support a true client server model EDIS or moving to a fully delivered Citrix thin client desktop environment. In either case we expect to continue the same basic software deployment for the near future.

The hospital operates on a fully switched IP network. The current deployment is MS Active Directory and Windows 2003 (moving to Server 2008) in the next fiscal year.

We expect to use Siemens Openlink as the primary interface engine to and from the EDIS.

The hospital expects to deploy a single sign on system in the future.

We plan to purchase all hardware for the EDIS implementation including workstations, servers, monitors, printers, and network components separately from the EDIS systems software package. We currently use primarily HP Servers and Workstations and Tangent & Wyse Devices in our Citrix environment.

The following systems are currently in place and used directly or indirectly by clinicians in the ED:

- Siemens Enterprise Access Directory (EAD)
- Siemens Lifetime Clinical Record (LCR)
- Siemens Invision Hospital Information System
- Siemens Openlink Interface Engine
- Siemens Signature Professional Fee billing system v.27
- Siemens Novius Radiology
- Nuance Powerscribe Radiology Dictation/Voice Recognition
- Siemens Pharmacy
- Phillips CareView (upgrade to ICIP in progress)

- Sunquest Laboratory System
- Suremed Pharmacy Dispensing System
- Omnicell Supply Dispensing System
- Foundation Outpatient Pharmacy System
- Trauma Registry, TraumaOne

VIII. Vendor Instructions for Section A

Please indicate the availability of each module by placing a mark (or where appropriate a date or dollar amount) in the appropriate column to indicate the status of the feature as defined below. If the module is not available and not part of current development efforts, please note as NA or Not Available in the “In Base” column. For comments, please attach a separate page and note module by section letter and module number (e.g. Patient Registration Module would be A-1).

In Base	This module is a standard feature of your base system. The module must be fully operational at more than one site. Please indicate the number of sites where installed and operational. (If in beta testing or development, list under Date When Available.)
Opt Module	This module is not in your base system but is available as an optional add-on module. Please indicate the number of sites where the optional module is installed and operational. (If in beta testing or development, list under Date When Available.)
Number of Installs	Please indicate the number of sites where installed and operational.
Will Add at No Charge	The module is not a standard feature of your system, but is available and can be added at no additional charge.
Date When Available	The module is not currently available but you have definite plans to add it in the future. Please indicate by quarter of the year (e.g., 4Q00 or 1Q01) of its integration.
Cost to Add	The module is available with modifications to your base system or as a third party add-on. List an estimate of the additional costs associated with this modification.

A. Available Modules	In Base	Opt Module	# of Installs	Will Add at No Charge	Date When Available	Cost to Add
1. Patient Registration Module						
2. Patient Tracking Module						
3. Triage Module						
4. RN Documentation Module						
5. MD Documentation Module						
6. Orders/Results Module						
7. Prescription Writing Module						

8. D/C Instructions Module						
9. Clinical Referrals Module ??						
10. D/C Appointments Module						
11. HL7 Integration with other systems Module						
12. Coding/Billing Module						
13. Reporting Module						
14. CQI/TQM Module						
15. Online Tutorial/Training Module (including Web Demos)						
16. Reference Material Module						
17. Resource/Materials Management Module						
18. Disaster (MCI) Management						
19. Please provide a list and description of any other available modules.						
20. Please provide a stream of enhancement plan for when the ED expands, patient encounters increase, and there is an increase of providers that need to use the system.						

Vendor Instructions for Sections B – S

Please indicate the availability of each item by placing a check mark (or where appropriate a date or dollar amount) in the appropriate column to indicate the status of a feature as defined below. In response to questions and for comments, please attach a separate page and note the item by section letter and item number (e.g. JCAHO compliant log would be B-2).

Yes	The item is currently a standard feature of either the base system or of an optional module. (If in beta testing or development, indicate whether the feature will be a part of the base system or a part of an optional module, and indicate the date the item will be available.)
No	The item is not available and not currently under development.
Included in Which Module	For each item with a “Yes” response, indicate whether the item is a part of the base system or indicate the name of the optional module that includes the item. (If in beta testing or development, indicate “base” or the name of the optional module to which the item will be added and indicate the date the item will be available.)
Will Add at No Charge	The item is not a standard feature of your base system, but is available and can be added at no additional charge.
Date When Available	The item is currently not available but you have definite plans to add it in the future. Please indicate by quarter of the year (e.g. 4Q01 or 1Q02) its integration.
Cost to Add	The module is available with modifications to your base system or as a third party add-on. List an estimate of the additional costs associated with this modification.

IX. SECTIONS

B. Registration	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. 1. Allows for collection at minimum of the following data elements at triage: a. Last name b. First name c. Date of birth d. Sex e. Priority f. Location in ED g. Chief complaint h. Mode of arrival i. Language j. Work-related injury k. Alias	•	•	_____	•	_____	_____ -
2. JCAHO compliant ED log.	•	•	_____	•	_____	_____ -
3. Supports bi-directional interface to hospital information system admissions (ADT) module to communicate registration transactions and demographic data between systems.	•	•	_____	•	_____	_____
4. Provides the authorized user with the ability to capture, edit, update, and delete all required admission and registration information.	•	•	_____	•	_____	_____
5. Eligibility fields in EDIS are automatically updated by Invision whenever changes are made.	•	•	_____	•	_____	_____
6. Includes mechanism to electronically transmit admission information to Invision for	•	•	_____	•	_____	_____

processing by Admissions Department.						
7. Automatically generates a unique ED encounter number for each ED patient registration.	•	•	_____	•	_____	_____
8. Provides for quick/abbreviated registration for critical patients or those whose identity is unknown.	•	•	_____	•	_____	_____
9. Provides ability to merge “John Doe” charts with final patient medical record once patient identity becomes known.	•	•	_____	•	_____	_____
10. System supports pre-registration of a patient prior to patient arrival (ex: patients enroute via ambulance or private car).	•	•	_____	•	_____	_____
11. Alerts on tracking board that registration is incomplete.						
12. Prevents discharge of patients if payer, patient demographic, or COA according to Invision interactive registration update states the data is incomplete.						
13. Describe the mechanism your system uses to electronically transmit data collected to the Invision system for registration.						
14. Describe the mechanism for matching Invision ADT with existing records in the EDIS.						

15. Describe the mechanism for updating ADT information between Invision and EDIS over the course of the patient’s ED visit from the time of arrival up to and including any post visit corrections.

16. Describe the method your system utilizes for aliases.

17. Describe the mechanism used for transmission of inpatient admission information and include details regarding customization of the pathway.
18. What are the options for assigning a medical record number to patients?
- 19. Can the EDIS create an interactive work list for registration to update identified changes to patient demographic or payer information?**

C. Tracking	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
Geographic Tracking						
1. Allows for patient tracking in multiple geographic areas including locations outside of the basic ED and can uniquely display the patient's secondary location.	•	•	_____	•	_____	_____ —
2. Allows for patient tracking prior to arrival (ex: ambulance, in-bound transfer)	•	•	_____	•	_____	_____ —
3. Allows for patient tracking in non-specific areas (ex: hall patients)	•	•	_____	•	_____	_____ —
4. Geographic areas can be programmed to be available by day part.	•	•	_____	•	_____	_____ —
5. Admitted patients can be tracked while housed in the ED.	•	•	_____	•	_____	_____ —
6. Patients can be tracked passively	•	•	_____	•	_____	_____ —
Patient Flow Tracking						
7. User-defined automatic capture, time-stamp and tracking of patient wait and patient care events at each step of the ED visit, including moving patients to different areas.	•	•	_____	•	_____	_____ —
8. Automatically alert clinicians (visually on tracking screen) of patient status when wait times exceed ED defined values for phases of care.	•	•	_____	•	_____	_____ —
9. Multiple timers are available and customizable to specific ED events (ex: time from triage, time to clinical area, time since request	•	•	_____	•	_____	_____ —

for admission submitted).						
10. Patient status can be displayed by elapsed length of time using user defined tracking steps (time since arrival, triage, seen by MD, discharged, etc.)	•	•	_____	•	_____	_____ —

C. Tracking (continued)	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
11. Patient priority can be updated at any point during a visit while maintaining a record of earlier priorities.	•	•	_____	•	_____	_____ —
12. The user can track, sort, and list patients by any of the following: name, location, waiting to be seen, being seen, waiting for inpatient bed assignment, waiting for valuable to be booked, waiting for admitting team orders, study ordered, awaiting order results, physician, resident, nurse, nurse practitioner, consulting service, acuity, pending discharge.	•	•	_____	•	_____	_____ —
13. A mechanism is available for clearing and storage of patients from tracking – including no shows, left without being seen, etc.	•	•	_____	•	_____	_____ —
Clinical Tracking						
14. Order status can be displayed at multiple stages including Entered, Drawn, Pending, Resulted, Viewed, Recorded and orders can be distinguished by order type and performer.	•	•	_____	•	_____	_____ —
15. Order status is updated by interface.	•	•	_____	•	_____	_____ —

16. Result values can be distinguished on the tracking screen (ex: different icon or color for normal or abnormal result).	•	•	_____	•	_____	_____ —
17. Provider specific log-on triggers event notification of such things as abnormal lab value or completion of an order by another clinician, etc.	•	•	_____	•	_____	_____ —
18. Disposition status can be displayed (ex: hold for 6 hour observation).	•	•	_____	•	_____	_____ —
19. Observation status order triggers tracking board display that patient is in Observation Status						
20. Disposition or procedure statuses can be assigned to timers.	•	•	_____	•	_____	_____ —
C. Tracking (continued)	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
21. Accommodates and uniquely displays multiple providers (ex: Attending MD, intern/resident, primary RN, relief RN, etc.)	•	•	_____	•	_____	_____ —
22. Includes mechanism to assign, update providers en masse (ex: shift change).	•	•	_____	•	_____	_____ —
23. Provide ability to assign same nurse (or MD) to multiple patients in a single step.	•	•	_____	•	_____	_____ —
Other						
24. Displays can be modified by user preference (ex: different sign-on results in different display)	•	•	_____	•	_____	_____ —

25. Displays can be modified to meet HIPAA, JCAHO, and other regulatory requirements.	•	•	_____	•	_____	_____ —
26. Unique steps of admission can be packaged, tracked, and displayed (ex: patient admission initiated, admit orders complete, patient valuables logged, in-patient room assigned, Attending MD note completed).	•	•	_____	•	_____	_____ —
27. Symbols, colors, etc. can be modified by the system administrator or other authorized users (does not require vendor customization).	•	•	_____	•	_____	_____ —
28. Please include written comment on methods used to implement passive patient tracking.						

D. Nursing Documentation	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Allows for entry of patients into the system prior to Invision registration.	•	•	_____	•	_____	_____ —
2. Maintain and display user defined guidelines for assigning triage priority and/or ED location (ex: an RN should not be able to assign a triage priority of <i>Emergent</i> on a patient with a heart rate of 180 and send them to Fast Track without a warning message or alert).	•	•	_____	•	_____	_____ —
3. Provides the user with the ability to refer previously triaged patients to other areas of the hospital (Urgent Care, Psych Emergency).	•	•	_____	•	_____	_____ —
4. The ED record for patients described in #3 can be printed both at the ED and the location to which the patient was referred.	•	•	_____	•	_____	_____ —
5. Includes automated entry (via drop-down lists/check boxes) of common chief complaints, medications, allergies, and PMH.	•	•	_____	•	_____	_____ —
6. Allows for free text entry of such things as uncommon chief complaints, pertinent negatives; includes word processing tools.	•	•	_____	•	_____	_____ —
7. Allows for alteration of triage category/priority at any time.	•	•	_____	•	_____	_____ —
8. Triage information can be edited while retaining a history	•	•	_____	•	_____	_____ —

of previous entries. All edited information is date/time/user ID stamped.						
9. Allows the user to perform an abbreviated/rapid medical screening exam (triage) in the event of a multi-casualty incident or arrival of a critical patient.	•	•	_____	•	_____	_____ —

10. Allows for documentation of point of care testing results at triage.	•	•	_____	•	_____	_____ —
11. Allow the triage nurse to document reassessments of patients who have been triaged and registered, but have not yet been brought to a treatment area.	•	•	_____	•	_____	_____ —
12. Includes the ability to enter “see and call” patients from referring physicians and include free text messages (ex: K+ = 5.6) or chief complaint – even for patients not known to the system (pending arrivals).	•	•	_____	•	_____	_____ —
13. Allows for entry and queue of patients into the system that are pending arrival by ambulance, including room/zone assignment.	•	•	_____	•	_____	_____ —
14. Provides for documentation of initial and ongoing nursing assessments, including vital signs and Glasgow Coma Scale.	•	•	_____	•	_____	_____ —
15. Allows for initiation of a patient care record with a pre-assigned medical record number and alias to be used for critical trauma and medical patients.	•	•	_____	•	_____	_____ —
16. Allows for different documentation pathways to be created for different patients (ex: medical vs. trauma patients).	•	•	_____	•	_____	_____ —
17. Provides for accurate, timely, and seamless documentation when a patient travels out of our department (to ANGIO, CT, the ICU, etc.).	•	•	_____	•	_____	_____ —

18. Provides the capability to import digital images.	•	•	_____	•	_____	_____ —
19. Provides the capability to enter graphic information.	•	•	_____	•	_____	_____ —
20. Allows for the incorporation of checklists (ex: pre-op, restraint).	•	•	_____	•	_____	_____ —
21. Supports concurrent documentation of nursing assessments, physician charting, and other documentation of patient's ED visit.	•	•	_____	•	_____	_____ —
22. Allows more than one user to access the same ED medical record at the same time.	•	•	_____	•	_____	_____ —
23. Allows the ability to differentiate between the primary and associate nurses.	•	•	_____	•	_____	_____ —
24. Includes built-in standards of care – using algorithm or protocol driven format.	•	•	_____	•	_____	_____ —
25. Provides for automatic paging of consultants and time stamps on the medical record when the page went out.	•	•	_____	•	_____	_____ —
26. Can incorporate patient care plans for frequent users of the ED and alert the user that an individualized care plan exists.	•	•	_____	•	_____	_____ —
27. Allows for documentation by other disciplines (ex: respiratory therapy, social services).	•	•	_____	•	_____	_____ —
28. Allows the user to accurately	•	•	_____	•	_____	_____

document the time of an earlier occurring event or procedure (not a late entry).						—
29. Displays vital signs, medications given, coma score, and fluids given in table format.						
29. What is the method for electronic signatures? 30. What is the method for addendums or changes to the medical record? 31. How is documentation handled during a code or major trauma resuscitation? 32. What is the process for nurse change-of-shift hand-off?						

E. Physician Documentation	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Multiple physicians can document on the same patient at the same time.	•	•	_____	•	_____	_____ —
2. Four categories of “Physicians” can be assigned to a patient: Attending, House Staff, Midlevel Practitioner, Student						
3. Students can document into a “blind chart” which is used for practice only and does not become a part of the patient official record, but can be viewed in the data base						
4. Attending attestation as second physician can be viewed as separate note distinct from the resident’s note.	•	•	_____	•	_____	_____ —
5. Information from previous visits can be imported into current record.	•	•	_____	•	_____	_____ —
6. Information from current resident physician note can be pulled into the Attending Physician note automatically (with elements to pull designated by the on-site administrator or super-user).	•	•	_____	•	_____	_____ —
7. Information can be pulled into the Attending note by having the user select elements from the resident note at the time of charting.	•	•	_____	•	_____	_____ —
8. Information from current nursing note can be automatically and/or selectively pulled into the Attending note.	•	•	_____	•	_____	_____ —

9. Pull forward content can be programmed to be automatic from previous visits to current visit.	•	•	_____	•	_____	_____ —
10. Attending physicians can assign other level providers (resident MDs, NPs) to patients.	•	•	_____	•	_____	_____ —
11. The system will not allow a patient to be cleared from the tracking system unless the physician provider has verified that laboratory values and other test results from that visit have been viewed by the physician provider.	•	•	_____	•	_____	_____ —
12. The system has a text field for consultants to record their findings and recommendations.	•	•	_____	•	_____	_____ —
13. The system allows providers to record reassessments.	•	•	_____	•	_____	_____ —
14. Includes method for graphic information documentation and display (ex: outline of anatomy can be marked by physician to document location of findings.)	•	•	_____	•	_____	_____ —
15. The system supports consent and other forms (ex: AMA, OR, blood transfusion).	•	•	_____	•	_____	_____ —
16. Electronically signed (by MD and patient) consent and other forms can be stored in individual patient records.	•	•	_____	•	_____	_____ —
17. Components of history, physical, reassessments, lab, x-ray, procedures, consults, diagnoses and D/C and follow-up instructions are merged/collated in that order regardless of time of entry.	•	•	_____	•	_____	_____ —
18. Components of each section of	•	•	_____	•	_____	_____

history, physical, reassessments, lab, x-ray, procedures, consults, diagnoses and D/C and follow-up instructions are merged/collated in that order regardless of time of entry. Ex: Physical • General Appearance • VS • Skin • HEENT • Cardiac • Pulmonary • GI • GU • Back • Extremities • Neurology						—
19. The user is able to view the active medical record from anywhere in documentation windows with one click.	•	•	—	•	—	—
20. Consults can log on as “read only” except for ability to document in consult field (free text narrative).	•	•	—	•	—	—
21. Entry of specific findings (ex: chest pain) can initialize specific locally written pop up windows with warnings or instructional aids.	•	•	—	•	—	—
22. EKG interpretations can be selected from pick lists.	•	•	—	•	—	—
23. The system can alert the Attending Physician for missing elements in their documentation. Examples of missing elements include:	•	•	—	•	—	—

• Complete teaching physician attestation • Documentation of present illness • Key history and review of systems • Procedures performed; work supervised • Procedure note • Diagnosis • Plan and Disposition						
24. The system can alert the Attending physician to complete additional documentation (HPI and PE) if a medical student or nurse practitioner initially sees the patient.	•	•	_____	•	_____	_____
25. The system can send an alert if the chart is incomplete.	•	•	_____	•	_____	_____
26. Allows the user to indicate to whom the patient is signed out and time that care was transferred.	•	•	_____	•	_____	_____
27. When care of a patient is transferred from a provider who is finishing their shift, to another provider, the system reminds the first provider to finish required data elements. (The on-site administrator or super-user can define the required data elements.)	•	•	_____	•	_____	_____
28. When care of a patient is transferred to a new provider, the system provides for transfer of this information to the hospital information system for coding and billing purposes.	•	•	_____	•	_____	_____
29. The system is able to produce a Doctor's First Report form for every Worker's Comp case.	•	•	_____	•	_____	_____

30. The system generates an E & M code level.	•	•	_____	•	_____	_____
31. When pulling data from previous visits, it is clear that the data is being pulled from previous records, not gathered from the current visit						
32. Please describe any limitations your system has regarding simultaneous documentation. 33. Describe your method for producing consent and other forms. 34. When does data become non-changeable? 35. Please give an example of how repeat pulmonary exams are documented in asthma patients and where that information can be found in the final medical record. 36. How is the time of data entry documented? Is it at the time of window closure or log off? 37. List the data elements in the physician record that are saved in discreet data fields and can be queried. 38. For physician-customized templates of H&P or Physical Exam, can they be seen by all physicians or will they be log-on specific? 39. When building documentation template, are we able to use 1995 documentation guidelines, listing organ systems and body areas from these guidelines? 40. Describe the process for physician change-of-shift hand-off.						

F. Orders/Results	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. The system can provide the following types of orders: • Lab • Radiology • Cardiology • Nuclear Medicine • Dietary • Neurology • Pulmonary • Central Supply • Consults • Medication/Pharmacy Please list any exceptions.	•	•	_____	•	_____	_____ -
2. The system provides for the following types of results: • Lab results • Radiology reports and Images • Cardiology reports and Tracings • Nuclear Medicine reports Please list other available report types.	•	•	_____	•	_____	_____ -
4. Customizable order sets (can be generated by System Administrator/Designee without intervention by vendor). • By injury/illness (ex: trauma panel – CBC, metabolic panel, PT/PTT, etc.) • By provider (ex: Dr. Smith's panel – CBC, ETOH, etc.)	•	•	_____	•	_____	_____ -
5. The system is able to associate	•	•	_____	•	_____	_____

inbound results with specific EDIS generated orders.						—
6. A mechanism exists to synchronize orders housed on the EDIS with the corresponding item on the Invision Service Master.	•	•	—	•	—	— —
7. The system supports ordering procedures for hospital teaching environments (ex: attending order verification for medical students).	•	•	—	•	—	— —
8. Provide the user the ability to view a graphical format.	•	•	—	•	—	— —
9. Discuss your system's ability to display, incorporate, and store graphical results including radiology (PACS), EKG tracing, digital photographs, and other diagnostic images.						
10. Discuss how the system alerts providers on the tracking board that some tests (labs or X-rays) have completed one phase (completed or not completed, drawn or not drawn) but other similar test are sat another phase. For example plain films of chest and extremities are ordered, but only the chest film is done, or several labs are ordered but only results of some are available and other results are pending.						
11. How would your system propose to route all medication orders through pharmacy for evaluation and approval? This includes descriptions of interfaces, faxing or other methodologies.						

Navigation	How many clicks?
1. From tracking screen to labs	
2. From tracking screen to vital signs	
3. From any screen to verify things that have been viewed by an attending	
4. From any screen to turn off alerts/warnings (i.e. abnormal labs)	

G. Prescriptions	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Provides for electronic production of prescriptions.	•	•	_____	•	_____	_____ -
2. Automatically populates prescription with patient demographics.	•	•	_____	•	_____	_____ -
3. Automatically populates prescription with physician's license and DEA numbers.	•	•	_____	•	_____	_____ -
4. Prescriptions are written in the EDIS and printed locally.	•	•	_____	•	_____	_____ -
5. Prescriptions can be viewed on the screen in "WYSIWYG" before being printed.	•	•	_____	•	_____	_____ -
6. Users who are logged on as nurse practitioners, medical students, or residents will receive a flag when prescribing medications requiring an attending physician co-signature.	•	•	_____	•	_____	_____ -
7. The co-signer must log on in order to co-sign a prescription.	•	•	_____	•	_____	_____ -
8. The co-signer is alerted on the tracking board that a patient requires a prescription co-signature.						
9. Multiple prescriptions are written on one sheet.	•	•	_____	•	_____	_____ -
10. Formularies can be created in the EDIS, which can be linked to a patient's financial class.	•	•	_____	•	_____	_____ -
11. When discharge medications	•	•	_____	•	_____	_____

are prescribed, the formulary available is that which is linked to the patient's financial class.						-
12. Medications on the hospital formulary are available for the user in a pick list format.	•	•	_____	•	_____	_____ -
13. The user is alerted when non-formulary prescriptions are written.	•	•	_____	•	_____	_____ -
14. Medications not approved by MediCal or Medicare are automatically flagged and the user is given an alert – and an alternative medication is suggested.	•	•	_____	•	_____	_____ -
15. The system checks for drug/drug interactions in current prescriptions and/or with the patient's active medication list and warns the user when writing new prescriptions.	•	•	_____	•	_____	_____ -
16. Generic equivalents are suggested when writing prescriptions.	•	•	_____	•	_____	_____ -
17. Medication doses and dosing intervals are automatically suggested.	•	•	_____	•	_____	_____ -
18. When a prescription is written, information about the drug automatically populates the discharge instruction sheet.	•	•	_____	•	_____	_____ -
19. Prescriptions may be sent electronically to local pharmacies participating in the Community Health Network (CHN) pharmacy plan.	•	•	_____	•	_____	_____ -
20. Pharmacies participating in the	•	•	_____	•	_____	_____

CHN pharmacy plan are listed in the system.						-
21. Super users may add or delete participating pharmacies.	•	•	_____	•	_____	_____ -
22. The closest pharmacy to a patient (based on zip code) is suggested to the prescriber.	•	•	_____	•	_____	_____ -
23. After a patient is discharged, a prescription can still be generated for that patient.	•	•	_____	•	_____	_____ -
24. Describe how an active medication list in the Siemens system can be reconciled at the time of a patient's ED visit through the ED IS						

H. Discharge Instructions	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Provides for electronic production of discharge instructions.	•	•	_____	•	_____	_____ —
2. Automatically populates the discharge instruction sheet with patient demographics.	•	•	_____	•	_____	_____ —
3. Provides for “canned” discharge instructions in multiple languages. *If not proprietary to your company, please state source of discharge instructions.	•	•	_____	•	_____	_____ —
4. State which languages are available.	•	•	_____	•	_____	_____ —
5. Is easily customizable by user and includes room for free text.	•	•	_____	•	_____	_____ —
6. Automatically populates the discharge instruction sheet with prescription/over-the counter medication information and instructions.	•	•	_____	•	_____	_____ —
7. Includes a separate return to work/school note.	•	•	_____	•	_____	_____ —
8. Can be customized to include follow-up information. Clinic names, locations, phone numbers available via drop down lists or other similar method.	•	•	_____	•	_____	_____ —
9. Provides for automatic generation of discharge instructions and appropriate follow-up clinic information based upon the discharge diagnosis.	•	•	_____	•	_____	_____ —

10. State method for capture and storage of patient signature (indicating receipt of instructions).	•	•	_____	•	_____	_____ —
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I. Discharge Appointments	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Can uniquely display patients with addresses that are out of county and provide notification to the user.	•	•	_____	•	_____	_____ —
2. Can provide an alert/flag for those patients who have not had a complete ED registration and can be configured by a system administrator to prevent discharge of these patients until registration is completed.	•	•	_____	•	_____	_____ —
3. Has the ability to flag patients with appointments to specialty clinics to remind the user of any special requirements.	•	•	_____	•	_____	_____ —
4. Has the ability for auto notification of patient visits based on set criteria (for example: Case Management notified of Case Management patient arrival).	•	•	_____	•	_____	_____ —
6. Provides for internal appointment scheduling.	•	•	_____	•	_____	_____ —
7. What method do you provide to accomplish autonotification of patient visits based on set criteria?						
8. Describe the method for internal appointment scheduling (ex: return to ED for wound check).						
9. Does your system have the ability to program system user defined edits to flag or restrict follow-up appointments due to type of payer to patient county resident?						

J. Coding/Billing	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Ability to auto-load and manual-input of ICD-9 and CPT-4 codes. Maintenance contract includes update of ICD-9 and CPT-4 codes.	•	•	_____	•	_____	_____ -
2. Plans for ICD-10 Codes						
3. Maintain a master file of providers with ability to distinguish billable and non-billable providers.	•	•	_____	•	_____	_____ -
4. Maintains a master file of CHN #s, Signature Billing ID #, Referring MD #s						
5. Ability to translate clinical documentation to ICD-9 and CPT-4 codes for billing services (pro-fee and facility).	•	•	_____	•	_____	_____ -
6. Ability to use 1997 (multi-organ system/body area exam) or 1997 (one organ system/body area exam) CMS (formally HCFA) guideline.	•	•	_____	•	_____	_____ -
7. Ability to use past or present ICD-9 and CPT-4 codes depending on patient's financial class/carrier based on payer and year of service	•	•	_____	•	_____	_____ -
8. Ability to assign appropriate modifier(s) to CPT-4 codes when applicable.	•	•	_____	•	_____	_____ -

9. Ability to electronically transmit charges separately to pro-fee and facility billing systems with required data elements. Examples include: date of service, patient number, patient name, TM code (Transaction Master code – assigned by Signature System), modifier(s), if applicable, and ICD-9 code.	•	•	_____	•	_____	_____ -
10. Ability to batch charges (100 per batch) and lookup per Signature System; ability to record batch number, number of Emergency Department Records, number of charges in the batch and amount of charges for each batch	•	•	_____	•	_____	_____ -
11. Ability to print Emergency Department records for each patient in the batch.	•	•	_____	•	_____	_____ -
12. Ability to Access ED record for each patient by MRN #, Case ID #, DOS, DFRs						
13. Ability to create different templates, i.e. procedure notes, procedural sedation notes, critical care notes, and observation notes.	•	•	_____	•	_____	_____ -
14. Ability to calculate dollar amount of charges sent to Signature System for each batch.	•	•	_____	•	_____	_____ -
15. Encounter or Accession #?						

16. Prompt PQRI Modifiers??						
17. How will the system assure that for every CPT-4 code, the physician is prompted to link to an appropriate ICD-9 code? 18. How does the system determine diagnosis and what if this disagrees with the physician's assessment? How do you override the system? 19. How will physicians sign charts and the Doctor's First Report? 20. Describe the method for auto-updating ICD-9 and CPT-4 master files. 21. Describe how the system derives the physician E & M and CPT codes versus the hospital room level and other hospital billable procedures, i.e. IV therapy, infusion, etc. 22. Does the billing module have the ability to discriminate between medical student, resident physician, attending physician, and nurse practitioner providers? 23. Describe the various methods of documentation available and why one method would produce more appropriate E&M and facility room levels. 24. Instead of maintaining its own master file of providers, can the system access the Invision PRDOC file for all necessary provider information? 25. Facility charges: Can they be automatically generated from all MD/Nurse documentation?						

K. User Tool Customization	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Allows local developers and system administrators to create customized screens, order sets, check boxes, drop down lists, etc.	•	•	_____	•	_____	_____ -
2. Allows individual users to customize their workflow/display screen.	•	•	_____	•	_____	_____ -
3. Allows an end user to customize his or her own alerts (for example, a nurse can set timer to alert her when a medication is due to be given or if it's been two hours since vital signs were last taken).	•	•	_____	•	_____	_____ -
4. Unique user modifiable settings persist from session to session and on all EDIS workstations.	•	•	_____	•	_____	_____ -
5. What is the level of customization available at the local level without programmer support? Please attach a list of elements that can be edited at the local level.						
6. What can a given user create, read, update, and delete within the system?						

L. Hardware/Software	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
Server						
1. Windows 2008 Server operating system.	•	•	_____	•	_____	_____ —
2. Intel based processor.	•	•	_____	•	_____	_____ —
3. Will operate on a currently available HP Server and supports HP Server maintenance and configuration hardware and software	•	•	_____	•	_____	_____ —
4. Oracle or Microsoft SQL database.	•	•	_____	•	_____	_____ —
5. Can operate as a Stand Alone Server (does not have to be a Primary Domain Controller).	•	•	_____	•	_____	_____ —
6. Can be operated in a Tandem/Clustered setting	•	•	_____	•	_____	_____ —
7. Please provide a detailed minimum specification for the SFGH ED environment including # of processors, processor speed and type, memory, network, type and amount of hard disk storage, other media including CDRW, tape, optical and any other technical requirements. If possible, please state a current HP Server model that will meet your system requirements.						
8. If your application will not run under Windows Server 2008, which version of Windows Server is required for your application?						
Workstation/Client Configuration (thick client)						
9. Windows XP or successor OS.	•	•	_____	•	_____	_____ —
10. Intel based processor.	•	•	_____	•	_____	_____ —

11. Please provide a detailed minimum specification for the SFGH ED environment including processor speed and type, memory, network, type and amount of hard disk storage, other media including CD and any other technical requirements.						
12. If possible, please state a current Hewlett-Packard desktop model that will meet your system requirements.						
Workstation/Client Configuration (thin client)						
13. Please provide a detailed description of how your system can be implemented in the Citrix environment including both as a single distributed application and as part of a distributed desktop. Include minimum server specifications for both instances.						
Network Configuration						
14. Please provide a detailed description of the minimum required local network to support the SFGH ED environment for both thick and thin client implementations.						
ASP/Remote Hosting						
15. System can be hosted remotely.	•	•	_____	•	_____	_____
16. Please provide a detailed description of your remote hosting capability.						
Other						
17. System includes a functional "Test" environment that can co-exist with the "Production" environment	•	•	_____	•	_____	_____
18. Describe how you implement a testing and development environment that co-exists with the production system.						

19. Describe how the print subsystem is deployed in an integrated TCP-IP environment
20. Will your application run in a Virtual Server Environment? Please describe this in detail:
21. Will your application run with Trend Micro Anti-Virus?
22. What if any experience do you have in deploying and remotely managing systems using Alteris?
23. Do you have full Commission for Healthcare Information Technology (CHIT) Certification? If not, do you participate in a nationally recognize standardization and verification process? Please provide the name of the certifying organization.

M. Interfaces	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
Real-time						
1. ADT: EDIS (triage) to Siemens Invision to initiate HIS registration	•	•	_____	•	_____	_____ —
2. ADT: Siemens Invision to Siemens OpenLink to EDIS with embedded matching criteria.	•	•	_____	•	_____	_____ —
3. Orders: EDIS to Siemens OpenLink to Siemens Invision.	•	•	_____	•	_____	_____ —
4. Order Status Update: Siemens OpenLink to EDIS (OSU interfaces from Sunquest Lab and Siemens Radiology to OpenLink already exist).	•	•	_____	•	_____	_____ —
5. Order Results: Siemens OpenLink to EDI (HL7 result interfaces from Sunquest Lab and Siemens Radiology to OpenLink already exist. Any adjustment to the HL7 record coming from OpenLink will need to be made on the receiving (EDIS) side).	•	•	_____	•	_____	_____ —
6. Clinical Documentation: EDIS to Siemens OpenLink to LCR.	•	•	_____	•	_____	_____ —
Batch or On-Line						
7. Profee Charges: EDIS to Siemens OpenLink to Siemens Signature.	•	•	_____	•	_____	_____ —
8. Hospital Charges: EDIS to Siemens OpenLink to Siemens Invision.	•	•	_____	•	_____	_____ —
9. Service Master: A mechanism	•	•	_____	•	_____	_____

exists to synchronize orders housed on the EDIS with the corresponding item on the Siemens Invision Service Master.						—
10. The system is able to meet Siemens Invision and Signature format requirements for batch interfaces i.e. 98 formatted transactions (charges/credits) plus formatted header and trailer records for each batch.	•	•	—	•	—	— —
11. Transaction Master: A mechanism exists to synchronize chargeable EDIS pro-fee services with the corresponding item in the Siemens Signature Transaction Master.	•	•	—	•	—	—
Other						
12. EDIS incorporates a complete Test system that allows all interfaces to exist in both the Test and Production EDIS systems.	•	•	—	•	—	—
13. EDIS to Omnicell Materials Mgt: Dispensing, reconciliation.	•	•	—	•	—	—
14. EDIS to Omnicell Pharmacy: Dispensing, reconciliation.	•	•	—	•	—	—
15. Biomedical Data Capture: (ex: pulse, BP, SpO2)	•	•	—	•	—	—
16. Please list other available interface types.						
17. Please provide a copy of your system interface specifications.						
18. State any special equipment (gateways, servers, etc.) or software required by your system to interface to the systems described above.						
19. Discuss your interface design and deployment approach. If you use subcontractors state the name of the subcontractor(s) and at least two reference installations for the subcontractor.						

20. SFGH maintains several custom databases including a locally developed Trauma Registry and Reporting system. Describe how your system can be interfaced to a foreign SQL-based system.

21. Describe your plans for how your system can or will interact with foreign systems (ex: Siemens Invision/LCR) in a single sign-on environment.

22. Describe how your system will incorporate single sign-on including interaction with the Siemens Global Session manager.

N. HIPAA	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
Security Access Control Methods						
1. Unique user sign-on and password	•	•	_____	•	_____	_____ -
2. Automatic log-off.	•	•	_____	•	_____	_____ -
3. Biometric identification.	•	•	_____	•	_____	_____ -
4. Token system using a physical device.	•	•	_____	•	_____	_____ -
5. Access can be tailored to user job responsibilities and need to see patient information.	•	•	_____	•	_____	_____ -
6. System provides an audit trail that records the following: • The patient whose information is accessed. • What information was accessed. • Who accessed the patient's information.	•	•	_____	•	_____	_____ -
7. System provides standard reports of audit detail and summary information.	•	•	_____	•	_____	_____ -
HIPAA Requirements for Electronic Signature						
8. Once documentation is signed, user is prevented from altering/changing the documentation.	•	•	_____	•	_____	_____ -
9. System provides for an addendum to the documentation after the "no alterations" point has been reached.	•	•	_____	•	_____	_____ -
10. The electronic signature is						

date and time stamped.						
System and Data Backups, Storage and Recovery						
11. The system includes administrative processes for system and data backups.	•	•	_____	•	_____	_____
12. The system has tested and reliable means of system and data recovery and restoration in the event of system failure or disaster.	•	•	_____	•	_____	_____
13. System configuration includes technology to maximize availability including: - Utilized RAID technology for data storage. - Capable of operating in clustered/failover mode.	•	•	_____	•	_____	_____
14. System allows copying and storing of data using standard SQL replication technology.	•	•	_____	•	_____	_____
15. System design allows the capability to capture and store the following identifiers and standardized code sets: - The national provider's ID - The national employer's ID - The national health plan ID - An individual personal identifier (if mandated in the future) - Diagnosis and Inpatient Hospital Services – ICD-9-CM, Vol. 1, 2, and 3 - Physician's Services – CPT-4 (HCPS Level 1) - Drugs – NDC Codes - Other Health Services – HCPS (Level 2) Please note any items not available.	•	•	_____	•	_____	_____

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N. HIPAA (continued)	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
16. The ability exists to request an audit report of every transaction on the system, including, but not limited to: • Security access level of the user • Date/time • Function • Location	•	•	_____	•	_____	_____ -
17. Describe the built-in mechanism for viewing the audit trail described in element #6 above and address the use of standard report writers for user-defined reporting of audit information. 18. Describe the method for security access control addressed in elements #1 - 4 above and detail any other mechanisms currently available for your system. 19. Federal regulations may change for the Security and Privacy requirements. In general, describe the plans for assuring your ED systems will be compliant with Security and Privacy regulations..						

O. Reporting and Data Access	Yes	No	Include d in Which Module	Will Add at No Charg e	Date When Availabl e	Cost to Add
1. All information entered into the database via screens, forms and system interface is available for ad hoc reporting.	•	•	_____	•	_____	_____
2. All identification, tracking and clinical values entered in the system are kept as discreet elements.	•	•	_____	•	_____	_____
3. All information in the database is accessible via standard reporting tools.	•	•	_____	•	_____	_____
4. Crystal Reports can be used against the database.	•	•	_____	•	_____	_____
5. A complete data dictionary is available to customers including: • Data Description • Data Type • Data Coding • Name of corresponding support tables • Mapping of every element on a screen or report in the system to it's element in the database • Data Dictionary is available online	•	•	_____	•	_____	_____
6. Database can be replicated using standard database replication tools.	•	•	_____	•	_____	_____
7. An ODBC database driver is included with the system software.	•	•	_____	•	_____	_____

8. The following types of reports can be generated by the user for a user-defined time period including, but not limited to: • # admitted patients • # trauma activations • # referrals to Urgent Care • # patients who left without being seen	•	•	_____	•	_____	_____
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O. Reporting and Data Access (con't)

9. Please provide an example of the system data dictionary available to clients.
10. Describe any proprietary or 3rd party report writers provided with the system.
11. Describe the performance and stability implications of running ad hoc reports against the production database.
12. Do any current clients use a Database Replication Service? If so, please describe the purpose and stability implications.
13. Please discuss the frequency of replications and the method used to implement database replication.
14. Describe the archive scheme for your system including recommended length of time data is retained on the production system and availability of data for reporting after archiving. Please include details on the maximum size of your database and the largest currently operating production and archive databases.
15. SFGH currently maintains an ED database originally developed in Microsoft Access (see appendix for data dictionary). Describe the mechanism your company would use to backload and map this data and the estimated cost to do so. Please describe any experience you have had with similar backloads.

P. Support/Warranty	Yes	No	Include d in Which Module	Will Add at No Charg e	Date When Availabl e	Cost to Add
1. Support is provided 24 x 7 x 365.	•	•	_____	•	_____	_____
2. Full application and system support is provided 8:00am to 5:00pm PT.	•	•	_____	•	_____	_____
3. Support problems are prioritized with response time guaranties based on the severity of the problem and impact on customer's business processes.	•	•	_____	•	_____	_____
4. There is a standard support agreement that states company commitments to customers.	•	•	_____	•	_____	_____
5. System documentation is provided electronically	•	•	_____	•	_____	_____
6. Describe how support is provided (i.e. onsite, online, and/or telephone) during and after non-Pacific time zone business hours. 7. Describe your remote access requirements for system support. 8. How often are service pack updates provided for problems and intra-version revisions? 9. Describe your software update policy and software quality control processes. 10. Is support that is more user education handled differently from support for a system problem? 11. Please provide a copy of your standard support statement/agreement. 12. When does the software warranty period begin? 13. When does the software warranty period end? 14. Please provide a copy of the standard contract software warranty clause.						

Q. Personnel Management/CQI	Yes	No	Included in Which Module	Will Add at No Charge	Date When Available	Cost to Add
1. Emergency Department staff scheduling.	•	•	_____	•	_____	_____ -
2. Acuity based staffing reports.	•	•	_____	•	_____	_____ -
3. Disaster callback staff phone number list maintained on a secure system.	•	•	_____	•	_____	_____ -
4. Can store and provide easily accessible “on-call” lists.	•	•	_____	•	_____	_____ -
5. Provide “bulletin board” capability.	•	•	_____	•	_____	_____ -
6. Ability to create custom management reports with query on one or more user-defined data elements.	•	•	_____	•	_____	_____ -
7. Automatically track CQI parameters for analysis at a later date.	•	•	_____	•	_____	_____ -
8. Follow-up and call back tracking.	•	•	_____	•	_____	_____ -
9. Census analysis by hour, shift, day, week, month, year, etc. utilizing user-defined data elements.	•	•	_____	•	_____	_____ -

R. Project Management

1. Describe your implementation approach.
2. Provide a template or example of a project work plan that you would follow with the SFGH EDIS implementation.
3. How do you estimate the effort required for a project?
4. How do you identify and mitigate risk?
5. How do you manage and control the project?
6. What project management tools do you leverage?
7. What are your expectations of us?
8. Describe 5 factors that you consider critical to the successful implementation of an EDIS.
9. Have you had any unsuccessful implementations of your system?
10. If you answered “yes” to #9, what were the issues that caused those implementations to not be successful and what have you done to address those issues?

S. Training

1. How much on-site training, for multiple users, is included in the base system price?
2. What is the cost of additional training?
3. How much training is provided for the system administrator?
4. Describe the method of training, including listing of personnel, responsibilities, time frame, and milestones.
5. How many copies of manuals are provided and other required documentation?

Appendix A

University of California

Terms and Conditions of Purchase

ARTICLE 1 - The materials, supplies or services covered by this order shall be furnished by Seller subject to all the terms and conditions set forth in this order including the following, which Seller, in accepting this order, agrees to be bound by and to comply with in all particulars and no other terms or conditions shall be binding upon the parties unless hereafter accepted by them in writing. Written acceptance or shipment of all or any portion of the materials or supplies, or the performance of all or any portion of the services, covered by this order shall constitute unqualified acceptance of all its terms and conditions. The terms of any proposal referred to in this order are included and made a part of the order only to the extent it specifies the materials, supplies, or services ordered, the price therefor, and the delivery thereof, and then only to the extent that such terms are consistent with the terms and conditions of this order.

ARTICLE 2 - INSPECTION. The services, materials and supplies furnished shall be exactly as specified in this order free from all defects in Seller's performance, design, workmanship and materials, and, except as otherwise provided in this order, shall be subject to inspection and test by University at all times and places. If, prior to final acceptance, any services and any materials and supplies furnished therewith are found to be incomplete, or not as specified, University may reject them, require Seller to correct them without charge, or require delivery of such materials, supplies, or services at a reduction in price which is equitable under the circumstances. If Seller is unable or refuses to correct such items within a time deemed reasonable by University, University may terminate the order in whole or in part. Seller shall bear all risks as to rejected services and, in addition to any costs for which Seller may become liable to University under other provisions of this order, shall reimburse University for all transportation costs, other related costs incurred, or payments to Seller in accordance with the terms of this order for unaccepted services and materials and supplies incidental thereto. Notwithstanding final acceptance and payment, Seller shall be liable for latent defects, fraud or such gross mistakes as amount to fraud.

ARTICLE 3 - CHANGES. University may make changes within the general scope of this order in drawings and specifications for specially manufactured supplies, place of delivery, method of shipment or packing of the order by giving notice to Seller and subsequently confirming such changes in writing. If such changes affect the cost of or the time required for performance of this order, an equitable adjustment in the price or delivery or both shall be made. No change by Seller shall be allowed without written approval of University. Any claim of Seller for an adjustment under this Article must be made in writing within thirty (30) days from the date of receipt by Seller of notification of such change unless University waives this condition in writing. Nothing in this Article shall excuse Seller from proceeding with performance of the order as changed hereunder.

ARTICLE 4 - TERMINATION

A. University may, by written notice stating the extent and effective date, cancel and/or terminate this order for convenience in whole or in part, at any time. University shall pay Seller as full compensation for performance until such termination:

- (1) the unit or pro rata order price for the performed and accepted portion; and
- (2) a reasonable amount, not otherwise recoverable from other sources by Seller as approved by University, with respect to the unperformed or unaccepted portion of this order, provided compensation hereunder shall in no event exceed the total order price.

B. University may by written notice terminate this order for Seller's default, in whole or in part, at any time, if Seller refuses or fails to comply with the provisions of this order, or so fails to make progress as to endanger performance and does not cure such failure within a reasonable period of time, or fails to perform the services within the time specified or any written extension thereof. In such event, University may purchase or otherwise secure services and, except as otherwise provided herein, Seller shall be liable to University for any excess costs occasioned University thereby. If, after notice of termination for default, University determines that the Seller was not in default or that the failure to perform this order was due to causes beyond the control and without the fault or negligence of Seller (including, but not restricted to, acts of God or of the public enemy, acts of University, acts of Government, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, unusually severe weather, and delays of a subcontractor or supplier due to such causes and without the fault or negligence of the

subcontractor or supplier), termination shall be deemed for the convenience of University, unless University shall determine that the services covered by this order were obtainable by Seller from other sources in sufficient time to meet the required performance schedule.

C. If University determines that Seller has been delayed in the work due to causes beyond the control and without the fault or negligence of Seller, University may extend the time for completion of the work called for by this order, when promptly applied for in writing by Seller; any extension granted shall be effective only if given in writing. If such delay is due to failure of University, not caused or contributed to by Seller, to perform services or deliver property in accordance with the terms of the order, the time and price of the order shall be subject to change under the Changes Article. Sole remedy of Seller in event of delay by failure of University to perform shall, however, be limited to any money actually and necessarily expended in the work during the period of delay, solely by reason of the delay. No allowance will be made for anticipated profits.

D. The rights and remedies of University provided in this Article shall not be exclusive and are in addition to any other rights and remedies provided by law or under this order.

E. As used in this Article, the word "Seller" includes Seller and its sub-suppliers at any tier.

ARTICLE 5 - LIABILITY FOR UNIVERSITY - FURNISHED PROPERTY. Seller assumes complete liability for any tooling, articles or material furnished by University to Seller in connection with this order and Seller agrees to pay for all such tooling, articles or material damaged or spoiled by it or not otherwise accounted for to University's satisfaction. The furnishing to Seller of any tooling, articles, or material in connection with this order shall not, unless otherwise expressly provided, be construed to vest title thereto in Seller.

ARTICLE 6 - TITLE. Title to the material and supplies purchased hereunder shall pass directly from Seller to University at the f.o.b. point shown, or as otherwise specified in this order, subject to the right of University to reject upon inspection.

ARTICLE 7 - PAYMENT, EXTRA CHARGES, DRAFTS. Seller shall be paid, upon submission of acceptable invoices, for materials and supplies delivered and accepted or services rendered and accepted. University will not pay cartage, shipping, packaging or boxing expenses, unless specified in this order. Drafts will not be honored. Invoices must be accompanied by shipping documents or photocopies of such, if transportation is payable and charged as a separate item.

ARTICLE 8 - CHARACTER OF SERVICES. Seller, as an independent contractor, shall furnish all equipment, personnel and material sufficient to provide the services expeditiously and efficiently during as many hours per shift and shifts per week and at such locations as the University may so require and designate.

ARTICLE 9 - FORCED, CONVICT, AND INDENTURED LABOR

A. By accepting this order, Seller hereby certifies that no foreign-made equipment, materials, or supplies furnished to the University pursuant to this order will be produced in whole or in part by forced labor, convict labor, or indentured labor under penal sanction.

B. Any Seller contracting with the University who knew or should have known that the foreign-made equipment, materials, or supplies furnished to the University were produced in whole or in part by forced labor, convict labor, or indentured labor under penal sanction, when entering into a contract pursuant to the above, may have any or all of the following sanctions imposed:

- (1.) The contract under which the prohibited equipment, materials, or supplies were provided may be voided at the option of the University.
- (2.) Seller may be removed from consideration for University contracts for a period not to exceed 360 days.

ARTICLE 10 - INDEMNITY.

A. General. Seller shall defend, indemnify, and hold harmless University, its officers, employees, and agents, from and against all losses, expenses (including attorneys' fees), damages, and liabilities of any kind resulting from or arising out of this agreement and/or Seller's performance hereunder, provided such losses, expenses, damages and liabilities are due or claimed to

Appendix A

be due to the negligent or willful acts or omissions of Seller, its officers, employees, agents, subcontractors, or anyone directly or indirectly employed by them, or any person or persons under Seller's direction and control.

B. Proprietary Rights. Seller shall indemnify, defend, and hold harmless University, its officers, agents, and employees against all losses, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees) resulting from any judgment or proceeding in which it is determined, or any settlement agreement arising out of the allegation, that Seller's furnishing or supplying University with parts, goods, components, programs, practices, or methods under this order or University's use of such parts, goods, components, programs, practices, or methods supplied by Seller under this order constitutes an infringement of any patent, copyright, trademark, trade name, trade secret, or other proprietary or contractual right of any third party. The foregoing shall not apply unless University has informed Seller as soon as practicable of the suit or action alleging such infringement. Seller shall not settle such suit or action without the consent of University. University retains the right to participate in the defense against any such suit or action.

C. Products. Seller shall fully indemnify, defend, and hold harmless University from and against any and all claim, action, and liability, for injury, death, and property damage, arising out of the dispensing or use of any of Seller's product provided under authorized University orders. In addition to the liability imposed by law on the Seller for damage or injury (including death) to persons or property by reason of the negligence, willful acts or omissions, or strict liability of the Seller or his agents, which liability is not impaired or otherwise affected hereby, the Seller hereby assumes liability for and agrees to save University harmless and indemnify it from every expense, liability or payment by reason of any damage or injury (including death) to persons or property suffered or claimed to have been suffered through any act or omission of the Seller.

The University agrees to provide Seller with prompt notice of any such claims and to permit Seller to defend any claim or suit, and that it will cooperate fully in such defense.

ARTICLE 11 - DECLARED VALUATION OF SHIPMENTS. Except as otherwise provided on the face of this order, all shipments by Seller under this order for University's account shall be made at the maximum declared value applicable to the lowest transportation rate or classification and the bill of lading shall so note.

ARTICLE 12 - WARRANTY. Seller agrees that the supplies or services furnished under this order shall be covered by the most favorable commercial warranties the Seller gives to any customer for the same or substantially similar supplies or services, or such other more favorable warranties as specified in this order. The rights and remedies so provided are in addition to and do not limit any rights afforded to University by any other article of this order. Such warranties will be effective notwithstanding prior inspection and/or acceptance of the services or supplies by the University.

ARTICLE 13 - ASSIGNMENT AND SUBCONTRACTING. This order is assignable by University. Except as to any payment due hereunder, this order may not be assigned or subcontracted by Seller without written approval of University. In case such consent is given, it shall not relieve Seller from any of the obligations of this Agreement and any transferee or subcontractor shall be considered the agent of Seller and, as between the parties hereto, Seller shall be and remain liable as if no such transfer or subcontracting had been made.

ARTICLE 14 - EQUAL OPPORTUNITY AFFIRMATIVE ACTION. Seller shall not maintain or provide racially segregated facilities for employees at any establishment under its control. Seller agrees to adhere to the requirements set forth in Executive Orders 11246 and 11375, and with respect to activities occurring in the State of California, to the California Fair Employment and Housing Act (Government Code section 12900 et seq.). Expressly, Seller shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, ancestry, medical condition (as defined by California Code section 12925f), marital status, age, physical and mental handicap in regard to any position for which the employee or applicant for employment is qualified, or because he or she is a disabled veteran or veteran of the Vietnam era. Seller shall further specifically undertake affirmative action regarding the hiring, promotion and treatment of minority group persons, women, the handicapped, and disabled veterans and veterans of the Vietnam era. Seller shall communicate this policy in both English and Spanish to all persons concerned within its company, with outside recruiting services, and the minority community at large. Seller shall provide the University on request a breakdown of its labor force by groups, specifying the above characteristics within job categories,

and shall discuss with the University its policies and practices relating to its affirmative action programs.

ARTICLE 15 - The clauses contained in the following paragraphs of the Federal Acquisition Regulations are incorporated by reference. The full text is available upon request:

FAR 52.222-04 Contract Work Hours and Safety Standards Act

FAR 52.222-26 Equal Opportunity

FAR 52.223-02 Clean Air and Water (If order exceeds \$100,000)

ARTICLE 16 - WORK ON UNIVERSITY OR GOVERNMENT PREMISES. If Seller's work under this order involves performance by Seller at University or United States Government owned sites or facilities, the following provisions shall apply:

A. Liens. Seller agrees that at any time upon request of University he will submit a sworn statement setting forth the work performed or material furnished by subcontractors, suppliers and materialmen, and the amount due and to become due to each, and that before the final payment called for hereunder, will if requested, submit to University a complete set of vouchers showing what payments have been made for materials and labor used in connection with the work called for hereunder.

Seller shall:

(1) Indemnify and hold harmless University from all claims, demands, causes of action or suits, of whatever nature, arising out of the services, labor and materials furnished by Seller or its subcontractors under this order, and from all laborers', materialmen's and mechanics' liens upon the real property upon which the work is located or any other property of University;

(2) Promptly notify University in writing, of any such claims, demands, causes of action, or suits brought to its attention. Seller shall forward with such notification copies of all pertinent papers received by Seller with respect to any such claims, demands, causes of action or suits and, at the request of University shall do all things and execute and deliver all appropriate documents and assignments in favor of University of all Seller's rights and claims growing out of such asserted claims as will enable University to protect its interest by litigation or otherwise. The final payment shall not be made until Seller, if required, shall deliver to University a complete release of all liens arising out of this order, or receipts in full in lieu thereof, as University may require, and if required in either case, an affidavit that as far as it has knowledge or information, the receipts include all the labor and materials for which a lien could be filed; but Seller may, if any subcontractor refuses to furnish a release or receipt in full, furnish a bond satisfactory to University to indemnify it against any claim by lien or otherwise. If any lien or claim remains unsatisfied after all payments are made, Seller shall refund to University all monies that the latter may be compelled to pay in discharging such lien or claim, including all costs and reasonable attorneys' fees.

B. Cleaning Up. Seller shall at all times keep University premises where the work is performed and adjoining premises free from accumulations of waste material or rubbish caused by its employees or work of any of its subcontractors, and, at the completion of the work; shall remove all rubbish from and about the building and all its and its subcontractors' tools, scaffolding, and surplus materials, and shall leave the work "broom clean" or its equivalent, unless more exactly specified. In case of dispute between Seller and the subcontractors employed on or about the structure or structures upon which the work is to be done, as herein provided, as to responsibility for the removal of the rubbish, or in case the same be not promptly removed as herein required, University may remove the rubbish and charge the cost to Seller.

C. Employees. Seller shall not employ on the work any unfit person or anyone not skilled in the work assigned to him or her, and shall devote only its best-qualified personnel to work under this order. Should University deem anyone employed on the work incompetent or unfit for his or her duties and so inform Seller, Seller shall immediately remove such person from work under this order and he or she shall not again, without written permission of University, be assigned to work under this order.

It is understood that if employees of University shall perform any acts for the purpose of discharging the responsibility undertaken by the Seller in this Article 15, whether requested to perform such acts by the Seller or not, such employees of the University while performing such acts shall be considered the agents and servants of the Seller subject to the exclusive control of the Seller.

D. Safety, Health and Fire Protection. Seller shall take all reasonable precautions in the performance of the work under this order to protect the health and safety of employees and members of the public and to minimize danger from all hazards to life and property, and shall comply with all health, safety, and fire protection regulations and requirements (including reporting requirements) of University. In the event that Seller fails to comply with said

Appendix A

regulations or requirements of University, University may, without prejudice to any other legal or contractual rights of University, issue an order stopping all or any part of the work; thereafter a start order for resumption of work may be issued at the discretion of the University. Seller shall make no claim for extension of time or for compensation or damages by reason of or in connection with such work stoppage.

The safety of all persons employed by Seller and its subcontractors on University premises, or any other person who enters upon University premises for reasons relating to this order, shall be the sole responsibility of Seller. Seller shall at all times maintain good order among its employees and shall not employ on the work any unfit person or anyone not skilled in the work assigned to him or her. Seller shall confine its employees and all other persons who come onto University's premises at Seller's request or for reasons relating to this order and its equipment to that portion of University's premises where the work under this order is to be performed or to roads leading to and from such work sites, and to any other area which University may permit Seller to use. Seller shall take all reasonable measures and precautions at all times to prevent injuries to or the death of any of its employees or any other person who enters upon University premises. Such measures and precautions shall include, but shall not be limited to, all safeguards and warnings necessary to protect workers and others against any conditions on Owner's premises which could be dangerous and to prevent accidents of any kind whenever work is being performed in proximity to any moving or operating machinery, equipment or facilities, whether such machinery, equipment or facilities are the property of or are being operated by, the Seller, its subcontractors, the University or other persons.

To the extent compliance is required, Seller shall comply with all University safety rules and regulations when on University premises.

ARTICLE 17 - INSURANCE

Seller shall defend, indemnify, and hold the University, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages that are caused by or result from the negligent or intentional acts or omissions of Seller, its officers, agents, or employees.

Seller, at its sole cost and expense, shall insure its activities in connection with the work under this order and obtain, keep in force, and maintain insurance as follows:

A. Comprehensive or Commercial Form General Liability Insurance (contractual liability included) with limits as follows:

Each Occurrence	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000
General Aggregate (Not applicable to the Comprehensive Form)	\$ 2,000,000

If the above insurance is written on a claims-made form, it shall continue for three years following termination of this Agreement. The insurance shall have a retroactive date of placement prior to or coinciding with the effective date of this Agreement.

B. Business Automobile Liability Insurance for owned, scheduled, non-owned, or hired automobiles with a combined single limit not less than ONE MILLION dollars (\$ 1,000,000) per occurrence.

(REQUIRED ONLY IF SELLER DRIVES ON UNIVERSITY PREMISES IN THE COURSE OF PERFORMING WORK FOR UNIVERSITY.)

C. Professional Liability Insurance with a limit of N/A dollars (\$ N/A) per occurrence with an aggregate of not less than N/A dollars (\$ N/A). If this insurance is written on a claims-made form, it shall continue for three years following termination of this Agreement. The insurance shall have a retroactive date of placement prior to or coinciding with the effective date of this Agreement.

D. Workers' Compensation as required by California State law.

It is understood that the coverage and limits referred to under a., b., and c. above shall not in any way limit the liability of Seller. Seller shall furnish the University with certificates of insurance evidencing compliance with all requirements prior to commencing work under this Agreement. Such certificates shall:

(1) Provide for thirty (30)-days advance written notice to the University of any modification, change, or cancellation of any of the above insurance coverage.

(2) Indicate that The Regents of the University of California has been endorsed as an additional insured for the coverage referred to under a. and b. This provision shall only apply in proportion to and to the extent of the negligent acts or omissions of Seller, its officers, agents, or employees.

(3) Include a provision that the coverage will be primary and will not participate with nor be excess over any valid and collectible insurance or program of self-insurance carried or maintained by the University.

ARTICLE 18 - PERMITS. Seller agrees to procure all necessary permits or licenses and abide by all applicable laws, regulations and ordinances of the United States and of the state, territory and political subdivision in which the work under this order is performed. Seller shall be liable for all damages and shall indemnify and save University harmless from and against all damages and liability which may arise out of failure of Seller to secure and pay for any such licenses or permits or to comply fully with any and all applicable laws, ordinances and regulations.

ARTICLE 19 - COOPERATION. Seller and its subcontractors, if any, shall cooperate with University and other vendors and contractors on the premises and shall so carry on their work that other cooperating vendors and contractors shall not be hindered, delayed or interfered with in the progress of their work, and so that all of such work shall be a finished and complete job of its kind.

ARTICLE 20 - WAIVER OF DEFAULT. Any failure of University at any time, or from time to time, to enforce or require the strict keeping and performance by Seller of any of the terms or conditions of this order shall not constitute a waiver by University of a breach of any such terms or conditions and shall not affect or impair such terms or conditions in any way, or the right of University at any time to avail itself of such remedies as it may have for any such breach or breaches of such terms or conditions.

ARTICLE 21 - TAXES. Seller shall pay all contributions, taxes and premiums payable under federal, state and local laws measured upon the payroll of employees engaged in the performance of work under this order, and all applicable sales, use, excise, transportation, privilege, occupational and other taxes applicable to materials and supplies furnished or work performed hereunder and shall save University harmless from liability for any such contributions, premiums, and taxes.

ARTICLE 22 - OTHER APPLICABLE LAWS. Any provision required to be included in a contract of this type by any applicable and valid federal, state or local law, ordinance, rule or regulations shall be deemed to be incorporated herein.

ARTICLE 23 - GOVERNING LAW. The law of the State of California shall control this Appendix and any document to which it is appended.



University of California
San Francisco

University of California San Francisco Supplier Vendor Information

Page 1 of 1

Vendor Number (AP only)	☐ New ☐ Change Only	Updated by (AP only)	Date Updated (AP only)
Payment Terms (CPBC only)	Freight Terms (CPBC only)	PO Dispatch Method (CPBC only) Fax	Sales/Use Tax (CPBC only)

(Accounting/Purchasing Use Only)

Return completed forms to: UCSF CAMPUS PROCUREMENT & BUSINESS CONTRACTS, BOX 0910, SAN FRANCISCO, CA 94141-0910
or Fax to (415) 502-3031 Attn: [Insert Buyer's Name]

Company Name					
Website (URL)					
For Sales Only (Ordering Location)					
Address Line 1					
Address Line 2					
City		State		Zip	
Contact Name		Phone			
PO Email		PO Fax			
For Payment Only (Remit Location) ☐ Mark (x) in box if payment information is the same as ordering Location					
Address Line 1					
Address Line 2					
City		State		Zip	
Contact Name		Phone	()		
Email		Fax	()		
(OPTIONAL) Business Diversity Information: Please refer to next page for definitions.					
Business Size:	☐ Large ☐ Small (SBE)	NAICS Codes:	(1)	(6)	
			(2)	(7)	
			(3)	(8)	
			(4)	(9)	
			(5)	(10)	
Ownership Gender:	☐ Woman-Owned ☐ Male-Owned ☐ Other	Ownership Ethnicity:	☐ African American		☐ Caucasian
			☐ Asian American		☐ Hispanic American
			☐ Asian Pacific American		☐ Native American
			☐ Asian Subcontinent American		☐ Unavailable
Representation: Check any that apply	☐ SDB (Small Disadvantaged Business) SDB Exit Date ___/___/___ <i>Must have SDB certification from the U.S. Small Business Administration. If you do not, then mark DBE to the right and not this box.</i>		☐ DBE (Disadvantaged Business Enterprise) <i>Check this box if you are a DBE but DO NOT have SDB certification from the U.S. Small Business Administration.</i>		
	☐ SBA8(a) program participant <i>Must have 8(a) certification from the U.S. Small Business Administration.</i>		☐ WBE (Woman Owned Business) ☐ WBENC Certified (see next page)		
	☐ Hub Zone (Historically Underutilized Business Zone) <i>Must have HUB Zone certification from the U.S. Small Business Administration.</i>		☐ VBE (Veteran Owned Business)		
	☐ CCR/PRO-Net Listed		☐ SDVBE (Service Disabled Veteran Owned Business)		
				☐ MBE (Minority Owned Business Enterprise) ☐ NMSDC Certified (see next page)	
Additional Certification Sources		Certification Number		Certification End Date	
(1)					
(2)					
(3)					
(4)					
I HEREBY CERTIFY THAT ALL ENTRIES ARE TRUE AND ACCURATE:					
Authorized Vendor Signature		Title		Date	

University of California San Francisco Supplier Vendor Information

Service Disabled Veteran - a veteran of the military, naval, or air service of the United States with a service connected disability who is a resident of the State of California. To qualify as a veteran with a service connected disability, the person must be currently declared by the United States Veterans Administration to be 10 percent (10%) or more disabled as a result of service in the armed forces. See note under Service Disabled Veteran Business Enterprise (SDVBE).

Service Disabled Veteran Business Enterprise (SDVBE) - a business that is at least fifty-one percent (51%) owned by one or more service disabled veterans or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals: and whose management and daily business operations are controlled by one or more of such individuals. Note: CERTIFICATION FROM THE STATE OF CALIFORNIA DEPT. OF GENERAL SERVICES ([DGS](#)) IS STRONGLY RECOMMENDED.

Disadvantaged Business Enterprise (DBE) – a business concern which is at least fifty-one percent (51%) owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals.

Small Disadvantaged Business (SDB) - SDB certification strictly pertains to benefits in Federal procurement. The U.S. Small Business Administration certifies SDBs to make them eligible for special bidding benefits. Evaluation credits available to prime contractors boost subcontracting opportunities for SDBs. The SBA certifies small businesses that meet specific social, economic, ownership, and control eligibility criteria. Once certified, the firm is added to an on-line registry of SDB-certified firms maintained in The Central Contractor Registry/PRO-Net (CCR/ PRO-Net). Certified firms remain on the list for three years. Contracting officers and large business prime contractors may search this on-line registry for potential suppliers. Note: CERTIFICATION FROM THE FEDERAL SMALL BUSINESS ADMINISTRATION ([SBA](#)) IS REQUIRED. IT IS ALSO [REQUIRED](#) IF INCLUDED IN FEDERAL AGENCY AWARD FUNDING (i.e. NIH; CDC; etc.)

Small Business Enterprise (SBE) - an independently owned and operated concern; certified or certifiable as a small business by the Federal Small Business Administration (SBA). (A general rule of thumb is that a concern with not more than 500 employees may be considered small business. Size standards by Standard Industrial Classification codes may be found in the Federal Acquisition Regulations, Section 19.102. The University may rely on written representation by the vendors regarding their status.)

Women Owned Business Enterprise (WBE) - a business that is at least fifty-one percent (51%) owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management. Note: CERTIFICATION FROM THE WOMENS BUSINESS ENTERPRISE NATIONAL COUNCIL ([WBENC](#)) IS STRONGLY RECOMMENDED.

Minority Owned Business Enterprise (MBE) - A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members. "Minority group members" are United States citizens who are Asian, Black, Hispanic and Native American. Ownership by minority individuals means the business is at least 51% owned by such individuals or, in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Further, the management and daily operations are controlled by those minority group members. Note: CERTIFICATION FROM THE NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL ([NMSDC](#)) IS STRONGLY RECOMMENDED.

8(A) Program - The SBA's 8(a) Program, named for a section of the Small Business Act, is a business development program created to help small disadvantaged businesses compete in the American economy and access the federal procurement market. The 8(a) Program offers a broad scope of assistance to socially and economically disadvantaged firms. Contacting the local SBA district office serving your area is the first step. An SBA representative will answer general questions over the telephone. Some district offices may also have 8(a) orientation workshops to provide additional information regarding the eligibility requirements and to review various SBA forms.

HUB Zone - SBA's HUB Zone program is in line with the efforts to promote economic development and employment growth in distressed areas by providing access to more Federal contracting opportunities. To be eligible for the program, a concern must meet all of the following criteria: it must be a small business by SBA standards; it must be located in a "historically underutilized business zone (HUB Zone); it must be wholly owned and controlled by person(s) who are U.S. Citizens; at least 35% of its employees must reside in a HUB Zone. Existing businesses that choose to move to qualified areas are eligible. To fulfill the requirement that 35% of a HUB Zone firms employees reside in the HUB Zone, employees must live in a primary residence within that area for at least 180 days or be a currently registered voter in that area.



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Substitute W-9 Form

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YOU WILL NOT BE PAID IF A PROPERLY COMPLETED FORM SIGNED BY YOU IS NOT ON FILE WITH UCSF

****All Fields Are Required****

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to UCSF as shown at the bottom of this page. Information provided in this form will be verified with the IRS and may be used to prepare Information Returns (1099-Misc). Payees who do not wish to complete this form may elect not to do business with UCSF		
2	LEGAL NAME: <u>Must be the name you use on your tax return</u>		
	TRADE NAME /DBA if different from legal name: <u>Must match "remit to" name on your invoice</u>		
	IF SOLE PROPRIETOR OR INDIVIDUAL ENTER OWNER'S FULL NAME (Last, Suffix, First, M.I.)	E-MAIL ADDRESS	
	BUSINESS ADDRESS		
	CITY, STATE, ZIP CODE		
3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY ENTER ONLY ONE NUMBER	PARTNERSHIP, LLC or LLP ESTATE OR TRUST CORPORATION: MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) LEGAL (e.g., attorney services) EXEMPT (nonprofit under Sec. 501(a)(c) or 403(b)(7)) ALL OTHER TYPE OF CORPORATIONS	ONLY PARTNERSHIP, ESTATE, TRUST OR CORPORATION ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): - OR Check here if TIN applied for	
		University Use Only Date FEIN/SSN verified with IRS: Vendor number:	
	INDIVIDUAL/SOLE-PROPRIETOR: ENTER SOCIAL SECURITY NUMBER - - OR Check here if TIN applied for		
4 The person signing this document should be a partner in the partnership, an officer of the corporation, or the individual or sole proprietor named	Certification: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	
	SIGNATURE	DATE	TELEPHONE ()
5 Submit Completed Form to UCSF	MAILING ADDRESS: UCSF Lloyd Watson, Buyer Campus Procurement 1855 Folsom Street # 304 San Francisco, CA 94143	FAX: 415-502-3031	EMAIL: Lloyd.Watson@ucsf.edu
		TEL: 415-502-3047	

University of California San Francisco
Substitute W-9 Form

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PRIVACY STATEMENT:

Section 6109 of the Internal Revenue Code requires you to provide your correct taxpayer identification number (TIN) to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and states agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines/and or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See Form W-9, Request for Taxpayer Identification and Certification.

Question and Answers for Bid #0910-001 - Comprehensive Emergency Department Information System

OVERALL BID QUESTIONS

Question 1

The BidSync web site indicates a question deadline of Feb 10, 2010. Page 8 of the PDF bid packet indicates a deadline of Jan 27, and page 9 of the same document indicates a deadline of Jan 25. Please clarify. Thanks, Jason
(Submitted: Jan 8, 2010 10:31:34 AM PST)

Answer

- February 10, 2010 is the questions deadline. (Answered: Jan 8, 2010 2:22:56 PM PST)

Question 2

Is the bidding evaluation include the DVBE/Small Business 5% incentive (or other %) for participation? I do not see this in the RFP. (Submitted: Jan 8, 2010 11:33:43 AM PST)

Answer

- There was no provision for that issue in the RFP. (Answered: Jan 8, 2010 2:22:56 PM PST)

Question Deadline: Feb 10, 2010 9:00:00 AM PST