

Solicitation 042-541113-AF

ELECTRONIC HEALTH RECORD SYSTEM



County of Orange

**Bid 042-541113-AF
ELECTRONIC HEALTH RECORD SYSTEM**

Bid Number **042-541113-AF**
Bid Title **ELECTRONIC HEALTH RECORD SYSTEM**

Bid Start Date **Jun 30, 2011 5:37:07 PM PDT**
Bid End Date **Aug 2, 2011 4:00:00 PM PDT**
Question & Answer
End Date **Jul 14, 2011 10:00:00 AM PDT**

Bid Contact **Ana E Figueroa**
 Procurement Contract Specialist
 afigueroa@ochca.com

Standard Disclaimer **The County of Orange is not responsible for and accepts no liability for any technical difficulties or failures that result from conducting business electronically.**

Description

THE HEALTH CARE AGENCY IS SOLICITING COMPETITIVE PROPOSALS FOR THE PROVISION OF AN ELECTRONIC HEALTH RECORD SYSTEM.

ALL QUESTIONS/CLARIFICATIONS MUST BE POSTED ON LINE USING THE QUESTIONS AND ANSWERS FEATURE.

REQUEST FOR PROPOSAL

**County of Orange
Health Care Agency
Purchasing
511 N. Sycamore
Santa Ana, CA 92701**

PROPOSALS MUST BE RECEIVED ON OR
BEFORE

August 2, 2011

By
4:00 P.M. PT/PDT

RFP Number
042-541113-AF

File Folder No: 541113

INSTRUCTIONS:

1. SUBMIT ONE (1) ORIGINAL AND SIX (6) COPIES OF YOUR PROPOSAL AND ONE (1) COPY ON CD ROM OR FLASH DRIVE..
2. RETURN THIS PAGE SIGNED, WITH PROPOSAL.
3. ALL PROPOSALS ARE TO BE IDENTIFIED WITH RFP #, AND RETURNED IN A SEALED ENVELOPE OR PACKAGE.
4. FOR FURTHER INFORMATION, CONTACT:
Ana Figueroa, Assigned DPA at afigueroa@ochca.com
or via BidSync @ www.BidSync.com

DATE: June 30, 2011

REQUEST FOR PROPOSAL (RFP)**COVER PAGE**

The County of Orange (hereinafter "County") is seeking proposals for electronic health record system. Interested proponents may submit a proposal containing the information requested in this RFP.

Proposals are due by 4:00 P.M., (Pacific Daylight Time) on **August 2, 2011**. **Proposals must be submitted in sealed packages. See complete instructions in Section I, Item C.**

All questions and inquiries related to this RFP must be directed in writing to Ana Figueroa at afigueroa@ochca.com or posted on the www.Bidsync.com internet site under Questions & Answers section. For Bidsync assistance, contact Bidsync Vendor Support Team at 800-990-9339, Option 1.

Prospective proponents shall not contact other County personnel with any questions or clarifications concerning this RFP. All official communication concerning this RFP shall be initiated by Health Care Agency Purchasing. Any County response relevant to this RFP other than through or approved by Health Care Agency Purchasing is unauthorized and will be considered invalid.

I HAVE READ, UNDERSTOOD AND AGREE TO ALL STATEMENTS IN THIS REQUEST FOR PROPOSALS, AND TO THE TERMS, CONDITIONS AND ATTACHMENTS REFERENCED HEREIN.

Date:_____ Company Legal Name:_____

*Authorized Signature

Name

Title

*Authorized Signature

Name

Title

* If the Respondent is a corporation, (2) two signatures are required: one (1) signature by the Chairman of the Board, the President or any Vice President; and one (1) signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or any Assistant Treasurer. The signature of one person alone is sufficient to bind a corporation, as long as he or she holds corporate offices in each of the two categories described above. For County purposes, proof of such dual office holding will be satisfied by having the individual sign the instrument twice, each time indicating his or her office that qualifies under the above described provision. In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signatory to bind the corporation.

RETURN THIS SHEET WITH YOUR RESPONSE

1. INSTRUCTIONS - PROTEST

Procedure

Any actual or prospective bidder, proposer or contractor who alleges a grievance by the solicitation or award of a contract may submit a grievance or protest to the appropriate agency/department assigned buyer.

All protests shall be typed under the protester's letterhead and submitted in accordance with the provisions stated herein. All protests shall include at a minimum the following information:

1. The name, address, and telephone number of the protester;
2. The signature of the protester or protester's authorized representative;
3. The solicitation number or contract number;
4. A detailed statement of the legal and/or factual grounds of the protest; and
5. The form of relief requested.

Protest of RFP Specifications

All protests related to RFP specifications must be submitted to the assigned buyer no later than five (5) business days prior to the close of the RFP. Protests received after the five (5) business day deadline will not be considered by the County.

In the event the protest of specifications is denied and the protester wishes to continue in the solicitation process, protester must still submit a proposal prior to the close of the solicitation in accordance with the RFP submittal procedures provided in the proposal.

Protest of Award of Contract

In protests related to the award of a contract, the protest must be submitted no later than five (5) business days after the notice of the proposed contract award is provided by the assigned buyer. Protests relating to a proposed contract award which are received after the five (5) business day deadline will not be considered by the County.

Protest Process

1. In the event of a timely protest, the County shall not proceed with the solicitation or award of the contract until the assigned buyer, the County Purchasing Agent or the Procurement Appeals Board renders a decision on the protest.
2. Upon receipt of a timely protest, the assigned buyer will within ten (10) business days of the receipt of the protest, issue a decision in writing which shall state the reasons for the actions taken.
3. The County may, after providing written justification to be included in the procurement file, make the determination that an immediate award of the contract is necessary to protect the substantial interests of the County. The award of a contract shall in no way compromise the protester's right to the protest procedures outlined herein.
4. If the protester disagrees with the decision of the assigned buyer, the protester may submit a written notice to the Office of the County Purchasing Agent requesting an appeal to the Procurement Appeals Board, in accordance with the process stated below.

2. APPEAL PROCESS

If the protester wishes to appeal the decision of the assigned buyer, the protester must submit, within three (3) business days from receipt of the assigned buyer's decision, a written appeal to the Office of the County Purchasing Agent.

1. Within fifteen (15) business days, the County Purchasing Agent will review all materials in connection with the protest, assess the merits of the protest, and provide a written determination that shall contain its decision on whether the protest shall be forwarded to the Procurement Appeals Board.
2. The decision of the County Purchasing Agent on whether to allow the appeal to go forward will be final and there shall be no right to any administrative appeals of this decision.

In the event the County Purchasing Agent determines that a hearing is to be convened, the protester and the County agency department will be given at least ten (10) days' written notice of the hearing date, time, and location. No postponement of the hearing shall be granted unless good cause is shown by the party seeking the postponement. Whether or not good cause exists shall be in the sole discretion of the County Purchasing Agent.

It will be the purpose of the Procurement Appeals Board to determine whether a solicitation or contract award is in accordance with applicable case law, statutes, code, County ordinances, policies and procedures, and accepted standards of fairness and ethics. The decision of the Procurement Appeals Board will be final and there shall be no right to further protest or appeal to the Board of Supervisors.

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SECTION I: INTRODUCTION AND INSTRUCTIONS TO PROPONENTS**A. INTRODUCTION**

The County of Orange Health Care Agency Purchasing is seeking proposals for electronic health record system. Specifications are outlined herein, Section III, Attachment A: Scope of Work.

The County does not require neither encourages or discourages the use of lobbyists or other consultants for the purpose of securing business.

B. RFP TIME SCHEDULE

06/30/11.....	RFP Posting
07/14/11.....	Deadline for Written Clarifications/Questions to Health Care Agency Purchasing
07/15/11.....	Response to Clarifications/Questions Issued
08/02/11.....	Proposals Due Date
08/29/11.....	Evaluation of Proposals Completed
09/05/11.....	Interviews/site visits if needed
11/21/11.....	Contractor Selection, Negotiations/Finalization of Contract Terms, Contract Finalized
03/01/11.....	Contract Start Date
NOTICE: These dates represent a tentative RFP time schedule. The County reserves the right to modify these dates at any time.	

C. INSTRUCTIONS TO PROPONENTS AND PROCEDURES FOR SUBMITTAL

1. The Proposal must be tabbed and indexed in accordance with the information requested in Section II.B: Proposal Response Requirements. It is imperative that all proponents responding to this RFP comply, exactly and completely, with the instructions set forth herein.
2. Clearly identified proposals are due by **4:00 P.M. (Pacific Daylight Time) August 2, 2011**, and shall be addressed and delivered in sealed packages to:

Health Care Agency - Purchasing
Attn: Ana Figueroa
511 North Sycamore Street
Santa Ana, CA 92701

HCA/Purchasing Regular Business Hours: **Monday through Friday
8:00 AM to 5:00 PM PT/PDT**

This Office will be closed on the following County holidays during this solicitation period:
July 04, 2011

Proposals must be date and time-stamped on the outside of the sealed package by a Health Care Agency Purchasing employee. Submittals received after this date and time will be considered late. The County reserves the right to reject all late proposals. The County assumes no responsibility for proposals received after this date and time regardless of reason.

3. It is the responsibility of each prospective proponent to review, evaluate and where necessary, request clarification to this RFP. All questions, requests for interpretation or clarification relevant to this RFP must be submitted to Ana Figueroa by email at afigueroa@ochca.com no later than **July 14, 2011 10:00 A.M., (Pacific Daylight Time)** or posted on the www.bidsync.com internet site under Questions & Answers section. Oral

statement(s) concerning the meaning or intent of the contents of this RFP by any person are unauthorized and invalid. In the event the County deems it necessary to clarify or make changes to this RFP, this shall be done in the form of a written addendum authorized and issued by Ana Figueroa or authorized designee only. The County does not guarantee that proponents will receive addenda to this RFP. Prospective proponents should review www.bidsync.com internet site for notice of addenda. It is the responsibility of prospective proponents to request all additional information/modifications to this RFP.

4. Proposals must be valid for a period of three hundred sixty-five (365) days from the due date. Proposals may **not** be withdrawn after the submission date.
5. Responses to this RFP must follow the format specified in Section II, Proposal Preparation Instructions and Response Requirements.
6. Prior to the award of any contract, all proposals will be designated confidential to the extent permitted by applicable state and federal law. However, all proposals will likely be regarded as public records upon completion of negotiations with the top-ranked proponent, or once all proposals are rejected and this solicitation is terminated. Any information a firm considers highly confidential information should not be deposited in writing with the County. If it is necessary to include proprietary/trade or confidential information in your response, the County recommends that the proprietary/trade or confidential information be clearly indicated as confidential. While the County will take all reasonable precautions, it cannot guarantee protection of the information furnished in a proposal.
7. After the proposal due date, evaluation will commence. Proponents judged most responsive to the County's requirements may or may not be asked to give an oral presentation on their proposal and/or to have a site visit. Selected proponents should be prepared to schedule a site visit and/or make their presentation within five (5) days of notification and be prepared to discuss all aspects of their proposals in detail, including technical questions regarding the proposal. Proponents will not be allowed to alter or amend proposals through use of the presentation process.
8. The County reserves the right to negotiate modifications with any proponent as necessary to serve the best interests of the County. Any proposal may be rejected if it is conditional, incomplete or deviates from requirements and specifications in this RFP. The County reserves the right to waive, at its discretion, any procedural irregularity, immaterial defects, or other improprieties which the County deems reasonably correctable or otherwise not warranting rejection of the proposal. Failure of the County in any one or more instances to insist upon strict adherence to the requirements of this RFP shall not be construed as a waiver or relinquishment to any extent of the right to require adherence to any other requirement or on any future occasion.
9. Pre-Contractual Expenses: Pre-contractual expenses are defined as expenses incurred by the proponent in: 1) preparing its proposal in response to this RFP; 2) submitting that proposal to the County; 3) negotiating with the County any matter related to proponent's proposal; and 4) any other expenses incurred by the proponent prior to the date of award and execution, if any, of the contract.

The County shall not, in any event, be liable for any pre-contractual expenses incurred by proponents in the preparation and submission of their proposals. Proponents shall not include any such expenses as part of their proposals.

10. Proponent must submit its proposal in strict accordance with and responsive to all procedural and substantive requirements of this RFP and such compliance must be

stated in the proposal. Deviations and/or exceptions must be clearly identified and listed separately as alternative items for the County's consideration.

11. The County reserves the right to: 1) award its total requirements to one proponent or to apportion those requirements among two or more proponents as the County may deem to be in its best interest; 2) negotiate the final contract(s) with any proponent(s) as necessary to serve the best interests of the County; 3) withdraw this RFP at any time without prior notice; 4) perform facilities inspection prior to selection or award or 5) request Best & Final Offers from any proponents determined to be within the competitive range. Late Best & Final Offers will not be accepted by the County. Furthermore, the County makes no representations that any contract will be awarded to any proponent responding to this RFP. The County reserves the right to reject any and all proposals. In addition, negotiations may or may not be conducted with proponents; therefore, the proposal submitted should contain proponent's most favorable terms and conditions, since the selection and award may be made without discussion with any proponent.
12. The County will make an award based on what it determines to be its own best interest. By participating in this process, proponents agree to accept the County's Purchasing Agent's decision as final.

D. EVALUATION PROCESS AND CRITERIA

Proposals will be evaluated by a panel on the basis of the response to all requirements of Section II.B: Proposal Response Requirements. Upon successful completion of negotiations, the resultant contract may be submitted to the Board of Supervisors for approval. If a satisfactory contract cannot be negotiated in a timely manner, the County in its sole discretion may terminate negotiations with the selected contractor and begin contract negotiations with another contractor.

The model contract contained in Section III of this RFP is the contract proposed for execution. It may be modified to incorporate negotiated items and other pertinent terms and conditions set forth in this RFP, including special conditions and requirements and those added by addendum, and to reflect the proponent's proposal and qualifications.

The County shall use the following criteria in its evaluations and comparisons of proponents. No inference is to be drawn concerning relative importance of criteria based on the order presented.

EVALUATION CRITERIA:

1. Proponent's scope of experience.
2. Proponent's staffing, certificates, and licenses.
3. Proponent's overall understanding of the County's requirement.
4. Proponent's proposed cost.
5. Proponent's financial stability and statements.
6. Proponent's presentation/interview/site visits (optional).

All proposals will be compared on a response-by-response basis. Proponents must respond to this RFP in the form and format required.

Prior to receipt of proposals, an evaluation committee will establish criteria weighting and assigning points which measure how responsive the proponent's proposal is to the particular

specification or requirement in question. The total number of points earned will be tallied for each proposal and then the proposals will be ranked according to the total number of points awarded.

The evaluation panel shall select firms that best meet County requirements. The County will create a list of such firms that may be contacted at the County's discretion to negotiate a contract. By submitting a response, the proponent agrees to the decision of the County's Purchasing Agent as final.

Following the initial evaluation process, the highest-ranking proponents may or may not be invited to an oral interview/presentation and/or requested to have a site visit. If highest-ranking proponents are invited to an oral interview/presentation or requested to have a site visit, they should be able to appear for an interview/presentation and/or to schedule a site visit within five (5) days upon notification by the assigned buyer.

E. CONTRACTING PROCEDURES

1. The model contract (Section III) will become the basis for the contract between the County and the proponent. After negotiations are complete, execution and final issuance of the contract may be contingent upon approval by the County Board of Supervisors and the assigned buyer.
2. The County in accordance with Title VI of the Civil Rights Act of 1964, hereby notifies all prospective proponents that Disadvantaged Business Enterprises (DBE) are afforded an equal opportunity to compete for and perform contracts resulting from this solicitation. No person will be discriminated against on the grounds of race, color, national origin, age, sex, or disability in awarding the contract.

SECTION II: PROPOSAL PREPARATION INSTRUCTIONS AND RESPONSE REQUIREMENTS

A. GENERAL PROPOSAL PREPARATION INSTRUCTIONS

In order to provide for a more accurate and timely evaluation of the proposals submitted, a standard proposal format has been developed. The following instructions have been developed to assist proponents in understanding the exact content requirements and physical formats required for the submission of a proposal according to this standard format. All proponents are required to format their proposal according to these guidelines and, where applicable, incorporate the proposal forms required for presentation of certain types of information.

Physical Preparation of the Proposal

Each proponent's submittal shall be in bound form allowing quick and easy movement between proposal sections. The binder must contain the proponent's proposal, tabbed and indexed as set forth herein, and titled "**electronic health record system**".

Proponents must provide one (1) original, six (6) copies (paper format) of their proposal and one (1) flash drive or CD (digital format). The original proposal is to be clearly marked as original and contain original signatures.

Each proposal should be physically constructed according to the following additional criteria:

1. All proposal pages should be "letter-size" (approximately 8-1/2 inches by 11 inches);
2. Each proposal page shall carry the following information in either a page heading section or page footer section:
 - a. RFP 042-541113-AF;
 - b. proposal page number; and

- c. vendor name/acronym.

B. PROPOSAL RESPONSE REQUIREMENTS

Responses must be indexed in the following order with individual tabs for each numbered item. The twelve (12) sections are to be tabbed one (1) through twelve (12).

1. Cover Page

Proposal must be accompanied by the first page of the County's RFP with applicable signatures affixed and the first page of any subsequent addenda issued to the RFP must also be included in this section of the proposal.

2. Company Profile (Exhibit 1)

3. Qualifications and Experience

Proponent must provide a resume describing qualifications, and if applicable, resumes of key professional personnel to be assigned to this project. Proponent must provide, at a minimum, information relating to education, any degrees, certificates or licenses possessed, work performed, and assignments involving services and requirements similar in nature and scope to those set forth in this RFP.

4. Work Plan

Proponent must provide a proposed work plan as outlined in Section III, Attachment A: Scope of Work.

5. Cost Summary/Pricing (Attachment C)

Proponent must provide a Fixed Fee Cost Proposal for the proposed project.

6. References of Work of Similar Scope (Exhibit 2)

Proponent must submit three (3) references of work of similar scope. Include the name, address, phone number, facsimile number and e-mail address of contact person, name of firm, description of services provided, dates of service, and contract amount.

7. Certificate of Insurance

Proponent must confirm willingness and ability to provide the required insurance coverage as set forth in Article "O" and "GG" of the model contract in Section III.

8. Validity of Proposal

Proponent must state the length of time that its proposal shall remain valid. Proposals must be valid for a minimum of three hundred sixty five (365) days from the date proposals are due.

9. Statement of Compliance

A. Statement of Compliance

Include in this section either a statement of compliance with all parts of this RFP including the Articles in the model contract or a listing of exceptions and suggested changes, along with any cost impact and schedule changes.

Proposal must certify either one (1) or two (2) below:

1. This proposal is in strict compliance with said RFP including the model contract and no exceptions thereto are proposed.
2. This proposal is in strict compliance with said RFP including the model contract except for those proposed exceptions listed in a separate attachment hereto. The attachment must include, for each proposed exception:
 - a. The suggested rewording of the contract or other portions of the RFP;
 - b. Reasons for submitting the proposed exception; and
 - c. Any impact the proposed exception may have on cost, scheduling, or other areas.

B. Model Contract

Do not complete items left blank in the model contract and submit the entire model contract (see Section III).

10. Certification of Understanding

Proponent must certify that it accepts and understands the following statement, which has been considered in the proponent's proposed cost.

County assumes no responsibility for any understanding or representation made by any of its officers or agents during or prior to the execution of any contract(s), which results from this RFP unless:

- A. Such understanding or representations are expressly stated in the contract; and
- B. The contract expressly provides that County assumes the responsibility therein.

11. Resources to be Provided by the County (Attachment E)

List any resource, County assistance, or other items expected to be provided by the County. Any resources not listed will be assumed to be part of the services provided by proponent.

12. Financial Statements

Proponent must provide copies of the organization's most current financial statements.



**SECTION III
MODEL CONTRACT**

FOR

ELECTRONIC HEALTH RECORD SYSTEM

BETWEEN

**THE COUNTY OF ORANGE
HEALTH CARE AGENCY**

AND

TBD

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CONTRACT NO. TBD**ELETRONIC HEALTH RECORD SYSTEM**

This Contract Number _____, (hereinafter "Contract") is made and entered into this _____ day of _____, 2012 or upon execution of all necessary signatures between _____ (hereinafter "Contractor"), with a place of business at _____, and the County of Orange (hereinafter "County"), a political subdivision of the State of California, with a place of business at 511 N. Sycamore St., Santa Ana, CA 92701, which are sometimes individually referred to as "party", or collectively referred to as "parties".

RECITALS

WHEREAS, the County issued a Request for Proposals (RFP) for the provisions of electronic health record system; and

WHEREAS, the Contractor responded to the RFP solicitation offering the complete Scope of Work with responsive and favorable terms and conditions to the County and having so represented that its proposed services shall meet or exceed the requirements and specifications of the RFP; and

WHEREAS, the County of Orange Board of Supervisors has authorized the Purchasing Agent or designee to enter into Contract with Contractor for obtaining said services; and

NOW, THEREFORE, the parties mutually agree as follows:

ARTICLES**GENERAL TERMS AND CONDITIONS**

- A. **Governing Law and Venue:** This Contract has been negotiated and executed in the State of California and shall be governed by and construed under the laws of the State of California. In the event of any legal action to enforce or interpret this Contract, the sole and exclusive venue shall be a court of competent jurisdiction located in Orange County, California, and the parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure Section 394. Furthermore, the parties specifically agree to waive any and all rights to request that an action be transferred for trial to another county.
- B. **Entire Contract:** This Contract, its Attachments and Exhibits, when accepted by the Contractor either in writing or by commencement of performance hereunder, contains the entire Contract between the parties with respect to the matters herein, and there are no restrictions, promises, warranties or undertakings other than those set forth herein or referred to herein. No exceptions, alternatives, substitutes or revisions are valid or binding on County unless authorized by County in writing. Electronic acceptance of any additional terms, conditions or supplemental contracts by any County employee or agent, including but not limited to installers of software, shall not be valid or binding on County unless accepted in writing by County's Purchasing Agent or designee, hereinafter "Purchasing Agent."
- C. **Amendments:** No alteration or variation of the terms of this Contract shall be valid unless made in writing and signed by the parties; no oral understanding or agreement not incorporated herein shall be binding on either of the parties; and no exceptions, alternatives, substitutes or revisions are valid or binding on County unless authorized by County in writing.
- D. **Taxes:** Unless otherwise provided herein or by law, price quoted does not include California state sales or use tax.

- E. **Delivery:** Time of delivery of goods or services is of the essence in this Contract. County reserves the right to refuse any goods or services and to cancel all or any part of the goods not conforming to applicable specifications, drawings, samples or descriptions or services that do not conform to the prescribed Scope of Work. Acceptance of any part of the order for goods shall not bind County to accept future shipments nor deprive it of the right to return goods already accepted at Contractor's expense. Overshipments and undershipments of goods shall be only as agreed to in writing by County. Delivery shall not be deemed to be complete until all goods or services have actually been received and accepted in writing by County.
- F. **Warranty:** Contractor expressly warrants that the services covered by this Contract are 1) free of liens or encumbrances, 2) merchantable and good for the ordinary purposes for which they are used, and 3) fit for the particular purpose for which they are intended. Acceptance of goods/services shall constitute a contract upon Contractor's part to indemnify, defend and hold County and its indemnitees as identified in paragraph "GG" below, and as more fully described in paragraph "GG", harmless from liability, loss, damage and expense, including reasonable counsel fees, incurred or sustained by County by reason of the failure of the goods/services to conform to such warranties, faulty work performance, negligent or unlawful acts, and non-compliance with any applicable state or federal codes, ordinances, orders, or statutes, including the Occupational Safety and Health Act (OSHA) and the California Industrial Safety Act. Such remedies shall be in addition to any other remedies provided by law.
- G. **Patent/Copyright Materials/Proprietary Infringement:** Unless otherwise expressly provided in this Contract, Contractor shall be solely responsible for clearing the right to use any patented or copyrighted materials in the performance of this Contract. Contractor warrants that any software as modified through services provided hereunder will not infringe upon or violate any patent, proprietary right, or trade secret right of any third party. Contractor agrees that, in accordance with the more specific requirement contained in paragraph "GG" below, it shall indemnify, defend and hold County and County indemnitees harmless from any and all such claims and be responsible for payment of all costs, damages, penalties and expenses related to or arising from such claim(s), including, but not limited to, attorney's fees, costs and expenses.
- H. **Assignment or Sub-Contracting:** The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators and assigns of the parties. Furthermore, neither the performance of this Contract nor any portion thereof may be assigned or sub-contracted by Contractor without the express written consent of County. Any attempt by Contractor to assign or sub-contract the performance or any portion thereof of this Contract without the express written consent of County shall be invalid and shall constitute a breach of this Contract.
- I. **Non-Discrimination:** In the performance of this Contract, Contractor agrees that it will comply with the requirements of Section 1735 of the California Labor Code and not engage nor permit any subcontractors to engage in discrimination in employment of persons because of the race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or sex of such persons. Contractor acknowledges that a violation of this provision shall subject Contractor to all the penalties imposed for a violation of Section 1720 et seq. of the California Labor Code.
- J. **Termination:** In addition to any other remedies or rights it may have by law, County has the right to terminate this Contract without penalty immediately with cause or after thirty (30) days' written notice without cause, unless otherwise specified. Cause shall be defined as any breach of contract, any misrepresentation or fraud on the part of the Contractor. Exercise by County of its right to terminate the Contract shall relieve County of all further obligations.
- K. **Consent to Breach Not Waiver:** No term or provision of this Contract shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by the party claimed to have waived or consented. Any consent by any party to, or waiver of, a breach by the

other, whether express or implied, shall not constitute consent to, waiver of, or excuse for any other different or subsequent breach.

- L. **Remedies Not Exclusive:** The remedies for breach set forth in this Contract are cumulative as to one another and as to any other provided by law, rather than exclusive; and the expression of certain remedies in this Contract does not preclude resort by either party to any other remedies provided by law.
- M. **Independent Contractor:** Contractor shall be considered an independent contractor and neither Contractor, its employees, nor anyone working under Contractor shall be considered an agent or an employee of County. Neither Contractor, its employees nor anyone working under Contractor shall qualify for workers' compensation or other fringe benefits of any kind through County.
- N. **Performance:** Contractor shall perform all work under this Contract, taking necessary steps and precautions to perform the work to County's satisfaction. Contractor shall be responsible for the professional quality, technical assurance, timely completion and coordination of all documentation and other goods/services furnished by the Contractor under this Contract. Contractor shall perform all work diligently, carefully, and in a good and workman-like manner; shall furnish all labor, supervision, machinery, equipment, materials, and supplies necessary therefor; shall at its sole expense obtain and maintain all permits and licenses required by public authorities, including those of County required in its governmental capacity, in connection with performance of the work; and, if permitted to subcontract, shall be fully responsible for all work performed by subcontractors.
- O. **Insurance:**

Insurance Provisions

Prior to the provision of services under this Contract, the Contractor agrees to purchase all required insurance at Contractor's expense and to deposit with the County Certificates of Insurance, including all endorsements required herein, necessary to satisfy the County that the insurance provisions of this Contract have been complied with and to keep such insurance coverage and the certificates therefore on deposit with the County during the entire term of this Contract. In addition, all subcontractors performing work on behalf of Contractor pursuant to this Contract shall obtain insurance subject to the same terms and conditions as set forth herein for Contractor.

All self-insured retentions (SIRs) and deductibles shall be clearly stated on the Certificate of Insurance. If no SIRs or deductibles apply, indicate this on the Certificate of Insurance with a zero (0) by the appropriate line of coverage. Any self-insured retention (SIR) or deductible in an amount in excess of \$25,000 (\$5,000 for automobile liability), shall specifically be approved by the County Executive Office (CEO)/Office of Risk Management.

If the Contractor fails to maintain insurance acceptable to the County for the full term of this Contract, the County may terminate this Contract.

Qualified Insurer

Minimum insurance company ratings as determined by the most current edition of the **Best's Key Rating Guide/Property-Casualty/United States or ambest.com** shall be A- (Secure Best's Rating) and VIII (Financial Size Category).

The policy or policies of insurance must be issued by an insurer licensed to do business in the State of California (California Admitted Carrier). If the carrier is a non-admitted carrier in the State of California and does not meet or exceed an A.M. Best rating of A-/VIII, CEO/Office of Risk Management retains the right to approve or reject carrier after a review of the company's performance and financial ratings. If the non-admitted carrier meets or exceeds the minimum A.M. Best rating of A-/VIII, the agency can accept the insurance.

The policy or policies of insurance maintained by the Contractor shall provide the minimum limits and coverage as set forth below:

<u>Coverage</u>	<u>Minimum Limits</u>
Commercial General Liability	\$1,000,000 per occurrence \$2,000,000 aggregate
Automobile Liability including coverage for owned, non-owned and hired vehicles	\$1,000,000 per occurrence
Workers' Compensation	Statutory
Employers' Liability Insurance	\$1,000,000 per occurrence
Professional Liability Insurance	\$1,000,000 per occurrence

Required Coverage Forms

The Commercial General Liability coverage shall be written on Insurance Services Office (ISO) form CG 00 01, or a substitute form providing liability coverage at least as broad.

The Business Auto Liability coverage shall be written on ISO form CA 00 01, CA 00 05, CA 0012, CA 00 20, or a substitute form providing coverage at least as broad.

Required Endorsements

The Commercial General Liability policy shall contain the following endorsements, which shall accompany the Certificate of Insurance:

1. An Additional Insured endorsement using ISO form CG 2010 or CG 2033 or a form at least as broad naming the County of Orange, its elected and appointed officials, officers, employees, agents as Additional Insureds.
2. A primary non-contributing endorsement evidencing that the Contractor's insurance is primary and any insurance or self-insurance maintained by the County of Orange shall be excess and non-contributing.

All insurance policies required by this Contract shall waive all rights of subrogation against the County of Orange and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees when acting within the scope of their appointment or employment.

The Workers' Compensation policy shall contain a waiver of subrogation endorsement waiving all rights of subrogation against the County of Orange, and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees.

All insurance policies required by this Contract shall give the County of Orange thirty (30) days' notice in the event of cancellation and ten (10) days for non-payment of premium. This shall be evidenced by policy provisions or an endorsement separate from the Certificate of Insurance.

If Contractor's Professional Liability policy is a "claims made" policy, Contractor shall agree to maintain Professional Liability coverage for two (2) years following completion of Contract.

The Commercial General Liability policy shall contain a severability of interests clause also known as a "separation of insureds" clause (standard in the ISO CG 0001 policy).

Insurance certificates should be forwarded to the agency/department address listed on the solicitation.

If the Contractor fails to provide the insurance certificates and endorsements within seven (7) days of notification by County Procurement Office/Purchasing or the agency/department purchasing division, award may be made to the next qualified vendor.

County expressly retains the right to require Contractor to increase or decrease insurance of any of the above insurance types throughout the term of this Contract. Any increase or decrease in insurance will be as deemed by County of Orange Risk Manager as appropriate to adequately protect County.

County shall notify Contractor in writing of changes in the insurance requirements. If Contractor does not deposit copies of acceptable Certificates of Insurance and endorsements with County incorporating such changes within thirty (30) days of receipt of such notice, this Contract may be in breach without further notice to Contractor, and County shall be entitled to all legal remedies.

The procuring of such required policy or policies of insurance shall not be construed to limit Contractor's liability hereunder nor to fulfill the indemnification provisions and requirements of this Contract, nor act in any way to reduce the policy coverage and limits available from the insurer.

- P. **Bills and Liens:** Contractor shall pay promptly all indebtedness for labor, materials and equipment used in performance of the work. Contractor shall not permit any lien or charge to attach to the work or the premises, but if any does so attach, Contractor shall promptly procure its release and, in accordance with the requirements of paragraph "GG" below, indemnify, defend, and hold County harmless and be responsible for payment of all costs, damages, penalties and expenses related to or arising from or related thereto.
- Q. **Changes:** Contractor shall make no changes in the work or perform any additional work without the County's specific written approval.
- R. **Change of Ownership:** Contractor agrees that if there is a change or transfer in ownership of Contractor's business prior to completion of this Contract, the new owners shall be required under terms of sale or other transfer to assume Contractor's duties and obligations contained in this Contract and complete them to the satisfaction of County.
- S. **Force Majeure:** Contractor shall not be assessed with liquidated damages or unsatisfactory performance penalties during any delay beyond the time named for the performance of this Contract caused by any act of God, war, civil disorder, employment strike or other cause beyond its reasonable control, provided Contractor gives written notice of the cause of the delay to County within thirty-six (36) hours of the start of the delay and Contractor avails itself of any available remedies.
- T. **Confidentiality:** Contractor agrees to maintain the confidentiality of all County and County-related records and information pursuant to all statutory laws relating to privacy and confidentiality that currently exist or exist at any time during the term of this Contract. All such records and information shall be considered confidential and kept confidential by Contractor and Contractor's staff, agents and employees.
- U. **Compliance with Laws:** Contractor represents and warrants that services to be provided under this Contract shall fully comply, at Contractor's expense, with all standards, laws, statutes, restrictions, ordinances, requirements, and regulations (collectively "laws"), including, but not limited to those issued by County in its governmental capacity and all other laws applicable to the services at the time services are provided to and accepted by County. Contractor acknowledges that County is relying on Contractor to ensure such compliance, and pursuant to the requirements

of paragraph "GG" below, Contractor agrees that it shall defend, indemnify and hold County and County Indemnitees harmless from all liability, damages, costs and expenses arising from or related to a violation of such laws.

- V. **Freight (F.O.B. Destination):** Contractor assumes full responsibility for all transportation scheduling, packaging, handling, insurance, and other services associated with delivery of all products deemed necessary under this Contract.
- W. **Pricing:** The Contract price shall include full compensation for providing all required goods, in accordance with required specifications, or services, as specified herein or when applicable, in the Scope of Work attached to this Contract, and no additional compensation will be allowed therefor, unless otherwise provided for in this Contract.
- X. **Waiver of Jury Trial:** Each party acknowledges that it is aware of and has had the opportunity to seek advice of counsel of its choice with respect to its rights to trial by jury, and each party, for itself and its successors, creditors, and assigns, does hereby expressly and knowingly waive and release all such rights to trial by jury in any action, proceeding or counterclaim brought by any party hereto against the other (and/or against its officers, directors, employees, agents, or subsidiary or affiliated entities) on or with regard to any matters whatsoever arising out of or in any way connected with this Contract and/or any other claim of injury or damage.
- Y. **Terms and Conditions:** Contractor acknowledges that it has read and agrees to all terms and conditions included in this Contract.
- Z. **Headings:** The various headings and numbers herein, the grouping of provisions of this Contract into separate clauses and paragraphs, and the organization hereof are for the purpose of convenience only and shall not limit or otherwise affect the meaning hereof.
- AA. **Severability:** If any term, covenant, condition or provision of this Contract is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired or invalidated thereby.
- BB. **Calendar Days:** Any reference to the word "day" or "days" herein shall mean calendar day or calendar days, respectively, unless otherwise expressly provided.
- CC. **Attorney Fees:** In any action or proceeding to enforce or interpret any provision of this Contract, or where any provision hereof is validly asserted as a defense, each party shall bear its own attorney's fees, costs and expenses.
- DD. **Interpretation:** This Contract has been negotiated at arm's length and between persons sophisticated and knowledgeable in the matters dealt with in this Contract. In addition, each party had been represented by experienced and knowledgeable independent legal counsel of its own choosing or has knowingly declined to seek such counsel despite being encouraged and given the opportunity to do so. Each party further acknowledges that it has not been influenced to any extent whatsoever in executing this Contract by any other party hereto or by any person representing it, or both. Accordingly, any rule or law (including California Civil Code Section 1654) or legal decision that would require interpretation of any ambiguities in this Contract against the party that has drafted it is not applicable and is waived. The provisions of this Contract shall be interpreted in a reasonable manner to effect the purpose of the parties and this Contract.
- EE. **Authority:** The parties to this Contract represent and warrant that this Contract has been duly authorized and executed and constitutes the legally binding obligation of its respective organization or entity, enforceable in accordance with its terms.

- FF. **Employee Eligibility Verification:** The Contractor warrants that it fully complies with all federal and state statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirement set forth in federal statutes and regulations. The Contractor shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by federal or state statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as they currently exist and as they may be hereafter amended. The Contractor shall retain all such documentation for all covered employees for the period prescribed by the law. The Contractor shall indemnify, defend with counsel approved in writing by County, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Contractor or the County or both in connection with any alleged violation of any federal or state statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.
- GG. **Indemnification Provisions:** Contractor agrees to indemnify, defend with counsel approved in writing by County, and hold County, its elected and appointed officials, officers, employees, agents and those special districts and agencies for which County's Board of Supervisors acts as the governing Board ("County Indemnitees") harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products or other performance provided by Contractor pursuant to this Contract. If judgment is entered against Contractor and County by a court of competent jurisdiction because of the concurrent active negligence of County or County Indemnitees, Contractor and County agree that liability will be apportioned as determined by the court. Neither party shall request a jury apportionment.

ADDITIONAL TERMS AND CONDITIONS

1. **Scope of Contract:** This Contract, together with its Attachments and Exhibits attached hereto and incorporated herein by reference, specifies the contractual terms and conditions by which County will procure and receive services from Contractor.

The detailed Scope of Work (SOW) is fully set forth and incorporated herein as Attachment A.
2. **Term of Contract:** This Contract shall be in effect from March 1, 2012, through and including February 28, 2013, renewable for four (4) additional one-year period upon mutual concurrence by the parties. This Contract shall be in effect for the time period specified, unless this Contract is earlier terminated by the parties in accordance with Articles 5, 6, and 7.
3. **Precedence:** The Contract documents consist of this Contract, and its Attachments and Exhibits. In the event of a conflict between the Contract documents, the order of precedence shall be the provisions of the main body of this Contract, i.e., those provisions set forth in the recitals and articles of this Contract, the Attachments and then the Exhibits.
4. **Pricing Structure:** The Contractor agrees that no price/fee increases shall be passed along to the County during the term of this Contract. Contractor may discount said prices anytime during the term of the Contract.
5. **Subject to Fiscal Appropriations:** This Contract is subject to and contingent upon applicable budgetary appropriations being approved by the County of Orange Board of Supervisors for each fiscal year during the term of this Contract. If such appropriations are not approved, this Contract shall be terminated without penalty to the County.
6. **Contingency of Funds:** Contractor acknowledges that funding or portions of funding for this Contract may also be contingent upon the receipt of funds from, and/or appropriation of funds by,

the State of California to County. If such funding and/or appropriations are not forthcoming, or are otherwise limited, County may immediately terminate or modify this Contract without penalty.

7. **Termination:**

A. Termination – Default: If Contractor is in default of any of its obligations under this Contract and has not commenced cure within ten (10) days after receipt of a written notice of default from County and cured such default within the time specified in the notice, the County shall immediately be entitled to either commence resolution in accordance with this paragraph or to terminate this Contract by giving written notice to take effect immediately. Default shall include failure to carry out any of the requirements of this Contract, including, but not limited to not providing enough properly skilled workers or proper materials, persistently disregarding laws and or ordinances, not proceeding with the work as agreed to herein, or otherwise substantially violating any provision of this Contract. Upon termination of the Contract with Contractor, the County may begin negotiations with a third-party contractor to provide goods and/or services as specified in this Contract.

The right of either party to terminate this Contract hereunder shall not be affected in any way by its waiver of or failure to take action with respect to any previous default.

B. Termination – Orderly: After receipt of a termination notice from the County, the Contractor shall submit to the County a termination claim, if applicable. Such claim shall be submitted promptly, but in no event later than sixty (60) days from the effective date of the termination, unless one or more extensions in writing are granted by the County upon written request of the Contractor. Upon termination County agrees to pay the Contractor for all services performed prior to termination which meet the requirements of the Contract, provided, however, that such compensation plus previously paid compensation shall not exceed the total compensation set forth in the Contract. Upon termination or other expiration of this Contract, each party shall promptly return to the other party all papers, materials, and other properties of the other held by each for purposes of execution of the Contract. In addition, each party will assist the other party in orderly termination of this Contract and the transfer of all aspects, tangible and intangible, as may be necessary for the orderly, non-disruptive business continuation of each party.

8. **County Project Manager:** The County shall appoint a Project Manager to act as liaison with Contractor during the term of this Contract. The County's Project Manager shall coordinate the activities of the County staff assigned to work with the Contractor.

9. **Contractor's Project Manager:** Contractor shall appoint a Project Manager to direct the Contractor's efforts in fulfilling Contractor's obligations under this Contract. The Project Manager shall be subject to approval by the County and shall not be changed without the written consent of the County's Project Manager.

The Contractor's Project Manager shall be assigned to this project for the duration of this Contract and shall diligently pursue all work and services to meet the project time lines. The County's Project Manager shall have the right to require the removal and replacement of the Contractor's Project Manager or any other Contractor's staff providing services to the County under this Contract. The County's Project Manager shall notify the Contractor in writing of such action. The Contractor shall accomplish the removal within three (3) business days after written notice by the County's Project Manager. The County's Project Manager shall review and approve the appointment of the replacement for the Contractor's Project Manager. The County is not required to provide any additional information, reason or rationale in the event it elects to request the removal of Contractor's Project Manager providing services to the County under this Contract.

10. **Breach of Contract:** The failure of the Contractor to comply with any of the provisions, covenants or conditions of this Contract shall be a material breach of this Contract. In such event the County

may, and in addition to any other remedies available at law, in equity, or otherwise specified in this Contract:

- a. Afford the Contractor written notice of the breach and ten (10) calendar days or such shorter time that may be specified in this Contract within which to cure the breach;
 - b. Discontinue payment to the Contractor for and during the period in which the Contractor is in breach; and
 - c. Offset against any monies billed by the Contractor but yet unpaid by the County those monies disallowed pursuant to the above.
11. **Conflict of Interest:** The Contractor shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with the best interests of the County. This obligation shall apply to the Contractor; the Contractor's employees, agents, and relatives; sub-tier Contractors; and third parties associated with accomplishing work and services hereunder. The Contractor's efforts shall include, but not be limited to establishing precautions to prevent its employees or agents from making, receiving, providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to appear to influence individuals to act contrary to the best interests of the County.
12. **Child Support Enforcement Requirements (Exhibit 3):** In order to comply with child support enforcement requirements of the County of Orange, within ten (10) days of notification of selection of award of Contract, but prior to official award of Contract, the selected Contractor hereby agrees to furnish County with the required Contractor data and certifications, Child Support Enforcement Certification Requirements. Child Support Enforcement Certification Requirements, shall include the following information:
- a. In the case of an individual contractor, his/her name, date of birth, social security number, and residence address;
 - b. In the case of a contractor doing business in a form other than as an individual, the name, date of birth, social security number, and residence address of each individual who owns an interest of ten (10) percent or more in the contracting entity;
 - c. A certification that the contractor has fully complied with all applicable federal and state reporting requirements regarding its employees; and
 - d. A certification that the contractor has fully complied with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment and will continue to so comply.
- Failure of the Contractor to timely submit the data and/or certifications required may result in Contract being awarded to another contractor. In the event a Contract has been issued, failure of the Contractor to comply with all federal, state, and local reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment shall constitute a material breach of the Contract. Failure to cure such breach within sixty (60) calendar days of notice from the County shall constitute grounds for termination of the Contract.
13. **Disputes - Contract:** The parties shall deal in good faith and attempt to resolve potential disputes informally. If the dispute concerning a question of fact arising under the terms of this Contract is not disposed of in a reasonable period of time by the Contractor and the County's Project Manager, such matter shall be brought to the attention of the Purchasing Agent by way of the following process:

- a. The Contractor shall submit to the assigned buyer a written demand for a final decision regarding the disposition of any dispute between the parties arising under, related to, or involving this Contract, unless the County, on its own initiative, has already rendered such a final decision.
- b. The Contractor's written demand shall be fully supported by factual information, and, if such demand involves a cost adjustment to the Contract, the Contractor shall include with the demand a written statement signed by a senior official indicating that the demand is made in good faith, that the supporting data are accurate and complete, and that the amount requested accurately reflects the Contract adjustment for which the Contractor believes the County is liable.

Pending the final resolution of any dispute arising under, related to, or involving this Contract, the Contractor agrees to diligently proceed with the performance of this Contract, including the delivery of goods and/or provision of services. The Contractor's failure to diligently proceed shall be considered a material breach of this Contract.

Any final decision of the County shall be expressly identified as such, shall be in writing, and shall be signed by the Purchasing Agent. If the County fails to render a decision within ninety (90) days after receipt of the Contractor's demand, it shall be deemed a final decision adverse to the Contractor's contentions. The County's final decision shall be conclusive and binding regarding the dispute unless the Contractor commences action in a court of competent jurisdiction to contest such decision within ninety (90) days following the date of the County's final decision or one (1) year following the accrual of the cause of action, whichever is later.

14. **Audits/Inspections:** Contractor agrees to permit the County's Auditor-Controller or the Auditor-Controller's authorized representative (including auditors from a private auditing firm hired by the County) access during normal working hours to all books, accounts, records, reports, files, financial records, supporting documentation, including payroll and accounts payable/receivable records, and other papers or property of Contractor for the purpose of auditing or inspecting any aspect of performance under this Contract. The inspection and/or audit will be confined to those matters connected with the performance of the Contract including, but not limited to, the costs of administering the Contract. The County will provide reasonable notice of such an audit or inspection.

The County reserves the right to audit and verify the Contractor's records before final payment is made.

Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated under this Contract or by law. Contractor agrees to allow interviews of any employees or others who might reasonably have information related to such records. Further, Contractor agrees to include a similar right to the County to audit records and interview staff of any subcontractor related to performance of this Contract.

Should the Contractor cease to exist as a legal entity, the Contractor's records pertaining to this Contract shall be forwarded to the surviving entity in a merger or acquisition or, in the event of liquidation, to the County's Project Manager.

15. **Notices:** Any and all notices, requests, demands and other communications contemplated, called for, permitted, or required to be given hereunder shall be in writing, except through the course of the parties' routine exchange of information and cooperation during the terms of the work and services. Any written communications shall be deemed to have been duly given upon actual in-person delivery, if delivery is by direct hand, or upon delivery on the actual day of receipt or no greater than five (5) calendar days after being mailed by US certified or registered mail, return receipt requested, postage prepaid, whichever occurs first. The date of mailing shall count as the

first day. All communications shall be addressed to the appropriate party at the address stated herein or such other address as the parties hereto may designate by written notice from time to time in the manner aforesaid.

For Contractor:	Name:	TBD
	Attention:	
	Address:	
	Telephone:	
	Facsimile:	
	E-mail:	
For County:	Name:	County of Orange HCA/Purchasing Dept.
	Attention:	Ana Figueroa, assigned buyer
	Address:	511 North Sycamore St Santa Ana, CA 92701
	Telephone:	(714) 834-2170
	Facsimile:	(714) 834-2657
	E-mail:	afigueroa@ochca.com
CC:	Name:	County of Orange HCA/
	Attention:	
	Address:	
	Telephone:	
	Facsimile:	
	E-mail:	

16. **News / Information Release:** The Contractor agrees that it will not issue any news releases or upload County logos or other information onto any website in connection with either the award of this Contract or any subsequent amendment of or effort under this Contract without first obtaining review and written approval from the County through the County's Project Manager. All press releases, including graphic display information to be published in newspapers, magazines, etc., are to be administered only by the County unless otherwise agreed to by both parties.
17. **Conflicts with Existing Law:** The Contractor and the County agree that if any provision of this Contract is found to be illegal or unenforceable, such term or provision shall be deemed stricken and the remainder of the Contract shall remain in full force and effect. Either party having knowledge of such term or provisions shall promptly inform the other of the presumed non-applicability of such provision. Should the offending provision go to the heart of the Contract, the Contract shall be terminated in a manner commensurate with interests of both parties to the maximum extent reasonable.
18. **Validity:** The invalidity in whole or in part of any article or provision of this Contract shall not void or affect validity of any other article or provision of this Contract.
19. **Gratuities:** The Contractor warrants that no gratuities, in the form of entertainment, gifts or otherwise, were offered or given by the Contractor or any agent or representative of the Contractor to any officer or employee of the County with a view toward securing the Contract or securing favorable treatment with respect to any determinations concerning the performance of the Contract. For breach or violation of this warranty, the County shall have the right to terminate the Contract, either in whole or in part, and any loss or damage sustained by the County in procuring on the open market any goods or services which the Contractor agreed to supply shall be borne and paid for by the Contractor. The rights and remedies of the County provided in the

clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under the Contract.

20. **Contractor Bankruptcy/Insolvency:** If the Contractor should be adjudged bankrupt or should have a general assignment for the benefit of its creditors or if a receiver should be appointed on account of the Contractor's insolvency, the County may terminate this Contract.
21. **Reports/Meetings:** The Contractor shall develop reports and any other relevant documents necessary to complete the services and requirements as set forth in this Contract. The County's Project Manager and the Contractor's Project Manager will meet on reasonable notice to discuss the Contractor's performance and progress under this Contract. If requested, the Contractor's Project Manager and other project personnel shall attend all meetings. The Contractor shall provide such information that is requested by the County for the purpose of monitoring progress under this Contract
22. **Ownership of Documents:** The County has permanent ownership of all directly connected and derivative materials produced under this Contract by the Contractor. All documents, reports and other incidental or derivative work or materials furnished hereunder shall become and remain the sole property of the County and may be used by the County as it may require without additional cost to the County. None of the documents, reports and other incidental or derivative work or furnished materials shall be used by the Contractor without the express written consent of the County
23. **Cooperative Agreement:** The provisions and pricing of this Contract shall be extended to other political sub-divisions and County of Orange agencies/departments. Political sub-divisions and County of Orange agencies/departments wishing to use this Contract will be responsible for issuing their own purchase documents/price agreements, providing for their own acceptance, and making any subsequent payments. These entities will hold harmless the County of Orange from all claims, demands, actions or causes of actions of every kind resulting directly or indirectly, arising out of, or in any way connected with the use of this Contract. The cooperative entities are responsible for obtaining all certificates of insurance and bonds required. The Contractor is responsible for providing each cooperative entity a copy of the Contract upon request by the cooperative entity. The County of Orange makes no guarantee of usage by other users of this Contract. The County of Orange may authorize the loading of this Contract into an electronic commerce system.

The Contractor shall be required to maintain a list of the cooperatively participating County agencies/departments and other political sub-divisions that have used this Contract. The list shall report dollar volumes spent quarterly and annually and shall be provided on a quarterly basis to the County.
24. **Parking:** The County shall not provide free parking.
25. **Contractor Work Hours and Safety Standards:** The Contractor shall ensure compliance with all safety and hourly requirements for employees in accordance with federal, state and County safety regulations and laws.
26. **California Public Records Act:** Contractor and County agree and acknowledge that all information and documents related to the award and performance of this Contract are subject to disclosure pursuant to the California Public Records Act, California Government Code Section 6250 *et seq.*
27. **Software – Acceptance Testing:** Acceptance testing may be required as specified for all Contractor-supplied software as specified and listed in the Contract or order, including all software initially installed. Included in this clause are improved versions, including new releases, of this software, any such software which has been modified by the Contractor to satisfy the

County requirements, and any substitute software provided by the Contractor in lieu thereof, unless the Contract or order provides otherwise. The purpose of the acceptance test is to ensure that the software operates in substantial accord with the Contractor's technical specifications and meets the County's performance specifications.

28. **EDD Independent Contractor Reporting Requirements:** Effective January 1, 2001, the County of Orange is required to file federal Form 1099-Misc for services received from a "service provider" to whom the County pays \$600 or more or with whom the County enters into a contract for \$600 or more within a single calendar year. The purpose of this reporting requirement is to increase child support collection by helping to locate parents who are delinquent in their child support obligations.

The term "service provider" is defined in California Unemployment Insurance Code Section 1088.8, subparagraph B.2 as "an individual who is not an employee of the service recipient for California purposes and who received compensation or executes a contract for services performed for that service recipient within or without the state." The term is further defined by the California Employment Development Department to refer specifically to independent contractors. An independent contractor is defined as "an individual who is not an employee of the government entity for California purposes and who receives compensation or executes a contract for services performed for that government entity either in or outside of California."

The reporting requirement does not apply to corporations, general partnerships, limited liability partnerships, and limited liability companies.

Additional information on this reporting requirement can be found at the California Employment Development Department web site located at www.edd.ca.gov/txocr.htm.

29. **Security – Youth Detention Facilities/Sheriff's Facilities:**
Background Checks:

All Contractor personnel to be employed in performance of work under this Contract shall be subject to background checks and clearance prior to working in a youth detention facility or a Sheriff's facility. The Contractor shall prepare and submit an information form to the County's Project Manager for all persons who will be working or who will need access to the facility. These information forms shall be submitted at least five (5) County working days prior to the start of work on the Contract or prior to the use of any person subsequent to the Contractor's start of work. These information forms will be provided by the County's Project Manager upon request and will be screened by the County's Probation Department and/or Sheriff's Department. These information forms shall be thorough, accurate, and complete. Omissions or false statements, regardless of the nature or magnitude, may be grounds for denying clearance. No person shall be employed under this Contract who has not received prior clearance from the Probation and/or Sheriff's Department. Neither the County, the Probation Department, nor the Sheriff's Department need to give a reason if clearance is denied.

Performance Requirements:

All Contractor's vehicles parked on site shall be locked and thoroughly secured at all times. All tools and materials shall remain in Contractor's possession at all times and shall never be left unattended. All lost or misplaced tools or materials shall be reported immediately to the security staff or Control in youth detention facilities or to the escort or Control in the Sheriff's facilities. All materials, large or small, from removal operations or flew construction (especially those materials that could be used to inflict injury, such as nails, wire, wood, etc.) shall be continuously cleaned up as work progresses. All work areas shall be secured prior to the end of each work period. Workers shall have no contact, either verbal or physical, with inmates in the facilities.

Contractor's employees shall NOT:

1. Give names or addresses to inmates;
2. Receive any names or addresses from inmates (including materials to be passed to another individual or inmate);
3. Disclose the identity of any inmate to anyone outside the facility;
4. Give any materials to inmates; or
5. Receive any materials from inmates (including materials to be passed to another individual or inmate).

Failure to comply with these requirements is a criminal act and can result in prosecution.

Contractor's employees shall not smoke or use profanity or other inappropriate language while on site. Contractor's employees shall not enter the facility while under the influence of alcohol, drugs or other intoxicants and shall not have such materials in their possession. Contractor's employees shall plan their activities to minimize the number of times they must enter and exit a facility. They should transport all tools, equipment and materials needed for the day at the start of the work period and restrict all breaks to the absolute minimum.

Contractor's personnel shall:

1. Comply with the written schedule provided by the County which shall clearly show the specific start and end times for each work day;
2. Arrive at the site no more than fifteen (15) minutes prior to the scheduled time or no more than fifteen (15) minutes after the scheduled time; and
3. Report to the control desk upon arrival at the job site.

Control will ensure that the work area is clear and ready for work to begin. If a Contractor's employee is delayed or cancellation is necessary, the designated on-site coordinator or the County's Project Manager should be contacted immediately. Repeat problems will be grounds for remedial action which may include Contract termination.

30. **Software Documentation:** The Contractor agrees to provide to the County, the County-designated number of all manuals and other associated printed materials and updated versions thereof, which are necessary or useful to the County in its use of the equipment or software provided hereunder. The County will designate the number of copies for production use and the number of copies for disaster recovery purposes and will provide this information to the Contractor.

If additional copies of such documentation are required, the Contractor will provide such manuals at the request of the County. The requesting agency/department shall be billed for the manuals and any associated costs thereto by invoice. The Contractor agrees to provide such additional manuals at prices not in excess of charges made by the Contractor to its best customers for similar publications.

The Contractor further agrees that the County may reproduce such manuals for its own use in maintaining the equipment or software provided hereunder. The County agrees to include the Contractor's copyright notice on any such documentation reproduced in accordance with copyright instructions to be provided by the Contractor.

31. **Software License:** The Contractor hereby grants to the County of Orange and the County accepts from the Contractor, subject to the terms and conditions of this Contract, a non-exclusive,

non-transferable license to use the software products list in this Contract, hereinafter referred to as "software products." The license granted above authorizes the County to use the software products in machine-readable form on a single computer system, designated in writing by the County to the Contractor, provided that if the designated CPU is inoperative due to malfunction, license herein granted shall be temporarily extended to authorize the County to use the software products in machine-readable form on any other County CPU until the designated CPU is returned to operation. By prior written notice to the Contractor, the County may redesignate the CPU in which the software products are to be used and must do so if the redesignation is permanent.

When encryption/CPU ID authorization codes are required to operate the software products, the Contractor will provide all codes to the County with shipment of the software. In the case of an inoperative CPU, as defined above, Contractor will provide a temporary encryption/CPU ID authorization code to the County for use on a temporarily authorized CPU until the designated CPU is returned to operation. When changes in designated CPUs occur, the Contractor will issue to the County within twenty four (24) hours of notification a temporary encryption/ID authorization code for use on the newly designated CPU until such time a permanent code is assigned.

32. **Software – Future Releases:** If improvement, upgraded, or enhancement versions of any software product under this Contract are developed by the Contractor and are made available to other licensees, they will be made available to the County at the County's option, provided such versions are operable on the same computer hardware configuration. The charge for such upgrading to the later version of the software will be the difference between the price established by the Contractor for the later version and the price specified herein or the then prevailing prices of the currently installed version.
33. **Debarment:** Contractor shall certify that neither Contractor nor its principles are presently debarred, proposed for debarment, declared ineligible or voluntarily excluded from participation in the transaction by any federal department or agency. Where Contractor as the recipient of federal funds, is unable to certify to any of the statements in the certification, Contractor must include an explanation with their bid/proposal. Debarment, pending debarment, declared ineligibility or voluntary exclusion from participation by any federal department or agency may result in the bid/proposal being deemed non-responsible.
34. **Lobbying:** On best information and belief, Contractor certifies no federal appropriated funds have been paid or will be paid by, or on behalf of, the Contractor to any person for influencing or attempting to influence an officer or employee of Congress; or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
35. **Contractor Personnel-Drug Free Workplace:** The Contractor hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The Contractor will:
 1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
 2. Establish a drug-free awareness program as required by Government Code Section 8355(b) to inform employees about all of the following:
 - a. The dangers of drug abuse in the workplace;
 - b. The organization's policy of maintaining a drug-free workplace;
 - c. Any available counseling, rehabilitation and employee assistance programs; and

- d. Penalties that may be imposed upon employees for drug abuse violations.
- 3. Provide as required by Government Code Section 8355(c) that every employee who works under this Contract:
 - a. Will receive a copy of the company's drug-free policy statement; and
 - b. Will agree to abide by the terms of the company's statement as a condition of employment under this Contract.

Failure to comply with these requirements may result in suspension of payments under the Contract or termination of the Contract or both, and the Contractor may be ineligible for award of any future County contracts if the County determines that any of the following has occurred:

- 1. The Contractor has made false certification, or
- 2. The Contractor violates the certification by failing to carry out the requirements as noted above.

(Signature Page Follows)

CONTRACT NO. TBD
ELECTRONIC HEALTH RECORD SYSTEM

SIGNATURE PAGE

IN WITNESS WHEREOF, the parties hereto have executed this Contract on the dates shown opposite their respective signatures below.

***Contractor's name:**

Print Name	Title
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DO NOT SIGN THIS PAGE AT THIS TIME

Signature	Date
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Print Name	Title
------------	-------

DO NOT SIGN THIS PAGE AT THIS TIME

Signature	Date
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* If the Contractor is a corporation, signatures of two specific corporate officers are required as further set forth. The first corporate officer signature must be one of the following: 1) the Chairman of the Board; 2) the President; or 3) any Vice President.

The second corporate officer signature must be one of the following: 1) Secretary; 2) Assistant Secretary; 3) Chief Financial Officer; or 4) any Assistant Treasurer.

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signature to bind the company.

County of Orange, a political subdivision of the State of California

Leila Garcia	Administrative Manager I
Print Name	Title

Signature	Date
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APPROVED AS TO FORM

Office of the County Counsel
County of Orange, California

County Counsel Deputy	Date
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CONTRACT NO. TBD**ATTACHMENT A****SCOPE OF WORK****1 INTRODUCTION**

The Orange County Health Care Agency (HCA) has developed this Request for Proposal (RFP) for an Electronic Health Record (EHR) system to be installed at Correctional Health Services (CHS). The EHR system shall be installed and operated within HCA by a selected Contractor which will also be responsible for enhancement, customization and configuration of all system components.

HCA is seeking to acquire an existing, operationally proven, functionally robust, Commercial Off-the-Shelf (COTS) software package. The new system will replace HCA's Correctional Health Assessment Records Tracking (CHART) system. The new EHR system must be capable of being customized to HCA's unique requirements and implemented quickly and in phases, so that its benefits can begin to accrue within nine (9) months from the start date of the Contract. The EHR system shall be flexible enough to provide interfaces to other County and external systems, and have strong end-user reporting.

1.1 SUMMARY

The new EHR system is necessary to allow CHS to provide the mandated "community standard" health care to the inmates in the Orange County Jail facilities, the juveniles in the Juvenile Hall facilities and the children in the Orangewood Children's Home.

The new EHR system will also need to be utilized as a medication module or small office application for Public Health, Pulmonary Disease Services.

The new EHR system must deal with a unique situation. All of the patients to whom the services are delivered are incarcerated and, they are under the authority and control of, respectively, the Orange County Sheriff's Department (adult inmates), the Probation Department (juveniles charged with a crime), or the Department of Social Services (children in protective care).

The existing combination of a paper based chart and an electronic health record system that tracks medication orders, is no longer adequate for current needs.

1.2 INTRODUCTION TO CHS MENTAL HEALTH

Law and other governmental regulations mandate the medical services that are provided by CHS to the inmates and juveniles incarcerated in Orange County Correctional facilities. CHS is required to provide "community standard" medical and other health care related services to those incarcerated on a twenty-four (24) hours per day, seven (7) day per week basis.

CHS is a service-based provider. The quality of the service provided by CHS is not only dependent on the skills and capability of its staff but also on a variety of information systems. These systems consist of an existing electronic health record system called CHART system; a Pharmacy system Correctional Institutional Pharmacy System (CIPS); a pill line packaging system that controls an Automated packaging machine; an electronic mental health module residing in a separate electronic health record system and a paper based medical notes and documentation system.

This collection of tangentially related systems tends to hinder the high quality of medical service required for the inmates at Orange County Jail and the juveniles at Juvenile Hall and Orangewood Children's Home. It is anticipated that a new EHR system will combine these disparate information systems into a comprehensive EHR system that will provide the high quality of service required of CHS and mandated by law.

The law and other governmental regulations that mandate medical services for Juvenile Health are even more stringent. In the past, medical services for juveniles have been considered a separate entity, and as such, Juvenile Health has had very little in the way of automation.

Since the types of medical services provided by Juvenile Health is very similar to the types of services provided to adult inmates, it is appropriate to include Juvenile Health's needs in the new EHR system being considered.

The total information systems of CHS should have one overriding objective: To enable CHS to provide the best possible quality of medical and health services for inmates at the Orange County Jail and for juveniles at Juvenile Hall and Orangewood, in a cost effective manner.

1.3 BACKGROUND

The CHART system that is currently running in CHS began as a pilot project that evolved from COSTAR, a medical records/billing system which had been in the public domain for over thirty-five (35) years. The program was highly modified in order to be useful as the CHART system CHS uses today.

CHART was written in MUMPS, running on top of AT&T UNIX, resident on a UNISYS 6000-60 server. Today CHART is running Caché for Windows NT (Intel) 5.0.15 (Build 5802).

The pilot project implemented the following modules:

1. Transmittal of demographics and inmate location from the Sheriffs System
2. Medication Administration
3. Medication Order Entry/Results reporting
4. Scheduling of Lab tests/Procedures
5. Nutritional Services documentation
6. Registration/Triage
7. Purified Protein Derivative (PPD) (Tuberculosis testing)
8. CIPS Pharmacy Module

The pilot implementation consisted of the female inmates at the Central Women's Jail and Intake and Release Center (IRC).

Finally, the CHART system went into full operation when central Men's Jail, the Men's population of the IRC and the total population of James Music facility and Theo Lacy were brought online and added to the system.

Later, the MedList function for generating a list of drugs for individual packaging (as part of the mandate to eliminate medications being dispensed from bulk containers) went into use for about 25% of the locations in the central facility. This list then drives the Automated packaging machine. The MedList function was eventually expanded to 100% of all facilities.

This expansion and its continuum are best illustrated by the following:

1. The rapid acceptance of the use of the system, which has gone from just the Women's Jail in 1994 to the entire Jail complex by the end of 1996.
2. The increase in average daily inmate population being input into CHART went from <480 in 1994 (when only the women at the Central Facility were on the system) to >5,400 in early 1999, and over 7,000 inmate capacity today.
3. The increase in the number of terminals using the system from 16 in 1996 to over 200 in 2010.
4. The number of inmate records went from <1,000 records in the pilot program prior to 1994 to >1.4 million in the beginning of 2010.

With the expanded use and reliance on the CHART system came unanticipated problems of capacity, speed, reliability, usability and compatibility with the strategic direction HCA is taking.

1.4 OVERVIEW OF DESIRED MODULES

This RFP will focus on a modular or functional approach to information management in a correctional setting. The major modules to be considered are:

1. Demographics and Registration
2. Medical Services
3. Scheduling and Tracking
4. Pharmacy and Drugs
5. Dental
6. Mental Health
7. Juvenile Health
8. Clerical
9. Imaging and Document Management
10. Interfacing Management
11. Systems Administration
12. Digital Radiographic Module

The proposed system shall be a fully integrated EHR system running on Microsoft Windows Servers or better over an HCA network. The application shall run on Hewlett-Packard workstations or Citrix Thin Client Terminals using Ethernet to connect to the HCA wide area network. The EHR system shall be a client/server application that is modular in nature as outlined below:

1.4.1 Demographics and Registration Module

Information needed to properly identify and track an inmate will be the responsibility of the Demographic and Registration Module. This module will be where information such as Name, Booking Number, Orange County Number (OCN) identifier and other demographic information reside. This module will contain past medical records and past bookings that are linked to the inmate or juvenile. Here also will be identifiers which shall allow information about the inmate or juvenile to be shared with other programs such as the Integrated Records Information System (IRIS) and the Sheriff's Data System (SDS).

This module will also contain a mechanism for restricting the unauthorized release of information and auditing of accessed files; maintaining the confidentiality of all patients is paramount in this environment.

1.4.2 Medical Services Module

Information on all medical services provided to the inmate will be entered and edited in this module. This module will encompass such areas as Physician orders, chart notes, nursing procedures, etc.

1.4.3 Scheduling and Tracking Module

The Scheduling and Tracking module will handle the scheduling and tracking of clinical appointments and medical encounters, both inside and outside the facility. This module will also schedule staffing and track other resources. Here also will be where alerts and flags are handled.

1.4.4 Pharmacy and Drug Module

All of the medications prescribed to inmates will be handled through the Pharmacy and Drug module. Drug to drug interaction, warnings and patient information about medications, will be generated here.

1.4.5 Dental Module

A full Dental module will contain two (2) sub modules, Dental Services and Dental Administration.

1.4.6 Correctional Mental Health Module

The mental health needs of inmates and juveniles will be tracked and fulfilled using this module. Additional mental health functionality specific to juveniles will be available in the Juvenile Health module. Diagnostic codes, procedures etc., will be compatible with IRIS so that data, if needed, could be transferred seamlessly from the new EHR system to the IRIS system.

1.4.7 Juvenile Health Module

A full Juvenile health module will encompass the special needs for juveniles not already covered in other modules. This module will include eligibility checking, specific juvenile programs tracking such as immunizations, additional reporting and consent requirements specific to minors.

1.4.8 Clerical Module

The Clerical module will deal with functions such as staff professional licensing.

1.4.9 Imaging and Document Management Module

This module will handle the images of scanned records and forms from past bookings.

1.4.10 Interface Management Module

This module will handle all of the execution and maintenance of interfaces to other systems.

1.4.11 Systems Administration Module

The Systems Administration module will be where administrative functions such as access rights or creating Ad Hoc queries will be performed.

1.4.12 Digital Radiographic Module

A digital radiographic module or an application interface to an existing radiographic system is required for the screening of Tuberculosis (TB) and to take routine X-rays, as requested by medical staff. Any radiographic module included within this EHR system must meet or exceed the capabilities of the CHART system so that TB X-rays can be read in the most expeditious manner, while providing the storage and archival capabilities of industry standard Picture Archival Communication Systems (PACS). This module shall be in compliance with the latest Digital Imaging and Communications in Medicine (DICOM) and Health Level Seven (HL7) standards.

2 CURRENT SYSTEMS

Currently there are seven (7) concurrent medical record systems in operation within CHS: The first is the electronic medical record system called CHART. The second is a traditional, paper based charting system for CHS that runs parallel to CHART. The third is a traditional, mostly paper based charting system for the mental health component of CHS that also runs parallel with the CHS paper based system. The fourth system, IRIS, serves as the electronic health record system for Mental Health. The fifth system is a traditional, stand-alone paper based charting system being used by Juvenile Health. The sixth system is a digital radiography system, used to screen for TB and other medical needs. The seventh system is a digital dental radiography system used for juveniles (expected to expand to the adult population).

In addition to the CHS system, there is also the Juvenile Health system. Juvenile Health's system is for the most part a manual paper based chart used to gather together all of the forms and documents into one location. Even though Juvenile Health does have a few stand alone PC's these are used for word processing, spreadsheets and the occasional small database created for a single purpose.

2.1 PHYSICAL ASPECTS/CONFIGURATION

This section will briefly discuss the three (3) paper based systems and will then focus on the current EHR system.

An overview of the entire system shows that data is entered into the combined paper based records and CHART from five different locations or facilities within the Orange County Jail system. These locations consist of the Main Jail, the IRC at the Main Jail; the Women's Facility, Theo Lacy Jail; and James Musick Jail for adult inmates.

For juveniles the facilities are Juvenile Hall, Orangewood Children's Home, Juvenile Hall Annex, Los Pinos Camp, Joplin Center and the Youth Guidance Center.

Data generated during medical encounters with adult inmates is input into the CHART application using thin clients and PCs. Reports are printed using networked printers. A PC with access to the CHART system is used to input data generated at a contracted hospital facility Western Medical Center - Anaheim.

Information gathered during medical encounters with juveniles is entered into the paper-based charts and follows the juvenile while in custody. Medications are entered into the current CHART system.

Data and key operating system files for the current system are backed up daily using a CHS server off site. Should the need arise; the data can be restored to the server almost immediately.

Since CHS is wholly contained within the secured facilities of the Sheriff's Department, no outside access is allowed. (Western Medical Center is a secured area within the hospital run by the Sheriff's Department.)

At this time, Juvenile Health does directly access the CHART system. They use the CHS Pharmacy to prepare packaged medicines for some of the juveniles at the Los Pinos facility, as well as Juvenile Hall and Orangewood. A request for the medication is faxed to one of the CHS Pharmacies where it is filled and then delivered to various juvenile facilities.

2.2 SYSTEM FLOW/DESCRIPTION

Listed below is the flow of both the paper-based system and of the CHART system.

2.2.1 Paper Based Systems

The paper based charting system currently in use is as follows:

2.2.1.1 Correctional Health Services Paper System

For CHS, the origins of a paper document or form begin at the point of contact with an inmate. When the intake form gets put into a medical chart depends upon when the first medical encounter occurs. Once a medical encounter occurs and a chart has been created all subsequent documentation of additional encounters are entered into that chart

Wherever the inmate goes, his medical chart follows. When the inmate is released, his chart is then sent to the Theo Lacy CHS records area. There, the inmate's medical record is marked as "closed", logged and then placed into storage. The retention period is for seven (7) years.

Since there is a high incident of recidivism, a physician may often wish to review inmates' prior medical history and treatment. When a physician requests a chart that has been closed and placed in storage, a retrieval process is performed and the chart is returned to active status.

When an inmate is booked, he/she is assigned a booking number which becomes the chart and tracking number in the CHS paper based system, the mental health paper based system and in the CHART system.

Some of the data contained on these forms, charts and notes are entered into the CHS CHART system. A large portion of the data is not. The sole source of the data not entered into the CHART system remains on the hard paper chart.

2.2.1.2 Mental Health Paper System

A second paper folder (chart) is generated and used exclusively by the mental health staff for all inmates who are referred to them for mental health evaluations or treatment. These paper charts are kept separate from the medical services paper charts and circulate with the inmate but are only available to the mental health staff.

Like the medical services paper charts, only some of the data kept in the mental health paper charts are entered into the CHART system.

When the inmate is released from custody, his mental health paper chart is returned to the mental health records area where the inmate was last housed. At the mental health records area, the mental health clerks' review, organize, and store charts and notes for that inmate.

2.2.1.3 Juvenile Health Paper System

For Juvenile Health, the origins of a paper document or form begin at the point of contact with a minor. When a minor is booked into the Probation Department a booking sheet is sent to Juvenile Health. If the juvenile has been booked before he will have an existing Juvenile number. That number will be placed on the booking sheet. And if the juvenile has received any medical care under a previous booking a medical record number would have been created previously and added to the booking sheet.

With a juvenile who has been previously booked, the chart will still be on file at Juvenile Hall or Orangewood. The previous chart would be retrieved and new documents would be added to the chart as they are generated.

When the juvenile is released from custody, the chart is summarized and returned to the records area at Juvenile Hall or Orangewood. Should the juvenile be moved to one of the other ancillary facilities such as Los Pinos, the chart follows.

Should this be the first time a juvenile is booked, a new chart is generated. The chart contains a Juvenile Number, a Medical Records Number and is placed at the location where the juvenile is housed. New documents are added to the chart as they are generated. When the juvenile is released from custody, the chart is summarized and returned to the records area at Juvenile Hall or Orangewood.

The juvenile's chart is kept at either Juvenile Hall or Orangewood until the juvenile is eighteen (18) years of age. At that time the juvenile's records are converted to microfiche. The microfiche is kept on file for an additional seven (7) years. The Orangewood records are kept at Orangewood for three and a half ($3\frac{1}{2}$) years after the child reaches eighteen (18) years of age. Then they are converted to microfiche and kept on file till the child is twenty five (25) years of age.

If a female juvenile gives birth to a baby while in custody, the mother's medical records are kept until the child is twenty-five (25) years of age.

2.2.2 CHART System

The following information will explain the functions that are provided within CHART.

Inmate demographic data is uploaded to the CHART system over a fiber line directly from the SDS.

The CHART application is structured around several functional areas:

2.2.2.1 Registration & Intake Screening

Before medical data can be entered into the CHART system, the inmate must be registered into the system. This process occurs at Triage when the inmate is first booked. The minimum mandatory data required for registration is:

1. Patient Name
2. Booking number (temporary number)
3. Sex
4. Date of Birth
5. Institution Housing

Additional data such as, ethnicity, hair color, eye color, etc. can also be gathered using this function.

2.2.2.2 Scheduling

The Scheduling function uses the inmate's record as the basis for making appointments. Once an appointment is made, this information is stored in the record. When the appointment is due, a list is generated to show where the inmate is housed and type of the appointment that is scheduled. It is possible to schedule appointments with specific providers or to generic types of clinics.

Court dates are coded to distinguish them from other types of appointments. These court appointments are handled in much the same manner as any other clinical appointment.

The Scheduling options are:

1. Daily Appointment Display/Print
This option allows the staff to either view or print out a list of the daily appointments.
2. Appointment Planning
Appointment Planning allows the user to schedule, cancel or review appointments for a particular inmate. It allows the user to set the provider, the duration of the appointment, the date, the time, and the reason for the appointment.
3. Edit Patient Comments
It is often useful for the staff to add a comment to a patients' record. Such as observed behavior; for example (Violent Behavior/Hostile). The comment is displayed when an appointment is made for the patient and can also be placed on the sick call roster.
4. Quick Display
By using the Quick Display function, a user can look up a provider's schedule for any date in the future.
5. Log Appointment Status
The Log Appointment Status option is used when it is necessary to cancel or document that the patient was a "no show" for an appointment.

2.2.2.3 Entry of Medical Data

The Entry of Medical Data has several options:

1. Encounter Entry/Edit
This option is used to enter and/or edit the information relating to a patient's visit into the patient's file.

2. Lab Results
This enters the results of lab tests that have been ordered for a patient.
3. Screening Questionnaire
Completes certain structured protocols that have been created to speed up the screening process.
4. Medication Recording and Update Medication
This option allows nursing staff to document medications that have been given to the inmate.
5. Discontinue Treatment
Stops a medication, diet or treatment prior to the original stop date.
6. Renew Treatment
Extends the original stop date.
7. PPD Processing
Enters the results of the PPD readings.
8. Pending Order Review
Allows the physician to review and note any Verbal, Transcription or Protocol orders that have been entered in his/her name.

2.2.2.4 Displaying of Medical Data

It is possible to view the patient's medical record in a variety of ways. This function can only be used to display the data; it does not permit new entries or changes to the patient's medical record. Options for this function are:

1. Status Report
This is a display of the current status of the inmate. The choices of data to be displayed can be defined by the user.
2. Encounter Report
This option allows the user to search for a specific encounter and display only the one they wish to review.
3. Most Recent Encounter
Allows user to scroll chronologically backwards through the entire patient medical record beginning with the most recent encounter first.
4. Flowchart
Provides information in relation to a particular disease or condition over time; a flowchart displays in date order, all occurrences of coded medical data items, along with any free text comments or results associated with the subject of the flowchart. Currently available flowcharts include:
 - TB Data
 - Hypertension
 - Pain
 - Diabetes
 - Prenatal Exams
 - Psychological Evaluations
 - HIV

The results of an HIV test are not entered into the CHART system nor are they retained in the CHS paper chart. After review by the physician, the results are sealed in an envelope, marked with the booking number and are then placed in the back of the paper chart. This procedure is followed due to legal requirements to protect the inmates' privacy. However, once the inmate is treated for the symptoms related to HIV infection, those medical records are entered into the CHART and paper systems and tracked like any other infection. The net result of this is that a flow chart for HIV related medical care can be displayed and reported on.

- Insulin History
 - Vaccines
 - Treatments
 - Medical Rounds
 - 14 Day Health Appraisal
 - Vital Signs
5. Registration Data Check
Allows the user to view the Registration Screen, which contains inmate demographic information.
 6. List Encounters
This list allows the user to view past encounters with a patient by date, site, provider and problem
 7. Interactive Flowchart
A user can customize the information displayed here by selecting up to eight different values or codes which the user may want to find in the patient's record. CHART would search the records and produce a chart with only the requested information.
 8. Brief Patient Index
The index option allows a user to quickly review all coded items in the medical division of the patient's record.
 9. Patient Summary
This option would display each section of the patient chart individually or combined in any manner the user chooses.
 10. Query Display
Included in this option are specific queries that have been written to help review certain aspects of the patient's medical record. Currently, CHART includes the following queries:
 - Plot BP
Plots the patient's Blood Pressure for the date ranges the user specifies.
 - Reprint Label
Lets the user reprint labels for individual patients.
 - Plot Anything
Plots any value for a physical exam or lab item in the patient's record.
 - Billing Info
Allows the user to look at charges that have occurred for this patient. (This function is available within CHART but is not used at this time.)
 - Current Meds
Displays a list of current medications the patient is taking.
 - Subjective Objective Assessment Plan (SOAP)
Allows the user to view an encounter in SOAP format.
 - House and booking History
Gives the user a history of housing information for the patient
 11. Display Medications from Medical Administration Record (MAR)
This option allows the user to quickly look at the patient's MAR for individual medications.
 12. Newest Encounter First
Allows user to display newest encounter first before listing the other encounters in chronological order
 13. Problem List
Displays a list of problems or reactions.
 14. Current Medications
Displays a list of the medications that the patient is currently using.
 15. SOAP Notes

CHART would display all entries in the patient record in a SOAP format. These notes are displayed in a user defined date range. These encounters can be viewed as:

- All notes
- MD only notes
- Dental notes
- Psych notes
- Individual notes

16. Co-Payment Information

CHART can display all co-payment information for the patient for a date range. (This function is available within CHART but is not used at this time.)

2.2.2.5 Printing Medical Data and Query Print

The System Administrator writes queries in order to gain specific information from patient records and can print reports or lists. The following options are available:

1. Query Print

Prints the following reports which are already available:

- MED List
Medication list by facility for medications due at each medication administration time. Can be requested at any time at each facility.
- MED Labels
Prints the labels, which the nursing staff would attach to the medication envelopes. Any user can run this query at any time.
- Keep on Person (KOP)/Self Carry Labels
Prints labels for placement on envelopes carried by inmates.
- Renew Meds
Gives user a list of medications, which require renewal and would expire in the next seven (7) days.
- Diet List
Gives user a list, by facility, of all inmate patients who are scheduled to receive a special diet.
- Housing Update
This query runs a background job that updates the entire patient housing information.
- Alpha Roster
Produces a list, by facility in alphabetical order, of all patients in custody.
- Dental Intakes
Produces a list of all patients who, at intake, complained of dental problems.
- Psych Intakes
Produces a list of all patients who, at intake had mental health complaints.
- PPD's To Read
Produces a list of all patients who are scheduled to have their PPD's read.
- PPD's To Give
Generates a list, based on the user's facility criteria, of inmates who need to have a PPD given.
- PPD's Positives
Produces a list of patients who have a documented positive PPD and no scheduled Chest x-ray. The patient can then be scheduled for follow up.
- Annual Review

Lists inmates whose anniversary date of being taken into custody falls during the current month.

- Transfer Status
List of inmates medically clear to move to outlying facilities.
- Automated File
Report that compiles a list of medications that need to be packaged by dosing time.
- Special Medications
Medications that need special attention/tracking.

2. Special Print
This query allows the printing of labels, encounter reports, flowcharts, and a total medical record. This query is user customizable to select only the data they wish.
3. Completed MAR
This would print all of the completed MAR entries for a specific date.
4. Pharmacy Label Printing
This query would print labels for the pharmacy.
5. Co-Payment Charges
This would print all Co-Payment charges for all patients within a date range.

2.2.2.6 Operations Maintenance

The Operations Maintenance function is a highly sensitive one and is therefore restricted to the System Administrator and other high level users designated by the System Administrator. It is possible to severely affect the integrity of the system by misuse of this option. Some of the options available to the System Administrator under this function are:

1. Registration Functions
Allows the System Administrator to change the information that is required when a patient is registered into the system. The System Administrator can add, change or delete items and alter the display of this screen. Even though Systems Administrator can alter the data, that data is not destroyed. A log of the changes is kept and the data can be recovered.
2. Medical Data Functions
This option allows for the individualization of the Data Matrix for both male and female inmates. The Data Matrix pulls information from the medical record and combines the requested data in the Status Report in Display Medical Data. Also included in this option is the ability to merge patient records together. When inmate records are merged, the merging process is based upon a comparison of the Booking Numbers, the OCN, and other inmate identifiers. If all these identifiers do not match, the records are placed in a failure file and the Systems Administrator is notified. The System Administrator must then manually reconcile the differences and then manually merge the records into the CHART system.
3. Scheduling Functions
This option allows for the creation of Type of Visit codes, Provider Templates and other data important for the correct operation of the Scheduling system.
4. Analysis of Device and ID Used
This option is helpful in identifying when last and how often a user or terminal has been in use.
5. Program Error Display
A program error log would alert the System Administrator if program errors are occurring. The System Administrator can suppress the CIPS error messages and only look at the CHART errors making it easier to zero in on a CHART problem. The same is true of suppressing the CHART error messages to be able to zero in on CIPS errors

6. In/Re-Activate Record
This option is used to inactivate records when patients are released from incarceration or reactivate those upon their return if rebooked under the same booking number.
7. Clear Busy Record
On occasions, a record would become locked up and would give the user a message saying that it is in use when in fact, it is not. The result is the user can not enter data into that inmate's record. The System Administrator can clear the record by entering the inmate booking number here.
8. M System Status Options
This option is used to check the MUMPS operating system's status.
9. CIPS Data Load
This option allows the System Administrator to load data from the CHART into the CIPS system.
10. Shadow Records
Sometimes the patient's name is entered in error or the patient uses an AKA, making the selection of the correct patient difficult. This option allows the patient name file to be corrected so that the System Administrator can select which names to use for a specific patient.
11. MAR Backup
This option allows the System Administrator to archive the MAR file to tape or to disk, freeing up space for the CHART system.
12. RX Transaction Log
This option allows for a real time log of the medications ordered through CHART to be maintained. This log allows the Pharmacist to verify that the orders are processed correctly. (This function is available within CHART but is not used at this time. This functionality is utilized in CIPS).
13. Automated Lab Transfer
This is an optional electronic interface to laboratories for the transfer of laboratory results electronically into CHART. When used, a background job has to be started in order for this data to be collected, and this job is started using this option. (This function is available within CHART but is not used at this time.)
14. Caretaker Utility
This optional utility allows the CHART Caretaker to do special tasks automatically. This would include tasks such as system backups, file transfers and other "housekeeping" type chores.

2.2.2.7 Mailbox

The Electronic Mailbox function is available to all CHART users and is intended to provide them with a method of communicating with other CHART users. Each time a user enters the CHART system they are notified if new mail has arrived.

The Mail function has three options:

1. Send Mail
2. This is where the user composes mail; edits or revises a mail message, designates the address to deliver the mail to, and finally sends the mail out.
3. Read Mail
4. Delete Mail

2.2.2.8 Information Reporting

This function allows a user to do an interactive search using the Medical Query Language of MUMPS/Cache. Interactive Search locates patient records, which contain certain identified criteria. The system lets the user select coded items which patients may have in common and to search the database to locate records, which contain those codes.

3 SYSTEM REQUIREMENTS DEFINITIONS

3.1 SUMMARY OF REQUIREMENTS

3.1.1 System Architecture

The new EHR system must provide the specific functionality needed to support the medical, mental health and juvenile programs of CHS, Public Health Pulmonary Disease Services and must be compatible with the overall architecture required by HCA Information Technology (IT). HCA IT's vision of the system architecture includes:

- A. A client/server, non-mainframe EHR system that maintains a centralized data repository and processes the data on a central application server.
- B. Desktop accesses over a local area network and/or through a standard internet browser.
- C. Operating the EHR system on a network developed, maintained and supported by HCA IT. This network will include Local and Wide Area Networks (LANs/WANs).
- D. A secure HCA Internet with a web portal for access to the EHR system by users at remote sites who may not have direct access to the HCA network.
- E. An EHR system with hardware, operating system, database management system and programming languages that use current commonly used IT standards.
- F. An HCA Master Patient Index that uniquely identifies each CHS inmate or juvenile using an OCN for adults and the Juvenile Number for minors or another unique identifier as designated by population.
- G. Use of healthcare industry standards for transaction formats, codes and protocols for data which must interface between CHS and other systems, such as HL7 and International Classifications of Diseases (ICD)-10 coding.
- H. An Interface Engine to convert and transfer data between different systems.
- I. Use of Health Insurance Portability and Accountability Act (HIPAA) standards for data elements and data formats for data which must interface between CHS and other systems.
- J. A Clinical Data Repository (CDR) which shall allow the storage of data captured by different "front end" transaction applications other than EHR system.
- K. Use of a data dictionary or similar technology which facilitates the maintenance of tables or metadata identifying sources, formats, codes, descriptions and other information about data in the CDR.
- L. Interface to a common HCA data warehouse that can be populated by data from the CDR.
- M. Public Key Infrastructure security for Web-based transactions.

3.1.2 Technology Requirements

The new EHR system must be able to operate within the existing HCA IT environment including the Local Area Network, hardware, and software infrastructure. It must comply with internal HCA IT standards so that the EHR system does not require its own separate technical environment. It must be capable of interoperability and interfacing with other HCA and County systems and with standard office automation products, as outlined below.

3.1.2.1 Conformity and Support

The proposed EHR system **must fully conform with and support** the following HCA IT Infrastructure and environment requirements:

- A. Microsoft Windows Server 2008 or higher operating system.
- B. Microsoft Windows XP/7 Professional PC workstation operating system with full Graphical User Interface (GUI).
- C. Intel or Intel-compatible PC workstations.
- D. ANSI SQL and ODBC-compliant relational or post-relational database management system (DBMS)
- E. 10/100/1000 Base-T switched Ethernet Local Area Network (LAN) topology and-TCP/IP protocol.
- F. Existing T1-based HCA Wide Area Network.
- G. Latest Microsoft Internet Explorer Web browser.
- H. Use of either Visual Basic, C++ as the applications language or Java with Active X extension or XML support for Web usage, although other ANSI standard languages shall be considered.
- I. Use of generally accepted IT industry methodologies for software design, especially for external data exchange interfaces, application programming interfaces (APIs) and interfaces to common infrastructure support services such as OLE 2.0, MAPI 1.0, TAPI 2.0, SAPI 1.0 and CCOW.
- J. Where appropriate, use of generally accepted healthcare industry data format and transactions standards including, but not restricted to, HL7, CORBA, and ANSI X.12.
- K. Full scalability for the application and any required hardware/software platform.

3.1.2.2 Compliance

The proposed EHR application system **must comply** with the healthcare industry transaction and reporting standards listed below:

- A. Joint Committee on the Accreditation of Healthcare Organizations (JCAHO), American Hospital Association, Title 15, Article 11, CPC, Institute for Medical Quality (IMQ), National Commission on Correctional Health Care (NCCHC) and other national accreditation standards applicable to health care software systems.
- B. HIPAA standards including those relating to healthcare industry standard coding, identifiers, and transaction formats of which these must include support for:
 - 1. CPT Service Coding
 - 2. Diagnostics Statistical Manual (DSM) IV and ICD-10 Diagnosis Coding
 - 3. National Drug Codes (NDC)
 - 4. Provide Identifier
 - 5. Client Identifier
 - 6. Security and Confidentiality
- C. Other HIPAA standards as they become enacted. This might include issues such as privacy and tracking of request for information from a medical record.

3.1.2.3 Compatibility

The proposed EHR system must be compatible with the following:

- A. Microsoft Windows 2008 server or higher and network operating systems.
- B. Microsoft SQL Server 7.0 or later database management system.
- C. Cognos data warehousing and online analytical processing (OLAP) tools.

- D. Microsoft Office suite.
- E. Microsoft System Management Software (SMS) and Patchlink for automated software distribution across the network.
- F. McAfee Virus Scan/Antispyware Enterprise 8.7 or higher

3.1.3 General Capabilities and Features

The EHR system shall meet the following requirements for general, non-function specific requirements:

- A. Adhere to Contractor Security Requirements as stated in Attachment F.
- B. Provide ergonomic features that reduce the risk of repetitive use injury to the user.
- C. Information shall be entered only once for all users and for all modules within the application.
- D. Support Ad Hoc reporting from an industry standard report generator, accessible from within the application. (The user should not have to exit the application in order to do Ad Hoc reporting.) This report generator is in addition to the ability to pre-define reports within the application.
- E. Provide a built in report generator that allows designated users to create new user reports which can then be attached to the application and simple queries which can be output to the printer.
- F. Contain predefined, standard reports selectable from within the application.
- G. Have enhanced end user reporting with the ability to extract and download data into HCA-approved desktop end user report tools such as those found in the Microsoft Office 2010 suite. (e.g. Word, Excel, PowerPoint, etc).
- H. Provide for an open architecture for future software developments.
- I. Be scalable to allow for increases in the number of transactions or in the number of users on the new system.
- J. Be upgradeable to the next generation of operating systems and user interfaces.
- K. Have "online help" available to the user from every screen and every module within the application.
- L. Have real time updates to master records tables in order to provide current information to all queries and reports.
- M. Provisions shall be made for updating from a manual fallback system of data collection forms that shall allow for the continued collection of data during a system outage. The data on these forms shall be entered and updated when the system comes back online.
- N. Have the ability for the user to print documents to either a locally attached printer or to a choice of networked printers. The Super User shall have the ability to define particular printers as the default for specific functions.
- O. Be based on a GUI with graphical screen objects such as radio buttons, drop down lists, tabs, etc. used to select and activate functions rather than entry into text based screens. Screens shall support flexible and direct screen navigation rather than hierarchical navigation through multiple levels. A browser-compatible GUI shall also be acceptable.
- P. Be flexible and include the ability to significantly modify system functionality and logic through the use of user-defined and maintained system parameter tables, which are external to the software source code.
- Q. Include the ability for the user to add new HCA business units, cost centers, providers, as well as the ability to accommodate significant future growth in overall patients, providers and staff.
- R. Include the ability to interface with other enterprise-wide application software which may be implemented or acquired by HCA and is compatible with its standards.
- S. Include the need to integrate clinical content into the system functions including private and public sector information sources. (E.g. drug use protocols, nursing protocols).
- T. Include the ability to generate on-line alerts, emails or tickler reports to remind staff and supervisors of scheduled pending, overdue or potentially noteworthy activities or statuses

- (e.g., alerts for appointments, notification of allergies, request of test completed, abnormal test condition).
- U. Include the ability to perform comprehensive data validation checks and enforcement of data integrity across all system transactions.
 - V. Provide fault tolerant, 24 X 7 access with a minimum of 99% up-time reliability using hardware and software fault tolerance methods.
 - W. Include the need for a very strong role-based model of security and confidentiality with easy to administer security capabilities. This model shall also incorporate the use of patient authorizations where applicable.
 - X. Include the need for multiple levels of access only to those portions of the medical record that are relevant to the particular transaction that the person is authorized to perform.
 - Y. Maintain an extensive system audit trail which records all system transactions and which identifies the date and time of the change, the user making changes and the pre and post-change images of any affected data.
 - Z. Maintain multiple segments of history on values of key fields such as eligibility, addresses, phone numbers and others where changes are likely and previous values shall be maintained. The Contractor shall work with HCA to identify the fields for which history shall be maintained.
 - AA. Shall have data archive and restore capabilities.
 - BB. Include the ability to archive data for near-line or off-line storage in accordance with the listed specifications (below) by the Records Control Schedule of HCA for retention of "office" documents. The storage media shall be defined by HCA.
 - 1. Adult Mental Health Data — retain in on-line media for two (2) years after discharge and then archived to off-line or near-line media for storage for seven (7) years.
 - 2. Adult Medical Data – retain in on-line media for two (2) years after discharge and then archived to off-line or near-line media for storage for seven (7) years.
 - 3. Juvenile's Mental Health Data — retain in on-line storage for two (2) years after attaining the age of eighteen (18) years and then archived to off-line or near-line media for storage until age twenty five (25) years.
 - 4. Juvenile's Medical Data — retain in on-line storage after attaining the age of eighteen (18) years and then archived to off-line or near-line media for storage until age twenty five (25) years. For female juveniles who give birth while incarcerated, the mother's medical record is maintained on line until the mother reaches the age of eighteen (18) years and then is archived to off-line or near-line media for storage until the child reaches the age of twenty five (25) years. Since the child is not tracked unless he/she is receiving medical services from Juvenile health, there is no way for the system to know if the child dies. Therefore the child is not removed from the system until he/she reaches the age of twenty five (25) years.
 - EE. Include the capability to select the data to be archived to near-line storage media using such criteria as Booking Number, Juvenile Number, age, name, program, record type, yet to be determined unique identifiers and combinations of those and other criteria.

3.1.4 Requirements for Specific Modules

3.1.4.1 Demographics and Registration

1. Demographics and Registration General Requirement

This module is where information such as Name, Booking Number, OCN identifier, Federal Detainee number, unique identifiers and other demographic information reside. It is in this module where past medical records and past bookings are linked to the inmate. Here is located the identifiers which allow information about the inmate to be shared with other programs. (It is also here, where a restriction on the release of such information is imposed.)

The Demographic Module shall also control the interface to the County/HCA Master Patient Index

2. Demographics & Registration Functional Requirements

A. Link to County/HCA Master Patient Index

A unique identifier is created by the Master Patient Index upon the first registration of a patient in any of the County programs. Once that unique identifier is established it is used to track a patient as he/she is provided services throughout the County. Listed below are the processes where the EHR system interacts with the Master Patient Index:

1. If inmate is not registered in Master Patient Index, create record.
2. If inmate is already registered in Master Patient Index, confirm registration in the EHR system.
3. Edit and update Master Client Index as necessary.
4. If a duplicate entry in Master Patient Index is determined, notify System Administrator of Master Patient Index so that duplicate Master Patient Index record can be merged.

B. Input & Edit EHR Inmate Demographic Information

1. Standardize information screen format consistent with screen appearance with other modules.
2. Admin assigns rights to edit selected demographic information.
3. Capture data on inmate racial, cultural and other demographic information.
4. Data gathered in demographic module available to all other modules.
5. If inmate is already registered in EHR demographic information need not be reentered, but can be edited.

C. Assign Booking Number, OCN and other unique identifiers

1. Link with Interface Management and Systems Administration module to trigger upload from SDS.
2. Link with Interface Management and Systems Administration module to stop upload from SDS.
3. Link to Systems Administration module for booking number errors or duplications.

D. Inmate Location

1. Drives administration and packaging of medications.
2. Drives PPD administration and tracking.
3. Drives Scheduling module
4. Contains information on facility, module, tank, and bed locations.

E. Check for Prior Registration into CHS system

1. Search for inmate in database using multiple criteria.
2. Allow for search on inmate using demographic variables as well as Booking Numbers, OCN and other identifiers which must be Common Application Transaction System (CATS) compliant.
3. Display findings in summary format allowing user to order on multiple fields.

F. Inmate Registration into CHS system

1. Requires the assignment of a temporary booking number until a permanent booking number is provided by the SDS.
2. Actual booking number assigned when upload from SDS occurs.
3. OCN assigned at upload for new inmates.
4. OCN merged with demographics if inmate is a repeat.
5. Distributes other demographic data imported from SDS upload.
6. Other unique identifier as required by population

G. AKA Tracking

1. List all known AKAs
2. Be able to edit or add to AKAs
3. Be able to report on AKAs

- H. Link to Systems Administration module and Interface Management to Process Past Medical Records
 - 1. Links to Systems Administration module to be able to resolve demographic data inconsistency.
 - 2. Link to Interface Management to run merge and other utilities concerning the upload from SDS.
 - 3. Link to Medical Services for summary of Medical History for repeat inmates.
- I. Inmate Discharge Processing
 - 1. Link to Clerical for Medical Records summary and closure.
 - 2. Link to Interface Management for data down load to IRIS.
- J. Link to Clerical for Medical Chart Summary
 - 1. Link to Clerical for preparation of Medical Summaries and Reports to outside agencies and providers.
- K. Demographic Reporting
 - 1. Generate standard reports related to Demographic and Registration information.
 - 2. Alpha Roster. List by facility in alpha order, all patients in custody by date range.
 - 3. Dental Intake. List of all inmates with Dental complaints at intake.
 - 4. Psychiatric Intake. List of all inmates with Psychiatric complaints at intake.
 - 5. Pregnant intake. List of all inmates whose urine pregnancy test was positive at intake.
 - 6. Chronic care intake. List of inmates with chronic care issues at intake.
 - 7. HIV positive at intake
 - 8. Link to Administration for Ad Hoc Reporting as defined by Systems Administrator.

3.1.4.2 CHS

1. CHS General Requirements

Information on all Medical Services that are provided to the inmate is entered and edited in this module.

2. CHS Functional Requirements

- A. Intake Screening and Evaluation. Integrated Intake Screening Notes
 - 1. Shall be free form and searchable.
 - 2. Shall be displayed in SOAP format.
 - 3. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases
- B. Intake Screening and Evaluation, Medical History & Evaluation
 - 1. Structured check off form.
 - 2. Uses ICD-10 definitions.
 - 3. Shall be displayed in SOAP format.
- C. Intake Screening and Evaluation, Triage
 - 1. Shall be based on standard Triage form
 - 2. Shall use standard medical categories and definitions.
 - 3. Shall be displayed in SOAP format.
 - 4. Shall be customizable as needs change.
- D. Intake Screening and Evaluation, PPD Tracking
 - 1. Ties into scheduling module.
 - 2. Contains preset reports to choose from
- E. Intake Screening and Evaluation, HIV Tracking

1. Flagged for statistics reporting
- F. Medical Classification, User Editable database or table
 1. Based on commercially available database.
- G. Medical Classification, Standard Medical Classification Database
 1. CPT
 2. ICD-10
 3. DSM-IV
 4. Other standard medical classification tables.
- H. Nursing Templates, Over-The-Counter (OTC) medication and legend drugs
 1. OTC medications and legend drugs ordered using templates based on the CHS Nursing Standardized Procedures Manual.
 2. Shall be displayed in SOAP format.
- I. Nursing Templates, Detox for alcohol and/or Opiates
 1. User defined standard orders and protocols
 2. Shall be displayed in SOAP format.
- J. Nursing Templates, Other Defined Templates
 1. User defined standard orders and protocols for other procedures, orders and protocols.
 2. Shall be displayed in SOAP format.
- K. Problem Oriented Care Plans, Integrated Care Plan Notes
 1. Free form and searchable.
 2. Shall be displayed in SOAP format.
 3. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
- L. Problem Oriented Care Plans, Standard Treatment Protocols
 1. Chosen from attached standard treatment database.
 2. Standard treatments can be edited or notes attached.
 3. Shall be displayed in SOAP format.
- M. Problem Oriented Care Plans, Outcome Monitoring
 1. Outcomes based on standard results table.
 2. Attached, preset report shall show progress to date.
- N. "SOAP" Encounter Processing, Integrated "SOAP" notes
 1. Structured notes following "SOAP" format.
 2. Ability to add free form comments.
 3. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
- O. "SOAP" Encounter Processing, Sick Call and Triage Processing
 1. Follows standardized editable forms and procedures.
- P. "SOAP" Encounter Processing, Clinic or Infirmary Processing
 1. Follows standardized editable forms and procedures.
- Q. "SOAP" Encounter Processing, Exams, Vital Signs, Diagnosis
 1. Follows standardized editable forms and procedures.
- R. "SOAP" Encounter Processing, Referrals and Statistics
 1. Look up from Referrals table.
 2. Can choose to print predefined Statistics reports attached here.
- S. Physician Orders, Integrated Physician Notes
 1. Structured notes following standard Physicians notes formats using ICD-10 and DSM-IV codes.
 2. Ability to add free form comments.
 3. Shall be displayed in SOAP format.
 4. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
- T. Physician Orders, Medication, Lab, Radiology, Dietary orders Tracking

1. Medication orders based on ICD-10 and drug codes chosen from a pick list.
2. Input from choices on a standard Lab, and Radiology form with comment fields.
3. Dietary orders chosen from an editable pick list of available diets.
4. Shall be displayed in SOAP format.
- U. Physician Orders, Treatment and Therapy Tracking
 1. Choose from standard treatments and therapies list.
 2. The choices could be editable to allow for flexibility.
 3. Shall be displayed in SOAP format.
- V. Physician Orders, Housing, Work, Activity Restrictions tracking
 1. Housing locations determined by data imported from AJS system.
 2. Work activities and restrictions based on pull down list of standard activities.
- W. Geriatric & Special Needs Management, Integrated Geriatric Notes
 1. Free form and searchable.
 2. Linked to other modules.
 3. Shall be displayed in SOAP format.
 4. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
- X. Geriatric & Special Needs Management, Statistics Gathering
 1. Pre designed report attached here for choice to print statistics on Geriatrics information.
 2. Same report choice available from within other modules.
- Y. Encounter Processing, Medical Nursing Encounter
 1. Data entered through standard Nursing encounter form.
 2. Uses pull down pick lists of standard Nursing procedures, protocols and medications.
 3. Shall contain searchable free form comments.
 4. Shall be displayed in SOAP format.
 5. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
- Z. Encounter Processing, Medical Physician Encounter
 1. Data entered through standard Physician encounter form.
 2. Uses pull down pick lists of standard Physician procedures, protocols and meds.
 3. Shall contain searchable free form comments.
 4. Shall be displayed in SOAP format.
 5. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
- AA. Encounter Processing, Medical Services Reporting
 1. Generate standard reports related to Medical Services information.
 2. Medication List.
 3. Medications list by facility and service for medications due at date and time range.
 4. Labels attached to medications envelope carried by inmate or by Sheriff personnel.
 5. Renewable Medications.
 6. List of medications requiring renewal within next seven (7) days.
 7. Dietary List.
 8. List by facility of all inmates who need a special diet.
 9. PPD's (TB Test) to give.
 10. List by facility of inmates who need to have PPD given.
 11. PPD's to Read.
 12. List by facility of inmates who need to have PPD read

13. PPD's Positive.
14. List by facility of inmates who have positive PPD and no scheduled Chest X-ray to be scheduled for follow up.
15. Completed MAR.
16. Print all of the completed MAR entries for date range.
17. Link to Administration for Ad Hoc Reporting.

For more details about report definitions and specifications see Section 3.8.

3.1.4.3 Scheduling and Tracking

1. Scheduling and Tracking General Requirements

The Scheduling and Tracking module shall handle the scheduling and tracking of clinical appointments and medical encounters. It shall also schedule the staffing and track other resources. Examples of the functions that the Scheduling module shall handle are:

2. Scheduling and Tracking Functional Requirements

A. Tickler/Recall System

1. Exams & Chronic Care Follow Ups
 - a) Attach a follow up date flag for the results of exams.
 - b) Attach a reoccurring follow up date flag for chronic or on-going care.
 - c) Tie into scheduling module.
2. Medications Due to Expire
 - a) Flag all Medication orders due to expire within a user defined date range.
 - b) All medications due to expire shall be listed out when medical staff logs on.
 - c) When certain individuals (i.e.' the ordering physician) logs on, a list of expiring medications for that physician shall pop up.
3. Other User Definable Ticklers
 - a) Attach a date flag for other user definable events.
 - b) Tie into schedule module.
4. Lab Tests
 - a) Date flag for reviewing lab tests results.
 - b) Tie into schedule module
5. X-rays
 - a) Date flag for reviewing X-ray results.
 - b) Tie into schedule module

B. Scheduling System

1. Integrated Scheduling Notes
 - a) Task oriented notes attached to schedules.
 - b) Link to outside schedules.
 - c) Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
2. Individual Inmates and Groups
 - a) Ability to schedule individual inmates as well as groups of inmates.
3. Attendance & Status Reporting
 - a) Ability to track attendance at scheduled events (i.e. Clinics).
 - b) Report on status of attendance.
4. Interface to Call-Outs
 - a) Report back to or interface with SDS concerning call outs for medical services.

5. Staff Scheduling
 - a) Prepare and monitor staffing assignments, their locations and availability
6. Court Appearance
 - a) Schedule court appearance
 - b) Track inmate's court appearance schedule and coordinate with any scheduled medications.
7. Sick Call
 - a) Schedule sick calls
 - b) Track results and recommendations.
 - c) Tracking screen should be user definable.
8. Off-Site Specialty Clinic Appointments
 - a) Track scheduled appointments.
9. Tracking screen should be user definable.
- C. Tracking
 1. Treatment Authorization Request (TARS)
 - a) Track all TARS
 - b) Ability to run pre defined reports on TARS.
 - c) Tracking screen should be user definable.
 2. Other Outside Providers
 - a) Track other outside providers and be able to report on them.
 - b) Tracking screen should be user definable.
 3. Passes for Inmate Movement
 - a) Track Passes for Inmate Movement.
 - b) Access pre defined report listing inmates' movements.

3.1.4.4 Pharmacy and Drugs

1. Pharmacy and Drugs General Requirements

All of the medications prescribed and administered shall be tracked and reported through the Pharmacy and Drug module.

2. Pharmacy and Drugs Processing Requirements

A. Drug Processing

1. Integrated Drug Processing Notes
 - a) Drugs notes to follow standard Pharmacy coding.
 - b) Notes can have searchable comments.
 - c) Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
2. Drug-Drug Compatibility Checking
 - a) From a pull down list based on commercial drug compatibility application.
3. Drug Interactions Warnings
 - a) From a pull down list based on commercial drug compatibility application.
4. Unit Dosing
 - a) Can calculate unit doses
5. Titrated Medications
 - a) Can properly deal with Titrated Medications.
6. Medication Administration Records
 - a) Accurately track administration of medications
 - b) Warns when prescription for medications differs from medications administered.
7. Pill Line Processing (Automated Drug Dispensing Machine)

- a) Generates medication lists that shall operate the Pill Line Processing Machine.
 - 8. Drug Utilization Review
 - a) Pre defined reports that can be viewed and printed for review of the Drug Utilization.
 - B. In Custody Billing Process
 - 1. Query data base for reimbursable drugs and or services.
 - 2. Generate a report to be sent to responsible party.
- 3. Pharmacy Administration Requirements
 - A. Pharmacy Administration
 - a) Staff scheduling
 - b) Prepare and monitor staffing assignments, their locations and availability.
 - 1. Credentialing
 - a) Monitor credentialing status of Pharmacy staff.
 - 2. Statistics and Reports
 - 1. Pre designed reports for administrative review and for statistical reporting.
- 4. Drug Inventory Tracking Requirements
 - A. Inventory and Ordering
 - 1. Drug Inventory Control
 - a) Able to order, track usage and reorder of the full range of drugs on hand.
 - b) Track the amount of drugs dispensed and automatically initiate a purchase order when drug inventory levels drop below presets.
 - 2. Link to Pharmacy Supply Automated Ordering Systems
 - 3. Link to interface with the automated ordering system of Pharmacy supply houses.

3.1.4.5 Dental

- 1. Dental General Requirements

A full Dental module shall contain two sub modules: Dental Services and Dental Administration.
- 2. Dental Services Requirements
 - A. Integrated Dental Notes
 - 1. Shall be forms based and use standard Dental nomenclature.
 - 2. Shall have comments that are free form and searchable.
 - 3. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
 - B. On-line Tooth Chart & History
 - 1. Graphical based Tooth Chart that can be "checked off" and comments attached to the tooth or groups of teeth.
 - C. Intake Dental screening
 - 1. Forms based using standard medical and dental classifications from pull down lists.
 - D. Dental Encounter
 - 1. Forms based encounter using standard medical and dental codes and classification from pull down lists.

2. Choose standard dental protocols and procedures from pull down lists of standard dental codes.
- E. Exam
 1. Forms based using standard medical and dental classifications from pull down lists.
- F. Treatment
 1. Forms based treatments using standard medical and dental codes and classifications from pull down lists.
 2. Choose standard dental protocols and procedures from pull down lists of standard dental codes.
- G. Surgery
 1. Forms based surgical procedures using standard medical and dental codes and classification from pull down lists.
 2. Choose standard dental surgical protocols and procedures from pull down lists of standard dental codes.
3. Dental Administration Requirements
 1. Dental Staff Scheduling
 2. Prepare and monitor Dental staffing assignments, their locations and availability.
 - A. Dental Staff Credentialing
 1. Monitor Credentialing status of Dental staff.
 - B. Statistics and Reports
 1. Pre designed reports for administrative review and for statistical reporting.

3.1.4.6 CHS Mental Health

1. CHS Mental Health General Requirements

All of the mental health needs of the inmates shall be tracked and fulfilled using this module.

2. CHS Mental Health Functional Requirements

1. Medical Restraints/Seclusion Monitoring
 1. Flag and track those inmates needing Medical Restraints or Seclusion.
2. Complete Five Axis DSM-IV Diagnosis
 1. Standardized diagnosis using DSM-IV codes.
3. Psychological Testing
 1. Attached at this location shall be standardized Psychological testing applications, scoring and scoring results.
 2. Also attached here shall be the gathering of statistics over the entire inmate population and the reporting of those statistics.
4. Individual Treatment Plans
 1. Standardization of treatment plans using DSM-IV and other industry standard codes.
 2. These treatment plans shall have the ability for the Physician to add free form notes or comments.
5. Outcome Monitoring
 1. Pull down list of standard outcomes with the ability to modify and add comments.
 2. Shall be searchable.
6. Dual Diagnosis Mental Health Habilitation Plans
 1. Standardization of plans using industry standard codes.
7. Intake Mental Health Screening

1. Forms based screening with check off boxes and pull down choices with the ability to add comments.
8. Mental Health Nursing Encounter Tracking
 1. Data entered through standard Mental Health Nursing encounter form.
 2. Uses pull down pick lists of standard Mental Health Nursing procedures, protocols and medications.
 3. Shall contain searchable free form comments.
9. Mental Health Physician Encounter Tracking
 1. Data entered through standard Mental Health Physician encounter form.
 2. Uses pull down pick lists of standard Mental Health Physician procedures, protocols and medications.
 3. Shall contain searchable free form comments.
10. Prepare Standard Mental Health Management Reports
 1. Pre designed reports shall be attached here for selection.
 2. Linked to Systems Administration module for creation of new, pre designed reports
11. Substance Abuse Component
 1. Integrated Substance Abuse Notes
 - a) Shall be forms based and use standard medical nomenclature.
 - b) Shall have comments that are free form and searchable.
 - c) Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
 2. National Institute on Drug Abuse (NIDA) Minimum and Optional Data Bases
 - a) Searchable and editable
 3. Treatment Protocols and Treatment Plans.
 - a) Choose from standard Treatment Protocols and Treatment Plans list.
 - b) The choices shall be editable to allow for flexibility.
 4. Substance Abuse Outcome Monitoring
 - a) Pull down list of standard Substance Abuse outcomes with the ability to modify and add comments.
 - b) Shall be searchable.
 5. Urinalysis Screening
 - a) Input and report on the results of Urinalysis Screening.
12. Interface to IRIS
 1. Bi-directional data flow from EHR system to IRIS system.

3.1.4.7 CHS Juvenile Health

1. Juvenile Health General Requirements

A full Juvenile health module shall encompass the following:

2. Juvenile Health Functional Requirements

A. Case Management

1. Entry of demographic information.
2. Assigning of Juvenile Health Number and other identifiers.
3. Tracking of housing assignments.
4. Tracking of prior medical and other records.

B. Testing and Assessment

1. Testing and assessment using standardized assessment instruments.
2. Recording and evaluating the results of testing and assessments.
3. Reports on results of testing and assessments.

C. Objective Classification

1. Based on industry standard classification chosen from pull down lists.
2. Classifications shall be editable or be able to add comments.
- D. Identifying Risks and Needs
 1. Risk and Needs assessments based on industry standards.
 2. Reports on results of assessments.
- E. Evaluating Security Level via Housing Assignments
 1. Risk and Needs assessments based on industry standards.
 2. Classifications shall be editable or be able to add comments.
 3. Evaluates severity risk and makes housing assignments based on those risks.
- F. Collecting Medical Information: Allergies, Conditions, Medications, Vaccinations, Behavioral/Substance Abuse Problems
 1. Data entered through standard encounter form.
 2. Uses pull down pick lists of standard procedures, protocols, allergies, conditions, medications, vaccinations, behavioral/substance abuse problems.
 3. Shall contain searchable free form comments.
- G. Treatment Plans with Outcomes
 1. Chosen from attached standard treatment database.
 2. Standard treatments can be edited or notes attached.
- H. Integrated Juvenile Health Progress Notes
 1. Shall be forms based and use standard Juvenile Health nomenclature.
 2. Shall have comments that are free form and searchable.
 3. Any free form notes or comments shall have spell checking, recognize standard medical abbreviations and automatically convert those abbreviations to actual phrases.
- I. Identification of Youth with Suicidal Tendencies or "Run Away" History
 1. Ability to flag certain types of issues with minors.
 2. Track and report on incidents of "issues".
- J. Continuum-of-Supervision
 1. Track the supervision of a minor as he/she moves through programs.
- K. Tracking of Movements, Transfers
 1. Track and report out movements and transfers of individual minor
 2. Coordinate movement with medical exposures
- L. Matching Youths to available Facilities, Programs and Services
 1. Coordination of minor, facilities, programs and services.
 2. Report on minor's movement through facilities, programs, and services.
- M. Tracking Services, Programs Attended, Referrals, and Community Placements
 1. Extension of Above.
- N. Disciplinary/infractions/grievances/appeal Tracking
 1. Tracking of disciplinary procedures for individual minor.
- O. Extensive Quality Assurance and Risk Management Controls
 1. Track quality assurance and risk management.
 2. Report on results of the tracking.
- P. Security and Confidentiality Controls
 1. Assign security restrictions on confidential information.
 2. Link to security issues in Admin Module.

3.1.4.8 Clerical

1. Clerical General Requirements

A full Clerical module that shall encompass the following:

2. Clerical Functional Requirements

A. Medical Record Chart Tracking and Deficiency Monitoring

1. Monitor information into chart and flag deficiencies for action.
- B. Records Consolidation
 1. Consolidate data in old record not currently on system with present record.
 2. Staff Licensing Credentialing Track and report on the Staff Licensing and Credentialing.
 3. Link to Scheduling module for scheduling.
- C. In-Service Training
 1. Track and schedule In-Service Training.
- D. Continuing Education Tracking
 1. Track and report on continuing education.
- E. Utilization Review
 1. Prepare and report on utilization for review by senior staff and management.
- F. Discharge Summary
 1. Need to be user definable.
 2. Pre-defined summaries accessible here.
 3. Link to Ad Hoc query for more detailed summaries.

3.1.4.9 Imaging and Document Management

1. Imaging and Document Management General Requirements

A full Imaging and Document Management module that shall encompass the following:

2. Imaging and Document Management Functional Requirements

- A. Interface to Document Imaging System
 1. Drop down to document imaging system.
- B. Online Access to Documentation
 1. CHS standardized procedures
 2. Nursing operational procedures
 3. Infection control manuals
 4. Pharmacy formulary
 5. Nursing 99
 6. Physician's desk reference
 7. Other Reference tools
- C. Online Patient Information and Instructions
 1. Routine Pre-op instructions
 2. Instructions for various labs and x-ray procedures
 3. Patient education hand outs for prescribed medications
 4. Shall be user definable
 5. Linked to Dental, Pharmacy and CHS Mental Health modules
- D. Attached Image as a Note
 1. Attach image as a viewable note to EHR system.
 2. Use a graphics viewer to be able to read the image.

3.1.4.10 Interfacing Management

1. Interfacing Management General Requirements

A full Interfacing Management module that shall encompass the following:

2. Interfacing Management Functional Requirements

- A. SDS
 - 1. Bi-directional data transfer.
 - 2. From SDS to EHR system.
 - 3. From EHR system back to SDS.
- B. Labs
 - 1. Bi-directional data transfer from Labs systems to EHR system.
- C. Automated Machine
 - 1. Unidirectional data transfer form EHR system to pill packaging (Automated) machine application.
- D. Imaging System
 - 1. Bi-directional data transfer.
 - 2. Drop down out of EHR system to document imaging system.
 - 3. Search for and/or edit image.
 - 4. Attach image to EHR system.
 - 5. Return to EHR system.
- E. Interface to IRIS
 - 1. Bi-directional data transfer.
 - 2. From SDS to EHR system, bi-directional
 - 3. From EHR system to IRIS system, bi-directional.
- F. Interface to Juvenile Justice System
 - 1. Bi-directional data transfer
 - 2. From EHR system to Juvenile Justice System.
- G. After Care — Medical Summary Sheets
 - 1. Bi-directional data transfer.
 - 2. Medical Summary sheet delivered in hard copy or electronically.
 - 3. From EHR system to Social Services Department system/coordination of care or output to reports.
- H. After Care — Continuum of Care
 - 1. Through summaries or extracts of data in hard copy format for inmate transfers.
- I. After Care — Interfacing with HCA network
 - 1. Connection with email allows attachment of memos and documents (formatted reports).
- J. After Care — Interface to Other County or Community Based Programs
 - 1. Through gateway to County network allowing encrypted email attachments.
- K. Interface to CIPS

3.1.4.11 Systems Administration and Security

1. Systems Administration General Requirements

In the Systems Administration module the daily operations of administration and security are performed.

2. Systems Administration Functional Requirements

- A. Assign Rights And Privileges
 - 1. Assign Group Rights and Passwords
 - a) Create group with specific viewing, editing and access rights.
 - b) Assign and maintain passwords.
 - 2. Lock Out Groups from Certain Data Down to the Field Level
 - a) Prevent certain groups from being able to access or even see certain data, down to the field level.
 - 3. Add and Remove Group Members
 - a) Add, delete and edit Group members' information and rights.

4. Create Audit Trails for Data Changes
 - a) Audit trails allow for tracking changes in data.
5. Manage Audit Logs
 - a) View, edit and report on audit logs.
- B. Update The System
 1. Maintain Data Transfer from interfaces
 - a) Execute data transfer scripts, macros, or applications.
 - b) Create, maintain, trouble shoot, and edit data transfer scripts.
 2. Create & Update Lookup or Validity Tables
 - a) Create or modify lookup and validity check tables.
 - b) Install or update commercially available lookup tables.
 - c) Edit or customize commercially available lookup tables.
 3. Test Proposed Changes to Modules
 - a) Test all changes to modules using the backup server.
 4. Work with Contractor to Customize Module
 - a) Working with Contractor, make changes to application that shall streamline it for CHS's use.
 5. Time Delayed Data Entry
 - a) System must allow authorized user to enter time delayed data and append it to the EHR.
 - b) Data must be "verified" (time stamped and referenced to the actual date/time of the orders) and "signed off" by medical staff issuing orders.
 - c) Must become part of audit trail.
- C. Systems Administration
 1. Trouble Shoot the System
 - a) Use system utilities to trouble shoot problems.
 2. Point of Contact to Contractor for Problem Solving
 - a) Provide first point of contact to Contractor for support when problem solving.
 - b) Coordinate activities of other HCA groups with Contractor for trouble shooting.
 3. Manage Maintenance Scheduling
 - a) Setup and manage schedule for normal maintenance tasks.
 4. Run Statistics on System Operations and Performance
 - a) Run system performance statistics on a scheduled basis.
 5. Manage Request for Ad Hoc Query
 - a) Coordinate and act as first point of contact for all Ad Hoc Query requests.
- D. Ad Hoc Query And Batch Processing
 1. Create Ad Hoc Queries
 - a) Create new or edit existing Ad Hoc Query.
 - b) When necessary, change Ad Hoc Query to standard query and attach to appropriate module of application.
 2. Process Ad Hoc Queries and Print Reports
 - a) Process Ad Hoc Queries and output to printed reports, to print file, or to other standard file formats.
 3. Manage any Batch Processes and Batch Printing
 - a) Run batch processes and batch printing.
 4. Manage & Trouble Shoot All Print Queues
 - a) Maintain existing and create new print Queues.
 5. Define Printers for Specific Functions
 - a) Define special feature sets for all networked printers (e.g. Color, Duplex, paper tray, etc.).

3.2 DATA REQUIREMENTS

We anticipate that the new system will be commercial off-the-shelf (COTS) based, "best of breed" or an integration of existing commercial modules. Therefore, the data that has been identified to support the functional requirements of the new EHR system are minimal. A Contractor may not have all of the specific data elements identified for the new EHR but a Contractor must be able to capture and process all data elements that are required for EHR's functionality.

It is necessary that the new EHR system incorporate the following general principles for identifying the data needed to support the EHR system defined functional requirements:

- A. Data Common to All Modules.
Data that is common to all modules such as inmate or juvenile demographics (e.g. Booking Number, Juvenile Number, OCN; Name, sex, etc.) shall be captured and maintained once in a table assessable to all of the modules.
- B. Data Associated with Specific Modules
Data that is common to a specific module such as dental (e.g. Dental notes, Dental diagnosis, etc.) shall be captured and maintained in a table assessable to that particular module.
- C. Generalized Data Elements With a Type Code.
The use of a generalized data element along with a "type" code that is used to differentiate between different values, (e.g. a type code used to differentiate between an adult inmate and a juvenile offender, etc.) shall serve to clearly segregate the juveniles' information from that of the adults.

The data groups currently defined for the new EHR system corresponds to the modular structure defined earlier. The specific data model used to define these modules is largely normalized to eliminate redundancy of data except for primary and foreign key fields, which are needed to link data across tables. The data groups defined as modules are:

- A. Demographics and Registration
Includes inmate or juvenile specific data tables associating the inmate or juvenile with his/her demographic information.
- B. Medical Services
Linked tables containing the data generated on the medical services provided to individual inmates or juveniles
- C. Scheduling and Tracking
Data tables used in scheduling and tracking the inmates and juveniles, the staff, the tests and procedures, appointments and movements within the facilities.
- D. Pharmacy and Drugs
Tables used to track all drugs prescribed, their interactions and warnings, their packaging and distribution within the facilities.
- E. Dental
Includes tables containing data on the dental services provided to the inmates and juveniles.
- F. Mental Health
Tables containing the data relating the mental health services provided to inmates and to juveniles. Because of confidentiality issues, much of the data captured must be kept segregated.

- G. Juvenile Health
Contains linked tables with data unique to juveniles; there is need to safe guard the confidentiality of the services provided to juveniles. Part of this is accomplished by keeping some data in separate tables and then only linking the tables based on the access rights of the user and provider.
- H. Clerical
Tables are kept containing data relating to the clerical function. This may include data that is not actually part of a medical record but is necessary to the functioning of CHS.
- I. Imaging and Document Management
This module contains the table with the elements necessary to allow the user to drop down from the EHR application and into the Imaging and Document Management system. In this sub system are stored graphic images such as scanned documents of archived paper charts or digitized pictures.
- J. Systems Administration and Security.
Contained in these tables shall be the defined access rights of the users allowed to access the system. These tables shall define down to the field level, which modules and which functions each user is authorized for access.

3.3 DATA RETENTION REQUIREMENTS

Because the CHS records contain medical records, data retention requirements are more stringent than would be for standard office files.

3.3.1 Retention of Adult Records

CHS health records must be kept available for two (2) years after discharge and then they can be archived and remain available for an additional seven (7) years.

3.3.2 Retention of CHS Juvenile Records

Juvenile records must also be kept available for two (2) years after discharge. Then they can be archived and remain available for an additional seven (7) years or until the juvenile reaches 25 years of age. However, for a female juvenile who gives birth while incarcerated, the mother's medical record must be maintained on line until the mother reaches the age of 18 years. Then the record can be archived for storage until the child reaches the age of 25 years.

3.4 PERFORMANCE REQUIREMENTS

3.4.1 Location Requirements

The proposed new system shall be multi-user at multiple sites at multiple facilities. Each facility shall be connected to the servers over the HCA wide area network using various types of communications lines.

3.4.2 Hours of Operation

The EHR system shall be operational twenty four (24) hours a day, seven (7) days a week. This shall include all weekends and holidays.

3.4.3 Peak Times

The Orange County Jail system is operational around the clock, three hundred sixty five days a year. Because inmates are booked into the system at all times of the day and night, there will be no peak time where the load on the system will be highest. There may be seasonal increases due to holiday arrests; the load to the system will be proportionally greater throughout the entire day during such seasons.

3.4.4 On-line Response Time

Data entry functions shall experience no more than a two (2) – three (3) second response time during a screen change. Most reports shall be run against a data warehouse; updated Ad Hoc report queries shall pose no noticeable interruption to normal data entry by another user.

3.5 SYSTEM CONSTRAINTS

3.5.1 Legal or Policy Restrictions

The EHR system shall be used within the confines of the adult jail and the juvenile correctional facilities. Legal and policy restrictions of the Orange County Sheriff's Department, the Probation Department and the Department of Social Services apply to the collection, use and distribution of data within the EHR system.

3.5.2 Exceptional Security Measures Required

The entire EHR system shall be housed within a correctional institute or a secured computer room and as such, that constitutes Exceptional Security Measures. What is considered "usual and customary" in this situation may not be "usual and customary" for any correctional institute. All equipment is secured in such a way that none of the inmates has access to any of the equipment.

3.5.3 Auditing Requirements

The EHR system shall be required to have the ability to record audit trails for all transactions, permissions and requests. These audit trails shall be recorded in a log that cannot be altered. Changes in a submitted transaction must be made by retaining the old transaction, making the changes including a time/date/user stamp and a reason for that change. This information will be recorded in the audit trail and/or transactions log.

3.6 OPERATIONAL REQUIREMENTS

3.6.1 CHS Staff Training Needs

A. General Windows Training

Since the new system shall be a Windows based application and many of the staff at CHS is accustomed to a Windows based environment, it is expected that the training requirements for Windows will be minimal.

B. Ad Hoc Report Training

When a new system is chosen it shall have the ability to do Ad Hoc reporting on the data in a data warehouse. Many of the reports that the staff may need shall be incorporated into the application and made available simply by clicking on them. Since the new CHS EHR application will have a built in report generator, only certain staff members will have access to use the Ad Hoc reporting tools. For these users, it will be necessary to provide training in the use of the Ad Hoc report generator.

C. "Super User" Training

The implementation of a new system calls for certain personnel to become more deeply informed about the unique aspects of the application, problem solving, diagnosis and problem resolution. There should be one such "Super User" per shift per major facility. This shall establish a chain of command allocating problem solving. This shall also provide a focal point to be able to see the larger picture and be able to spot problems that effect more than one user.

To accomplish this, a sufficient number of "Super Users" shall be trained. The training for these "Super Users" shall encompass the training that a regular user gets, plus problem solving and resolution.

D. User Application Specific Training

With the implementation of a new system, it becomes necessary for all potential users to be trained on the use of that application. Their level of training shall correspond to the access rights granted to the group that the user is part of.

In addition to the training requirements identified in this RFP, it is expected that the selected Contractor shall provide training for all the functionality provided by the EHR system, including third party contractors.

3.6.3 Documentation Requirements

A. Interface Documentation

The HCA IT System Administrator shall be provided with documentation detailing the use and function of the interfaces used by the new system. These interfaces include:

- a. The interface to the SDS. This system shall transfer inmate booking data from the SDS to the EHR system and transmit back inmate tracking information and work status information.
- b. The interface to the IRIS system. This system transfers selected mental health data from the EHR system to the IRIS system.
- c. The interface to the Pill Line Processing system. This system transfers the list of medications ordered from the EHR system to the pill-line processing machine for packaging and distribution.
- d. The interface to a Digital Radiography system. This system takes digital radiographic intake images of the chest for TB screening and other X-ray services, as requested by medical staff. Digital radiographic images are read offsite.
- e. The interface to the HCA Public Health Lab and contract lab facilities. These interfaces will allow CHS to submit and receive lab data via an electronic transfer.

B. Application/Server Documentation

The HCA IT System Administrator shall be provided with the following Application/Server documentation:

- a. How to report and trouble shoot server related hang-ups and problems.
- b. How to check to see if the user has lost a connection to the server/application.
- c. How to add and delete user ID's.
- d. How to assign rights and privileges.
- e. How to set up, clear and trouble shoot print queues.
- f. How to assign and clear a user password.
- g. How to set-up and clear a standard desktop.
- h. How to report an application specific problem. How to maintain the interface to the SDS.
- i. How to maintain the interface to the IRIS system.
- j. How to maintain the interface to the Pill Pine Processing system (the Automated machine).
- k. How to maintain all interfaces.

C. Application User Documentation

Super Users will need the following application documentation:

- a. How to enter data into the application, find data already entered, and to generate reports appropriate to their group rights.
- b. How to check to see if he/she has lost a connection to the application.
- c. How to check print queues.
- d. How to change his/her own password.

In addition to the documentation requirements identified in this RFP, it is expected that the selected EHR Contractor shall provide documentation for all the functionality provided by the EHR system, including third party applications.

3.7 INTERFACE REQUIREMENTS

The EHR system is required to interface with several existing HCA, County, external and internal systems. Specific EHR interfaces have been identified in support of the staff within the Correctional facilities, within other programs and between internal processes. These interfaces are described in the following paragraphs.

3.7.1 General Interface Requirements

The EHR system must be capable of transmitting information within HCA through email, network transfer protocols, commercially available workflow software, or through extraction and down load to common data formats. The interfaces must support MAPI and other common email standards.

3.7.2 Internal CHS and HCA Interfaces

The EHR system must be able to support internal reporting and connectivity systems. Such systems shall consist of Clinical Assessment and Outcome Reporting systems and a hardware connection to a Pill Line Processing System.

3.7.2.1 Third Party Clinical Assessment & Outcome Reporting System

The following are interface requirements for a Clinical Assessment & Outcome Reporting System. Due to security concerns in the following systems, the data transfer may simply be electronic transfer of a report which shall then be entered into these systems. These systems are generally accessed from Juvenile Hall.

- A. Child Behavior Checklist (CBCL)
- B. Youth Services Reporting (YSR)
- C. Child & Adolescent Function Assessment Scale (CAFAS)
- D. Child Living Environments Profile (CLEP)
- E. Addiction Severity Index (ASI) — Accucare System

3.7.2.2 Pill Line Processing System

The Pill Line Processing System is driven by the creation and transmittal of a medications list. This list is created by the EHR system and is transmitted over the network to the Pill Line Processing Machine. The list is reviewed by the Pharmacists and then executed. The Pill Line machine packages the drugs in individual packages, labels them and sorts them according to their destination. The Pharmacy reviews the packaging run, approves it, and then executes a command, which reports to the EHR application. The EHR application will then notify the medical staff that the medications are ready for distribution to the inmates.

3.7.3 External and other County Systems interfaces

The proposed approach to external interfaces can consist of an Interface Engine, a point to point custom interface, Application Programming Interface (API), some other methods or some combination of those methods.

The external and other County systems interfaces identified are as follows.

3.7.3.1 Sheriff Data System

The SDS provides the EHR system with certain demographic, inmate identification, cell assignment and other booking information. This information is transmitted from the SDS over a TCP/IP connection, currently every hour. This transmission is a continuous data stream of fixed length records. These records must be captured by the new EHR system and appended to and reconciled with the data already entered on the inmate. For security reasons, the inmate is often moved from cell location to cell location. The next download will reflect this change in the cell location of the inmate and must be noted and tracked by the EHR system.

Data elements to be downloaded - the data elements currently being downloaded are as follows: (This shall be considered the minimum capabilities of the interface.)

```

FORMAT;Variable;Extract;Extract;desc.
;LNM;1;16;LAST NAME
;FNM;17;28;FIRST NAME
;MNM;29;38;MIDDLE NAME
;TTL;39;40;TITLE
;BKN;41;48;Booking Number
;BKD;49;56;Booking Date
;DOB;57;64;Date of Birth

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;SEX;65;65;SEX
 ;RCE;66;66;RACE
 ;HGT;67;69;Height
 ;WGT;70;72;Weight
 ;OCN;73;80;Orange County Number
 ;KIC;81;88;KICKOUT DATE 81-84 BOOKING STATUS
 ;PAR;89;96;PAROLE DATE 85-96 CASE NUMBER
 ;LOC;97;108;LOCATION CODE
 ;FDT;109;118;FILE DATE
 ;TMP;119;126;TEMPORARY NUMBER
 ;CDT;127;134;COURT DATE

Currently under consideration and in negotiation with the Orange County Sheriff's Department are possible additional data elements for download. Data elements being considered for download are:

- A. Inmate's AKA's.
- B. Mother's maiden name.
- C. Place of birth.
- D. SS#
- E. Street Address
- F. City
- G. State
- H. Zip Code
- I. Telephone #
- J. Emergency Contact
- K. Marital Status
- L. Occupation
- M. Employment Status
- N. Drivers License #
- O. Sentence Ending Date
- P. Court Date
- Q. Next of Kin
- R. Detainee Number

3.7.3.2 Behavioral Health Information System

Also under consideration is the downloading of query information from the EHR system to SDS or to standard format reports. The most probable information shall be statistical information about the tracking of inmates through the EHR system.

Because Behavioral Health is not part of CHS, Behavioral Health must be treated, as would any other outside provider. A request for medical records must be requested from CHS and that request must be accompanied by a signed release from the inmate (patient). The request, release and transfer of the record must be tracked within the CHS EHR.

Once the request and the release are received by CHS, the requested record or part of a record can be transferred electronically in a format that can be used in IRIS. The transfer of data can be accomplished through email, network transfer protocols, commercially available workflow software, or through extraction and download to common data formats.

3.7.3.3 County and Contract Lab Systems

There will need to be an interface to our Laboratory Information System (LIS). This interface will allow the EHR system to electronically specify laboratory tests to a laboratory system and to electronically receive the results of those tests from laboratory information systems.

3.7.3.4 Probation Department

Like the Orange County Sheriff's Department, the Probation Department books juvenile offenders incarcerated at the Juvenile Hall facilities through their own information system. This system contains the juvenile equivalent of a booking number, demographic information and housing location information. This information will need to be received from the Probation Department's system electronically, via an interface to the EHR System.

The specific requirements of the interface shall be developed in consultation with the Probation Department.

3.7.3.5 Department of Social Services

Similarly, the Department of Social Services books juveniles under the protection of the court, into the Orangewood Children's Home. The Department of Social Services also has its own information system. This system contains the juvenile equivalent of a booking number, demographic information and housing location information. This information will need to be downloaded from the Department of Social Services system electronically, via an interface to the EHR System.

The specific requirements of the interface shall be developed in consultation with the Department of Social Services.

3.8 REPORTING REQUIREMENTS

The new EHR application shall have three (3) levels of reporting. The first level shall be predefined standard medical reports (for example, a medical history form).

The second level shall be a report created by the user. The user shall generate a report using an internal report generator. The report's format could be saved and attached to the list of available reports; this report format could be renamed, edited and used for other reports. The Contractor or other third parties could supply standard templates that the user could edit using the internal report generator.

The third level shall be Ad Hoc reports generated by a third party report generator. These reports shall be those that are not used on a regular basis, those reports that are for a very narrow or specific data or for reports that cannot be generated by the internal application report generator. This level of reporting shall require a higher level of user training and experience.

Below are listed examples of specific reports that could be designed by the user employing the internal report generator, predefined by the Contractor as a template, or capable of being created by an Ad Hoc report generator.

3.8.1 CHS Reporting Specifications

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Staff Activity Statistics	Sorted by position	Monthly In-house report	Table with alpha headings and numeric counts Subtotals and total calculations	Therapist name Group Crisis Intervention Transitional Crisis Medication Psych Test
Monthly categorized summary of client services provided by therapists				Units of service
				New Contacts
				Follow-up Visits
				Admissions
				Discharges
				Charts opened
Number of cases opened				
CHS Staff Activity Report Monthly summary of services provided, number of contacts and hours worked per provider	Sorted alphabetically by provider name	Monthly In-house report	Table with alpha headings - Numeric counts with subtotals and totals Average number of contacts for last 12 months Average hours worked for last 12 months	Provider name Type of Service OC Psych Testing Group Contacts/Encounters Contact subtotal Contacts Hours Actual hours worked Average number of contacts Average number of hours
CHS Case Management List Provider roster of clients seen, indicating if contact was by scheduled or emergent	Provider	Run as needed In-house report	Title: Case Management List Table with alpha headings Date format (mm/dd/yyyy) Numeric codes Provider / Manager initials	MIS number Patient name Type of contact (chart / person) Booking number Housing location CRT date EOD date SED date meds (yes / no) Treatment Therapist initials Manager initials

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Case Management List Provider roster of clients seen, indicating if contact was by scheduled or emergent	12 step program	Run as needed. On-going cumulative In-house report	Table format Alpha and numeric Date (mm/dd/yyyy) Free text comments Calculated Totals	Patient Name Provider Admission date Discharge date Stay time Type of discharge
CHS Length of stay in housing unit (proximity report)	Booking #, housing unit	As needed	Log	Booking #, housing location, date range, change in housing location
CHS Use of Special Housing Report	For each type of special housing used, booking #, date	As needed for each time a special housing is used	Documentation narrative	Booking #, dates, times, # of staff involved, medications, results, narrative, 15 minute checks, interventions prior, during, after, restraint release times, length of time in restraints by minutes, range of motion, water/bathroom documentation.
CHS Use of Force Report	Booking #, date	As needed	Documentation narrative	Booking #, dates, times, # of staff involved, medications, results, narrative
CHS Use of Restraints Seclusion or safety cell Report	For each type of restraint used, seclusion or safety cell booking #, date	As needed for each time a restraint is used	Documentation narrative with shift assessment	Booking #, dates, times, # of staff involved, medications, results, narrative, 15 minute checks, interventions prior during-after, restraint release times, length of time in restraints by minutes, range of motion, water/bathroom/garment documentation.

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Length of stay in each housing unit	Booking #, housing unit	As needed	Log	Booking #, housing location, date range, change in housing location
CHS First Aid Kit Logs First Aid Kit unopened, opened, restocked etc. on each housing unit	Date/time, housing unit,	Daily as needed	First Aid Kit Log	First Aid kit unopened, opened, restocked etc. on each housing unit.
CHS Staffing Schedules Schedules of individual and of groups	Staff ID, housing unit (location), group	As needed	Schedules	Staff ID, housing unit, group, date range, time range
CHS Staff Time Schedule Tracking time providing service to inmates	Staff ID, housing unit (location), group	As needed	Status Log	Staff ID, housing unit, group, date range, time range, services provided, length of time of service, type of service provided, classification of staff member, training times and type
CHS Telephone Logs To and from doctors and other providers	Date/time, housing unit, booking # referenced	Daily as needed	Phone Log	Referrals, admissions, denial of rights, restraints & seclusion, medication by patient and by housing unit.
CHS Legal Holds Reports	Booking #, date, time	As needed	Tickler	Booking #, type of hold, date, time, length of hold
CHS Diagnosis Report By Inmate or by diagnosis or by housing	Booking #, diagnosis, date, time	As needed	Report	Booking #, diagnosis, staff member, date, time, length of time seen, medications, treatment plans

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Health education Report By Inmate or by diagnosis or by housing	Booking #, diagnosis, date, time, health education given	As needed	Report	Booking #, diagnosis, education, staff member, date, time, length of time seen, medications, treatment plans
CHS Case Management Lists Lists of assigned case managers by location	Assigned Case Manager, housing location	As needed	List	Assigned Case Manager, booking #, housing unit, SED, EOD, CTD, on Meds?
CHS Open Cases (user defined field)	Booking #, date last seen	As needed	List	Booking #, date range, date last seen
CHS Average Daily Census by Month	Booking #	Monthly	Report	Average count of Booking # by days
CHS Inmate Count by user defined field	By user defined field	As needed	Report	User defined fields such as, ethnicity, age, sex, housing location
CHS Types of Services Rendered by provider	Booking #, Type of service, date of service	As needed	Report	Booking #, Type of Service, date service rendered, date range
CHS Daily Census Report Inmate count by user defined field	Housing	Daily	Report	Housing location, restriction, SED, CED Case manager, type of restriction, # of days of restrictions by type, days acute, days in housing location
CHS Chart Review Discharge Summary	Booking #, user defined fields	Upon discharge of inmate	Form	Booking #, date range, user definable fields

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Report on Consents Report tracking consents agree to, refused and release of information by individual inmate	Booking #, consent type	As needed	Report	Booking #, date range, consent type, user definable fields
CHS Current Meds List of medications ordered by housing location.	Booking #, medication, housing location	As needed	List	Housing location, Booking #, medications list
CHS Top 100 Meds List of 100 most often ordered medications by housing location.	Booking #, medication, housing location	As needed	List	Housing location, Booking #, medications list
CHS Discharge /meds List of medications inmate is given upon discharged	Booking #, medication, housing location	Upon discharge of inmate	List	Booking #, medications
CHS Hold CHS inmates with work/transfer status of "hold" by housing location	Booking #, Work status = "hold"	As needed	List	Booking #, Work status

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Ad Hoc Query Medication monitoring study	Booking #, medication	As needed	Report	User defined fields
CHS Ad Hoc Query QI Reports linking diagnosis, coeds, treatment plan, notes, etc.	Booking #	As needed	Report	User defined fields
CHS Ad Hoc Query	User defined fields	As needed	Report	User defined fields
CHS Ad Hoc Query State of California Performance Measurements	User defined fields	As needed	Report	User defined fields
Children Youth Services Stats report Accumulative report using monthly caseload statistics to document the number of caseloads, service units, referrals, admissions and discharges	Sort by clinic Date	Monthly Total FY	Table format-- Alpha headings Numeric- calculate subtotals and totals	Month Caseload Outpatient cases Day treatment cases Pending to be opened Open MIS Caseload Medi-Cal Healthy families Group Home / Others STU's Outpatient STUs Subcontracted STUs Full-day Day treatment Half day treatment Referrals Admissions Discharges Totals

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
Children Youth Services Stats (AB 3632) Accumulative statistical report Capturing the number of open cases, completed and referred assessments, overtime lines and number of cases referred	Sort by clinic Date	Monthly Total FY	Alpha headings Numeric subtotals / totals	Month Open Cases Medi-Cal Non Medi-Cal Referrals Assessments Reassessments Completed Assessments Reassessments Overtime Lines Cases referred to contractors Totals
Children Youth Services Threshold Languages Captures the number of cases per threshold language	Sort by clinic Date	Monthly Total FY	Alpha headings Numeric counts and totals	Number of cases in threshold language Spanish Vietnamese Primary language services not offered

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS and Children Youth Services Contract Agencies Beneficiary Problem Resolution & Grievance log CHS Captures and tracks the processing of client complaints (non sick call i.e. grievance)	Sort date — quarter Sort by cost-center	Constant with quarterly reporting	Free alpha text Numeric date Check boxes for; clinic location yes, no, n/a report quarter	Time Quarter Contract Agency Medi-Cal ID AB 3632 Date Name of person receiving complaint Quality care or adverse benefit Complaint/grievance form completed Problem resolved informally Referred to provider rep on site Referred to Patients' Rights for review Copy of complaint/grievance filed Formal appeal requested State fair hearing requested Signature of Head of Service
Summary of CYS / SEP Services (MH20E20) Summary of CYS services provided differentiated by type of service and client eligibility	Quarter Service Type /Function Cost Center	Quarterly	Run date Title Date of Quarter analyzed Spreadsheet format Calculation of subtotals and totals	Cost Center Service Function / Type Unduplicated clients Total Services Medi-Cal Services Medi-Cal Units Non Medi-Cal Services nonmusical Units <i>Row Headings:</i> Cost center number Case Management Collateral Assessment Individual therapy Group Therapy Meds Crisis intervention Rehab services 2nd Visit Crisis stabilization Grand Total

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Total Census Include all locations or by location by month and by year	Sex	Monthly	Report	Sex, date range, user definable field
CHS access to treatment within 72 hours. All Sick Call – All Locations or by specific location Number of patients seen or not seen within 72 hours on sick call for all locations	#, Sick Call seen, not seen	Shift, daily, date range	Report	#, Housing location, shift, date range
CHS Medication Dosage — All Locations or by location Number of doses administered for all meds by shift, month, year	Housing location, med	Shift, monthly, Yearly, YTD	Report	Housing location, med group, meds, shift, date range
CHS Psychotropic Medications Dosage — All Locations Number of doses administered for all Psychotropic Medications by shift, month, year	Housing location, med group, med	Shift, monthly, Yearly, YTD	Report	Housing location, med group, meds, shift, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Specific Medications Dosage - All locations or by location Number of doses NOT administered for specific medications at all locations by shift, month, year	Housing location, med group, med	Shift, monthly, Yearly, YTD	Report	Housing location, med group, meds, shift, date range
CHS patients Who Received Specific Medications – All Locations or by location Number of patients who received specific medications at all locations by shift, month, year	#, housing location, med group, med	Shift, monthly, Yearly, YTD	Report, user defined med type and med name	#, Housing location, med group, meds, shift, date range
CHS First Aide or Emergency Response– All Locations or by specific location Number of patients seen for first aide or emergency for all locations	#, Sick Call	Shift, daily, date range	Report	#, Housing location, shift, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS All Sick Call – All Locations or by specific location Number of patients seen on sick call for all locations	#, Sick Call	Shift, daily, date range	Report	#, Housing location, shift, date range
CHS All Sick Call Specific Medical Problem – Specific Location Number of patients seen on sick call with specific medical problem for a specific location	#, Housing Location, Sick Call, Medical Problem	Shift, daily, date range	Report	#, Housing location, shift, date range, Medical Problem
CHS All Sick Call Acuity Levels – All Locations or by location Number of normal, minor, significant Sick Call exam findings for all locations	#, Sick Call, Acuity	Shift, daily, date range	Report	#, shift, date range, Medical Problem

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Physical Exams –patients Seen at All Locations or specific location Count of all patients seen for physical exams for all locations for date range, with “new” versus “returning” patient	#, Housing Location, Physical Exam	Shift, daily, date range	Report	#, shift, date range, Physical Exam
CHS Physical Exam Specific Medical Problem – All Locations Number of patients seen for Physical Exam with specific medical problem for all locations	#, Physical Exam, Medical Problem	Shift, daily, date range	Report	#, Housing location, Physical Exam, shift, date range, Medical Problem
CHS Physical Exam Specific Medical Problem – Specific Locations Number of patients seen for Physical Exam with specific medical problem for specific locations	#, Housing location, Physical Exam, Medical Problem	Shift, daily, date range	Report	#, Housing location, Physical Exam, shift, date range, Medical Problem

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Physical Exam Acuity – specific or All Locations Number of normal, minor, significant Physical Exam findings for all locations	#, Physical Exam, Acuity	Shift, daily, date range	Report	#, Housing location, Physical Exam, shift, date range, Acuity
CHS Physical Exams –patients Seen at All Locations or specific location List of all patients seen for physical exams for all locations for date range, work transfer status of the patient	#, Housing Location, work transfer status	Shift, daily, date range	Report	#, shift, date range, work transfer status
CHS Individual treatment plans Lists of Individual treatment plans by location	List of individuals treatment plan, housing location	As needed	List	Treatment plan, Case Manager, booking #, housing unit, SED, DX, RX, notes
CHS with no activity or Individual treatment plans Lists of patients with no Individual treatment plans or activity by location	List of individual's with no activity, or treatment plan, housing location	As needed	List	No Treatment plan, No activity, Case Manager, booking #, housing unit, SED, DX, RX, notes

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS All Intakes, referred for additional services at hospital PRIOR to booking (refused at intake) All Locations or specific location Patients seen at any type of intake for a Specific Medical problem and refused until cleared by physician at outside hospital, all locations. By date range.	Medical Problem Type, Housing location, #, Intake type	Shift, daily, date range	Shift, daily, date range Report	Medical Problem Type, Housing location, #, shift, date range, intake type
CHS All Intakes, referred for additional services (in house)– All Locations or specific location Patients seen at any type of intake for a Specific Medical Problem at all locations. By date range.	Medical Problem Type, Housing location, #, Intake type	Shift, daily, date range	Shift, daily, date range Report	Medical Problem Type, Housing location, #, shift, date range, intake type
CHS All Intakes – All Locations or specific location Count of patients seen at any type of intake for all locations. Count by “New” and by “Return”	Housing location, #, Intake type	Shift, daily, date range	Shift, daily, date range Report	Housing location, #, shift, date range, intake type

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS All Intakes, Specific Medical Problems – All Locations or specific location Count of patients seen at any type of intake for a Specific Medical Problem at all locations. By date range.	Medical Problem Type, Housing location, #, Intake type	Shift, daily, date range	Shift, daily, date range Report	Medical Problem Type, Housing location, #, shift, date range, intake type
CHS patients Placed on SAP – All Locations or specific location Count of all patients placed on Substance Abuse Precautions at all locations	Medical Problem Type (SAP), Housing Location, #, Intake type	Shift, daily, date range	Shift, daily, date range Report	Medical Problem Type (SAP), Housing location, #, shift, date range, intake type
CHS Requests for HIV Counseling & Testing – All Locations or location Count of all requests received for HIV Counseling & Testing at all locations by date range.	Request for HIV, Housing Location, #, Intake type	Shift, daily, date range	Shift, daily, date range Report	Request for HIV, Housing location, #, shift, date range, intake type

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS patients Counseled or Tested for HIV – All Locations or specific location Count of all patients counseled or tested for HIV at all locations by date range.	Counseled or tested for HIV, Housing Location, #	Shift, daily, date range	Shift, daily, date range Report	Counseled or tested for HIV, Housing location, #, shift, date range
CHS Counseled or Tested for HIV — by Specific Provider Count of all minors counseled or tested for HIV by specific Provider by date range.	Counseled or tested for HIV, Housing Location, #, Nurse	Shift, daily, date range	Shift, daily, date range Report	Counseled or tested for HIV, Housing location, #, shift, date range, Nurse
CHS Communicable Diseases Diagnosed and Reported - by Disease, All locations or specific location Count of Communicable Diseases diagnosed and reported, by disease, total of all locations.	Communicable Disease, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Communicable Disease, Housing location, #, shift, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Tuberculosis Cases Identified & Reported - All Locations or specific location Count of Tuberculosis Cases Identified & by date range.	Tuberculosis case, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Tuberculosis case, Housing location, #, shift, date range
CHS Tuberculosis Cases Identified & Reported - exposure / proximity report Count of Tuberculosis Cases Identified & Reported for all of, by date range.	Tuberculosis case, close proximity by Housing Location	Shift, daily, date range	Shift, daily, date range Report	Tuberculosis case, Housing location, #, shift, date range
CHS Positive PPD's Prophylaxis - Specific Locations Count of patients who have Started on INH Prophylaxis from Specific locations, by date range	Housing Location	Shift, daily, date range	Shift, daily, date range Report	Housing location, #, shift, date range
CHS patients started INH Prophylaxis - All Specific Locations Count of patients who have Started INH Prophylaxis from all Specific locations, by date range	Started INH, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Started INH, Housing location, #, shift, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS patients Completed INH Prophylaxis - All Locations Count of patients who have Completed INN Prophylaxis from all locations, by date range	Completed INH, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Completed INH, Housing location, #, shift, date range
CHS patients Referred to INH Clinic -All Locations or specific location Count of patients who were referred to TB Clinics from all locations, by date range	Referred to TB Clinic, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Referred to TB Clinic, Housing location, #, shift, date range
CHS patients Referred for large Chest image – All Locations or specific location Count of patients who were referred for Chest X-rays from all locations, by date range	Referred for Chest X-rays, Housing	Shift, daily, date range	Shift, daily, date range Report	Referred for large Chest image, Housing location, #, shift, date range
CHS patients Referred to UCIMC Specialty Clinics — All Locations Count of patients who were referred to UCIMC Specialty clinics from all locations, by date range	Referred to UCIMC Specialty Clinics, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Referred to UCIMC Specialty Clinics, Housing location, #, shift, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS patients Referred Elsewhere for Specialty Care.- All Locations Count of patients who were referred elsewhere for specialty care from all locations, by date range	"Not" Referred to UCIMC Specialty Clinics or WMCA clinics, Housing Location	Shift, daily, date range	Shift, daily, date range Report	"Not" Referred to UCIMC Specialty Clinics or WMCA clinics, Housing location, date range
CHS patients Hospital booking- All Locations Count of patients who were hospital bookings from all locations, by date range	Hospital bookings, Housing location	Shift, daily, date range	Shift, daily, date range Report	hospital bookings, Housing location, #, Housing shift, date range
CHS patients Outpatient Surgery - All Locations Count of patients who had outpatient surgery from all locations, by date range	Outpatient Surgery, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Outpatient Surgery, Housing location, #, Housing shift, date range
CHS patients inpatient Surgery — All Locations Count of patients who had Inpatient surgery from all locations, by date range	Inpatient Surgery, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Inpatient Surgery, Housing location, #, shift, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS patients Hospitalized for Other Medical Reasons - All Locations Count of patients who were Hospitalized for Other Medical Reasons from all locations, by date range	Hospitalized for Other Medical Reasons, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Hospitalized for Other Medical Reasons, Housing location, #, shift, date range. State reason
CHS patients Refereed for Emergency Room Care –NOT admitted to hospital All Locations Count of patients who were Refereed for Emergency Room Care from all locations, by date range	Refereed for Emergency Room Care, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Refereed for Emergency Room Care, Housing location, #, shift, date range
CHS patients Refereed for Emergency Room Care –admitted to hospital All Locations Count of patients who were Refereed for Emergency Room Care from all locations, by date range	Refereed for Emergency Room Care, Housing Location	Shift, daily, date range	Shift, daily, date range Report	Refereed for Emergency Room Care and then admitted to the hospital, Housing location, #, shift, date range
CHS One Year Inmates Inmates who have been incarcerated more than one year	Date range, Booking #, housing location	Monthly	List	Date range, Booking #, housing location, inmate name

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS No PPD in Last Six Months. List all inmates who are currently incarcerated who have not had a PPD in prior six months.	Date range, PPD Status, Booking #, housing location	Monthly or as needed	List	Date range, PPD Status, Booking #, housing location, inmate name
CHS 14 Day PE Inmates needing a 14 day health appraisal by housing location, date range	Date range, PE Status, Booking #, housing location	Monthly or as needed	List	Date range, PE Status, Booking #, housing location, inmate name
CHS 14 Day QI Report to show all current inmates who have not had a 14 day PE	Date range, PE Status, Booking #, housing location	Monthly or as needed	List	Date range, PE Status, Booking #, housing location, inmate name
CHS 14 Day PE Stats Monthly stats for number of inmates who have had 14 day PE done.	Date range, PE Status, Booking #, housing location	Monthly or as needed	List	Date range, PE Status, Booking #, housing location, inmate name
CHS 14 Day PE Referral Results Report listing referrals from 14 Day PE and the results of those referrals. By housing unit and date range	Date range, PE Status, Booking #, housing location	Monthly or as needed	List	Date range, PE Status, Booking #, housing location, inmate name

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS 14 Day PE Xtab List A cross tabulated list by Booking # and by housing location, of all 14 Day PE's done and all 14 Day PE's not done for a date range.	Date range, PE Status, Booking #, housing location	Monthly or as needed	Cross Tabulated Report	Date range, PE Status, Booking #, housing location, inmate name
CHS 14 Day PE Xtab Summary A cross-tabulated summary by housing location, count of all 14 Day PE's done and all 14 Day PE's not done for a date range.	Date range, PE Status, Booking #, housing location	Monthly or as needed	Cross Tabulated Report	Date range, PE Status, Booking #, housing location, inmate name
CHS anniversary Day PE Inmates needing a anniversary day (ie 6 Month)health appraisal by housing location, date range	Date range, PE Status, Booking #, housing location	As needed	List	Date range, PE Status, Booking #, housing location, inmate name
CHS anniversary Day QI Report to show all current inmates who have been incarcerated ie180 days and have not had a ie180 day PE	Date range, PE Status, Booking #, housing location	As needed	List	Date range, PE Status, Booking #, housing location, inmate name

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS anniversary Day PE Stats 6 Months stats for number of inmates who have been incarcerated i.e. 180 days and have had a ie180 day PE done.	Date range, PE Status, Booking #, housing location	As needed	List	Date range, PE Status, Booking #, housing location, inmate name
CHS anniversary Day PE Xtab List A cross-tabulated list by Booking # and by hosing location, of all i.e. 180 Day PE's done and all i.e. 180 Day PE's not done for a date range.	Date range, PE Status, Booking #, housing location	As needed	Cross Tabulated Report	Date range, PE Status, Booking #, housing location, inmate name
CHS anniversary Day PE Xtab Summary A cross-tabulated summary by hosing location, count of all i.e. 180 Day PE's done and all i.e. 180 Day PE's not done for a date range.	Date range, PE Status, Booking #, housing location	As needed	Cross Tabulated Report	Date range, PE Status, Booking #, housing location, inmate name
CHS anniversary Day PPD to Give Listing of PPD given in last i.e. 6 months	Date range, PPD Status, Booking #, housing location	As needed	List	Date range, PPD Status, Booking #, housing location, inmate name
CHS anniversary Day PPD Positive Listing of Positive PPD given in last 6 months	Date range, PPD Status, Booking #, housing location	As needed	List	Date range, PPD Status, Booking #, housing location, inmate name

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS anniversary Day PPD Previous Positive Listing of Previous Positive PPD given in last i.e. 6 months or 1 year	Date range, PPD Status, Booking #, housing location	As needed	List	Date range, PPD Status, Booking #, housing location, inmate name
CHS anniversary Day PPD Read Listing of PPD Read in last i.e. 6 months or 1 year	Date range, PPD Status, Booking #, housing location	As needed	List	Date range, PPD Status, Booking #, housing location, inmate name
CHS Alpha Roster Alphabetical list of all inmates, by housing location, by date range	Date range, Last Name, Booking #, housing location	As needed	List	Date range, Last Name, First Name, Booking #, housing location, inmate name
CHS Automated Diabetic - Med Times and Creation of an Automated File of the medication times only for a specific inmate, by housing location.	Med, Med Time, Date range, Last Name, Booking #, housing location	As needed	Automated File. Triggers the packaging of diabetic meds for an inmate	Specific time. Med, Med Time, Date range, Last Name, Booking #, housing location
CHS Automated File - All Locations, specific locations and RX Creation of a Automated File of the medication to be processed for all locations for a specific time and broken down by housing location.	Med, Med Time, Date range, Last Name, Booking #, housing location	As needed	Automated File. Triggers the packaging of meds for a specific time.	Med, Med Time, Date range, Last Name, Booking #, housing location

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Automated File New Rx Orders Print a report of the new Rx orders to the Pharmacy for a date range, broken down by housing unit ordering.	Med, Med Time, Date range, Last Name, Booking #, housing location	As needed	Report	Med, Med Time, Date range, Last Name, Booking #, housing location
CHS Coumadin Patients List of inmates on Coumadin or other medications that need special handling	Med "Coumadin", and user defined field, Booking #, date	As needed	List	Med "Coumadin", and user defined field Booking #, last name, first name,
CHS Booking History A report listing a complete history of bookings for a specific inmate by date range (default: ALL) and by locations within Booking #	Date range, Last Name, Booking #, housing location	As needed	Report	Date range, Last Name, Booking #, housing location
CHS CAC Medications Listing of inmates on CAC Medications only (Forced Meds), by date range, by housing location.	Forced Meds designator, Date range, Booking #, housing location	As needed	List	Forced Meds designator, Date range, Booking #, housing location
CHS Med Orders — No MAR List of inmates who have Med Orders but who do not have MARs, date range, by housing location	Date range, MAR, Booking #, housing location	As needed	List	Date range, MAR, Booking #, housing location

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Clinic Notes Summary Report on the contents of the WMCA Clinic Notes by Booking #, date range	WMCA Clinic Notes, Booking #, date range	As needed	Report	WMCA Clinic Notes, Booking #, date range
CHS Progress Notes by provider Summary Report on the contents of the WMCA Clinic Notes by Booking #, date range	Provider Notes, Booking #, date range	As needed	Report	Provider progress notes, Booking #, date range
CHS Court Date List f all inmates who have a court date, by housing location, date range, default to "today"	Court date, Booking #, date range, housing location	Daily	List	Court date, Booking #, Last name, first name, date range, housing location
CHS staff licensure and credentialing report	Staff name, licensure type, credentials, expiration date	As needed	Report	Staff name, licensure type, credentials, expiration date
CHS List of Patients with Specific booking status or case number by facility List of inmates who have a specific booking status or case number, by housing location, by date range	Booking status, case number Booking #, date range, housing location	As needed	List	Booking Status, case number, Booking #, Last name, first name, date range, housing location

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS List of Patients with Specific Procedure Code List of inmates who have a specific Procedure code, by housing location, by date range	Procedure Code, Booking #, date range, housing location	As needed	List	Procedure Code, Booking #, Last name, first name, date range, housing location
CHS List of Patients with Specific Medication Code List of inmates who have a specific Medication code, by housing location, by date range	Medication Code, Booking #, date range, housing Location	As needed	List	Medication Code, Booking #, Last name, first name, date range, housing location
CHS List of Patients with Specific Treatment Code List of inmates who have a specific Treatment code, by housing location, by date range	Treatment Code, Booking #, date range, housing location	As needed	List	Treatment Code, Booking #, Last name, first name, date range, housing location
CHS Diet List List of inmates with on special diets, by housing location, by diet name, by date range	Diet code, Booking #, date range, housing location	Daily	List	Diet Code, Booking #, Last name, first name, date range, housing location
CHS Discharge Sheet Summary brief for inmates being discharged from OC Jail for continuity of care	Booking #	Upon Discharge	Summary Report	Fields found on standard Discharge Summary sheet

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Formulary List of all medications in CHS Formulary by date range	Med codes	As needed	List	Med Codes, med names, date range
CHS past Housing History List all housing locations for an inmate's past stay (by Booking #)	Booking #, housing location, date	As needed	List	Booking #, Last name, first name, housing location, date, date range
CHS Current Housing History List all housing locations for an inmate's current stay (Current Booking # only)	Booking #, housing location, date	As needed	List	Booking #, Last name, first name, housing location, date, date range
CHS observation Unit Meds List of observation unit inmates and their meds by infirmary and date range.	Booking #, observation unit location	As needed'	List	Booking #, Last name, first name, infirmary location
CHS Blank Intake (Triage) Sheet Print out blank Intake Sheet for use when system is down or when intake is overwhelmed	Intake Sheet	As needed	Form	Triage Sheet format
CHS Lab Labels Print out labels for the labs that have been ordered.	Labs ordered	As needed	Label	Booking #, Last name, first name, lab ordered

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Lab List List of draw dates for lab tests, by date range and housing location	Lab Draw date, Booking #	As needed	List	Booking #, Last name, first name, lab draw date, housing location, date range
CHS Large Chest Film Results Report of the results of the Large Chest film x-ray for a specific inmate.	Large Chest film x-ray, Booking #, date	As needed	Report	Large Chest film x-ray, Booking #, Last name, first name, date range
CHS Low Bunk List List of inmates with low bunk slips	Low bunk slips, Booking #, housing location	As needed	List	Low bunk slips, Booking #, housing location, date range
CHS Medication Report for Housing Deputy List of inmates getting medication at pill call for that administrative time. No Medication name, only inmate name, Booking #, and housing location	Housing location, meds (Y), booking #	Daily (each pill administration time)	List	Housing location, meds (Y), booking #, Last name, first name, date/time range
CHS Medication Labels - Special Orders Meds labels for meds ordered today as a special order	Booking #, Meds special order	As needed	Label	Med Codes, med names, date range, Booking #, Last name, first name

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS List of Medications at Housing Location – housing location or job specific assignment List of Medications at a specific housing location for males, date range	Housing location, meds, sex (M)	As needed	List	Housing location, meds, booking #, Last name, first name, date range, sex (M)
CHS Oral Diabetic Meds (NIDDM) Ordered List of Oral Diabetic Meds (NIDDM) ordered by housing location, by date range	Meds (NIDDM), Booking #, Housing location	As needed	List	Meds (NIDDM), Housing location, booking #, Last name, first name, date range
CHS Intake Image Results Report on the results of Intake Image with diagnosis codes, by housing location, date range	Intake Image(Y), Booking #, housing location	As needed	Report	Intake Image (Y), Results, Housing location, booking #, Last name, first name, date range
CHS Intake Images Taken Cross Tabulation of Intake Image taken by housing location, by date range	Intake Images (Y), housing location	As needed	Cross Tabulation	Count of Intake Images taken by location over a date range
CHS No Intake Images or PPD Done No documentation that a Intake Image for no PPD or intake image was done for the current incarceration, by housing location, by date range	Intake Image (N), PPD (N) booking #, housing location	As needed	List	Intake Image (N), PPD (N) Housing location, booking #, Last name, first name, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS No Intake Screening or Work Status List of inmate records with no Intake Screening OR Work status, by Booking "Begin date"	Booking #, date (Begin Date)	As needed	List	booking #, Last name, first name, begin date, Intake Screening (N), Work Status (blank)
CHS Orders. Verbal and transcribed orders to be reviewed and approved by provider in 72 hours.	Provider Name, Booking #, Meds, housing location	As needed	List	Provider Name, booking #, date range, housing location, Meds
CHS Cross Tab range OTC Meds Usage Cross tabulation of the count of Over The Counter meds used by housing location and by date range	OTC Meds (count), Housing location, date range	As needed	Cross Tabulation/List	OTC Meds, date range, housing location
CHS Inmates over age (user defined field) List of in custody inmates over the age(user defined field), by housing location, by date range	DOB (age) Booking #, Housing location, date range	As needed	List	DOB (age), Booking #, Last name, range name, date range, housing location
CHS Pharmacy Orders Report of new pharmacy orders for a date range and facility	Pharmacy orders, meds, housing location, booking #	As needed	Report	Pharmacy Orders, meds, Booking #, Last name, First Name, date range, housing location

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS PPD Given List of PPD's given by housing location, by date range	PPD Given (Y), housing location, booking #	As needed	List	PPD Given (Y), Booking #, Last name, First name, date range, housing location
CHS PPD Negative List of PPD results that are "negative" by housing location, by date range	PPD Results (Negative), housing location, booking #	As needed	List	PPD Result (Negative), Booking #, Last name, First name, date range, housing location
CHS PPD Positive List of PPD results that are "positive" by housing location, by date range	PPD Results (Positive), housing location, booking #	As needed	List	PPD Result (Positive), Booking #, Last name, First name, date range, housing location
CHS PPD Prior Positive List of PPD results that were "positive" prior to current PPD, by housing location, by date range	Prior PPD Results (Positive), housing location, booking #	As needed	List	Prior PPD Result (Positive), Booking #, Last name, First name, date range, housing location
CHS PPD Read List of PPD results that have been read, by housing location, by date range	PPD Results read (Y), housing location, booking #	As needed	List	PPD Result read (Y), Booking #, Last name, First name, date range, housing location
CHS PPD to be Given List of PPD that need to be given, by housing location, by data input date	PPD to be Given, housing location, booking #, date of data input	As needed	List	to be Given, Booking #, Last name, First name, date of data input, housing location

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS PPD to be Given at Specific Location List of PPD that need to be given, at specific location, by data input date	PPD to be Given, housing location, booking #, date of data input	As needed	List	to be Given, Booking #, Last name, First name, date of data input, Specific housing location
CHS Prenatal Meds Vitamins	Sex (F), Meds (Iron and	As needed	List	Booking #, Last name, First name,
List of Iron and prenatal vitamin orders, by housing location	Prenatal vitamins), housing location, booking #, date range			Meds (Iron and Prenatal vitamins), date range, housing location
CHS Released Inmates List of released inmates by housing location and date range.	Housing location, Release date, date range,	As needed	List	Release date, Booking #, Last name, First name, date range, housing location
CHS Meds to Expire in 7 Days — All Locations List of medications that will expire within 7days for All Housing locations, by housing locations, by booking #	Housing location, Meds Expiration date	As Needed	List	Meds Expiration date, Booking #, Last name, First name, Meds, housing location
CHS Pregnancy Test List of the Positive Urine Pregnancy Test by housing unit, by date range	Pharmacy orders (Positive Urine Pregnancy Test), sex (F), housing location, booking #	As needed	List	Pharmacy Orders (Positive Urine Pregnancy Test), meds, Booking #, Last name, First

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS No Pregnancy Test List of the Negative or NO Urine Pregnancy Test by housing unit, by date range	Pharmacy orders (Negative or NO Urine Pregnancy Test), sex (F), housing location, booking #	As needed	List	Pharmacy Orders (Negative or NO Urine Pregnancy Test), meds, Booking #, Last name, First
CHS Meds to Expire in 10 Days — All Locations List of medications that will expire within 10 days for All Housing locations, by housing locations, by booking #	Housing location, Meds Expiration date	As Needed	List	Meds Expiration date, Booking #, Last name, First name, Meds, housing location
CHS Inmates Currently on Meds List of all inmates who are currently on any kind of medication, by housing location and by date range.	Housing location, Meds (not blank), Booking #	As Needed	List	Meds (not blank), Booking #, Last name, First name, Meds, housing location
CHS Meds Labels Meds labels for meds ordered for specific date and specific housing location	Housing location, Meds Booking #	As Needed	Label	Meds order date, Booking #, Last name, First name, Meds, housing location
CHS Self Carry Meds List of inmates who self carry meds by housing location, by date range	Housing location, Meds, Meds self carry, Booking #	As Needed	List	Meds Self Carry Booking #, Last Name, First Name, Meds, housing location

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS TAR Info Report of a specific TAR issued to a specific Inmate at a specific housing location	TAR, Housing location, Booking #	As Needed	Report	TAR information, Booking #, Last name, First name, housing location
CHS TAR Pending List of all TAR's ending by date range and by housing location	TAR, Housing location, Booking #	As Needed	List	TAR information, Booking #, Last name, First name, housing location
CHS TAR Status List of all TAR's status by date range and by housing location	TAR, status, Housing location, Booking #	As Needed	List	Status, TAR information, Booking #, Last name, First name, housing location
CHS Total Triage Total count of triages by date range	Booking #, Triage status	As Needed	List	Triage Status, Booking #, Last name, First name, housing location
CHS Inmate Work Status Individual work/transfer status, by date range	Work Status, Booking #	As Needed	Report	Work status, housing location, booking #, Last name, first name, date range
CHS Transfer List Work List for Deputies, transfer status by extended housing location for date range	Work Status, Booking # , Extended housing location	As Needed	List	Work status, Extended housing location, booking #, Last name, first name, date range

Specifications — Reporting for CHS				
Report Description	Selection or Sorting	Run Frequency	Format	Data Fields or Column Headings
CHS Work Transfer History Work Transfer History for specific inmate, by date range, and by housing locations	Booking # , Work Status, housing location	As Needed	Report	Report housing location, booking #, Last name, first name, date range

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3.9 SECURITY AND CONFIDENTIALITY REQUIREMENTS

Security and Confidentiality requirements must comply completely with:

- A. All federal and state regulations.
- B. Current and future HIPAA regulations.
- C. Security and privacy regulations imposed by the Orange County Sheriff's Department and contracted agencies (i.e. Marshall, Federal).
- D. Security and privacy regulations imposed by the Probation Department.
- E. Security and privacy regulations imposed by the Department of Social Services.
- F. Procedures and regulations specific to Juveniles.
- G. Background checks conducted by the Orange County Sheriff's Department.

3.10 EXTRACT TO DATA WAREHOUSE

Some of the data contained in the new EHR will have value for statistical and other managerial analysis. The new EHR shall have the ability to extract data, minus the identifier information, and deposit that data in an enterprise wide data warehouse. Once there, the information will be available for statistical analysis by members of the enterprise network.

3.11 NEAR LINE ARCHIVED DATA SUPPORT

The data retention requirements of both adults and juveniles will necessitate a near line data support feature within the EHR application.

3.12 OPTIONAL CONTRACTOR SUPPORT PLAN

As an option to HCA providing higher level support to the new EHR system, the Contractor may be invited to negotiate a Contract to provide some or all higher-level support services. The Contractor, at HCA's option, may be asked to provide services including but not limited to, technical support staff for the operation and maintenance of the EHR system. These duties shall begin upon the successful completion of a Contract for services and continue for 12 months with annual renewal options for an additional period of time.

Such Contractor support shall be based on a 24 hour a day, 7 days a week operation of the EHR system using HCA hardware, software and other equipment specified by HCA. The Contractor shall delineate a list of possible services incorporating both HCA site and Contractor site staffing and the costs associated with those services. There will be pre-established Service Level Agreements for measuring the effectiveness of the delivery of the services. The Contractor support plan will be jointly developed by HCA and the Contractor prior to the initiation of the Contractor support. Levels will be established in the following areas:

- A. System Availability
- B. System Performance
- C. System Utilization
- D. Incident Management
- E. Business Continuity
- F. User Desktop Management
- G. Data Integrity
- H. Security
- I. Change Management

Contractor responsibilities shall include all or part of the following tasks as required by HCA and as agreed upon by the Contractor:

- A. Work collaboratively with appropriate HCA network staff in the monitoring of network performance and connectivity.
- B. Provide technical support to monitor system performance and maintain the required 99.9% availability by ensuring timely correction of all EHR equipment problems and monitoring and responding to system console messages.
- C. Provide technical support to monitor the integrity of data and verify the quality/accuracy of output reports.
- D. Provide technical support to ensure the proper filing and storage of data storage media by performing and enforcing storage, labeling and classification procedures. Monitor, control and update test and production libraries/environment
- E. Configure, test and fine-tune the application server operating system.
- F. Provide technical support to monitor the performance of the relational data base management system. Provide technical support and work with HCA IT staff to modify as required.
- G. Recommend optional configuration of the network to ensure efficiencies of the network and to optimize network performance. Assist in the resolution of network problems.
- H. Provide technical support to perform the backup, switch over, recovery or shut down of the EHR system in accordance with the schedule and procedures approved by HCA and prepared by the Contractor.
- I. Work collaboratively with the HCA Change Advisory Board (CAB) to ensure that all changes are documented and approved, prior to implementation.

3.13 ONGOING COSTS

Based on your experience of providing similar services and solutions to other public sector organizations that are comparable in size and complexity to the County, identify what the estimated ongoing costs to provide in-house maintenance after the selected Contractor has completed its contractual obligations to the County. Also include in your projections, the ongoing staffing requirements that the County may need as a result of the ongoing support of the initial project or completions of the services/solutions.

4 SUPPORT REQUIREMENTS

The Contractor shall be responsible for maintaining and supporting all installed application software, initially under a one (1) year warranty beginning after full acceptance of the EHR system, upon implementation. Further support will be provided under ongoing software license renewals.

The cost of such support will be borne by the Contractor unless the problems can be shown to be attributable to the hardware, network, operating system or other system components whose operation and maintenance is the responsibility of HCA.

HCA will be the initial line of contact for system users through a "Super Users" program at each correctional facility. HCA Service Desk will then diagnose and resolve problems which clearly relate to HCA areas of responsibility. Problems which cannot be resolved by HCA will be referred to the EHR Contractor. Support for the EHR will be structured in Three (3) tiers. HCA is responsible for Tier zero (0), one (1) and two (2); the EHR Contractor is responsible for Tier three (3) support and services. Definitions of these support tiers are provided in the table below.

Tier	Responsibilities
HCA Super Users	At each CHS location, a "Super User" will be selected with good overall working knowledge of computers and the EHR application. These persons will assist local EHR users with general computer and application problems and will be able to generally distinguish between hardware, operating system, network and application errors. If level zero (0) is unable to resolve the problem, it will be referred to the Level one (1) Service Desk.

Tier	Responsibilities
HCA Service Desk	• Functioning as secondary line of support during normal working hours; resolving service tickets involving system access problems, passwords, system downtime and errors • Provide user assistance in use of the EHR and any related third party software • Refer as needed any clearly identified problems to HCA IT (Tier 2) or the EHR Contractor (Tier 3) • HCA After hours support will facilitate communications between Contractor and CHS in the event an issue arises after hours.
HCA Software Support	• Troubleshoot all hardware and network problems • Troubleshoot all database integrity and performance problems • Responsible for restore from backup, routine maintenance, software updates and enhancement loads • Resolve operational problems such as scheduling and production • Maintain all required third party software licenses • Coordinate problem resolution between all third party vendors - not related to the EHR application • Refer as needed any identified problems to EHR Contractor (Tier3)
Contractor Support	• Provide "24 X 7" support to diagnose and resolve application errors • Resolve problems with the EHR applications software including all core functionality, interfaces and other middleware proposed by the Contractor • Resolve problems with any third party software which has been imbedded or integrated with the EHR

The Contractor shall be responsible for establishing the operations and maintenance procedures for the EHR system. The Contractor shall provide the necessary documentation and procedures to support HCA's operations of the EHR system on a twenty four (24) hours a day, seven (7) days a week basis.

The Contractor shall perform the following:

- A. Maintain the EHR program code to provide the functionality defined in project analysis and design documents.
- B. Distribute any software upgrades or version replacements to which HCA is entitled under the software license along with updated user and operational documentation and assist in its installation in the test environment and migration to production.
- C. Maintain compatibility and integration with any third party outcome reporting tools which have been implemented as part of the EHR contract. Should any of these packages be upgraded, HCA will notify the Contractor in advance, so that analysis and code changes can be implemented as quickly as possible.
- D. Maintain comprehensive change control procedures to control software versions and releases. All changes to be implemented at HCA are at the discretion of the HCA CAB.
- E. Develop procedures for software distribution to HCA and its business partners who may be users of the system including any application server software and any client software (if needed).
- F. Correct any errors in functionality which are reported by HCA or other Contractor clients, or which are identified by the Contractor within a reasonable period, depending upon the severity of the error.
- G. Utilize a Severity Index for categorizing and prioritizing application errors. The severity of errors will be based on the following criteria:

Severity 1 - Application errors that cause problems which:

- Problems in completing 10% or more of business transactions
- Problems having an immediate adverse impact to business
- Disruption in service to ten (10) or more clients due to software failure

Severity 2 - Application errors that cause problems which:

- Have major operational impact, even if workarounds or bypasses are available
 - Problems in completing 3-10% or more of business transactions
 - Problems having an adverse impact to business within 24 hours
 - Disruption in service to five (5) – nine (9) clients due to software failure
- H. For a Severity 1 problem, the Contractor must acknowledge receipt of the problem report within one (1) hour, must be working on the problem within four (4) hours of initial report, and must fix the problem within twenty four (24) hours of initial report. Periodic status reports are required during this period.
- I. For a Severity 2 problem, the Contractor must acknowledge receipt of the problem report within one (1) hour, must be working on the problem by the next working day, and must have the problem corrected on a schedule to be negotiated with HCA. Periodic status reports are required during this period.
- J. Establish and maintain a source code escrow so that HCA will have access to program source code in the event of bankruptcy, dissolution, merger or other situation which may impact the Contractor's ability or willingness to support the EHR software.
- K. Provide a means for HCA IT to report EHR problems via email, telephone, or online submission.
- L. Ensure that responses are made to HCA IT, within specified time periods, acknowledging receipt of the problem report and identifying when direct contact can be made with the Contractor-assigned support staff person.
- M. Establish policies and procedures for prioritizing and responding to HCA requests for support including:
- Criteria for diagnosing reported problems and determining root cause(s) of the problem
 - Use of Severity Index criteria for assessing the impact of reported problems
 - Procedures determining responsibility for problem resolution
 - Defining response time for various categories of problems
 - Documenting the response and subsequent actions
 - Procedures for escalating disagreements with HCA regarding cause of the problem and responsible party
 - Procedures for working cooperatively with HCA staff to promptly resolve problems
 - Tracking all problem reports
- N. Correct any application software errors through remote or on-site service by Contractor personnel or otherwise qualified subcontractors according to the response times identified above in Items H and I.
- O. Update and distribute user and operational documentation to reflect any software corrections.
- P. Ensure compliance with all HIPAA regulations.

4.1 SYSTEMS INTERRUPTION CONTINGENCY PROCEDURE

When the new EHR system is implemented, CHS will become dependent upon the EHR to be able to provide the medical services for the inmates at the jail and the minors at Juvenile Hall. This means that when the system goes down for an hour or more of time, the medical staff will need a process for delivering the mandated services, collecting the data and ability to enter the collected data into the EHR when the system comes back up.

This process shall consist of a series of paper forms on which medical data is entered, time stamped and signed by the medical staff providing the service. This will not be a return to a full

paper based charting system, but would rather be a temporary measure until the EHR system is back up and running.

When the system does come back up, these paper forms are routed to the CHS clerical staff to enter the data into the appropriate portion of the electronic medical record. For this to work, the EHR Application will need to have the ability to enter time-delayed data with appropriate validation from the physician, nurse practitioner or medical staff providing the medical service. This will be necessary to provide an audit trail necessary for medical records.

The process shall be activated upon notification from HCA Software Support to the CHS Staff that the network or servers were going to be down in excess of one (1) hour. When the system is back up and functional again, HCA Service Desk will notify CHS Staff who will notify the medical providers and instruct them to return to using the EHR Application. The paper forms will then be collected and routed to CHS office support staff for scheduling the input of the data gathered.

After the data is input by the administrative staff, it must be "verified" by the medical staff member who provided the service or other authorized persons before the data is appended to the medical record. The Contractor shall provide a method for this appending and verification of time delayed data.

4.2 TRAINING REQUIREMENTS

Currently, there are approximately one hundred seventy five (175) full time employees of CHS plus an additional fifty (50) to seventy five (75) part-time and contract staff. Additionally, there is a turnover in full-time, part-time and contract staff of as high as fifty (50) percent per year. This means that in the first year as many as three hundred (300) people may need to be trained on the new system. Additionally, as many as one hundred (100) people may need to be trained annually. It is anticipated that after the first year of initial training, Super Users will provide training to staff, on an as needed basis.

The training shall be broken down into four (4) major groups: End User, Super User, Service Desk, Administrator and Software Support - see the responsibility matrix above for training requirements for Super User, Service Desk and Software Support groups. Specifics of the End User training are as follows:

A. End Users

End Users are the largest group in need of training. They are further broken down into more specific groups of end users based upon their job function, logon group, and access rights. The users in this group will need to be trained in the following:

1. The basics of using the EHR application (i.e. how to login to the application, exit the application, etc...).

The functions of the application that applies to their group: For example, nurses shall learn how to enter the data into all of the functions that are part of their job as a nurse; the doctors and nurse practitioners shall learn how to operate the functions related to them and the dentists shall be taught how to enter data related to dentistry.

In addition to the training requirements identified in this RFP, it is expected that the selected Contractor shall provide training for all the functionality provided by the EHR system, including third party vendors.

5 IMPLEMENTATION TASKS

The following describes each of the Implementation tasks:

A. Project Management

The Contractor and HCA shall be responsible for establishing an organization to manage and deliver the services defined in this Scope of Work. The Contractor shall provide a project organization chart describing the project charter which will be in place for the duration of this Contract.

The Contractor shall designate a Contractor Project Manager who will have the authority to commit the Contractor resources necessary to satisfy all contractual requirements.

The Contractor shall develop semi-monthly written project status reports summarizing key activities, reviewing the work plan for adherence and deviation from schedule, and identifying any issues and issue resolutions for the preceding reporting period. The semi-monthly project status reports shall be presented by the Contractor's Project Manager to the County's Project Manager at semi-monthly, at project management meetings. This report will be the basis for advising HCA on project progress and to identify issues with which HCA be aware and work with the ~~vendor~~ Contractor to resolve.

A proactive approach to risk assessment and management is essential to maximize the probability of success. The Contractor shall utilize a comprehensive methodology for ongoing project risk management which addresses such issues as technical risk, resource issues, scheduling problems, HCA readiness, etc. The Contractor shall define escalation procedures to address extended and unresolved problems to the County Project Manager. Notification and emergency procedures shall be established in the event of system failure. The escalation procedures shall require approval of the County Project Manager. The escalation procedures shall include, but not be limited to the following:

- Conditions warranting additional resources in resolving a problem
- Time durations between escalating to next level of support
- A diagram depicting the various levels of response
- The names or titles, telephone numbers, and pager numbers of the Contractor personnel responsible for response at the various levels of support

B. Develop Joint Contractor HCA Design & Implementation Work Plan

The development of a consolidated project plan which identifies all Contractor and HCA tasks and responsibilities. The approved project plan will be the basis for all project activities. It can be amended with HCA approval as needs may dictate.

The Contractor shall provide, for County's approval, the project plan prior to initiating any tasks. The Contractor shall maintain an up-to-date version of the work plan using Microsoft Project or other software as approved by HCA. All changes to deliverable time frames, which will impact the major milestones, must be approved at least two (2) weeks prior to the milestone, in writing, by the HCA CAB. All approved changes shall be reflected in the work plan and the Contractor shall highlight and explain any major changes to an earlier approved version.

The Contractor shall identify all relevant assumptions which were made in the development of the project plan. All assumptions upon which the estimates have been calculated must be clearly documented, including assumptions made for development software tools, use of any third party software, HCA resources providing assistance, etc.

C. Conduct Joint Application Designs to Confirm Requirements

Starting with RFP system requirements, the Contractor shall lead and conduct Joint Application Design (JAD) or similar facilitated requirements and analysis design sessions with HCA and CHS staff and other stakeholders which may be identified by HCA. The purpose of these JADs is to confine and update HCA's view of HCA functional requirements, features and capabilities, technology requirements and interface requirements, and to provide the Contractor an opportunity to perfect its understanding of HCA's environment and programs. The JADs shall also document high level workflow within HCA to identify potential changes in EHR system workflow design or in HCA workflow, policies and procedures.

D. Update EHR Requirements Model

The Contractor shall document the updated EHR system, interface and other requirements. The Contractor shall document the results of its JAD sessions using a structured analysis and design methodology as approved by HCA IT. The resulting document will be presented in a walkthrough and must be approved by HCA.

E. HCA Acquisition of Hardware and Software

The Contractor shall identify all servers, workstations, operating systems, other software, database management systems, and data network lines and other hardware required to develop, test and operate the EHR. HCA requires separate environments for development, testing and training. The Contractor shall also identify required quantities of required hardware, software and equipment and estimate costs for these items. HCA will be responsible for purchasing, acquiring and installing all components other than the EHR applications software within a time period mutually agreed upon with the Contractor.

F. HCA Installation of Hardware and Software

Once received, HCA IT will configure, install and test all ordered hardware and software at its data center. Once all hardware and software has been successfully installed, the Contractor will be notified.

G. Development, Testing & Training Environments

The Contractor shall develop separate development, testing and training environments for the EHR development for use by the Contractor. HCA staff should also have access to these environments for monitoring Contractor work, validating test results, and other reasons as needed.

H. Develop Specifications Document

The Contractor shall develop a Specifications Document which identifies the changes necessary to the Contractor's existing IRIS application code to provide any new or modified functionality. The Specifications Document shall be developed using an HCA approved methodology for design documentation. The Specifications Document shall identify both changes to internal program code as well as to system externals such as screens, outputs and external tables.

I. Customize & Configure Core Software

The Contractor shall modify all core program code for HCA-requested enhancements and customizations and configure the core software to reflect HCA customizations via external tables of other methods inherent to the Contractor's software short of changes to actual program code. This must be in conformance with the Specifications Document.

J. Develop Conversion Plan and Mappings

The Contractor shall provide a detailed description of the methodology proposed to implement the conversion of data from the legacy CHART system, including, but not limited to, tools, procedures, schedule for the conversion implementation, and resources required.

The Contractor shall then perform data analysis to develop conversion mappings and cross-references for the conversion of existing CHART data into the new EHR. The documentation shall include business rules for editing and scrubbing data. HCA will review and approve all conversion specifications.

K. Interface Development

The Contractor shall fully develop and test any defined interfaces between the EHR and any internal and external systems which are included in the approved system requirements document.

L. Unit Testing

The Contractor shall perform iterative unit testing as program code is developed to ensure that the code works as required. System folders shall be maintained with source code, input data, and output data so that HCA can independently validate successful testing.

M. Unit Test Code Corrections

The Contractor shall make corrections to code based on unit test results. System folders shall be maintained containing data required to validate proper program changes and successful re-test.

N. Install Application on HCA Hardware and Software

The successfully unit-tested programs will be installed at HCA by the Contractor within a test region.

O. Integration & Regression Testing

Successfully unit tested programs will be tested in a "string" or module to test extended "end to end" functionality. Any re-testing will be regression tested to ensure that no additional errors have been introduced. All test program, data and results will be maintained by the Contractor for HCA review.

P. Integration Test Code Corrections

The Contractor shall make corrections to program code based on the results of the Integration Testing. All test programs, data and results will be maintained by the vendor for HCA review.

Q. Initial Data Conversion

The Contractor shall perform the initial conversion of all required CHART data up through the date of the end of the integration test. All data, which are successfully converted and scrubbed, must be maintained in a separate dataset and loaded into the test system for network, stress and user acceptance testing. Data, which was not successfully converted, must be identified and reported for follow-up and possible correction by HCA, and shall be maintained in a separate dataset.

R. Network Test

With HCA assistance, the Contractor shall test the integrity and responsiveness of the HCA network and their capacity to support the EHR. The test must include application response time testing, application feature testing, regression testing, throughput, configuration sizing, network reliability and bottleneck identification. Any network-related problems identified must be discussed and resolved in conjunction with HCA IT.

S. Stress Test

The Contractor shall conduct an EHR stress test using realistic production volumes and exceptional values involving batch and on-line transactions across the LAN and WAN and for Web-based users. The Contractor shall be responsible for correcting all problems.

T. User Acceptance Testing

The Contractor shall conduct a User Acceptance Test to ensure that HCA users are able to successfully use the EHR system and that all modified workflows, policies and procedures are consistent with the EHR. The Contractor shall develop test scripts and data for this test, review the results and recommend initial system acceptance. HCA users will assist in the actual test and will be responsible for final approval of user acceptance test recommendations.

U. User Acceptance Test Code Corrections

The Contractor shall make any code corrections based on the results of the User Acceptance Test.

V. System Tuning

With the assistance of HCA IT, the Contractor shall tune the applications software, database and network to optimize system efficiency and response times to required response times and cycles.

CONTRACT NO. TBD**ATTACHMENT B****COMPENSATION AND INVOICING****I. COMPENSATION**

This is a fixed price Contract not to exceed TBD for the term of the Contract between the County and Contractor.

The Contractor agrees to accept the specified compensation as full remuneration for performing all services and furnishing all staffing and materials called for; for any reasonably foreseen difficulties under the responsibility of the Contractor which may arise or be encountered in the execution of the services until their acceptance; for risks connected with the services; and for performance by the Contractor of all of its duties and obligations hereunder. The fixed price shall include the fee and all expenses related to the performance of work and services required to meet the tasks and deliverables in the SOW, set forth more fully in Attachment A of this Contract.

II. PAYMENT TERMS**A. Terms**

Invoices are to be submitted in arrears to the address listed below. Payment shall be payable within thirty (30) days after the Auditor-Controller's receipt of an approved invoice for services and/or goods submitted in accordance with the terms set forth herein. The invoice must be verified and approved by the County's Project Manager or designee and is subject to routine processing requirements of the County.

Billing shall cover only those services and/or goods not previously invoiced. The Contractor shall immediately reimburse the County for any monies paid to the Contractor for goods or services not provided or when goods or services do not meet the Contract requirements.

Payment made by the County shall not preclude the right of the County from thereafter disputing any items or services involved or billed under this Contract and shall not be construed as acceptance of any part of the services.

B. Invoicing Instructions

1. Invoices and all supporting documentation shall be submitted to the following address:
County of Orange
HCA/ Accounts Payable
PO Box 689
Santa Ana, CA, 92702
2. Acceptable Invoicing Format: Contractor may bill on any standard invoice form, but the following references must be made:
 - a. County Contract Number
 - b. Contractor's Federal I.D. Number and California Board of Equalization Permit Number
 - c. Description of Services
 - d. Date(s) of Performance of Services
 - e. Total Amount of Payment Requested
 - f. Remittance Address

The responsibility for providing acceptable invoice(s) to the County for payment rests with the Contractor. Incomplete or incorrect invoices are not acceptable and will be returned.

CONTRACT NO. TBD**ATTACHMENT C****COST SUMMARY/PRICING**

Proponents are to quote their most competitive fees. The quoted prices shall include all labor, materials, equipment, insurance coverage, permits, licenses, preparation of all faxed and mailed/delivered reports and all other fees to provide the services specified herein.

ATTACHMENT D**HIPAA – BUSINESS ASSOCIATES****A. GENERAL PROVISIONS AND RECITALS**

1. The parties agree that the terms used, but not otherwise defined below, shall have the same meaning as those terms in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it may exist now or be hereafter amended.
2. It is agreed by both parties that Contractor is a Business Associate of County for the purposes of this Contract.
3. It is understood by both parties that the HIPAA Security and Privacy Rules apply to the Contractor in the same manner as they apply to the covered entity (County). Contractor shall therefore at all times be in compliance with the applicable provisions of both the Privacy and the Security Rules as are described in Sections B.4 and B.5. below, and is responsible for complying with the issued regulations for said rules, as they currently exist or are hereafter amended, for purposes of safeguarding any Protected Health Information (PHI) used or generated by Contractor consistent with the terms of this Contract.
4. It is understood by both parties that the Privacy Rule does not pre-empt any state statutes, rules or regulations that impose more stringent requirements with respect to confidentiality of PHI.
5. County wishes to disclose certain information to Contractor pursuant to the terms of this Contract, some of which may constitute PHI as defined in Section B.6. below.
6. County and Contractor intend to protect the privacy and provide for the security of PHI disclosed to the Contractor pursuant to this Contract, in compliance with HIPAA and the regulations promulgated thereunder by the U.S. Department of Health and Human Services as they may now exist or be hereafter amended.

B. DEFINITIONS

1. "Breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI.
 - a. For purposes of this definition, compromises the security or privacy of the PHI means, poses a significant risk of financial, reputational, or other harm to the Individual.
 - b. A use or disclosure of PHI that does not include the identifiers listed at §164.514 (e) (2), date of birth, and zip code does not compromise the security or privacy of PHI.
 - c. Breach excludes:
 - 1) Any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of a covered entity or a Business Associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.
 - 2) Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or Business Associate to another person authorized to access PHI at the same covered entity or Business Associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.
 - 3) A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
2. "Designated Record Set" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.
3. "Individual" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.502(g).
4. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
5. "Security Rule" shall mean the Security Standards for the Protection of Electronic PHI at 45 CFR Part 160, Part 162, and Part 164, Subparts A and C."
6. "Protected Health Information" or "PHI" shall have the meaning given to such term under the Privacy

Rule, including, but not limited to, 45 CFR Section 160.103, as applied to the information created or received by Business Associate from or on behalf of Covered Entity.

7. "Required by Law" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.103.
8. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.
9. "Unsecured Protected Health Information" means Protected Health Information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of Health and Human Services in the guidance issued on the HHS Web site.

C. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE:

1. Contractor agrees not to use or disclose PHI other than as permitted or required by this Contract or as required by law.
2. Contractor agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Contract.
3. Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI by Contractor in violation of the requirements of this Contract.
4. Contractor agrees to report to County within five (5) business days any use or disclosure of PHI not provided for by this Contract of which Contractor becomes aware.
5. Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from County, or created or received by Contractor on behalf of County, agrees to the same restrictions and conditions that apply through this Contract to Contractor with respect to such information.
6. Contractor agrees to provide access, within fifteen (15) calendar days of receipt of a written request by County, to PHI in a Designated Record Set, to County or, as directed by County, to an Individual in order to meet the requirements under 45 CFR Section 164.524.
7. Contractor agrees to make any amendment(s) to PHI in a Designated Record Set that County directs or agrees to pursuant to 45 CFR Section 164.526 at the request of County or an Individual, within thirty (30) calendar days of receipt of said request by County. Contractor agrees to notify County in writing no later than ten (10) calendar days after said amendment is completed.
8. Contractor agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Contractor on behalf of County, available to County and the Secretary, in a time and manner as determined by County, or as designated by the Secretary, for purposes of the Secretary determining County's compliance with the Privacy Rule.
9. Contractor agrees to document any disclosures of PHI and to make information related to such disclosures available as would be required for County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
10. Contractor agrees to provide County or an Individual, as directed by County, in a time and manner to be determined by County, that information collected in accordance with this Contract, in order to permit County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
11. Contractor shall work with County upon notification by Contractor to County of a Breach to properly determine if any Breach exclusions exist as defined in Section B.1.c. above.

D. SECURITY RULE

1. Security. Contractor shall establish and maintain appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI. Contractor shall follow generally accepted system security principles and the requirements of the final HIPAA rule pertaining to the security of PHI.
2. Agents and Subcontractors. Contractor shall ensure that any agent, including a subcontractor, to whom it provides electronic PHI, agrees to implement reasonable and appropriate safeguards to protect the PHI.
3. Security Incidents. Contractor shall report any "security incident" of which it becomes aware to County. For purposes of this Contract, a security incident means the attempted or successful

unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations. This does not include trivial incidents that occur on a daily basis, such as scans, "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by Contractor.

E. BREACH DISCOVERY AND NOTIFICATION

1. Following the discovery of a Breach of Unsecured Protected Health Information, Contractor shall notify County of such Breach, however both parties agree to a delay in the notification if so advised by a law enforcement official, pursuant to 45 CFR 164.412.
2. A Breach shall be treated as discovered by Contractor as of the first day on which the Breach is known to the Contractor, or by exercising reasonable diligence, would have been known to Contractor.
3. Contractor shall be deemed to have knowledge of a Breach if the Breach is known, or by exercising reasonable diligence would have known, to any person who is an employee, officer, or other agent of the Contractor, as determined by federal common law of agency.
4. Contractor shall provide the notification of the Breach without unreasonable delay, and in no case later than five (5) business days after a Breach.
5. Contractor's notification may be oral, but shall be followed by written notification within 24 hours of the oral notification. Thereafter, Contractor shall provide written notification containing the contents stated below, within five (5) business days. Contractor shall be required to provide any other information relevant to the Breach in writing, as soon as discovered, or as soon as the information is available.
6. Contractor's notification shall include, to the extent possible:
 - a. The identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Contractor to have been, accessed, acquired, used, or disclosed during the Breach,
 - b. Any other information that County is required to include in the notification to Individual it must provide pursuant to 45 CFR §164.404 (c), at the time Contractor is required to notify County, or promptly thereafter as this information becomes available, even after the regulatory sixty (60) day period set forth in 45 CFR § 164.410 (b) has elapsed, including:
 - 1) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 - 2) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 - 3) Any steps Individuals should take to protect themselves from potential harm resulting from the Breach;
 - 4) A brief description of what Contractor is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any future Breaches; and
 - 5) Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.
7. County may require Contractor to provide notice to the Individual as required in 45 CFR § 164.404 if it is reasonable to do so under the circumstances, at the sole discretion of the County.
8. In the event that Contractor is responsible for, or suffers a Breach of Unsecured Protected Health Information, in violation of the Privacy Rule, Contractor shall have the burden of demonstrating that Contractor made all notifications to County as required by the Breach Notification regulations, or in the alternative, that the use or disclosure did not constitute a Breach as defined in 45 CFR § 164.402.
9. Contractor shall maintain documentation of all required notifications required pursuant to this Contract in the event of an impermissible use or disclosure of Unsecured Protected Health Information, or its risk assessment of the application of an exception to demonstrate that the notification was not required.
10. Contractor shall provide to County all specific and pertinent information about the Breach to permit County to meet its notification obligations under the HITECH Act, as soon as practicable, but in no event later than fifteen (15) calendar days after reporting the initial Breach to the County.
11. Contractor shall continue to provide all additional pertinent information about the Breach to County as it may become available, in reporting increments of fifteen (15) calendar days after the last report to County. Contractor shall also respond in good faith to any reasonable requests for further information,

or follow-up information after report to County, when such request is made by County.

12. Contractor shall bear all expense or other costs associated with the Breach, and shall reimburse County for all expenses County incurs in addressing the Breach and consequences thereof, including costs of investigation, notification, remediation, documentation or other costs associated with addressing the Breach.

F. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

1. Except as otherwise limited in this Contract, Contractor may use or disclose PHI to perform functions, activities, or services for, or on behalf of, County as specified in this Contract, provided that such use or disclosure would not violate the Privacy Rule if done by County or the minimum necessary policies and procedures of County.
2. Contractor is permitted to use PHI as necessary for the proper management and administration of Contractor or to carry out legal responsibilities of Contractor. (ref. 45 C.F.R. 164.504(e)(4)(i)(A-B)).
3. Contractor is permitted to disclose PHI received from County for the proper management and administration of Contractor or to carry out legal responsibilities of Contractor, provided:
 - a. The disclosure is required by law; or
 - b. Contractor obtains reasonable assurances from the person to whom the PHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, the person will use appropriate safeguards to prevent unauthorized use or disclosure of the PHI, and the person immediately notifies Contractor of any instance of which it is aware in which the confidentiality of the Information has been Breached. (ref. 45 C.F.R. 164.504(e)(4)(ii)).
4. Contractor is also permitted to use or disclose PHI to provide data aggregation services, as that term is defined by 45 C.F.R. 164.501, relating to the health care operations of County.

G. OBLIGATIONS OF COUNTY

1. County shall notify Contractor of any limitation(s) in County's notice of privacy practices in accordance with 45 CFR Section 164.520, to the extent that such limitation may affect Contractor's use or disclosure of PHI.
2. County shall notify Contractor of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect Contractor's use or disclosure of PHI.
3. County shall notify Contractor of any restriction to the use or disclosure of PHI that County has agreed to in accordance with 45 CFR Section 164.522, to the extent that such restriction may affect Contractor's use or disclosure of PHI.
4. County shall not request Contractor to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by County.

H. BUSINESS ASSOCIATE TERMINATION

1. Notwithstanding the Termination provisions set forth in this Contract, the Contract shall only terminate when all of the PHI provided by County to Contractor, or created or received by Contractor on behalf of County, is destroyed or returned to County, or if infeasible to return or destroy PHI, protections are extended to such information, in accordance with the Termination provisions of this Section.
2. In addition to the rights and remedies provided in the Termination paragraph of this Contract, upon County's knowledge of a material breach by Contractor of the requirements of this paragraph, County shall either:
 - a. Provide an opportunity for Contractor to cure the material breach or end the violation and terminate this Contract if Contractor does not cure the material breach or end the violation within thirty (30) business days; or
 - b. Immediately terminate this Contract if Contractor has breached a material term of this Contract and cure is not possible; or
 - c. If neither termination nor cure is feasible, County shall report the violation to the Secretary of the Department of Health and Human Services.
3. Upon termination of this Contract, all PHI provided by County to Contractor, or created or received by Contractor on behalf of County, shall either be destroyed or returned to County as provided in the Termination paragraph of this Contract, and in conformity with the Privacy Rule.
 - a. This provision shall apply to PHI that is in the possession of subcontractors or agents of

Contractor.

- b. Contractor shall retain no copies of the PHI.
- c. In the event that Contractor determines that returning or destroying the PHI is infeasible, Contractor shall provide to County notification of the conditions that make return or destruction infeasible. Upon determination by County that return or destruction of PHI is infeasible, Contractor shall extend the protections of this Contract to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Contractor maintains such PHI.

CONTRACT NO. TBD**ATTACHMENT E****RESOURCES TO BE PROVIDED BY THE COUNTY**

The County will provide the following to the Contractor:
(Proposers shall list any resources that you may want the County to provide)

The County reserves the right to accept or reject any or all additional requests by the Contractor for County-supplied items and resources not specifically set forth in this Contract.

CONTRACT NO. TBD**ATTACHMENT F****CONTRACTOR SECURITY REQUIREMENTS****Application Guidelines & Requirements**

This Attachment provides a high-level overview of the Contractor/Provider guidelines and requirements set forth by HCA. It is intended to provide Application Service Providers (ASP) with an understanding of HCA's expectations in relation to an application's functionality. Before being considered for deployment into HCA's network environment, the proposed application/system will be reviewed by our information security department to ensure that all risks related to the software and its implementation are documented and then acknowledged by the applicable department(s). Be aware that not all of the sections listed below may be applicable to your specific application, but HCA requires that all potential Contractors/Providers complete a questionnaire to document the application's functionality or lack thereof in relation to our guidelines and requirements upon request.

Occasionally, ASPs will gain access to HCA's data during various phases of the application's life cycle including the initial setup phase, application maintenance, or providing remote support services. All County data will be considered confidential unless otherwise designated in writing. Furthermore, the Contractor/Provider may not use or disclose HCA's data other than as permitted or required by contract or law. The ASP will also be required to agree to use appropriate safeguards to prevent the unauthorized use or disclosure of HCA's data during those times which that data is stored or transported by said Contractor/Provider. If the County's data is temporarily in the possession of the Contractor/Provider during any phase of the application's life cycle, the Contractor/Provider must agree to return or securely destroy all of that data at the end of the Contractor/Provider's usage as it is related to an application setup, upgrade, export, decommission, etc. unless otherwise permitted by contract or law.

Finally, there are strict requirements in relation to the handling of HCA's data both within and outside ~~our~~ HCA's network. Contractors/Providers are required to comply with all legal and regulatory requirements as they relate to the County's systems and data. These include, but are not limited to, the HIPAA, SB1386 compliance, Payment Card Industry (PCI) Data Security Standards, and Sarbanes-Oxley (SOX). In the event that HCA's data will be stored by the ASP beyond an initial setup phase, the Contractor/Provider may be required to meet further Contractor/Provider Security Requirements as dictated by the County's Provider IT Security Policy.

Application Functionality:**Encryption**

- Application is required to used encryption to protect sensitive data in both storage and transit wherever technically possible
- All encryption methods will be for storage and transit of data need to be defined by the Contractor/Provider.

Network Communication

- Contractor/Provider will provide information related to standards and requirements for the deployment of the application including methods of secure implementation and port requirements

Access Management:

- Application will support role-based functionality (user authenticated and assigned a role, with access controlled based on that role)
- Application will support measures to define, attach, modify and remove access rights for all classes of users

- Application will support measures to enable and restrict access to the whole and/or sections of the technology solution in accordance with prevailing consent and access rules
- Contractor/Provider will work toward meeting the evolving standards for authentication as they become available
- Application will have the ability to create unique user accounts and passwords
- The application will provide functionality to automatically disable or lock accounts after specified days of inactivity

Password Management:

- Application will support password management measures including but not limited to password expiration, account lockout and complex passwords
- Application will support session inactivity timeouts

Audit Capabilities:

- Application will support the identification of the nature of each access and/or modification through the use of logging
- Application will employ audit capabilities to sufficiently track details that can establish accountability for each step or task taken in the clinical or operational processes
- All audit logs will be protected from alteration
- Access to logs must be limited to authorized users
- Application must employ basic query tools to easily search logs
- In compliance with The California Board of Pharmacy Law (Business and Professions Code, Section: 4081) HCA requires that all transactions need to be available for reporting and auditing for a least three (3) years from the time the record was initiated.

Support Functionality:**Remote Support:**

- Contractor/Provider will identify the requirements for remote support including all available options, and remote support access must conform to HCA policy
- Application or Contractor/Provider will be able to audit remote support activities to an individual employee

Protection from Malicious Code

- Contractor/Provider will reveal potential compatibility issues with COTS virus scanning software
- Application must function with COTS Anti-virus/anti-spyware software

Configuration Mgmt. & Change Control

- Contractor/Provider will provide updates to address any applicable security vulnerabilities
- Contractor/Provider will define who is responsible for updates to the application

Provider Information**Service Level Agreement (SLA)**

- Contractor/Provider will define guaranteed response times related to a SLA

Third Party Application Testing

- Contractor/Provider is required to have independent security testing on their application by a third party on, at least, an annual basis and address any found vulnerabilities within a reasonable amount of time

HCA Data Usage

- All HCA data accessed by or in possession of the Contractor/Provider is to remain confidential and may not be used or disclosed to anyone unless permitted or required by contract or law.
- All HCA data accessed by or in possession of the Contractor/Provider will employ appropriate safeguards to prevent the unauthorized use or disclosure during both transmission and storage.
- All HCA data in possession of the Contractor/Provider will be returned or securely destroyed at the end of the Provider's usage as it is related to an application setup, upgrade, export, decommission, etc. unless otherwise dictated by contract or law.

General Features:

- Contractor/Provider will make available a complete and itemized hardware configuration and cost to efficiently operate the proposed application at indicated levels for sixty (60) months after the installation.
- The application must run on an operating system that is consistently and currently supported by the operating systems vendor. Applications under maintenance are expected to always be current in regards to the operating system.
- HCA will apply patches to both the operating system and subsystems as releases are available from the operating system vendor and or any third party vendors. The application is expected to perform in this environment and the application provider is required to keep their software current in order to operate in this environment. Should the patches cause an issue with the application, the Contractor is expected to immediately work on the issue, and provide application fixes to ensure it will operate effectively in the patched environment.
- HCA utilizes a variety of proactive monitoring tools to ascertain the health and performance of the application server, network connectivity, power etc. The application must function accordingly while the monitoring tools are actively running.
- All application services must run as a true service and not require a user to be logged into the application
- HCA will provide an account with the appropriate security level to logon as a service
- HCA will provide an account with the appropriate administrative rights to administer the application. The account password is expected to periodically expire.
- The Contractor will not be provided with a domain administrator account
- In order for the application to run on HCA server and network resources, the application must not require the users to have administrative rights on the server or subsystems.

Deliverables:

- Contractor shall be able to complete HCA Application Service Provider Questionnaire upon request by the County prior to the letter of intent of award.

BID TEMS
EXHIBIT 1
Company Profile

Company name: _____

Business address: _____

Address for payment: _____

Telephone number: (____) _____ Facsimile number: (____) _____

Email address: _____

Length of time at current location: _____

Indicate your firm's federal tax-exempt I.D. number: _____

Is your firm incorporated: ____ Yes ____ No State of incorporation: _____

Contractor license number: _____

Regular business hours: _____

Regular holidays and hours when business is closed: _____

Contact's name in reference to this RFP: _____

Telephone number: (____) _____ Facsimile number: (____) _____

Email address: _____

Customer service contact: _____

Telephone number: (____) _____ Facsimile number: (____) _____

Email address: _____

Phone number to call for service: _____

Fax number: _____

24- Hour emergency phone number: _____

Accounts payable problems/questions should be directed to:

Customer service problems/questions should be directed to:

BID ITEMS**EXHIBIT 2****REFERENCES**

Contractor shall submit at least three (3) references or letter of references where similar work of similar size is currently in process or recently completed. Include name of firm, phone, name of the contact person, a brief project description, contract term, and contract amount. These references will be checked and could affect the award of the Contract.

It is desirable that at least one reference be located in Orange County:

<u>Firm Name & Address</u>	<u>Contact Person</u>	<u>Phone Number and E-mail</u>
1.		
_____	_____	_____
_____	_____	_____

<u>Project Description:</u>		

<u>Contract Term:</u>	<u>Contract Amount:</u>	
2.		
_____	_____	_____
_____	_____	_____

<u>Project Description</u>		

<u>Contract Term:</u>	<u>Contract Amount:</u>	
3.		
_____	_____	_____
_____	_____	_____

<u>Project Description:</u>		

<u>Contract Term:</u>	<u>Contract Amount:</u>	

4. Have you (bidder) ever been terminated from any contract?

☐ YES

☐ NO

If so, state:

Contracting Agency/Firm: _____

Address: _____

County of Orange Health Care Agency

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Electronic Health Record System

RFP 042-541113-AF

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: (____) _____

Reason for Termination:

5. Have you (bidder) ever had a contract which was not renewed (other than when contract was awarded to another bidder)?

☐ YES ☐ NO If so, state:

Contracting Agency/Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: (____) _____

Reason for Non Renewal: _____

6. Have you (bidder) ever operated under another company name?

☐ YES ☐ NO If so, state:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Operation -From: _____ To: _____

7. Do you (bidder) have a minimum of five (5) years of experience in providing EHR systems?

☐ YES ☐ NO

8. Do you (bidder) have a minimum of ten (10) years of experience in providing IT services?

☐ YES ☐ NO

8. Do you (bidder) meet all of the requirements in this solicitation?

☐ YES ☐ NO

9. Will you (bidder) be using sub-contractors?

☐ YES ☐ NO If so, state:

Firm Name	Address	Project Function or Percentage of Project to be sub-contracted.

BID ITEMS**EXHIBIT 3****COUNTY OF ORANGE CHILD SUPPORT ENFORCEMENT CERTIFICATION
REQUIREMENTS**

In order to enhance the child support collection efforts of the County of Orange Family Support Enforcement, all Contractors are required to provide the following information as listed on the attached form:

- If the Contractor is an individual contractor: Name, date of birth, social security number, and residence address.
- If Contractor is doing business in a form other than as an individual: Name, date of birth, social security number, and residence address of *each* individual who owns an interest of ten (10) percent or more in the contracting entity.

In addition, all Contractors must provide:

- A certification that the Contractor has fully complied with all applicable federal and state reporting requirements regarding its employees, and
- A certification that the Contractor has fully complied with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment and will continue to so comply.

In order to comply with child support enforcement requirements of the County of Orange, within thirty (30) days of award of Contract, the Contractor agrees to furnish the required contractor data and certifications to the Deputy Purchasing Agent.

Failure of the Contractor to timely submit the data and/or certifications required above or to comply with all federal and state reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment shall constitute a material breach of the contract. Failure to cure such breach within sixty (60) calendar days of notice from the County shall constitute grounds for termination of the Contract.

BID ITEMS**EXHIBIT 3 (cont.)****COUNTY OF ORANGE CHILD SUPPORT ENFORCEMENT
CERTIFICATION REQUIREMENTS**

- A. In the case of an individual contractor, his/her name, date of birth, social security number, and residence address:

Name: _____

DOB: _____

Social Security No.: _____

Residence Address: _____

- B. In the case of a contractor doing business in a form other than as an individual, the name, date of birth, social security number, and residence address of each individual who owns an interest of 10 percent or more in the contracting entity:

Name: _____

DOB: _____

Social Security No.: _____

Residence Address: _____

Name: _____

DOB: _____

Social Security No.: _____

Residence Address: _____

(Additional sheets may be used if necessary)

BID ITEMS**EXHIBIT 3 (cont.)****COUNTY OF ORANGE CHILD SUPPORT ENFORCEMENT CERTIFICATION
REQUIREMENTS**

"I certify that TBD is in full compliance with all applicable federal and state reporting requirements regarding its employees and with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignments and will continue to be in compliance throughout the term of Contract TBD with the County of Orange. I understand that failure to comply shall constitute a material breach of the Contract and that failure to cure such breach within sixty (60) calendar days of notice from County shall constitute grounds for termination of the Contract."

Signature* Name (Please Print)

Title Date

Company Name

Contract Number

Signature* Name (Please Print)

Title Date

Company Name

Contract Number

***Two signatures required if a corporation.**

Question and Answers for Bid #042-541113-AF - ELECTRONIC HEALTH RECORD SYSTEM

OVERALL BID QUESTIONS

**There are no questions associated with this bid. If you would like to submit a question,
please click on the "Create New Question" button below.**

Question Deadline: Jul 14, 2011 10:00:00 AM PDT