

REMSA
Grant-funded Information Technology System
Request for Proposal

Community Health Paramedic – Electronic Medical Record System

Introduction

System. Community Health Paramedic - Electronic Medical Record System

Intervention. Community Health Paramedic

Purpose. REMSA's Community Health Paramedics will provide advanced medical assessments to patients within Washoe County, Nevada. Targeted patient populations will include patients with high hospital admission and readmission rates and frequent use of emergency departments and the 9-1-1 system.

Scope of Service. Electronic medical record system to document patient condition, treatments, and outcomes resulting from care provided by REMSA community health paramedics

REMSA. The Regional Emergency Medical Services Authority (REMSA) is the provider of 9-1-1 emergency and inter-facility ambulance services in Washoe County (Reno), Nevada.

Intended Use. REMSA intends to use the system for both internal and business purposes including the delivery of patient care services. REMSA will also use the system to exchange data with hospital and other clinical partners, local and state regulatory agencies, federal grant funding agency, state-wide health information exchange, among others.

Federal Grant. This contract is funded by a grant from the Department of Health & Human Services, Center for Medicare & Medicaid Innovation (CMMI). REMSA has received a three-year Health Care Innovation Award grant to implement the Community Health Early Intervention Team. The three-year program extends from July 1, 2012 through June 30, 2015. Selected contractors must comply with federal grant requirements and contracts must include required provisions. See Attachment A for a brief description of the grant's three patient care interventions.

Contractor Selection. The selection of the successful contractor will be based upon both quality and price variables. Proposal selection will take into consideration the responsiveness to the solicitation, price, quality, deadlines of delivery, warranties, accountability and fulfillment of the service, and other relevant factors. In addition, this contract requires integration and interoperability with REMSA's existing IT systems. To the extent practicable and economically feasible, products and services should be dimensioned in the metric system of measurement. To the extent practicable and economically feasible, products and services should conserve natural resources and protect the environment and are energy efficient.

Request for Proposal

Community Health Paramedic – Electronic Medical Record System

Deadline. REMSA desires to implement the selected system in an expedited manner in order to comply with the milestones established by the HCIA grant. Proposals are due by **Tuesday, March 26, 2013 at 5:00 pm PDT.**

Description of REMSA's Existing Systems

REMSA currently uses the following software systems:

- TriTech Software Systems, VisiNet Command, Computer Aided Dispatch (CAD) System – emergency call-taking activities
- Priority Solutions, Pro-QA, Emergency Medical Dispatch System – medical protocols for emergency call-taking prioritization
- Sansio, Health EMS, Electronic Patient Care Report System – documentation of patient condition, treatments, and outcomes
- Zoll, Billing Software System – billing for services rendered
- FirstWatch™, Biosurveillance System – biosurveillance monitoring

REMSA's current hardware workstations, database server and interface servers meet or exceed the minimal requirements recommended by existing contractors. REMSA receives approximately 50,000 requests for ambulance service per year.

REMSA's health information technology system will also include the following grant-funded systems:

- Integrated Nurse Health Navigation System – Integrated system which receives calls for urgent low-acuity medical service from the 9-1-1 system and a non-emergency phone line, facilitates call prioritization and telephonic nurse advice (nurse triage), matches callers medical needs with appropriate medical and community resources (health navigation) (expected installation)
- Data Monitoring & Reporting System – Integrated system to collect and aggregate data from various internal health information technology systems for the purpose of analysis and reporting (expected installation)

Request for Proposal

Community Health Paramedic – Electronic Medical Record System

The existing REMSA information technology systems meet the following minimum requirements:

Hardware Required

- ZollData, RescueNet Billing workstation: (minimum requirements) Pentium 4 / 1.8 GHz processor or higher, 1GB RAM, 3GB available space on HDD, 32 MB video card (single display), 1024x768 min display.
- Sansio, workstation: (minimum requirements) 2 GHz processor, 2 GB RAM
- Current workstations are Dell OptiPlex 790/7010, with an Intel Core i5, 2.7GHz processor, 4GB RAM, 320GB HDD.
- Sansio, ePCR mobile device: (minimum requirements) 1.6 GHz processor, 2 GB RAM, 10" display,
- Current laptops are 2Go Convertible Classmate NL3 Pro, Intel Atom Dual Core N2600 1.66 GHz processor, 6 cell Lithium-Ion battery, 2GB RAM, 120 GB SSD
- Database Server: (minimum requirements) Xeon 2.0 GHz processor, 4GB RAM, 6 x 36 HDD (2 at RAID 1 and 4 at RAID 5), Network interface 100/1000
- Interface, Application, and Network Servers: Dual core 2 GHz processor, 4 GB RAM, 80 GB HDD for OS and log files.
- Current Interface and Application Servers are set up on a PowerEdge R710 with Intel Xeon X5687 3.60 GHz processor, 6 x 16 GB RAM, Two-PortEmbeddedBroadcom® NetXtreme II 5709 GigabitEthernetNIC, Two Hard Drives 300GB for OS, Data and running VMWare v5.1. 1 PowerVault Storage Array with 4 TB capacity.

Software Required

- RescueNet Workstation: Operating System - Windows 7 SP1 (64 bit), Microsoft .Net Framework, RescueNet v 4.4, Crystal Reports XI 4.5 .Net Runtime, Crystal Reports XI R2 Report Designer Runtime
- Sansio Mobile laptop: Operating System - Windows 7 SP1, Mobile v4.0, Current version Java, current version Adobe Reader, Internet Browser.
- Database Server: Operating System Windows Server 2008 R2 Standard SP1, DBMS SQL Server 2008 R2

Interface Required

- RescueNet Workstation: Two monitors, mouse, keyboard
- Sansio Mobile Laptops all inclusive
- RescueNet Database Server and Network Servers: Remote Desktop Management, monitor, keyboard, and mouse or KVM.

Request for Proposal

Community Health Paramedic – Electronic Medical Record System

Minimum System Requirements

The selected system must meet all of the following minimum requirements:

- Integration with Existing Systems & Partner Systems Required. System must have the capability to interface with REMSA's existing Sansio Health EMS electronic medical record (EMR) and TriTech Aqua computer aided dispatch (CAD) system. System must be capable of sending data and records to the state's health information exchange (HealthIE Nevada).
- Reporting Required. System must meet REMSA's specifications for standard and custom reports. Standard and custom reports will be mutually determined by REMSA and contractor.
- Data Push/Pull Required. System must have capability to push data and patient care record in CCD (continuity care document) format to the health information exchange (HealthIE Nevada). System must also have the capability to allow pull of data and records into other reporting and analytical systems.
- Compliance with HIPAA Required. System must be compliant with the security breach notification requirements imposed by the HITECH Act and the HIPAA security rule standards and implementation specifications for administrative, physical and technical safeguards. The contractor must execute the applicable business associate agreement.
- Software License Required. Software license and software license description must be included in service contract. Software license must encompass the business purpose described by REMSA.
- Warranty Required. Warranty and warranty description must be included in service contract.
- Contract Language Required. This contract is funded by a grant from the Department of Health & Human Services, Center for Medicare & Medicaid Innovation (CMMI). Selected contractor must comply with federal grant requirements. Language provided in Attachment B must be included in the service contract.
- Specific Scope of Service Required. System must provide the following:
 - Electronic medical record system to document patient conditions, treatments, and outcomes resulting from care provided by community health paramedics
 - Unique patient identifiers
 - Point of care identification of patient's insurance
 - Clinical quality improvement function to evaluate care provided and improve care compliance
 - Web-enabled thin client (web connected) or thick client (installed) system
 - Capability for remote WiFi access
 - Capability to push patient care record (at launch) and data (future) to health information exchange

Request for Proposal

Community Health Paramedic – Electronic Medical Record System

- Alternative hardcopy/paper documentation tool for training purposes and interim launch
- NEMSIS compliance preferred or description of process and timing to gain NEMSIS compliance
- Standard and custom reporting tools
- Implementation schedule with milestones to be developed jointly by REMSA and contractor
- Optional Features. Please provide information about optional features including the following:
 - Consultation on clinical process and outcome comparative effectiveness research specific to REMSA installation
 - On-line clinical decision support module or on-line medical reference access
 - Billing package including access to CPT codes, ICD-10 codes and medication lists
 - Care management tool

Proposal Format

1. Proposed System. Describe how the proposed system meets the *Specific Scope of Services Required*. Describe the deliverables, size, capacity and processing capability of the proposed system.
2. Meet or Exceed Minimum Requirements. Describe how the proposed system meets or exceeds the *Minimum System Requirements* described above and clearly state if any exceptions are taken.
3. Implementation Schedule. Describe the implementation schedule including the following phases: 1) scope of work, 2) installation, 3) testing, 4) personnel training, and 5) launch. Describe how delays are communicated and resolved.
4. Maintenance & Support. Describe maintenance and support commitment and describe process for support request, response, resolution time and problem resolution. Clearly specify the costs for: 1) ongoing maintenance and support for proposed system and described scope of services, 2) changes due to regulatory requirements, and 3) unanticipated problems or customer change of scope.
5. Vendor Experience & Track Record with Specified System. Describe analogous experience with specified system including number of installations and frequency of service failures.
6. Vendor References. Provide references of existing and past customers.
7. Vendor Key Personnel. Describe qualifications of key personnel which will provide installation services and ongoing maintenance and support. Describe process to replace key personnel, as necessary, with written customer approval.

Request for Proposal
Community Health Paramedic – Electronic Medical Record System

8. Quote. Describe the total price of the proposed system. REMSA desires to identify the total price of the defined scope of services with little or no scope change except in the case of legal or regulatory requirements. Provide separate quotes for 1) required features, 2) optional/additional features, and 3) custom features. A custom feature is any equipment, application, interface, network infrastructure, connectivity or operating system not included in the initial scope of work.
9. Key Contact. Provide name, title and contact information for key contact (s).

Request for Proposal
Community Health Paramedic – Electronic Medical Record System

Attachment A

REMSA's Community Health Early Intervention Team

The grant's aim is to improve access to appropriate levels of quality care and treatment, and:

- Reduce per patient cost
- Increase percent of targeted non-acute patients receiving better care (and shorter ED wait times) via transport to non-ED site
- Increase percent of targeted patients receiving better care via community health paramedic intervention
- Increase percent of patients accessing the nurse triage center

Three Interdependent Patient Care Interventions. The aim will be accomplished by implementing three interdependent patient care interventions. The emergency ambulance triage and treatment system is redesigned to create new referral and care pathways, to expand care options and to assure patients receive the most appropriate, and safest, level of quality care. Below are the three patient care interventions:

Ambulance Transport Alternatives – planned launch March 2013

- Ambulance-based payments for *ambulance transport alternatives* including transport to urgent care centers, clinics and other alternative destinations

Community Health Paramedics – planned launch May 2013

- Specially trained *community health paramedics* provide value-added services including compliance with care plans, medication reconciliation and referral to community resources

Nurse Triage Center – planned launch July 2013

- Registered nurse *health navigators* provide 24/7 access to medical advice and triage patients to the appropriate health care or community service regardless of insurance status

Request for Proposal
Community Health Paramedic – Electronic Medical Record System

Attachment B
Required Contract Language

All contracts, including small purchases, awarded by recipients and their contractors shall contain the procurement provisions, as applicable:

1. Equal Employment Opportunity - All contracts shall contain a provision requiring compliance with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
2. Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333) - Where applicable, all contracts awarded by recipients in excess of \$2000 for construction contracts and in excess of \$2500 for other contracts that involve the employment of mechanics or laborers shall include a provision for compliance with Sections 102 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), as supplemented by Department of Labor regulations (29 CFR part 5). Under Section 102 of the Act, each contractor shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than 1 ½ times the basic rate of pay for all hours worked in excess of 40 hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
3. Rights to Inventions Made Under a Contract or Agreement - Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.
4. Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.), as amended - Contracts and subgrants of amounts in excess of \$100,000 shall contain a provision that requires the recipient to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

Request for Proposal
Community Health Paramedic – Electronic Medical Record System

5. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352) - Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient.
6. Debarment and Suspension (E.O.s 12549 and 12689) - No contract shall be made to parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension." This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory or regulatory authority other than E.O. 12549. Contractors with awards that exceed the small purchase threshold shall provide the required certification regarding its exclusion status and that of its principal employees.
7. Remedies - Contracts in excess of the small purchase threshold set forth in 41 U.S.C. 403(11) (\$100,000) shall contain contractual provisions or conditions that allow for administrative, contractual, or legal remedies in instances in which a contractor violates or breaches the contract terms, and provide for such remedial actions as may be appropriate.
8. Termination - All contracts in excess of the small purchase threshold (\$100,000) shall contain suitable provisions for termination by REMSA, including the manner by which termination shall be effected and the basis for settlement. In addition, such contracts shall describe conditions under which the contract may be terminated for default as well as conditions where the contract may be terminated because of circumstances beyond the control of the contractor.
9. Access to Records - All negotiated contracts (except those for less than the small purchase threshold) awarded by recipients shall include a provision to the effect that the recipient, the Federal awarding agency, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers and records of the contractor which are directly pertinent to a specific program for the purpose of making audits, examinations, excerpts and transcriptions.