July 29, 2016

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**BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA**

**ADDENDUM #4
REQUEST FOR PROPOSALS #Y16-1042-MG**

ELECTRONIC PATIENT CARE REPORTING SYSTEM

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The above Request for Proposals (RFP) is changed as follows:

1. The acceptance date has been changed as follows: Sealed proposals offers will be accepted up to **2:00 PM** (local time), **Tuesday, August 16, 2016.**

2. Page 18, Phase 1 Section 1.2.2 Qualification of Firm h) has been added:

   h) Provide a list of three (3) customers including name, email address and phone number, which currently interface with ESO's HDE.

3. Page 23, Phase 2 Section 2.2.11 has been removed.
   ~~11) Demonstrate compatibility with ESO Health Data Exchange, data sharing, etc.~~

4. Pages 45-46, Scope of Services Section 10 Milestone Payments changes as follows:

   a. 10% Invoiced upon the County's acceptance of the Consultant's implementation schedule.

   b. 25% Invoiced upon System availability for testing by the County.

   c. 25% Invoiced upon data conversion **and software implementation**.

   d. **20% Invoiced upon Functional Testing.**

   e. **20%** Invoiced upon completion of all training **and final system delivery/Go-Live.**

The following are questions, with respective answers, for the above Request for Proposals:

1. **QUESTION** – Describe the database in terms of referential integrity. How does the proposed solution ensure that relationships between tables remain consistent?" Does the County have a specific requirement that a referential database be used? Or will the County consider alterative database structures that the vendor may use, if the results are comparable to—or better than—the efficiency and integrity of a relational database (e.g., audit trails, reversion capability, analytics, etc.)?

ANSWER – Please see Addendum 1's attachment 1.1.1-i Orange County Florida Technical Standards. On page 10 it states our internal enterprise database standards, which are SQL and Oracle. Both of which are referential databases.

2.   **QUESTION** – Describe the database in terms of store and forward. How does the proposed solution store data offline and initiate data transmission once connectivity is reestablished?" The County seems to have provided conflicting guidance on this matter, because this question asks about offline operation, but in ADDENDUM #2, a question asked whether a system that works offline AS WELL is desired. The County provided the response below that conflicts with the provision cited above:

QUESTION – Will a non-browser based solution be considered, one that is application-based and fully functional in a disconnected or connected state?

ANSWER – No, require a web based system.

A web-based system requires a network connection (which may be unavailable during severe weather). The RFP requirement suggests that the department wants a system that works both online and offline, in conflict with its Q&A response.

ANSWER – Please see Scopes of Service number 18. The solution we are requesting will allow users to input information into the system when they are offline until the connection resumed. This will be needed in response areas such as jails, assemblies and high rise hotels where connection is sometimes lost. Users shall be able to continue to input information and when the connection resumes, the report will update with information obtained while off-line.

3.   **QUESTION** – The County has asked vendors to "Demonstrate compatibility with ESO Health Data Exchange, data sharing, etc." A vendor may be able to provide a detailed explanation of how its data can be used in conjunction with ESO's HDE, however, actual submission of data into the HDE system requires action on the part of ESO. Can the County provide access to ESO's HDE system to allow for demonstration purposes, or can the County state that ESO will cooperate with vendors' efforts to demonstrate their ability to submit data to the ESO HDE system? (In other words, will ESO "play ball" in enabling vendors to prove their ability to interface with HDE?)

ANSWER – This section of the demonstration has been removed, please see #3 of the items changed in this addendum.

4.   **QUESTION** – As an elaboration on #4 above: Is the County preferential to consider proposals from companies that have already worked with ESO's HDE system? Or will the county consider proposals from vendors that have the

capability to interface with ESO's HDE, but have chosen not to do so to date for reasons that are beyond the scope of this question-and-answer forum and/or not suitable for public disclosure?

ANSWER – The County's preference is for vendors who currently interface with ESO's HDE.

5. **QUESTION** – The County has asked vendors to "Demonstrate how to retrieve a patient that is currently in our system." What access to the existing system can be provided so that vendors they can demonstrate this capability—or is it sufficient to (a) reference a site where our ePCR is used to exchange data with another ePCR for search and identification purposes; or (b) explain how (a) is performed? In most cases, the ability to retrieve patient data from a second system is not an "out of the box" functionality, due to security concerns around P.I.I.; it needs technical development and/or the establishment of agreements governing the exchange of sensitive data.

ANSWER – The requirement is for vendors to demonstrate how their system is able to retrieve patient information easily on patients that are currently in the database (patients that have been transported previously) and treat/transported frequently. The desire is for the system to auto-populate information easily rather than inputting all information every time we see the same patient. There is no requirement to access our current database, sample data may be used.

6. **QUESTION** – In ADDENDUM #2, the County indicated that it conducts approximately 110,000 runs per year, and it has requested a "named user" license model. However, our standard pricing model is per-computer pricing, which is usually more cost-effective than per-user (it allows UNLIMITED users). The County has not indicated the number of licenses that will be used across the county. Please provide the number of field licenses to be deployed, and will a per-computer pricing model be considered an acceptable alternative to per user?

ANSWER – This information is addressed in the Scope of Services. Please see Scope of Services, Section 3.B.

7. **QUESTION** – Will all County departments use the selected system, or are there other ePCRs that will be used by individual departments within the County?

ANSWER – Other ePCRs may be utilized outside of Fire Rescue within Orange County. This RFP is for an ePCR for use by Fire Rescue within Orange County.

8. **QUESTION** – Is the County interested in advanced technologies geared to Community Paramedicine (e.g., Mobile Integrated Health, or longitudinal patient charting)? Asked another way, does the County wish to receive a system that is capable of creating both incident-specific and patient-specific charting as part of

a future Community Paramedicine program? NOTE: The ability to capture certain Community Paramedicine data is mandatory for EMSTARS.

ANSWER – This information is addressed in the Scope of Services. Please see Scope of Services, Section 3.A.2

9.   **QUESTION** – In ADDENDUM #2, the County responded, "There is no acceptable alternative to ESO's Health Data Exchange." Can you please provide elaboration on this response? It appears that the county may have paid for access to the HDE system—even though comparable systems are available AT NO COST for integration of prehospital data with hospital-side electronic health record systems, including the provision of outcomes and other data. Can the county provide some detail regarding its current success using HDE, a list of care facilities within the county that have signed on and/or paid to utilize HDE, and a rationale for its determination that "there is no acceptable alternative"?

       ANSWER – Please see Scope of Services the County is requesting ESO's Health Data Exchange.

10.   **QUESTION** – Expanding on #9 above, is the County aware that ESO Solutions—the company that produces the HDE system—is NOT compliant with the state of Florida EMSTARS for NEMSIS v3 (as of July 18, 2016)? Given that, is the County committed to using a system that is not compliant with EMSTARS, or will it consider an EMSTARS-compliant interoperability engine that is deployable immediately, exchanges data with electronic health records in real-time, and carries NO COST beyond the cost of the ePCR?

       ANSWER – See Scope of Services, Section 3.A.2.

11.   **QUESTION** – We are a bit confused by the structure of the RFP as it pertains to Sections 1.2 and 2.2, and we would appreciate elaboration so that we can prepare the necessary content. Specifically: Section 3 states clearly that it should NOT be submitted with the RFP, and that pricing should only be provided upon invitation. By contrast, section 1.2 is both *short and broad, including* questions pertaining to security, project management, qualifications and references, integration with devices and external systems such as HDE, etc. But far more detailed questions are included in section 2.2, covering pertinent technical details about audit trail, data movement, reporting, customization, and much more. The introduction to section 2.2 says that these items are geared to the LIVE DEMONSTRATION, but without these details, it will be harder to distinguish between company offerings. Moreover, the required format section indicates that dividers, etc., should be used in the proposal—but each subsection of Section 1.2 is fairly thin…each section is limited to one (1) page, so the structure of the RFP is likely to be Page, divider, page, divider, page, divider…making it actually harder to read and navigate the proposal.

a. Does the County want a text-based explanation for each of these items, or does it wish to reserve these items for consideration during the live demo?

b. Does the County wish to receive explanations and details regarding all items in the Scope of Services section—or are these reserved for the demonstration as well?

c. Will the County consider waiving the formatting requirement for dividers and binders to be used, since there are only going to be about 10 or so subsections included with part 1 (i.e., sections 1.1 through 1.4, with their respective subsections). Adding dividers will nearly double the size of the section 1, which seems wasteful. It may be easier to simply paginate and staple such a short report.

ANSWER – This is a 3 Phase Request for Proposal. As instructed in the document only the first Phase (written phase) will be due on the bid opening date listed in this addendum.

a. All items listed in Phase 1 are to be addressed in your written proposal.

b. All items listed in the Scope of Services are the minimal requirements for this project and must be met in order for award.

c. The dividers are required for the 4 main sections in Phase 1. These sections are 1.1 Prerequisite Requirements, 1.2 Proposer Qualifications & References, 1.3 Technical Approach, and 1.4 Functional Approach. The one (1) page limit is for each question listed under these sections.

12. **QUESTION** – There is another potential conflict in the RFP: Section 2.2, item #25 reads "Demonstrate ability for software to function on multiple operation systems (Androids/IOS, etc). However, in ADDENDUM #2, question #16 reads:

QUESTION – Will the LifeNet software - Physio Cloud Integration be a requirement?

ANSWER – The Cloud Integration is not a requirement.

The County should be advised that due to federal FDA restrictions, direct integration is NOT SUPPORTED between Physio-Control LifePak and iOS or Android devices (Android support is significantly limited). iOS integration requires the use of the Physio-Control cloud server. Therefore, the response to the question about the Physio-Control cloud is in conflict with the requirement to demonstrate operations on non-Windows platforms.

ANSWER – See Phase 2 Section 2.2 #25, we are not requiring the Cloud Integration. We are requiring a demonstration for the software in multiple operation systems; it is up to the proposer to demonstrate this however their system is capable to do so.

13. **QUESTION** – Does the County have an interest in retaining small businesses to perform this work? It indicated woman- and minority-owned businesses, but no specific provision was mentioned for small businesses. Related: Does the County have any minimum expected number of personnel that it wishes to be dedicated to this work, or will such determination be left up to the company in order to maintain its required level of service and support?

   ANSWER – M/WBE will be scored during Phase 3. It is not required, however it is beneficial as you will receive points. There is no minimal requirement of staff dedicated to this work, it is up to the proposer. The proposed team is to be addressed in Phase 1 under Qualification of Staff.

14. **QUESTION** – In the interest of partner-client privacy—at a time when the EMS business is becoming more data driven, the use of technologically advanced tools is a competitive advantage—we typically do not publicly provide contact details for most of our agencies. Moreover, new business engagements means additional references are coming up frequently, across contexts that include Community Paramedicine. However, we are pleased to provide references (e.g., 5-6 minimum) with associated contact information for agencies that have consented to sharing their information publicly. Will that be sufficient to meet the requirements of this RFP and allow the County do to its first diligence?

   ANSWER – Please see Phase 1, section 1.2.4. All items listed under this section are required.

15. QUESTION – Please provide some detail as to what would be the expected "validation" of HIPAA and NEMSIS compliance. For example, should we attach a HIPAA compliance statement (i.e., the steps we take to ensure that our system is HIPAA compliant) and a screenshot from the NEMSIS website and/or a letter from NEMSIS attesting to our compliance? Or is something more specific intended here?

   ANSWER – A letter would be sufficient.

16. **QUESTION** – What electronic health record systems (EHRs) do the County's hospital systems currently use? Are they currently receiving prehospital data digitally—via ESO HDE or otherwise? Do they currently receive prehospital data in real-time? If not, have they agreed to do so?

   ANSWER – ESO's HDE is currently being utilized within Orange County's EMS System.

17. **QUESTION** – With respect to hospital integration: would it be sufficient to demonstrate interoperability with the hospital-side electronic health record systems WITHOUT going through ESO HDE, if doing so will provide a low-cost (or even no-cost) equivalent alternative to HDE?

ANSWER – See Scope of Services and Section 2.2.

18. **QUESTION** – Does the County have an interest in regional prehospital health information exchange?

    ANSWER – See Scope of Services.

19. **QUESTION** – Does the County have an interest in programs / capabilities specifically oriented to MCIs, such as hurricanes?

    ANSWER – See Scope of Services.

20. **QUESTION** – Does the County have an interest in integration with or incorporation of pediatric-specific capabilities, such as those offered by Handtev—a company based nearby in Florida?

    ANSWER – See Scope of Services.

21. **QUESTION** – Does the County have an interest in post-transport patient satisfaction surveys?

    ANSWER – See Scope of Services.

22. **QUESTION** – Does the County have an interest in integration with other third-party management systems besides CAD, Telestaff, LifePak & HDE. For example, inventory/supply control?

    ANSWER – See Scope of Services.

23. **QUESTION** – There seems to be another conflict in the RFP, based on an addendum response:

    QUESTION – Regarding question 40 in the Scope of Services, we would like clarification on what compatibility we need with Emergency Reporting, fire reporting software.

    ANSWER – The desire is to have the user of the EPCR to be able to complete the NFIRS module of Emergency Reporting through the EPCR.

    This response appears to be BACKWARDS. Does the County actually mean that it wishes to complete the EMS portion of an Emergency Reporting NFIRS report? NFIRS is not a module; NFIRs is a data system (like NEMSIS, but for fire services). However, NFIRS reports have a small EMS portion that can be completed and transmitted from some NEMSIS-based ePCRs with transmission capabilities. Will the County be able to coordinate with Emergency Reporting to enable ePCR vendors to demonstrate this capability, or will a description of the method be sufficient? AS AN ALTERNATIVE, would a demonstration of this EMS-to-NFIRS capability with another NFIRS vendor that competes with

Emergency Reporting (for example, Firehouse) be considered sufficient to demonstrate the capability of sending data from an NEMSIS ePCR to an NFIRS report?

ANSWER – The desire is to have the user of the EPCR to be able to complete the NFIRS information through the EPCR, and then populate in Emergency Reporting.

24.   **QUESTION** – "Maintain a toll free contact phone number at which Consultant shall accept emergency calls, as well as e-mail points of contact so that County can report problems with the Software." Given that most long-distance phone numbers are no longer charged on a per-call basis (rather, they are based on minutes used), will the County consider waiving this requirement? Our company does not currently use a 1-800 number, as users can contact all team members directly on their cell phones, or through a no-cost Voiceover IP number. This requirement would mandate that the company set up a 1-800 number specifically (and only) for use by the County.

ANSWER – A phone number for emergency contacts and emergency email point of contact is sufficient.

25.   **QUESTION** – The County indicates a payment of "25% Invoiced upon data conversion." What does this "data conversion" refer to? We were not able to identify another mention of it.

ANSWER – The data conversion is listed on Scope of Services Section 3.E.

26.   **QUESTION** – "Software License, Maintenance and Support beyond year five (5) shall be offered to COUNTY on a year-to-year basis thereafter, except that the annual support price for the preceding year shall not increase by more than the annual increase in the Consumer Price Index published by the Bureau of Labor Statistics or by not more than 4% per year, whichever is lower." This provision seems to suggest that the County shall have the right to license the software indefinitely, past year #5, at essentially constant pricing, subject to the stated increases in CPI or by 4%. Is this a correct read? There is no stated endpoint to the County's right to continue licensing the software at this price—or, per other sections of the RFP, to provide the same pricing model and contract provisions to other agencies around the state.

ANSWER – This is correct. The Contractor may request an increase past the 5 years per the CPI listing. The pricing to other agencies is to the Contractor's discretion as stated in our Terms and Conditions section 20.

27.   **QUESTION** – Translations: For liability purposes, our system does not itself translate documents from other languages, but it can display characters in any language that the computer supports. We typically recommend the use of Google

Translate or similar services to obtain translated text (unless one has a speaker of the language in one's agency). Will that suffice to meet the multi-language purposes of this RFP?

ANSWER – Please see Scope of Services, section 21, translation tool is required.

28. **QUESTION** – <u>Speech to text:</u> Does the County have an interest in capabilities like speech-to-text, and does it have headsets that can be used to help concentrate sound for speech-to-text?

ANSWER – Please see Scope of Services, if it is not listed it is not a requirement.

29. **QUESTION** – <u>Reports</u>: Due to the novelty and complexity of NEMSIS v3—the fact that most EMS agencies have not yet learned their way around the substantially expanded NEMSIS v3 data set (relative to NEMSIS v2)—our current policy has our engineering team involved in creating custom questions, as in "crowdsourcing." Will the County accept such a more hands-on model? (Again I would hope that references will help bolster the case, since we have operated this way for several years.) We can provide detail on our process and its rationale, plus examples of custom reports written for other partner-clients (including in California and elsewhere). We can insert the California Core Measures reports prior to go-live, so that they are available at no additional cost to all County EMS agencies.

ANSWER – See Scope of Services 3.A.2.

All other specifications, terms and conditions remain the same.

ACKNOWLEDGEMENT OF ADDENDA

a. The proposer shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned not later than the date and time for receipt of the proposal.

b. Receipt acknowledged by:

_____   _____
Authorized Signer   Date Signed
_____
Title
_____
Name of Proposer