

**Request for Proposal  
Electronic Patient Care Report Software  
FY2020-043-02**



**Montgomery County Hospital District  
1400 South Loop 336 West  
Conroe, Texas 77304**

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## 1. PROPOSAL REQUIREMENTS AND GENERAL INSTRUCTION

- 1.1. The purpose of this document is to contract for the provision of Patient Care Report Documentation Software for Montgomery County Hospital District (“MCHD”) Emergency Medical Services (“EMS”) located in Montgomery County, Texas. It is MCHD’s intent to obtain proposals from qualified businesses with extensive experience in implementing and maintaining EMS Electronic Patient Care Report (ePCR) documentation software in large, high volume EMS systems.
- 1.2. Failure to comply with the requirements of this RFP may result in rejection of the proposal at MCHD’s option. Proposers must include an itemized response of their ability to meet each requirement listed below. The response to each requirement must plainly state “Fully Compliant”, “Partially Compliant”, or “Not Compliant” along with supporting information.
- 1.3. The proposer must include in their response any technology, hardware, or other requirements MCHD will have to furnish to use their products. It is the intent of MCHD to present full and complete annual costs of implementing and maintaining the ePCR ultimately approved by the MCHD Board of Directors.
- 1.4. Disclosure of Interested Parties (Form 1295) must be completed according to the instructions provided by the Texas Ethics Commission website. The unique certificate number from electronic submission must be included in the proposer’s response. Failure to do so may cause Bids to be rejected. Form 1295 is available at the TEC’s website:

<https://www.ethics.state.tx.us/filinginfo/1295/>

- 1.5. The proposal must describe the proposed PCR system in detail, and clearly state all modules that are part of the proposal. The narrative must include the proposer’s approach to system implementation, including configuration, hosting, and testing of the selected software and the strategy to have the system set up and ready to be used by MCHD within 60 calendar days of purchase. Proposer must also include a detailed timeline from date of signed contract to complete implementation.
- 1.6. The proposer must include in its narrative a brief history of the company and its experience providing software and related services to government entities.
- 1.7. The proposer must include their five-year plan for technology, data, and research. This plan should include important events such as growth, major upgrades, new feature innovations, or reconfigurations. This is an opportunity for the proposer to share their vision of the future of PCR software and EMS data.
- 1.8. An electronic copy of the Request for Proposal can be found at:

<https://www.mchd-tx.org/about/current-proposalbid-opportunities/>

## **2. CLIENT REFERENCES**

- 2.1. The proposer will include in their proposal three client references to be contacted by MCHD regarding their experience with the proposer's product and services. These references should be agencies that utilize CentralSquare Inform Enterprise CAD, Zoll BillingPro, and the PayorLogic module with Zoll BillingPro.
- 2.2. Proposer must include email addresses and phone numbers for their references. References will be contacted via email and may be contacted up to 3 times by phone. References that do not respond within three business days from the initial contact will be given the lowest evaluation.
- 2.3. Refer to Appendix C for the evaluation of references.

## **3. QUESTIONS AND ADDENDA**

- 3.1. Proposers are cautioned that any oral statement by any representative of the MCHD, modifying or changing any conditions of this RFP, is an expression of opinion only and confers no right upon the Proposer.
- 3.2. RFP Questions will be accepted in written form to the address or email below on or before August 17, 2020, 5 P.M. CDT. Responses to all material questions submitted will be posted on the MCHD website. Requests for information regarding matters related to this RFP should be directed to:  
Kevin Crocker  
Division Chief of Quality and Process Improvement  
1400 South Loop 336 West  
Conroe, Texas 77304  
epcr\_rfp@mchd-tx.org
- 3.3. If deemed necessary, MCHD may ask one or more Respondents questions about their proposals, either in writing or by oral presentation. Demonstrations of the system may be requested.
- 3.4. Addenda will be transmitted to all that are known to have received a copy of the RFP and related Specifications. However, it shall be the sole responsibility of the Respondent to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. www.mchd-tx.org, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to ensure Respondent's receipt of any addenda issued. Respondent shall acknowledge receipt of all addenda.

## **4. WITHDRAW**

Proposals submitted to MCHD cannot be withdrawn before the time set for Proposal Deadline. Request for non-consideration of proposals must be made in writing by letter or email [epcr\\_rfp@mchd-tx.org](mailto:epcr_rfp@mchd-tx.org), and received by MCHD before the time set for pending proposals. After other proposals are opened, the proposal for which non-consideration is requested will be returned unopened. Proposals for which MCHD has not received a timely non-consideration notice may not be withdrawn after the proposals have been received, and the proposer, in submitting the same, warrants and guarantees that this proposal has been carefully reviewed and checked and that it is in all things true and accurate and free of mistakes and that such proposal will not and cannot be withdrawn because of any mistake or mistaken assumption of fact committed by the Proposer.

## 5. IRREGULARITIES AND DISQUALIFICATION

Proposals will be considered irregular if there are omissions, alteration of forms, additions or conditions not called for, unauthorized alternate proposals or irregularities of any kind. However, MCHD reserves the right to waive any irregularities and to make the award in the best interest of MCHD. MCHD reserves the right to reject any or all proposals in whole or in part, to waive any informality in any proposal, to declare inadequate or inappropriate any proposer failing to meet the specifications, and to accept the proposal which, in its discretion, is in the best interest of MCHD, and all proposals submitted are subject to this reservation. Proposals may be disqualified and not considered, among other reasons, for any of the following specific reasons:

- Proposals received after the time limit for receiving proposals as stated in the advertisement;
- Proposal containing any irregularities;
- Unbalanced value of any items;
- Failure to comply with the enclosed contract language;
- Reason for believing collusion exists among the proposers;
- Reasonable grounds for believing that any proposer is interested in more than one proposal for the work contemplated;
- The proposer being interested in any litigation against MCHD;
- The proposer being in arrears on any existing contract or having defaulted on a previous contract;
- Lack of competency as revealed by a financial statement, experience and equipment, questionnaires, etc.; and/or
- Uncompleted work that, in the judgment of MCHD, will prevent or hinder the prompt completion of additional work if awarded.

## 6. NO RIGHT TO ASSIGN

The successful proposal/proposer may not assign his/its rights and duties under the award to any third party without the written consent of MCHD. Such consent shall not relieve the assignor of liability in event of default by his assignee.

## 7. DELIVERY OF PROPOSAL:

- 7.1. Electronic submission of proposals will not be accepted. Proposals will be received in the following manner:

MARK ENVELOPE: RFP FOR ELECTRONIC PATIENT CARE RECORD.

Return proposals by mail service or hand delivery to:

Kevin Crocker  
1400 South Loop 336 West  
Conroe, Texas 77304

- 7.2. All proposals must be received by August 31, 2020, 5 P.M. CDT. All proposals received after the prescribed deadline, regardless of the mode of delivery, shall be returned unopened.
- 7.3. Submit one original and five copies. The original shall be clearly marked and must be manually signed in ink by a person having the authority to bind the firm in a contract
- 7.4. If a Respondent chooses to submit a Letter of No-Bid, this letter must be submitted in the same manner as proposals and must be received on or before the same date and time as proposals.

7.5. If a Respondent is chosen to submit a Best and Final Offer, this may be submitted electronically.

7.6. Proposed Timeline

<b>Event</b>	<b>Date</b>	<b>Time</b>
Request for Proposals Posted	August 10, 2020	N/A
Questions Due from Respondents	August 17, 2020	5 P.M. CDT
Answers to Questions Posted	August 19, 2020	N/A
Proposals Due	August 31, 2020	5 P.M. CDT
Level 2 Proposers Selected and Notified	September 7, 2020	N/A
Product Demonstration(s) via Teleconference	September 8 through September 10, 2020	To be determined
Level 3 Proposers Selected and Notified	September 11, 2020	N/A
Best and Final Offers Due	September 16, 2020	5 P.M. CDT

**8. OPEN RECORDS**

MCHD considers all information, documentation, and other materials requested to be submitted in response to this solicitation to be of a non-confidential and/or non-proprietary nature, therefore shall be subject to public disclosure, unless such information is clearly marked "Confidential", and is included in a separate envelope marked "Confidential" along with the vendor's proposal as set forth in this document. Proposers are hereby notified that MCHD adheres to all statutes, court decisions, and the opinions of the Texas Attorney General regarding the disclosure of public information. MCHD does not guarantee that such information shall remain confidential, as such information may be subject to public disclosure under the Texas Public Information Act. In the event MCHD receives a request under the Texas Public Information Act for the portion of the vendor's proposal that is marked 'Confidential', it will notify the vendor of such request and will not disclose such information pending a ruling from the Texas Attorney General on its authority to withhold the specified information. In such instances, the vendor shall be responsible for submitting written argument and proof to the Texas Attorney General that such information should be withheld from public disclosure.

**9. RIGHT TO ACCEPT OR REJECT AND NEGOTIATE WITH WINNING PROPOSER**

IT IS UNDERSTOOD that MCHD reserves the right to accept or reject any and/or all proposals, as it shall deem to be in the best interest of MCHD. The award of this contract shall be made to the responsible Proposer whose proposal is determined to be the highest evaluated taking into consideration the relative importance of price and the other evaluation factors providing overall best value for MCHD and the taxpayers of Montgomery County. MCHD reserves the right to negotiate additional terms and conditions with the selected vendor.

## 10. SELECTION CRITERIA

- 10.1. The Evaluation Committee will review all proposals received by the submission deadline and time as part of a documented evaluation process. For each decision point in the process, the District will evaluate Respondents according to specific criteria and will elevate a certain number of Respondents to compete against each other.
- 10.2. MCHD reserves the right to determine the suitability of proposals based on any or all of the criteria below.
- 10.3. MCHD will use a competitive process based upon “selection levels.” The District recognizes that if a Vendor fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining providers or to elevate a provider that was not elevated before. The selection levels are described in the following sections.
  - 10.3.1. Level 1 - Conformance with RFP guidelines and Proposal requirements.

The first part of the elevation process is to validate the completeness of the proposal and ensure that all the RFP guidelines and Proposal requirements are met (the proper signatures and other similar required information). Those Respondents who do not meet all the requirements for the RFP may, at the discretion of the MCHD, be contacted to submit the missing information within two (2) Business days. Incomplete or noncompliant RFPs may be disqualified. The Proposal Evaluation Committee will conduct an initial review of the proposals and may develop a short list of Respondent(s) and the short listed respondents may be elevated to Level 2. Criteria evaluated in Level 1 includes required and requested feature compliance, cost, and responses from references.
  - 10.3.2. Level 2 – Detailed Proposal Assessment  
Respondent(s) may be invited and scheduled to participate in a demonstration of their product. Such demonstration(s) will be provided at no cost to the District. Upon completion of the oral demonstration(s) the information obtained during the demonstration(s) will be factored into the evaluation process. The oral demonstration(s) may be recorded and/or videotaped by the District. Criteria evaluated in Level 2 includes product performance and answers to questions during oral demonstration(s).
  - 10.3.3. Level 3 – Best and Final Proposal  
Respondents elevated to Level 3 will be asked to respond in writing to issues or questions, as well as any other cost and implementation planning considerations in the proposal, and may be invited to present their responses via teleconference. Criteria evaluated during this phase includes responses to questions and updated cost. Respondents elevated to this level may be asked to provide documentation of audits related to their business and data storage practices.
  - 10.3.4. Level 4 – Contract Negotiations  
Based on the information collected in this and previous phases, a single Respondent will be identified as the finalist for contract negotiations. If a contract cannot be reached after a period of time deemed reasonable by the District, it reserves the right to contact any of the other Respondents that have submitted bids and enter into negotiations with them.

10.4. Evaluation of proposals will be made on the basis of the following objectives:

- 10.4.1. Proposed price, including first year implementation costs and annual fees thereafter;
- 10.4.2. The ability of the Respondent to meet the requirements set forth in this document;
- 10.4.3. The number and scope of conditions or exceptions attached to the Respondent's proposal;
- 10.4.4. The ability, capacity, and skill of the Respondent to perform the contract or provide the service required;
- 10.4.5. The Respondent's detailed implementation plan, including whether the Respondent can perform the contract or provide the service promptly, or within the time required, without delay or interference;
- 10.4.6. The character, responsibility, integrity, reputation, and experience of the Respondent;
- 10.4.7. The quality of performance of previous contracts or services for similar items;
- 10.4.8. Any previous or existing noncompliance by the Respondent with specification requirements relating to time of submission of specified data such as samples, models, drawings, certificates, or other information;
- 10.4.9. The ability of the Respondent to provide future maintenance, repair parts, and warranty services for all services provided under the contract;
- 10.4.10. The ease of MCHD servicing the end-user hardware required to use the Respondent's system;
- 10.4.11. The ease of retrieving quality metrics from the system to use in quality improvement processes; and
- 10.4.12. The Respondent's compliance with required and requested features.

10.5. Evaluation of Required and Requested Features

- 10.5.1.1. Features will be evaluated utilizing a points system, with overall percentage calculated by dividing the sum of a Respondent's awarded points by available points.
- 10.5.1.2. Features that state "must" will be awarded four points for full compliance, and zero points for partial compliance or noncompliance.
- 10.5.1.3. Features that state "should" will be awarded two points for full compliance, one point for partial compliance, and zero points for noncompliance.



## **11. BACKGROUND**

- 11.1. Montgomery County Hospital District Emergency Medical Services (MCHD EMS) is the sole 911 ambulance provider for Montgomery County, Texas, serving a population of approximately 607,000 residents across 1,077 square miles. MCHD is expected to complete approximately 80,000 responses annually through 2021.
- 11.2. To meet this goal, MCHD utilizes a combination of 26 ambulances staffed 24/7, 4 ambulances staffed for 12 hours on rotating schedules, 3 transfer ambulances staffed 24/7, 2 SUV Quick Response Vehicles (Squads) and 5 command/supervisory personnel in SUV's. MCHD employs approximately 250 field staff.
- 11.3. MCHD currently uses Zoll Tablet PCR that is hosted on-site. It is deployed on a mixture of Panasonic Toughbook CF-19 and CF-20. It is integrated with CentralSquare Inform Enterprise CAD as well as Zoll Billing Pro including the PayorLogic module. Mobile internet connections are available in all vehicles to support importing of CAD data into run reports. MCHD anticipates moving to Zoll Cloud for monitor data import by the end of 2020.
- 11.4. MCHD has been chosen as a selected applicant for the Centers for Medicare and Medicaid Emergency Triage, Treatment, and Transport program.
- 11.5. MCHD has a Community Paramedicine program with a staff of four paramedics and assists in the healthcare needs of approximately 60 active clients per month, and enrolls approximately 10 to 15 new clients each month.

## **12. IMPLEMENTATION AND FINANCE**

- 12.1. MCHD is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted in Proposals shall not include taxes.
- 12.2. The year one subscription fees will begin accruing once implementation is complete and the product is being used for field documentation.
- 12.3. It is the desire of MCHD to have pricing remain constant and not increase for a five-year term beginning when a contract is signed.
- 12.4. All costs associated with meeting the requirements below shall be included in the Respondent's proposal. The cost to perform all requested integrations will be included in the proposal. No items shall be marked optional unless specifically stated in this document.
- 12.5. The Respondent must include, detail, and itemize all costs associated with implementing their product for a five-year term. These costs should be clearly marked as one-time or recurring. The Respondent should include totals of all one-time costs, first year costs (including one-time and recurring), costs for each year thereafter of the five-year term, and a total of all costs incurred by MCHD during the five-year term.

- 12.6. Funding: Funds for payment for the current fiscal year have been provided through the district budgeting and appropriation process. State of Texas statutes prohibit the district from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current MCHD fiscal year shall be subject to budgeted appropriations therefor.
- 12.7. The District may or may not request Best and Final Offers, therefore Proposers are encouraged to provide their best pricing at the time of proposal submission. Any discounts, trade-ins, cost incentives or signing bonuses that the Proposer intends to extend to the District should be contained in this Pricing section.
- 12.8. Proposers must submit all pricing for the proposed equipment and services using the pricing worksheet (Appendix D). This worksheet will serve as the basis for the proposed pricing of all software and all services including, but not limited to installation, programming, training, travel and per-diem, supplies, etc. As needed, Proposers should supplement the pricing section to adequately portray and describe the proposed equipment and services. Proposers should be as descriptive as possible. Please round all costs to the nearest dollar.
- 12.9. Payment of the initial one-time implementation costs will be according to the completion of the following milestones:
- 12.9.1. Contract Signing – 20%
  - 12.9.2. System Installation Completed – 20%
  - 12.9.3. Training Completed – 50%
  - 12.9.4. System Accepted – 10%

### **13. REQUIRED AND REQUESTED FEATURES**

#### 13.1. Software Features

- 13.1.1. The product should include the ability to scan and import patient demographic data from barcodes on State of Texas ID cards and Driver's Licenses. Features that utilize a magnetic stripe reader are not an acceptable substitute.
- 13.1.2. The product should be capable of wirelessly transferring charts from one unit to another, including across different agencies. (E.g. Unit A begins care on scene, but Unit B will transport. Unit A can begin documenting and send patient care information to Unit B.)
- 13.1.3. The product must include a detailed audit trail for **all** accessing, handling, printing, or changing of PCRs. This audit trail must show old and new values for any data that is changed.

- 13.1.4. The product should include the ability to ensure finalized PCR data matches CAD dispatch data (e.g. CAD Reconciliation Report).
- 13.1.5. The product should support scoring and documentation of:
  - 13.1.5.1. Los Angeles Motor Scale (LAMS);
  - 13.1.5.2. Quick Sepsis Related Organ Failure Assessment (qSOFA);
  - 13.1.5.3. Glasgow Coma Score;
  - 13.1.5.4. Pandemic Screening Tool.
- 13.1.6. The product should have robust Quality Management (QM) module with ability to message crews regarding PCR's.
- 13.1.7. The product should be able to run reports to quantify QM comments/messages.
- 13.1.8. The product should include the ability to generate user-customized reports referencing data fields in the PCR. This feature should also include the ability to generate reports using Boolean operators and if/then statements.
- 13.1.9. The product should include pre-made reports for evaluating system performance and benchmarking against the National EMS Quality Alliance (NEMSQA) EMS Compass and other various national standards. Reporting tools should include dashboards, alerting, and near real-time display of metrics.
- 13.1.10. The product should be able to automatically workflow reports to the appropriate QM reviewer (e.g. cardiac arrests automatically go to reviewer A, whereas stroke alerts automatically go to reviewer B).
- 13.1.11. The product should be able to support multiple patients on the same incident.
- 13.1.12. Refusal documentation should have agency-customized text with native signature support. This feature cannot be a "write-on image".
- 13.1.13. The product should include a language translation feature with simple, common medical phrases.
- 13.1.14. The product should include Critical Incident identifier options with an ability to alert a Critical Incident Stress management team and run quantitative reports on the use of these features. These identifier options should not become a part of the patient's printed medical record. Critical Incidents are defined as any incident that has the potential to result in adverse psychological effects for responders, such as pediatric calls, mass casualty incidents, or incidents involving coworkers/family.

- 13.1.15. The product must include validation/closed call tools to ensure data is entered and the report is completed before closed.
- 13.1.16. The product must include a checklist or other designated form feature for documenting refusal of care. This form shall include at a minimum documentation of mental capacity; warnings of adverse outcomes; and communication with medical command, if necessary.
- 13.1.17. The product must be able to capture electronic signatures in both field and web-based versions.
- 13.1.18. The product should support presenting the legal text for signature capture in multiple languages.
- 13.1.19. The product should include assessment tools to document initial and ongoing assessments, including pertinent positives and negatives.
- 13.1.20. The product should include an anatomical figure with capability of notating assessment findings.
- 13.1.21. The product should include separate forms for complete documentation of advanced airway interventions, burns, acute coronary syndromes, motor vehicle incidents, and cardiac arrest patients.
- 13.1.22. Authorized hospital users should be able to log in and download PCR's after permission has been granted by MCHD. The hospital will only be able to see or access PCRs on which they are identified as the receiving facility. Multiple permitted users at the hospital will be able to access the PCR. MCHD will retain the right to authorize or deauthorize hospital users.
- 13.1.23. The product should include the ability to import demographic and billing data for transports in the last 90 days for repeat clients.
- 13.1.24. The product must include a test environment to be used for training purposes that does not affect real-world operations.
- 13.1.25. The product should include a hospital alerting feature to notify the receiving facility of incoming patients.

## 13.2. Technology Features

- 13.2.1. Implementation of the product must include an on-site replicated database of patient care records and QM records in Microsoft SQL format. This database must be automatically updated in real time via secure encrypted transmission. The proposer must include the necessary support to implement this real-time system.
- 13.2.2. The proposer should maintain source code in escrow.
- 13.2.3. The product must include the automated ability to batch process PCR's to PDF format for local electronic filing.
- 13.2.4. The product must be a cloud-based solution with servers hosted and managed by Proposer.
- 13.2.5. The product should maintain maximum uptime with minimal interruptions for updates or maintenance. The proposer will include evidence of their uptime for the previous 12 months. Scheduled downtime will be communicated well in advance. The proposer will be responsible for maintenance of the cloud servers, data backup / redundancy, and data recovery.
- 13.2.6. The proposer's data storage practices should be audited by an independent third party. The Proposer will include information in their proposal regarding their approach to data storage, including their use of third party data centers; their back up schedule and routine; any exercises performed to validate their backup and recovery system; and detailed information regarding their data security policies and practices including physical security of data storage sites.
- 13.2.7. The proposer must retain records in compliance with State of Texas and Federal record-keeping standards including compliance with data retention periods.
- 13.2.8. The proposer must securely destroy data after the required retention period has expired.
- 13.2.9. The product should be Windows 10 compatible without the need for a constant internet connection. The product should be able to transition seamlessly between connected and disconnected states without causing loss of data or requiring user action when an internet connection is gained or lost.
- 13.2.10. The product should be iOS compatible without the need for a constant internet connection. The product should be able to transition seamlessly between connected

and disconnected states without causing loss of data or requiring user action when an internet connection is gained or lost.

- 13.2.11. Changes to the PCR configuration through the administration console must not affect closed PCRs.
- 13.2.12. The MCHD administrator must be able to add or remove users, change user account data/security level, and reset passwords without contacting the proposer's support.
- 13.2.13. **All** actions by administrators including account creation, changes to security level, and changes to user permission must be tracked and logged for audit purposes.
- 13.2.14. The product must include robust application security to include data encryption meeting or exceeding all applicable Federal and State of Texas standards.
- 13.2.15. All data stored locally on end-user devices must be encrypted.
- 13.2.16. The product must be able to limit access to the system based on IP Address. Software should allow for a range of IP addresses as well as static IP whitelisting.
- 13.2.17. The product should include the ability to require two-factor authentication to access the system.
- 13.2.18. The product must meet or exceed the requirements of State of Texas and Federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996.
- 13.2.19. Patient Care Reports should be backed up on the local device for a period of 30 days after being synchronized to the server.
- 13.2.20. Patient Care Reports should be incrementally backed up to the server when connected to the internet to create a recovery state should the end user's device fail.
- 13.2.21. Web access portals must automatically log out after 15 minutes of inactivity.
- 13.2.22. The product should automatically and individually notify end-users if they have an incomplete record open for more than 24 hours.
- 13.2.23. The product should be capable of sending a PCR in a secure, encrypted email to streamline responses to records requests.
- 13.2.24. All software updates for the product should be able to be completed by the end-user, without the need for administrator access on the device.

13.2.25. The product should be compatible with Trend Micro Antivirus.

### 13.3. Software Integration

13.3.1. The product must have proven integration with CentralSquare Inform Enterprise CAD system in a high volume EMS service.

13.3.2. The product must have proven integration with Zoll Billing Pro and specifically the PayorLogic module in a high volume system.

13.3.3. The product should be able to import interventions/treatments from the HandTevy mobile application.

13.3.4. The product must be able to import vital signs including heart rate, blood pressure, ETCO2 values, respiratory rate, SpO2, SpCO, and temperature; continuous EKG, SpO2, and ETCO2 waveform data; and interventions/treatment data from Zoll X Series Monitors using Zoll Cloud.

13.3.5. The product should allow monitor data files to be easily opened in Zoll RescueNet Code Review.

13.3.6. The product should be able to integrate with third party documentation systems via a Health Level Seven (HL7) interface (e.g. Community Paramedicine products). If the Respondent's proposal includes a community paramedicine module, please make this clear as an optional expense and include information describing the use and features of the module.

13.3.7. The product must be National Emergency Medical Services Information System (NEMSIS) version 3.34 compliant. Proposer must implement new NEMSIS versions in compliance with State of Texas and National Requirements. NEMSIS submission must occur periodically via automated secure transmission. The product must meet or exceed other State of Texas or National reporting requirements.

13.3.8. The product should be able to automatically upload or automatically format data for upload to the Cardiac Arrest Registry to Enhance Survival (CARES).

13.3.9. The product should have a robust hospital data exchange capability that upon implementation of PCR system is integrated with the facilities/systems listed in Appendix A. This data exchange system should be **bidirectional** and allow sharing of outcome and billing data to EMS, as well as transmitting EMS PCR's directly to the patient record at the receiving facility.

#### 13.4. Support and Relationship

- 13.4.1. The proposer must have 24/7 emergency support available.
- 13.4.2. The proposer should respond with a specific acknowledgement to routine service/support requests within one business day.
- 13.4.3. The proposer must have a minimum of 5 years' experience in EMS documentation software and implementation in large EMS services; 10 years' experience is preferred.
- 13.4.4. The product should incorporate an easily scalable design. The product should not take more time to manage as the number of users or number of calls increases
- 13.4.5. The proposer should have a client driven committee dedicated to the direct input of end users for the future direction of their product and will provide MCHD a position on such a committee.
- 13.4.6. The proposer should have a credentialed PhD research scientist on staff, and provide MCHD direct access for collaboration on research projects. It is the desire of MCHD to collaborate with the chosen proposer to conduct extensive research in prehospital medicine.
- 13.4.7. The proposer should aggregate PCR data across agencies/clients and provide access to this data set for research purposes.
- 13.4.8. The proposer should identify key staff members that will be assigned to MCHD in the implementation and ongoing use of the system. It is the desire of MCHD to have a single point of contact to coordinate the resolution of any tier two technical issues or other various needs.
- 13.4.9. The proposer will include in their proposal five days of on-site training to field staff and administrators in the use of the system.



## **14. APPENDIX A – DATA EXCHANGE CONNECTIONS**

The following is a list of facilities to which data exchange connections are desired.

- 14.1. HCA Houston Healthcare (Currently using ESO HDE)
  - 14.1.1. Conroe
  - 14.1.2. Tomball
  - 14.1.3. Kingwood
  - 14.1.4. Houston Northwest
  
- 14.2. CHI St. Luke’s (No current data connection to MCHD’s knowledge)
  - 14.2.1. The Woodlands
  - 14.2.2. Lakeside
  - 14.2.3. The Vintage
  - 14.2.4. Texas Medical Center
  
- 14.3. Houston Methodist (Currently using ESO HDE)
  - 14.3.1. The Woodlands
  - 14.3.2. Willowbrook
  - 14.3.3. Texas Medical Center
  
- 14.4. Memorial Hermann (Currently using ImageTrend HIE, no current connection to MCHD)
  - 14.4.1. The Woodlands
  - 14.4.2. Northeast
  - 14.4.3. Texas Medical Center
  
- 14.5. Texas Children’s Hospital (No current data connection to MCHD’s knowledge)
  - 14.5.1. The Woodlands
  - 14.5.2. Texas Medical Center

**15. APPENDIX B – RFP SCORING / RANKING SHEET**

- 15.1. This scoring sheet is provided as an example only and is not to be completed by the respondent. Space for four Respondents are included in this example, however this scoring process will be performed for all Respondents who submit a complete proposal.
- 15.2. Respondents will be ranked according to their ability to meet each criterion.
- 15.3. In cases where one or more respondents are able to equally meet the criteria, they shall be given an equal ranking.
- 15.4. A lower rank indicates a more favorable review.

<b>Criteria</b>	<b>Respondent 1</b>	<b>Respondent 2</b>	<b>Respondent 3</b>	<b>Respondent 4</b>
Price – First year				
Price – 5 Year total				
Conditions or Exceptions				
Experience				
References				
Support Services				
Hardware platform deployment				
Reporting capabilities				
Implementation Plan				
Required & Requested Features				
<b>Rank Positions Sum:</b>				

## 16. APPENDIX C – RFP REFERENCE SCORING SHEET

- 16.1. The reference will rate the Respondent according to the statements and scale described below. The references provided by the Respondent will be emailed and may be contacted by phone during normal business hours. This scoring sheet is not to be completed by the proposer.
- 16.2. References that do not respond in a timely manner will be given the lowest evaluation.
- 16.3. References that do not utilize CentralSquare Enterprise Inform CAD or Zoll Billing Pro will be given the lowest evaluation for applicable statements.
- 16.4. References will be evaluated utilizing a points system, with overall percentage calculated by dividing the sum of References' responses by available points.
- 16.5. References may be asked to provide general comments regarding their experience with the Respondent.
- 16.6. Evaluation Scale:
  - 5 – Strongly Agree
  - 4 – Agree
  - 3 – Neutral
  - 2 – Disagree
  - 1 – Strongly Disagree
- 16.7. Evaluation Statements
  - 16.7.1. Overall, my agency is satisfied with the product.
  - 16.7.2. The support team is responsive to my requests and responds promptly.
  - 16.7.3. The support team is able to solve my problems in a timely manner.
  - 16.7.4. The Respondent is reputable and demonstrates evidence of sound business practices.
  - 16.7.5. The field crews enjoy using this product.
  - 16.7.6. The field crews do not regularly encounter difficulties or data loss in using this product.
  - 16.7.7. It is easy to get the data and metrics my agency needs from this product.
  - 16.7.8. The product integrates well with CentralSquare Enterprise Inform CAD.
  - 16.7.9. The product integrates well with Zoll BillingPro and PayorLogic.
  - 16.7.10. The product is easy to manage as an administrator.

**17. APPENDIX D – PRICING WORKSHEET**

17.1. The proposer will complete this worksheet.

Item	Cost
1. One-time costs of implementation of the PCR system for MCHD field documentation and quality management.	
2. Cost of Integration with CentralSquare CAD.	
3. Cost of Integration with Zoll Billing Pro & PayorLogic Module.	
4. Implementation costs incurred by MCHD for establishing data exchange connection to HCA Houston Healthcare Conroe.	
5. Implementation costs incurred by MCHD for establishing data exchange connection to HCA Houston HealthCare Tomball.	
6. Implementation costs incurred by MCHD for establishing data exchange connection to HCA Houston HealthCare Kingwood.	
7. Implementation costs incurred by MCHD for establishing data exchange connection to HCA Houston HealthCare Northwest.	
8. Implementation costs incurred by MCHD for establishing data exchange connection to CHI St. Luke’s The Woodlands.	
9. Implementation costs incurred by MCHD for establishing data exchange connection to CHI St. Luke’s Lakeside.	
10. Implementation costs incurred by MCHD for establishing data exchange connection to CHI St. Luke’s The Vintage.	
11. Implementation costs incurred by MCHD for establishing data exchange connection to CHI St. Luke’s Texas Medical Center.	
12. Implementation costs incurred by MCHD for establishing data exchange connection to Houston Methodist The Woodlands.	
13. Implementation costs incurred by MCHD for establishing data exchange connection to Houston Methodist Willowbrook.	

14. Implementation costs incurred by MCHD for establishing data exchange connection to Houston Methodist Texas Medical Center.	
15. Implementation costs incurred by MCHD for establishing data exchange connection to Memorial Hermann The Woodlands.	
16. Implementation costs incurred by MCHD for establishing data exchange connection to Memorial Hermann Northeast.	
17. Implementation costs incurred by MCHD for establishing data exchange connection to Memorial Hermann Texas Medical Center.	
18. Implementation costs incurred by MCHD for establishing data exchange connection to Texas Children’s Hospital The Woodlands.	
19. Implementation costs incurred by MCHD for establishing data exchange connection to Texas Children’s Hospital Texas Medical Center.	
20. Implementation costs for establishing the EMS side of the hospital connection(s).	
21. Travel and Training costs for 5 days of on-site training.	
22. First year annual cost for all modules required to meet the items listed in section 13 of this RFP.	
23. Total First Year Costs (Sum of lines 1 through 22)	
24. Annual Cost Year 2	
25. Annual Cost Year 3	
26. Annual Cost Year 4	
27. Annual Cost Year 5	
28. Total 5 year cost (Sum of lines 23 through 27)	

17.2. If there are any other fees or costs not included in the table above, please include them as a supplement to this worksheet. They should be clearly marked as one-time or recurring.

**18. APPENDIX E – COMPLIANCE AND UNDERSTANDING CHECKLIST**

18.1. The proposer will complete this checklist. The proposer will initial the boxes for “Read” and “Understood” if they have read and understood the requirements of that section. They will then initial one box for “Fully Compliant”, “Partially Compliant”, or “Not Compliant” based on their ability to meet the requirements set forth in that section.

Item Number	Description	Read	Understood	Fully Compliant	Partially compliant	Not Compliant
1.	General Instruction					
2.	Client References					
3.	Questions & Addenda					
4.	Withdraw					
5.	Irregularities & Disqualification					
6.	No Right to Assign					
7.	Delivery of Proposal					
8.	Open Records					
9.	Right to Accept, Reject, or Negotiate					
10.	Selection Criteria					
11.	Background			N/A	N/A	N/A
12.	Implementation & Finance					
13.1.1.	ID Card Barcode Scanning					
13.1.2.	Wireless Transferring of Charts					
13.1.3.	Audit Trail for PCRs					
13.1.4.	CAD Reconciliation Report					
13.1.5.	Documentation of Assessment Scales					
13.1.6.	Quality Management Module					

Item Number	Description	Read	Understood	Fully Compliant	Partially compliant	Not Compliant
13.1.7.	Reporting on QM Messages					
13.1.8.	User Customized Reports					
13.1.9.	Pre-Made Reports					
13.1.10.	Workflow for QM Process					
13.1.11.	Multiple Patients					
13.1.12.	Refusal Signature Support					
13.1.13.	Language Translation Feature					
13.1.14.	Critical Incident Identifiers					
13.1.15.	Closed Call Rules / Validation Tools					
13.1.16.	Refusal Checklist / Form					
13.1.17.	Capture of Electronic Signatures					
13.1.18.	Signature Text in Multiple Languages					
13.1.19.	Assessment Tools					
13.1.20.	Anatomical Figure					
13.1.21.	Forms for Specific Patient Presentations					
13.1.22.	Hospital Access to ePCR					
13.1.23.	Importing for Repeat Clients					
13.1.24.	Test Environment					
13.1.25.	Hospital Alerting Feature					
13.2.1.	On-site Replicated Database					
13.2.2.	Source Code in Escrow					

<b>Item Number</b>	<b>Description</b>	<b>Read</b>	<b>Understood</b>	<b>Fully Compliant</b>	<b>Partially compliant</b>	<b>Not Compliant</b>
13.2.3.	Batch Process PCRs to PDF					
13.2.4.	Cloud-Based / Hosted Solution					
13.2.5.	Uptime					
13.2.6.	3 <sup>rd</sup> Party Audit for Data Storage					
13.2.7.	Record Keeping Compliance					
13.2.8.	Data destroyed after retention period					
13.2.9.	Windows 10 Compatibility					
13.2.10.	iOS Compatibility					
13.2.11.	Closed records not changed by Admin Configuration					
13.2.12.	MCHD Administrator Tools					
13.2.13.	Administrator Action Audit Trail					
13.2.14.	Application Security					
13.2.15.	Data Encryption on End-User Device					
13.2.16.	IP Address Restrictions					
13.2.17.	Two Factor Authentication					
13.2.18.	HIPAA & Privacy Compliance					
13.2.19.	Local Device Backup					
13.2.20.	Incremental Backup to Server					
13.2.21.	Automatic Logout					
13.2.22.	Open Report Notification					
13.2.23.	Send PCRs in Encrypted Email					



Item Number	Description	Read	Understood	Fully Compliant	Partially compliant	Not Compliant
13.2.24.	Software Updates Completed by End User					
13.2.25.	Compatibility with Trend Micro Antivirus					
13.3.1.	CAD Integration					
13.3.2.	Billing Integration					
13.3.3.	HandTevy Integration					
13.3.4.	Zoll X-Series Integration					
13.3.5.	Zoll RescueNet Integration					
13.3.6.	HL7 Integrations					
13.3.7.	NEMESIS Compliance					
13.3.8.	CARES Data Upload					
13.3.9.	Hospital Data Exchange					
13.4.1.	24/7 Emergency Support					
13.4.2.	Response to Support Requests					
13.4.3.	Experience					
13.4.4.	Scalable Design					
13.4.5.	Client Committee					
13.4.6.	PhD Research Scientist					
13.4.7.	Aggregation of Data					
13.4.8.	Designated Support Staff					
13.4.9.	5 Days of On-site Training					
14.	Appendix A			N/A	N/A	N/A

Item Number	Description	Read	Understood	Fully Compliant	Partially compliant	Not Compliant
15.	Appendix B			N/A	N/A	N/A
16.	Appendix C			N/A	N/A	N/A
17.	Appendix D			N/A	N/A	N/A
18.	Appendix E			N/A	N/A	N/A

Person Completing Checklist:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_