ISP # 21902
Addendum Number 1

KALEIDA HEALTH
ERIE COUNTY MEDICAL CENTER CORPORATION
AND
BROOKS TLC HOSPITAL SYSTEM

Addendum Number 1 to ISP # 21902

ENTERPRISE IMAGING

The deadline for submission has been extended to:

Thursday, March 28, 2019 at 11:00 am EST.

The following questions were submitted to the Designated Contact:

1. **Does the first phase includes a VNA and Enterprise Viewer with additional phases to replace the full PACS and rollout additional enterprise workflows outside Radiology?**
   This RFP is for an enterprise imaging viewer to support dicom and visible light imaging along with a clientless enterprise viewer. This will include workflows outside of Radiology (e.g. wound care) but will not replace existing Diagnostic PACS viewers. A future bidding opportunity may be released to replace the diagnostic PACS viewers across Great Lakes Health.

2. **Is it required to complete Exhibit B-2 M/MWBE Utilization Plan Or Exhibit B-3 SDVOB Utilization Plan?**
   Exhibit B-2 and Exhibit B-3 are not required.

3. **Can you provide more information on the electronic medical record (EMR) strategy across the organizations to help us with the timing of integrating the EMR with imaging strategy in this ISP response?**
   The future state of Great Lakes Health is to be on a common EMR platform. However, due to implementation timing the VNA project must be able to support and integrate with multiple EMR's including Cerner, Meditech CS, and Meditech Magic.

4. **Can you provide more information on the electronic medical record (EMR) strategy across the organizations to help us with the timing of integrating the EMR with imaging strategy in this ISP response?**
   Please see above.

5. **Is Great Lakes Medical Imaging (GLMI) included in the scope of this ISP? Are those volumes included in the Kaleida scope provided?**
   GLMI outpatient not included in this project at this time.

6. **Can you please clarify on the "Overview of imaging specific to this project" table and which facilities utilize which systems? It appears some may be duplicated. For example, The UAHS line lists the Brooks and TLC RPACS systems under the "Current PACS" column - but those facilities have their own rows within the table; is the UAHS line duplicative of data already captured in the Brooks and TLC lines of the table? If not, what systems from UAHS are creating the 101 TB of data Section 4 details the main purpose of this proposal to be for the following:**
   UAHS is not duplicative. UAHS is comprised of Bradford, Olean and Cuba. These sites are GE Diagnostic, Universal/Enterprise Viewer, to provide access to clinical images including pathology whole slide images.

7. **As a comprehensive EHR, we can provide VNA capabilities for all multimedia, including POC ultrasound, surgical and endoscopic imaging, mobile camera capture, wound care, etc.; which would require specific metrics to quote and a better understanding of the systems in place for these solutions today. In this ISP you only provided the location and volume information for PACS.**
   Currently we are not storing the Non-Dicom, therefore difficult to provide volumes.

8. **In our pricing proposal, should we:**

   a. **Price only utilizing the PACS information provided in the "Overview of Imaging Specific to this Project table"**
      Please Provide pricing for the volumes provided as well as the pricing structure used for storage of non-DICOM studies.

   b. **Expand our proposal to include the wide array of imaging capabilities that Cerner has available as a part of the "Optional" package (such as mobile camera capture, surgical and endoscopic imaging, etc.). If B, please provide the location and volume information for the additional system data objects / images.**

We are seeking a solution to include the ability to import captured images (e.g. from smart phone) as well as store non radiology images such as Pathology. Please provide the package 'options' in your proposal.

9. **This section references Appendix D and Appendix E. However, there are no such documents included with this request. Are these documents actually Appendix A, B, and B1?**
   Yes, that is correct. All references to Appendix D are hereby removed and replaced with Appendix A and References to Appendix E are hereby removed and replaced with replaced with Appendix B.

10. **FUJI CV PACS information is only listed for Kaleida Health. Is this the only cardiovascular imaging we should price within the VNA proposal (i.e. ECMC, UAHS, Brooks, TLC do not have CV PACS systems in include in the VNA proposal)?**
    The VNA solution needs to be able to account for the storage of all Cardiac studies across hospital systems. Please provide pricing options for the storage of these additional studies as Cardiac data will be migrated into the VNA after a full Radiology implementation.

11. **VNA CAPABILITIES: For question #10; can you provide an estimate as to how many users will be viewing / accessing clinical content concurrently?**
    Since we do not currently have this capability, we do not have a way to estimate the number of users that would be concurrently accessing the system. We would expect physicians to be accessing the viewer from each hospital's emergency departments as well as any clinical care area.

12. **DICOM Content: In question 4, information is requested concerning the VNA's "study close" policy. Can you define the expected behavior for "study close"?**
    We are looking for the ability to isolate and control access to images if needed.

13. **DICOM Content: In question 19, information is requested about support for DICOM WG-26 Supplement 145 for WSI. Can you confirm you are referring to storage of the DICOM IODs and associated AS-SOP classes for storage to the VNA? Can you provide a list of AS-SOP Class UIDs for which you desire support?**
    This is related to pathology images, this is new functionality. Please present the industry best practice.

14. **DICOM Content: In question 20, it is requested to describe DICOM API tools. Are you looking for information about APIs that are not defined as part of the DICOM standard or any of the standards referenced in relevant IHE profiles, or is this question intended for the vendor to list supported standards?**
    This question is intended for the vendor to list supported standards.

15. **Non-DICOM Content: In question 11, we are asked to describe classification capability of the VNA. Can you confirm this is referring to taxonomy of metadata, or if this is referring to other functionality?**
    This is referring to the ability to classify data during its ingestion into the VNA.

16. **Non-DICOM Content: Question 16 asks about Web Service APIs, and what Web Service messages are supported. Is this about any specific standard in relation to non-DICOM data?**
    Support will be extended to any functional non-dicom data.

17. **ILM: In question 13 and 14, can you confirm the term "organization nodes" is a reference to "imaging business units"?**
    We are seeking to understand capability of routing images within VNA based on how multitenancy is established within the VNA.

18. **Architecture & Operating Environment: Can you provide a correction to question 6.2?**
    The question should read "can this be managed by The Parties without the need for support or migration services from the VNA or PACS vendor?"
    We are looking for the VNA to support self-migration capacities.

19. **Data Migration & PACS Enablement: Can you provide a correction to question 1.1?**
    The question should read "will you provide tools for the Parties to migrate data ourselves?"
    We are looking for tools to be provided allowing us to perform self-migration of studies into the VNA.

20. **Planned Downtime: Can you provide a correction to question 1?**
    Error! Use the Home tab to apply Healthcare Network to the text that you want to appear here. expect advance notice prior to all planned down-time for any reason during the length of the service agreement. Will you comply (Yes or No)?"
    In other words, if any aspect of the system is operated and/or maintained by the vendor, what is your policy for informing clients of planned outages.

21. **Data Migration & PACS Enablement: Question 8 asks about the time to recover a failed drive. In the environment description it appears the VNA will be deployed using NetApp HCI for storage, which would mitigate the need for the VNA vendor recover failed drives. Is this question referring to restoring data to a NetApp HCI volume from disaster recovery in the event of corruption or data loss?**
    This question should read "expected time to recover a failed system", not a failed drive. This is assuming a DR cloud based solution and we are looking for recovery time back to an on prem environment once it is re-established.

22. **Please provide break down of total studies to be migrated to new VNA TB/site.**
    Provided in section 4.2 table

23. **Please provide break down of annual study volumes by modality by site or by health system's sharing a common system (ie. Kaleida, ECMC, Twin Tiers, etc.)**
    Not available at this time, but total volumes are previously provided.

24. **Will the Annual Study Counts include GLMI?**
    GLMI outpatient volumes not included.

25. **Are there other Cardio PACS systems besides Kaleida's CV? If yes, please provide details on annual study volumes, total studies and TB to be migrated, and Cardio PACS vendor information**
    Fuji CVSynapse, Philips, and Merge Cardio are currently being utilized. These systems will be migrated at a later point. Please provided the pricing structure for these types of studies.

26. **Do the Kaleida CV volumes include volumes for other sites?**
    No just Kaleida.

27. **Will we be providing an Enterprise Modality Worklist (MWL) from the VNA or will that configuration remain with the local PACS system?**
    Please provide details of the functionality available. If a MWL will be provided describe how this will account for a multi-tenant environment.

28. **Are you able to provide a timeline for Cerner rollout at your facilities?**
    The migration of all sites to a common Cerner platform is already in motion and is expected to take between 3 and 5 years.

29. **How many service lines will require non-DICOM ingestion? Please identify.**
    Approximately 10.

30. **We create an Encounter's Based Workflow for Non-DICOM (Native and Mobile Capture) and Point of Care Ultrasound based on the Encounter in the EHR. Will sites that are not yet on Cerner require Non-DICOM integration as well? If so, how many disparate EHR's will we need to integrate?**
    Yes, this would be required across all sites. This would include Cerner, Meditech CS, and Meditech Magic

31. **For Enterprise Licensing, do you have a total bed count for the health system?**
    The bed count is 1,936 across all facilities.

32. **On Page 14, item 5.9 references Exhibit G. We were not able to locate Exhibit G in the RFP.**
    Exhibit G is not required.

33. **Due to the amount of requested information, number of resources required to provide adequate responses/approvals, and the print/ship component we would like to as for an extension of the proposal due date.**
    The deadline will be extended to Thursday, March 28, 2019.

34. **Study volumes listed in the table 4.1 are DICOM. Are there assumptions around the non DICOM study volumes to be incorporated?**
    Not captured today, so no available metrics.

35. **In terms of RIS, Meditech C/S 6 5.6.7 is shown for ECMC, Kaleida Health and Brooks TLC. And, 1.1.3. Also shows "Meditech RIS." Is there a difference is only one version of Meditech used across the enterprise?**
    Kaleida currently uses Cerner RIS, ECMC currently uses Meditech C/S RIS.