

OFFICE OF THE SULLIVAN COUNTY PURCHASING AGENT
3411 HIGHWAY 126 – SUITE 201
BLOUNTVILLE, TN 37617-0569

PHONE 423/323-6400

FAX 423/323-7249

REQUEST FOR PROPOSAL (REBID)

MUST INCLUDE RFP#SCSO54218-1(KD) ON OUTSIDE OF ENVELOPE

RFP Name / Number CORRECTIONAL ELECTRONIC HEALTH RECORDS
SOFTWARE REBID #SCSO54218-1(KD)
Due Date / Time Thursday, May 3, 2018 / 2:00 p.m.
Bid Location / Mail Address Sullivan County Purchasing Department, Kristinia Davis,
Purchasing Agent 3411 Hwy 126-Suite 201, Blountville, TN
37617
Bid Contact / Telephone Kristinia Davis (423) 323-6400;
kris.davis@sullivancountyttn.gov
User Department SHERIFF

THIS REQUEST FOR PROPOSAL (RFP) IS A REBID AND MUST BE RETURNED IN A SEALED ENVELOPE VIA MAIL, COURIER OR IN PERSON. PHONE, FAX OR ELECTRONIC RESPONSES ARE NOT ACCEPTABLE! RESPONSES WILL BE ACCEPTED BY THE PURCHASING AGENT ONLY UNTIL THE DAY/TIME DESIGNATED ABOVE, AT WHICH TIME THEY WILL BE PUBLICLY OPENED. RESPONSES MUST **CLEARLY IDENTIFY THE RFP # ON THE OUTSIDE OF THE ENVELOPE**, BE PRESENTED IN ORIGINAL FORMAT, BE COMPLETED IN TOTALITY AND BEAR THE HANDWRITTEN SIGNATURE OF A DULY AUTHORIZED COMPANY REPRESENTATIVE. **LATE RESPONSES WILL NOT BE ACCEPTABLE!**

SUBMISSION OF THIS RFP VERIFIES VENDOR'S ACCEPTANCE OF THE RFPs LANGUAGE, REQUIREMENTS AND THE GENERAL PROCUREMENT TERMS AND CONDITIONS FORM #GPTC1004-14.

NOTE: IF FORM #GPTC1004-14 IS OMITTED FROM THIS RFP SOLICITATION, WE HAVE THE APPROPRIATE SIGNED DOCUMENTS FROM YOUR COMPANY. IF FORM #GPTC1004-14 IS ENCLOSED WITH THIS RFP SOLICITATION, PLEASE SIGN AND RETURN THE APPROPRIATE PAGES WITH YOUR RFP RESPONSE. By submission of this RFP/RFQ, the responding firm certifies compliance with Title VI and Title VII of the Civil Rights of 1964, as amended, and all regulations promulgated thereof.

ALL RFPs MUST BE OFFERED IN STRICT CONFORMANCE TO ALL LANGUAGE, REQUIREMENTS, TERMS AND CONDITIONS AND SPECIFICATIONS AS SOLICITED. FAILURE TO COMPLY WITH THE RFP PREREQUISITE WILL BE CAUSE TO DISQUALIFY SAME.

UNLESS OTHERWISE DESIGNATED, ALL PRICES OFFERED SHALL BE GUARANTEED FOR A MINIMUM OF SIXTY (60) DAYS FROM OPENING DATE. UNIT PRICES FOR GOODS/SERVICES SHALL BE QUOTED "**NET 30 DAYS**". **EACH LINE ITEM PRICE MUST INCLUDE ALL CHARGES, INCLUDING SHIPPING, HANDLING, FREIGHT OR ANY OTHER COSTS ASSOCIATED TO THE DELIVERY** TO THE DESIGNATED SULLIVAN COUNTY LOCATION. SULLIVAN COUNTY **WILL NOT ACCEPT** ADDITIONAL DELIVERY CHARGES AS A SEPARATE LINE ITEM. AWARDS MAY BE DETERMINED PER UNIT (LINE ITEM) AND/OR AS A TOTAL (WHOLE) AWARD; WHICHEVER IS IN THE BEST INTEREST OF SULLIVAN COUNTY. ALL GOODS PROVIDED TO SULLIVAN COUNTY SHALL BE FREE FROM DAMAGE/DEFECTS. GOODS DAMAGED IN TRANSIT BY COMMON CARRIER ARE THE SOLE RESPONSIBILITY OF THE VENDOR, INCLUDING ALL COMMUNICATIONS AND REPLACEMENT ARRANGEMENTS.

IF INFORMATION (SPECIFICATIONS, DATA SHEETS, ANALYSIS, DRAWINGS, ETC.) OR PRODUCT SAMPLES ARE REQUESTED IN THIS RFP, RESPONDING VENDOR MUST ENCLOSE/SUPPLY SAME. FAILURE TO COMPLY WILL BE CAUSE TO DISQUALIFY THE VENDOR FROM AWARD CONSIDERATION.

THE SULLIVAN COUNTY PURCHASING AGENT HAS THE RIGHT TO ACCEPT, REJECT, AWARD OR CANCEL ANY/ALL QUOTES AND TO WAIVE ANY INFORMALITIES OR IRREGULARITIES, IF SAME IS DEEMED IN THE BEST INTEREST OF SULLIVAN COUNTY. SULLIVAN COUNTY DOES NOT OBLIGATE ITSELF TO ACCEPT THE LOWEST AND/OR ANY QUOTE OFFERED.

Estimated Completion Time _____

(NOTE: DELIVERY TIME (DAYS/WEEKS/MONTHS) MUST BE INDICATED ... ASAP IS NOT ACCEPTABLE)

SULLIVAN COUNTY SHERIFF'S OFFICE

**REQUEST FOR PROPOSAL
SCSO54218-1(KD)**

**CORRECTIONAL ELECTRONIC HEALTH RECORDS
SOFTWARE SYSTEM REBID**

RFP SCHEDULE SUMMARY

| | |
|---------|-------------------------------|
| 4-5-18 | RFP Documents Released |
| 5-3-18 | Deadline to Receive Responses |
| 5-10-18 | Vendor Selection |

TABLE OF CONTENTS

This RFP is a rebid for Correctional Electronic Health Records Software with the addition of Telemedicine. Offerors are asked to review the package to be sure that all applicable parts are included. If any portion of the package is missing, notify the Sullivan County Purchasing Department at 423-323-6400 immediately.

It is the Offeror's responsibility to be thoroughly familiar with all the Requirements and Specifications. Be sure you understand the following before you return your proposal.

Cover Sheet

Table of Contents

Section 1: Service Requirements

Section 2: Contract Terms and Conditions

Section 3: Proposal Submission Procedures

Section 4: Offeror Description and Experience

Section 5: Facility Information

Section 6: Desired Functionality / Minimum Requirements

Section 7: Implementation Methods/Services and Technical Support

Section 8: Price Information

SECTION 1: SERVICE REQUIREMENTS

DEFINITION OF TERMS: The following terms are used in this RFP:

- ‘Offeror’ refers to the vendor, firm or team of firms, submitting a proposal for evaluation and possible selection by the Purchaser.
- ‘Purchaser’ refers to the Sullivan County Sheriff’s Office.
- ‘RFP’ refers to the Request for Proposal. The entire proposal package.
- ‘Proposal Contract’ refers to the entire agreement or contracts created by the selection of the most advantageous proposal.
- ‘Contractor’ refers to the vendor, firm or team of firms, selected by the Purchaser to provide products and services.

This Request for Proposal Rebid is a single step sealed process consisting of a technical and price proposal. Offerors shall comply with all applicable federal, state and local laws and regulations.

All documentation shall be open for public inspection after a contract is awarded, except for trade secrets and confidential information so identified by firms. All confidential information should be clearly marked in red. Purchaser cannot guarantee that trade secrets, financial information, or information designated as confidential will be exempt from disclosure under the Public Information Act. However, should disclosure of such information be sought, the Purchaser will promptly notify the firm involved so that it may take steps to prevent disclosure. In addition, the Purchaser may also resist disclosure if reasonable grounds exist under the Public Information Act for doing so.

PROPOSAL COMPLETION: One (1) original and two (2) copies of your proposal for Correctional Electronic Health Record Software System as outlined must be received by the Sullivan County Purchasing Department no later **than 2:00 p.m. on Thursday, May 3, 2018. ENVELOPE MUST BE MARKED “RFP SCSO54218-1(KD) Correctional Electronic Health Records Software System Rebid”** with your company name and addressed to:

Sullivan County Purchasing Department
3411 Hwy 126, Suite 201
Blountville, TN 37617
ATTN: Kristinia Davis

It is understood that Sullivan County reserves the right to accept or reject any and/or all proposals and to waive informalities or defects in proposal as it shall deem to be in the best interest of Sullivan County.

PURPOSE OF REQUEST FOR PROPOSAL (RFP): This RFP contains information necessary for the submittal of proposals for Correctional Electronic Health Recording. This RFP provides for a sixty (60) month subscription service. The objective for this project is to ensure that the Purchaser has an effective EHR system to more effectively manage individual patient treatment and a Telemedicine platform that can integrate with the EHR system and other existing platforms such as the Jail Management Software.

If additional items or services are needed that are not on this proposal, but fits the scope of this proposal, we can get a quote from the awarded vendor and consider the purchase as part of this proposal.

VENDOR SELECTION AND AWARD:

Award of this project is contingent upon Sullivan County Commission's approval of funding. Award of contract will be made on a lump sum basis to the responsible vendor who submits the most favorable proposal to Purchaser. This award could be made without discussion with vendors after proposals are received; **therefore proposals should be submitted on the most favorable terms.**

QUESTIONS: Questions submitted in writing will be addressed within a reasonable time frame, depending on the complexity of the question. Purchaser will not be responsible for any verbal exchange between the Offeror and an employee of Purchaser.

Requests for information related to this RFP should be made in writing to:

Kristinia Davis
Sullivan County Purchasing Agent
3411 Hwy 126, Suite 201
Blountville, TN 37617
kris.davis@sullivancountyttn.gov

SELECTION CRITERIA: Vendors can be assured that their efforts in preparing a proposal that responds to the information requested in these specifications will be appreciated. The timetable for receiving and analyzing proposals does not permit the Purchaser to devote much time to contacting the Offerors to request information that was not included in the proposal. Therefore, it is suggested that proposals be reviewed prior to submission to ensure they provide the information requested in these specifications.

All responses received in compliance with the terms and conditions will be evaluated. Evaluation criteria will be based on company experience, implementation method, past performance, and service ability. Final selection will be based on the following selection criteria:

- Adherence to the criteria set forth in the specifications of the RFP
- Service – to include implementation process and technical support

- Final proposal pricing, monthly support fee
- Availability of product and references

ADDENDA: When specifications are revised, the Purchaser will issue an addendum addressing the nature of the change.

SEVERABILITY: If any section, subsection, paragraph, sentence, clause, phrase or word of these requirements or the specifications shall be held invalid, such holding shall not affect the remaining portions of these requirements and the specifications; it is hereby declared that such remaining portions would have been included in these requirements and the specifications as though the invalid portion had been omitted.

PURCHASER'S RIGHTS:

1. Reject any/all proposals in whole or in part, and to accept the proposal which, in the judgment of the Purchaser, is in the best interest of the Purchaser.
2. Issue subsequent request for proposals.
3. Cancel the entire request for proposals.
4. Remedy technical errors in the request for proposal process.
5. Establish a short list of Offerors eligible for interviews after review of the written proposals.
6. Accept the written proposal as an "offer" without negotiation and issue a notice to proceed.

This Request for Proposal does not commit Purchaser to enter into a contract, nor does it obligate the Purchaser to pay any costs incurred in the preparation and submission of proposals or in anticipation of a contract. Purchaser reserves the right to contract with any Offeror responding to this Request for Proposal based solely upon the qualifications and capabilities of the vendor.

INVOICING AND PAYMENT SCHEDULE: All invoices submitted for payment must show name and address of successful vendor, name and address of receiving department and/or a delivery location, purchase order number, and descriptive information as to the item(s) delivered. Invoices shall be based on actual services rendered. Invoices shall be submitted directly to:

Sullivan County Sheriff's Office
Attn: Frank Horne
PO Box 589
Blountville, TN 37617

SCANNED OR RE-TYPED RESPONSE: If, in its response, the Offeror either electronically scans, re-types, or in some way reproduces the Purchaser's published proposal package, then in the event of any conflict between the terms and provisions of the Purchaser's published proposal package, or any portion thereof, and the terms and provisions of the response made by the Offeror, the Purchaser's proposal package as published shall control. Furthermore, if an alteration of any kind to the Purchaser's published proposal package is only discovered after the contract is executed and is or is not being performed; the contract is subject to immediate cancellation.

SUSPENSION & DEBARMENT: The "Vendor" certifies, to the best of its knowledge and belief, that the "Vendor" and/or any of its Principals:

- (a) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
- (b) Are not listed on the Excluded Parties List System (EPLS) maintained by the General Service Administration (GSA).
- (c) Have not, within a 3-year period preceding this offer, been convicted of a civil Judgment for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
- (d) Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated above.
- (e) The vendor has not, within a 3-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

SECTION 2: CONTRACT TERMS AND CONDITIONS

These General Terms and Conditions shall be incorporated in this proposal. The Offeror shall specifically state acceptance of these terms and conditions as a basis for providing the Purchaser with the proposed commodities. The Offeror shall state exceptions to these terms and conditions and may suggest alternate wording that addresses the intent of the term or condition. The Purchaser may accept or reject any suggestions based on lawful and fair bidding practice.

Termination for Default:

In the event of breach or default of this contract, Purchaser reserves the right to enforce the performance of this contract in any manner prescribed by law or deemed to be in the best interest of the Purchaser. Purchaser may terminate the contract immediately in the event successful vendor fails to meet their contractual obligations. Vendor shall be notified in writing of such default and at which time vendor's rights will terminate.

Conflict of Interest: No public official shall have interest in this contract, in accordance with local codes.

Ethics: The vendor shall not offer enticements of any nature to any official, agent, or employee of Purchaser.

Late Proposals: Proposals must be received by the Sullivan County Purchasing Department before the hour and date specified. Proposals received after the time and date specified will be disqualified and may be returned to sender. Sullivan County is not responsible for lateness or non-delivery of mail, delivered to wrong office, carrier, etc.

Clarification: Any clarification or questions concerning the proposal should be directed to the Sullivan County Purchasing Agent, Kristinia Davis by e-mail @ kris.davis@sullivancountyttn.gov no later than five (5) days prior to opening.

Minimum Standards for Responsible Prospective Offerors: A prospective Offeror must affirmatively demonstrate Offeror's responsibility. A prospective Offeror must meet the following requirements:

- be able to comply with the required or proposed delivery schedule
- have a satisfactory record of performance
- have a satisfactory record of integrity and ethics

Purchaser may request representation and other information sufficient to determine Offeror's ability to meet the minimum standards listed above.

Offeror Response: Offeror shall provide with this proposal response, all documentation required by this Request for Proposal. Failure to comply may result in rejection of proposal. Proposals must be signed by an authorized representative and show full name and address of Offeror.

Altering Proposals: Proposals cannot be altered or amended after opening time. Any alterations made before opening time must be signed by the Offeror or his agent.

Withdrawal of Proposal: A proposal may not be withdrawn or cancelled by the Offeror without the permission of the Purchaser for a period of ninety (90) days following the date designated for the receipt of proposals, and Offeror so agrees upon submittal of their proposal. The Purchaser reserves the right to reject any or all proposals.

Sales Tax: Purchaser by statute is exempt from Federal Excise Tax and State Sales Tax. A certification for this exemption may be obtained. Do not include tax in your proposal price or invoice.

Contract: This contract shall be awarded to the most responsible Offeror that meets or exceeds the objectives as outlined in the RFP and evaluated according to the defined criteria. This proposal when accepted by the Purchaser shall constitute a contract equally binding between the successful Offeror and Purchaser.

Change Orders: No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All change orders to the contract will be made in writing by mutual consent of the Offeror and Purchaser.

Insurance: The vendor shall secure and maintain, throughout the duration of the Contract, insurance of such types and in such amounts as may be necessary to protect the vendor and the interests of the Purchaser against all hazards or risks of loss as hereinafter specified. The form and limits of such insurance, together with the insurer, shall be acceptable to the Purchaser. It shall be the responsibility of the vendor to maintain adequate insurance coverage at all times. Failure of the vendor to maintain adequate coverage shall not relieve the vendor of any contractual responsibility or obligation. Prior to issuance of a purchase order award, Offeror must furnish a certificate of general liability insurance indicating Sullivan County as an additional insured.

Assignment: The successful bidder shall not sell, assign, transfer or convey this contract, in whole or in part, without the prior written consent of Purchaser.

Descriptions: Any catalog, brand name or manufacturer's reference used in the RFP is descriptive not restrictive. It is intended to indicate type and quality desired. Proposals on brands of like nature and quality will be considered.

Exceptions/Substitutions: All proposals meeting the intent of this RFP will be considered for award. Offerors taking exception to the specifications, or offering substitutions, shall state these exceptions in the section provided or by attachment as part of the proposal. The absence of such a list shall indicate that the Offeror has not taken exceptions and shall hold the Offeror responsible to perform in strict accordance with the specifications of the invitation. Purchaser reserves the right to accept any and all or none of the exceptions(s)/substitution(s) deemed to be in the best interest of the Purchaser.

Items/Warranty: All items must be new, in first class condition, unless otherwise specified. The design, strength, and quality of materials must conform to the highest standards of manufacturing practice. Items supplied under this contract shall be subject to the Purchaser's approval. Successful Offeror shall warrant that all items/services shall conform to the proposed specifications and/or all warranties as stated in the Uniform Commercial Code and be free from all defects in material, workmanship and title. Any items found defective or not meeting specifications shall be picked up and promptly replaced by the successful Offeror at no expense to the Purchaser.

Remedies: The successful Offeror and Purchaser agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.

Patents/Copyrights: The successful bidder agrees to protect Purchaser from claims involving infringements of patents and/or copyrights.

Purchase Orders/Notice to Proceed: A purchase order(s) or notice to proceed shall be generated by Purchaser to the successful Offeror.

Invoice: Successful Offeror shall submit an invoice showing name and address of successful Offeror, name and address of receiving department and/or delivery location, purchase order number, and descriptive information as to the item(s) delivered.

Payment: Payment to be determined.

Silence of Specifications: The apparent silence of these specifications as to any detailed description of, or apparent omission of an item shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

Extension of Time: If the Vendor is delayed in the final completion of the work by any act or neglect of the Purchaser caused solely by the Purchaser or of any employee of the Purchaser, which, in the opinion of the Purchaser, could have been neither anticipated nor avoided, then an extension of time sufficient to compensate for the delay shall be granted by the Purchaser.

SECTION 3: PROPOSAL SUBMISSION PROCEDURES

Proposal Submission Procedures: The Offeror shall submit the required information on the Correctional Electronic Health Records Software System requirements as outlined in this proposal and Telemedicine. The Offeror will also submit the pricing proposal on the software, hardware, delivery, installation, interface and service as outlined.

Proposal Submission Requirements: The following administrative requirements shall govern the preparation and submission of proposals.

Offerors shall submit proposals which are concise and which specifically respond to the questions and technical requirements posed in this RFP. In their response, Offerors may reference appendices or attachments that elaborate (but do not replace) specific responses to the RFP items. Any appendices or attachments provided with the proposal shall be clearly identified and labeled.

If the Offeror wishes to offer an alternative or option in response to a specific RFP requirement, that alternative or option should be clearly identified, and a discussion of advantages and disadvantages shall be provided so that Purchaser reviewers may compare them.

Proposal format shall consist of the following sections:

* Response Criteria A: Offeror Description and Experience

Offeror shall provide a full response to the items in Section 4: Offeror Description and Experience of the RFP, to be considered for selection.

* Response Criteria B: Response to Contract Terms and Conditions

Offerors shall indicate their acceptance or exceptions they propose for each of the terms and conditions in Section 2: Contract Terms and Conditions of the RFP. Offeror shall include copies of their contract, software license agreements and other forms required to facilitate business.

* Response Criteria C: Desired Functionality/Minimum Requirements

Offerors shall provide technical details about proposed software system. To be considered for selection, Offerors must provide a full response to items in Section 6: Desired Functionality/Minimum Requirements. The checklist must be

thoroughly completed as well. Supporting documents or notes should be referenced as appendices or attachments.

* Response Criteria D: Implementation Methods/Services and Technical Support

Offerors shall provide technical details about proposed software system. To be considered for selection, Offerors must provide a full response to items in Section 7: Implementation Methods/Services and Technical Support. The checklist must be thoroughly completed as well. Supporting documents or notes should be referenced as appendices or attachments.

* Response Criteria E: Pricing Information

Offerors shall use the form provided in Section 8:

- Sixty (60) month subscription service of the RFP to present prices for the proposed systems, associated products and cloud based hosted model.

This price proposal, accompanied by any explanatory text, shall be submitted with the RFP along with a formal price proposal on offeror's letterhead.

SECTION 4: OFFEROR DESCRIPTION AND EXPERIENCE



Offerors should provide the following information:

- Name of office locations of all firms participating in this proposal.
- Brief description of the history of the company(s), size and volume of business, years in business, etc.
- Overview of products and services provided in the area of computer technology.
- Is correctional electronic health record software the vendor's primary business or is the vendor primarily a pharmacy, OMS-vendor, or healthcare staffing firm?

Key Individuals: The Offeror shall identify the dedicated representative's name and phone number who will be responsible for the contract should the Offeror be selected by the Purchaser.

Client References: Offerors shall identify and describe at least three references with similar type of requirements. Local government clients should be included if these references are functioning with similar software package. The Purchaser reserves the right to contact any of the references provided by any media. The following information shall be included for each reference site:

- Company Name
- Address
- Contact Name and Title
- Phone Number

The EHR vendor, upon our request, will provide us with testimonials from facilities using their software.

SECTION 5: FACILITY INFORMATION

FOR EACH FACILITY, PROVIDE THE FOLLOWING INFORMATION:

The Sullivan County Jail Facility is located at 140 Blountville Bypass, Blountville, TN, 37617. The Sullivan County Jail is a 619 bed facility. The average daily census is 802. Medical care is provided to the inmate population by the Sullivan County Sheriff's Office employed medical staff. Currently, medical documentation is done on paper and then scanned into a storage database system upon the inmate's release. We have two (2) nurses per shift that are responsible for medical care, as well as the assembly and break down of an average of fifty (50) charts per day. Medication passes are performed twice during a 24 hour period. Our medical staff is onsite 24 hours a day. The average monthly number of inmates receiving prescription medication is 257. Currently, sick calls are screened for acuity seven (7) days a week and unless urgent, seen Monday through Friday. Currently, there are approximately thirty-six (36) different medical forms that are being utilized by staff. On a day-to-day basis there will be eight (8) on site users and one (1) doctor off site using the EHR.

Sullivan County provides the following on-site healthcare services to jail inmates:

- Family Nurse Practitioner (FNP) clinics twice per week;
- Mental Health Care Coordination once a week;
- Dental Clinic every two weeks;
- Sick Call Clinic 7 days a week;
- Inmate Chronic Care Clinical as scheduled
- 24 hour emergency medical care

Diagnostic services that can be provided onsite include obtaining laboratory specimens, ultrasounds and x-rays. In addition to clinics, on-call nursing supervisor, FNP, and physician telephone consultation services are available 24 hours a day.

Our staff is comprised of the following:

| Title | # of FTE | # of PTE |
|-------------------------------------|-----------------|-----------------|
| Health Service Administrator; RN | 1 | |
| RN | 1 | |
| LPN | 9 | |
| Mental Health Coordinator | 1 | |
| Medical Secretary | 1 | |
| Nurse Practitioner | | 1 |
| Dentist | | 1 |

Roughly eighteen (18) users will utilize the EHR application after deployment.

We do have onsite IT personnel but we are requesting pricing for a cloud based hosted model.

The successful EHR system will:

- Enable the County to move from a manual, paper-based system to electronic records while improving efficiency and performance. User hardware to support the EHR system will be provided by the vendor.
- Support an integrated solution to improve outcomes, increase care management, reduce health care costs, increase productivity and eliminate paper.

The system must provide standard capabilities expected to include, but are not limited to:

- Electronic Patient Records
- Consents and Authorizations
- Managing Patient Diagnosis and Treatments
- Standard Protocols/Clinical Pathways
- Outcomes/Quality Analysis
- Physicians Orders
- Medication Administration
- Reporting
- Electronic Document Management
- Disease Management
- Patient Education
- Task Management
- Scheduling and Calendaring
- Inter-Provider Communication
- Event Management
- System Operability
- System Interfaces with County Systems

The successful Telemedicine platform will:

- Enable the County to control and cut spending by having the necessary tools to schedule and perform consultations using hardware and devices. Hardware to perform these tasks to be provided by vendor.

Overall, the County seeks to have the following abilities:

- User-friendly software solutions
- An accurate and efficient means to access and retrieve data and statistics

- Security to ensure confidentiality and privacy of data
- Flexibility to allow for the acquisition and implementation of emerging technologies
- Integrated solutions for data sharing
- Integration with all required federal, state, and local systems
- Extensive inquiry, reporting, and analysis tools
- A vendor that provides effective, initial and ongoing application support, training, and enhancements.
- Integration between EHR, Telemedicine and existing Jail Management Software.

SECTION 6: DESIRED FUNCTIONALITY/MINIMUM REQUIREMENTS

IN YOUR RESPONSE, PROVIDE A DETAILED NARRATIVE TO ADDRESS EACH TOPIC IN THIS SECTION OF THE RFP. ADDRESS THE IDENTIFIED REQUIREMENTS OF EACH TOPIC.

Interface/Interoperability Requirements:

The EHR software must interface with our:

- Jail Management software, accepting new bookings, moves, and releases along with our demographic information including pictures as well as sending log information of treatment, procedure, appointment, med pass, etc.
- Pharmacy, providing orders of new medication entered into the EHR directly to our pharmacy vendor.
- Lab vendor, providing orders to and/or results from our lab vendor containing lab values to populate directly into the inmate’s chart.
- Radiological services, providing orders for external imaging and/or links to new images directly from the inmate’s chart.
- Commissary software, providing orders for diets.

The purchaser’s JMS is TriTech. The contact number for TriTech is 800-756-8324. The lab company is Labcorp; 800-222-7566. The pharmacy vendor is IHS; 800-638-3104. IHS Pharmacy does manage the medication formulary. A two-way interface with IHS is required. The radiological company is Mobile Images; 877-887-3829. Our commissary vendor is Tennessee Business Enterprises, and the contact person is Missy Zepeva; 423-620-1952.

Describe and demonstrate the effectiveness of the proposed approach to:

- Standards
- Integration and Interfaces
- Results Capturing and Tracking
- Document Imaging

For each item below, place a mark in the column that best describes your products available functionality. If currently available, place a mark in the YES column. If currently available with restrictions/contingencies or if the functionality will be available in future releases, place a mark in the Qualified YES column and explain in the Comments column. If the functionality is not available and there are no plans to make it available in future versions of the software, place a mark in the NO column.

| EHR Software Capabilities Integration — Offender Management | YES | Qualified Yes | NO | Comments |
|--|-----|------------------|----|----------|
| Does your software support integration with jail management | | | | |

| | | | | |
|--|------------|----------------------|-----------|-----------------|
| software? | | | | |
| Does your software support a bi-directional interface with jail management software? | | | | |
| Does your software support the automatic importation of inmate demographic data from jail management software? | | | | |
| Does your software support the automatic creation of new inmates in your system based on the demographic data sent from jail management software? | | | | |
| Does your software support the automatic update of inmate demographic fields for existing inmates in your system based on the demographic data sent from jail management software? | | | | |
| Does your software support the automatic importation of inmate movement records from jail management software? | | | | |
| Does your software maintain the current location of inmates based on the importation of inmate movement records from jail management software? | | | | |
| Does your software support the automatic importation of inmate photographs from jail management software? | | | | |
| Does your software maintain an audit trail of the raw data sent by the jail management software? | | | | |
| Does your software support <i>real-time</i> importation of data from jail management software? | | | | |
| Does your software support importation of data using the FTP protocol from jail management software? | | | | |
| Does your software support importation of data using shared folders (SMB) from jail management software? | | | | |
| Does your software support importation of data using web services from jail management software? | | | | |
| EHR Software Capabilities Integration — HL7 Labs | YES | Qualified Yes | NO | Comments |
| Does your software integrate with HL7-compliant laboratory software systems? | | | | |
| Does your software have the ability to receive laboratory results in an HL7 compliant file format? | | | | |
| Does your software have the ability to send laboratory requisitions in an HL7 compliant file format? | | | | |
| Are the lab results received by your software automatically assigned to the proper patient in the EHR database without any human involvement? | | | | |

| | | | | |
|--|------------|--------------------------|-----------|-----------------|
| Are the individual lab results values stored as discrete values for later reporting and graphing? | | | | |
| If your EHR system offers user definable fields and records, can you integrate user definable fields with lab results fields on the same report? This allows in-house lab results that may be stored as user definable fields to be combined with lab results that may come from outside laboratory testing vendors. | | | | |
| If the lab vendor notes that a specific lab result is abnormal, does your system also note that fact? | | | | |
| Does your system have a mechanism for tracking and reporting on whether or not follow-up has been done with the patient for each lab result set? | | | | |
| Are lab results fully integrated within her system and each inmate's chart? (In other words, the user does not have to invoke another third party program to view lab results.) | | | | |
| EHR Software Capabilities Integration — Pharmacy | YES | Qualified Yes | NO | Comments |
| Does your software integrate with pharmacy software systems? | | | | |
| Can your software automatically send medication orders or prescriptions to pharmacy software systems? | | | | |
| Can your software automatically receive notification that a medication order or prescription has been filled or not filled? | | | | |
| If your software includes inventory routines, can you automatically adjust inventory levels as medications are received from the pharmacy? | | | | |

IT Requirements:

Provide a general system diagram. Outline technical specifications of the proposed system, including database structure, network components and architecture and description of technologies used for implementation including a list of all other software and/or hardware needed to operate the system. Describe the overall EHR proposed system and requirements.

For each item below, place a mark in the column that best describes your products available functionality. If currently available, place a mark in the YES column. If currently available with restrictions/contingencies or if the functionality will be available in future releases, place a mark in the Qualified YES column and explain in the Comments column. If the functionality is not available and there are no plans to make it available in future versions of the software, place a mark in the NO column.

| EHR Software Capabilities Scalability | YES | Qualified Yes | NO | Comments |
|---|------------|----------------------|-----------|-----------------|
| Is your EHR software scalable from a capacity point-of-view, meaning that it supports an unlimited number of inmates and medical records and is only restricted by the natural constraints of existing hardware? | | | | |
| Does your EHR software support the simultaneous usage of users assuming the hardware it runs on is capable of such volume? If so, how many simultaneous users does it support? | | | | |
| Is your EHR software scalable from an information management point-of-view, meaning that as our correctional facility grows in its needs your software is already capable, today, of meeting those needs? Examples would include complex disease management protocols; means of rapid data entry of sophisticated documentation; advanced reporting and trending for outcome- based medicine; tracking of new types of information using user definable records; and so on. | | | | |
| Hardware Network Requirements Workstation | YES | Qualified Yes | NO | Comments |
| Does your software support standard, off the shelf, Microsoft Windows based workstations? | | | | |
| Does your software support desktop computers? | | | | |
| Does your software support laptop/notebook computers? | | | | |
| Does your software support tablet PC's? | | | | |
| Does your software support thin-client machines as workstations? | | | | |
| Does your software support non-standard computers if used as a thin client workstation? | | | | |
| For non-thin-client workstations do you offer minimum specifications for those workstations? | | | | |
| Hardware Network Requirements Peripherals | YES | Qualified Yes | NO | Comments |
| Does your software support most standard Microsoft compatible peripherals? | | | | |
| Does your software support Microsoft compatible printers? | | | | |
| Does your software support Microsoft compatible scanners? | | | | |
| Does your software support Microsoft compatible keyboards, mice, and alternative data input devices (such as track balls, pen tablets, etc.)? | | | | |

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| Does your software support bar code data entry devices? | | | | |
| Does your software support biometric (fingerprint) readers? | | | | |
| Hardware Network Requirements Database | YES | Qualified Yes | NO | Comments |
| Is your database system SQL based (Microsoft SQL)? | | | | |

Security Requirements:

We must be able to suspend or grant software access to anyone who needs to access the EHR on either a temporary or permanent basis. The EHR must have password protected capability per user. We must have the ability to control what information is accessible to users in the software based on their assigned credentials. We must be able to record every log in and log out of the system by every user.

For each item below, place a mark in the column that best describes your products available functionality. If currently available, place a mark in the YES column. If currently available with restrictions/contingencies or if the functionality will be available in future releases, place a mark in the Qualified YES column and explain in the Comments column. If the functionality is not available and there are no plans to make it available in future versions of the software, place a mark in the NO column.

| EHR Software Capabilities Security | YES | Qualified Yes | NO | Comments |
|---|------------|----------------------|-----------|-----------------|
| Does the EHR system offer the ability to lock records once the user electronically “signs off” on the record? | | | | |
| Can records be amended after being locked? | | | | |
| Does your software contain security features? | | | | |
| Does your software enforce username and password checking before the user can begin using the software? | | | | |
| Does each user have a unique username? | | | | |
| Can users be assigned to a group where each department is then assigned specific privileges or security clearances? | | | | |
| Does your system recognize administrator or super-users that can administer the security routines? | | | | |
| Is every change in user and group settings recorded in an audit log? | | | | |
| Is every log in and log out of the system recorded in an audit log? | | | | |
| Does your system have the ability to prevent a given user from seeing some inmates? | | | | |
| Does your system have the ability to restrict access to each discrete record by group? (In other words, a user must be a member of a specific group to see a specific inmate’s record such as a lab test or appointment.) | | | | |
| Can users be members of more than one group at the same time? | | | | |

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| Does your system support an unlimited number of users? | | | | |
| Does your system include audit trails of data creation and modification for sensitive and critical data such as provider dictation, medication administration, sensitive user definable fields, etc.? | | | | |
| Does your system support keeping audit logs indefinitely? Is this option configurable to administrators/super-users? | | | | |
| Does your system support running client software in a terminal services environment? | | | | |

Desired Software Functionality:

1. Charting

The software must have the ability to:

- a. Provide rapid data entry such as templates and/or pick-lists should be available.
- b. All fields should be reportable for statistical workflow, compliance, and alert notifications.
- c. All statistical subjects such as sick call, cell calls, and medication prescription trends should provide statistical, workflow, and compliance reports which can be broken down by user, department, and housing area.
- d. Electronically allow staff to sign off on documentation once completed.
- e. Trigger further needs, treatment care plans, doctor reviews, notifications, when certain data requires follow-up.
- f. House required forms and other documents that must be sent to other facilities such as transfer summaries, release of information, or other applicable forms.
- g. Have the ability to generate forms by privileged staff.
- h. Host or manage photos and our videos.

2. Orders/Tasks

The software must support:

- a. The assignment of orders to individual staff members or housing units with the ability to generate task list.
- b. Physician's orders, as well as standing orders should be supported.
- c. The orders routines must allow for the management of provided staff workflow and the ability to pass incomplete tasks to the oncoming shift if not completed.

- d. The orders routines must allow for the tracking of compliance issues by user, department, shift, housing area, etc.
- e. Link secondary standing orders to the result of the prior if need be. (Ex: If positive Urine Pregnancy, automatically generate the standing orders to follow; prenatal vitamins, night time snack).

3. Intake

The software must have the ability to:

- a. Provide a template for the intake procedure including, but not limited to, all TCI Standard required subjects.
- b. All fields on the intake record should be reportable for statistical, workflow, compliance, and alert notification.
- c. The facility should have the ability to modify the intake record if desired.
- d. The ability to trigger alert or notification to medical if triggers are identified.

4. History & Physical

- a. The software must have the ability to provide a template for the History & Physicals included, but not limited to, all TCI Standard required fields.

5. Sick Call/Cell Call (Cell Call is an unplanned event in which a medical staff is called to an inmate cell or to check an inmate such as an inmate altercation needing prompt medical care).

The software must have the ability to:

- a. Track sick call requests.
- b. Calculate the cost of services to be charged to the inmate based on the action provided by the medical staff.
- c. Collect data based on sick call trends.

6. Consent Forms

- a. The software must have the ability to generate inmate consent forms and allow privileged staff to make changes to such forms as needed.

7. An Electronic MAR

The software must allow:

- a. Documentation to include refusal and witnessed administration of medication.
- b. Verification and identification of inmate's identity to be provided by scan, fingerprint, retina, or any other recommended identifier.
- c. Communication with prescribing authority directly to purchaser's pharmacy vendor.
- d. Alert notification to be available to notify medical staff of any caution or special instructions prior to the administration of medication.
- e. To calculate the number of refusals, automatically prompting education and medical authority review if a certain amount of refusals is reached within a certain time period.
- f. Alert medical staff if an inmate or medication is missed without a response as to why.
- g. Track inmate movement prior to the beginning of Med Pass to allow medications to be moved to location housed.
- h. Note section allowing nurses to make note of inmate needs, medication alerts, etc. without that note being part of the permanent medical record.

8. Inventory Capabilities

The software must have the ability to:

- a. Inventory all medications, sharps, and other medical equipment while providing a county form for staff to count daily.
- b. The daily count will be listed on a daily tasks sheet and will alert if not completed to notify the staff of the uncompleted status.
- c. Communicate with administration of medications/sharps when charted and deduct from inventory when appropriate.

9. Fully Configurable Protocol Templates

The software must:

- a. Allow for the interaction of facility specific nursing treatment protocols and allow for the change if need be by privileged medical staff.
- b. Directly flow based on information entered to create referrals, laboratory orders, etc.

For each item below, place a mark in the column that best describes your products available functionality. If currently available, place a mark in the YES column. If currently available with restrictions/contingencies or if the functionality will be available in future releases, place a mark in the Qualified YES column and explain in the Comments column. If the functionality is not available and there are no plans to make it available in future versions of the software, place a mark in the NO column.

| EHR Software Capabilities Integration vs. Modular | YES | Qualified Yes | NO | Comments |
|--|------------|--------------------------|-----------|-----------------|
| Is the EHR software a totally integrated system? (In other words, it does not use modules, for example one module for medications, another module for the MAR, a third module for dictation, etc.) | | | | |
| Is the vendor the sole developer of all routines, components, modules, etc.? (In other words, the vendor has not purchased software from other third parties and is dependent on those third parties for enhancements and problem fixes.) | | | | |
| Is the vendor's software as demonstrated sold as one complete package at one price? (In other words, the software is not sold piecemeal where additional modules each have an additional cost.) | | | | |
| EHR Software Capabilities Document Management | YES | Qualified Yes | NO | Comments |
| Does the software have document management capabilities? | | | | |
| Can old medical records be scanned into the EHR system? | | | | |
| Can outside medical records be scanned into the EHR system? | | | | |
| Does the software support the automated importation of scanned images via bar code separator pages, file naming conventions, and/or web services? | | | | |
| Does the software store scanned images in their native file format? | | | | |
| Does the software support all major Microsoft Windows files formats such as .tif, .jpg, .pdf? | | | | |
| Does the software support inmate identifying photographs? | | | | |
| Does the software support digital photographs for things such as disease progression, abuse documentation, etc.? | | | | |
| Does the software support the storage of sound files? | | | | |
| Does the software support the storage of video files? | | | | |
| Is the access of the document management files (e.g. scanned-in images and photographs), seamlessly integrated into the EHR system? (In other words, the user does not have to manually start up another program to view document management files.) | | | | |
| Is there a path for unlimited growth of the number and size of document management files except for the natural limits imposed by hardware capacities? | | | | |
| Are the document management files stored and organized separately from the clinical database(s) such that backups and | | | | |

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| disaster recovery can be streamlined and implemented using common commercially available backup software? Our agency uses Windows Virtual Servers with a Datto device backing up those servers. | | | | |
| Should we choose to discontinue and uninstall your EHR software, will the document management files still be available for use? | | | | |
| EHR Software Capabilities Inmate Demographics | YES | Qualified Yes | NO | Comments |
| Does your software store inmate demographic fields such as name, address, city, state, zip, etc.? | | | | |
| Does your software store correctional specific inmate demographic information such as booking numbers or tag identification numbers? | | | | |
| Does your software store correctional specific inmate demographic information such as aliases, tattoos, and gang affiliations? | | | | |
| Can inmates be 'searched' or 'queried' for based on standard demographic information (name, address, social security number)? | | | | |
| Can inmates be 'searched' or 'queried' for based on correctional specific fields such as booking numbers or tag identification numbers? | | | | |
| Can inmates be 'searched' or 'queried' for based on correctional specific fields such as aliases, tattoos, and gang affiliations? | | | | |
| Can inmates be 'searched' or 'queried' for based on third party identification numbers such as hospital account numbers? | | | | |
| Can inmate demographic information be automatically populated in the EHR software via integration with jail management software? | | | | |
| Does your software store digital photographs to help identify inmates? | | | | |
| If an inmate is re-admitted multiple times to our facility can your software assign the same correctional specific identification numbers to that inmate? | | | | |
| If an inmate is re-admitted multiple times to our facility can your software assign a new correctional specific identification number to the same inmate but retain previous numbers assigned from previous incarcerations? | | | | |
| Can ad-hoc reports be created to find all inmates with missing demographic information (such as missing ID numbers or last names)? | | | | |
| If changes are made to inmate demographics, is a log kept of the changes made as well as who made the changes and when they were made? | | | | |
| Can a 'guarantor' be entered and assigned to each inmate? | | | | |
| Can mass communications be mailed or emailed to inmate guarantors for such things as inmate financial statements or general policy letters? | | | | |

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| Does your software keep track of an inmate's previous addresses and phone numbers? | | | | |
| Does your software allow for an unlimited number of phone numbers to be assigned to one inmate? | | | | |
| If two inmates entered in your software are later discovered to be the same inmate, does your software allow for an easy consolidation of those two inmates into one? | | | | |
| Does your software support the exportation of demographic information into other third party software systems such as offender management or laboratory testing systems? | | | | |
| Does your software allow for users to easily distinguish between active inmates and discharged inmates? | | | | |
| Can inmate demographic information be viewed in a read-only format by users not authorized to update the information? | | | | |
| Does your software allow for the unlimited classifications of inmates for tracking such things as ICE inmates, federal inmates, state inmates, etc? | | | | |
| EHR Software Capabilities Inmate Movement | YES | Qualified Yes | NO | Comments |
| Does your software track the movement of inmates within the correctional facility? | | | | |
| Can your software track inmate movements in real-time? | | | | |
| Can your software import inmate movements from the jail management system? | | | | |
| Can your software automatically build a dictionary of in-facility locations (e.g. inmate cells) based on inmate movement records imported from the jail management system? | | | | |
| Does your software display the current location of the inmate on any screen that displays the inmate name? | | | | |
| Can your software automatically update the current location of the inmate in real-time as the inmate is moved in the facility? | | | | |
| If an inmate is discharged, does your software automatically record that an inmate is discharged and note that the inmate's current location is out of the facility? | | | | |
| Can your software run proximity reports based on inmate movements to determine which inmates have been in contact with other inmates to help with such things as the control of TB outbreaks and/or the movement of contraband? | | | | |
| Can your software run exhaustive proximity reports to not only determine which inmates have been in contact with each other, but which inmates have been in contact with each other via intermediary inmate contact? | | | | |
| Does your software track a responsible party (e.g. correctional officer) for each inmate movement so that ad-hoc reports can be created to see all inmate moves that a particular party has been responsible for? | | | | |
| If inmate movements are received out-of-sequence from the jail management software, does your EHR software auto-sequence them in the proper order based on time-of-day? | | | | |

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| Are logs kept in your EHR software of the raw data of the inmate movements so that any potential problems with the jail management software can be diagnosed? | | | | |
| EHR Software Capabilities Medication Tracking (MAR) | YES | Qualified Yes | NO | Comments |
| Does your software include a Medication Administration Record (MAR) component? | | | | |
| Is your MAR fully integrated within your HER software so that EHR records are accessible from within the MAR at any time? (In other words, the MAR routines are not a separate software module potentially purchased and or developed by another vendor). | | | | |
| Is all inmate information (e.g. demographic, financial, scheduling, clinical, and document management)) available from the MAR? | | | | |
| Is your MAR fully paperless, that is, it does not require that any information be printed to paper to be used? | | | | |
| Does your MAR track the administration of every medication dose or pill? | | | | |
| Does your MAR support PRN or 'Keep On Person' medications? | | | | |
| Is the underlying medication order or prescription available for access directly from the MAR? | | | | |
| Does your MAR display the inmate's photograph on all inmate specific screens for easy confirmation of the proper inmate receiving the proper medication? | | | | |
| Does your MAR use color to quickly identify such things as whether or not an inmate has received a required dose at a required time? | | | | |
| Does your MAR display all medications and doses in a grid format similar to a paper-based layout of one month per page? | | | | |
| Can you access previous and future months of information on the MAR easily and quickly? | | | | |
| Can you "drill down" within the MAR to access all dosage or detailed medication information without leaving the MAR? | | | | |
| Does your MAR support 'pill box' dispensing of medications? That is, the inmates must all come to a centralized location to receive their medications. | | | | |
| Does your MAR support 'med-pass' dispensing of medications? That is, the inmates remain in their cells and a staff member moves from cell to cell to dispense medications. | | | | |
| If your MAR supports 'med-pass' dispensing, can you easily organize the MAR information (either from a report or by other means) for all inmates such that the order that inmates are accessed in the MAR corresponds to the order of the inmates in their cells? | | | | |
| If your MAR supports 'med-pass' dispensing, but the inmate is not in the cell or refuses to take the medication, can you quickly record the reason why the medication was not given? | | | | |
| If your MAR supports 'med-pass' dispensing, can you also | | | | |

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| perform and record other tasks (such as taking vitals, administering TB tests, drawing blood, etc.) in the HER system without leaving the MAR screens? | | | | |
| If your MAR supports `med-pass` dispensing, can you enter inmate requests, `To-Do` requests, Orders, etc. in the HER system without leaving the MAR screens? | | | | |
| Does your MAR support off-shift dispensing? For example, can you give a medication outside of the specified Med Pass? | | | | |
| Does your MAR allow for an unlimited number of shifts and shift descriptions? | | | | |
| When a new medication order or prescription is entered, can your MAR automatically assign a dispensation time frame and shift(s)? | | | | |
| Does your MAR support non-consecutive or unusual dispensation patterns such as Monday, Wednesday, Friday, or once per week, or twice per month, etc.? | | | | |
| Does your MAR support the dispensation of medications outside of the assigned dispensation pattern? | | | | |
| Does your MAR automatically compute a stop date based on the medication start date? | | | | |
| Does your MAR allow for the discontinuation of a medication and is it color coded as such for easy viewing by the user? | | | | |
| Can your MAR integrate with outside pharmacies for automated medication orders? | | | | |
| Can your MAR update inventory levels as medications are dispensed? | | | | |
| Can your MAR track inmate signatures for medication orders and individual medication doses? | | | | |
| Does your MAR contain an audit log that shows who and when every entry was created and modified? | | | | |
| Can ad-hoc reports be created to track any and all medication and dosage fields? | | | | |
| Can ad-hoc exception reports be created to see which inmates did not receive a medication for a given time frame? | | | | |
| Can ad-hoc reports be created to see which inmates are due to have their medications (prescriptions) renewed or refilled? | | | | |
| EHR Software Capabilities Orders / Treatment Administration Record (TAR) | YES | Qualified Yes | NO | Comments |
| Does your software include an Order-based Treatment Administration Record (TAR) | | | | |
| Can orders be created for inmates within your EHR system? | | | | |
| Does your system support both standing orders and ad-hoc orders? | | | | |
| Can orders be assigned to individual staff members? | | | | |
| Can orders be assigned to departments (groups of related staff members)? | | | | |
| Can the execution of orders automatically create other records in the EHR system? For example, if an order is given to take an | | | | |

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| inmate's vital signs, can the processing of that order automatically create a separate vital sign record for the inmate? | | | | |
| Can the completion of one order automatically create another order? For example, if an order is completed to 'Give a TB Test' can the completion of that order automatically create an order to 'Read a TB Test'? | | | | |
| Can the completion of one order have multiple possible endings, each of which may automatically create multiple additional orders? Such as system allows for decision making support in such things as chronic disease management, admission of new inmates, etc. | | | | |
| Does your order system track best-case and worst-case target dates? | | | | |
| Does your order system allow for work to begin on an order immediately after it is created? | | | | |
| Does your order system prevent an order from being started until a specific time frame occurs and/or a specific amount of time has passed from the creation of the order? | | | | |
| Can orders be cancelled? | | | | |
| Can ad-hoc order reports be created to see such things as all open orders for specific departments or all past-due orders? | | | | |
| Can dictionaries of standing order definitions be built and categorized for rapid order selection and creation? | | | | |
| Can order target dates be tied to the inmate's birth date? | | | | |
| Can other clinical records such as vital sign records, lab tests, or document management files be 'inserted' into the order as documentation of the order? | | | | |
| Does your order system support the 'approval' or 'sign-off' of the order by the requesting authority such as the physician or supervisor? | | | | |
| Are all fields stored on the order available for display and filtering on ad-hoc and system reports? | | | | |
| Does your order system support the 'export' of the order definitions to other correctional facilities that also have your EHR system installed? | | | | |
| Can staff members create orders on behalf of, and at the request of authority figures such as physicians or managers? | | | | |
| Does your order system contain an audit log that shows who and when every entry was created and modified? | | | | |
| Can all orders (open or complete) for an individual inmate be accessed by the user from within the MAR system? | | | | |
| EHR Software Capabilities Alerts | YES | Qualified Yes | NO | Comments |
| Does your EHR software include an alert component to warn users of specific inmate conditions? | | | | |
| Can we configure alerts to be issued based on the inmate's age? | | | | |
| Can we configure alerts to be issued based on the inmate's sex? | | | | |
| Can we configure alerts to be issued based on the inmate's | | | | |

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| current problems (e.g. diabetes, hypertension)? | | | | |
| Can we configure alerts to be issued based on other classifications/categories that may have been assigned to the inmate? | | | | |
| Can we configure alerts to be issued based on laboratory values? | | | | |
| Can we configure alerts to be issued based on missing values such as no lab results, orders, diseases, or vital signs? | | | | |
| Can we configure alerts to be issued based on fields entered on intake screening forms, such as pregnancies, suicide risks, high-risk behavior, etc.? | | | | |
| Can we configure alerts based on any combination of one or more of the criterion listed above (specific conditions, age, sex, current problems, classification, lab results, missing values, or specific intake entries)? | | | | |
| Can alerts be automatically checked and possibly issued based on creation of appointments, visits, inmate admissions, movements, etc.? | | | | |
| Are alerts that have been issued to an inmate highly visible and easily accessible? | | | | |
| Can alerts be department specific, meaning only certain departments can see or act upon specific alert types? | | | | |
| Can default orders be assigned when an issued alert is acted upon by an authorized staff member of the healthcare provider? | | | | |
| Can an authorized staff member of healthcare provider choose to ignore or cancel an alert? | | | | |
| Does your system track all alerts issued and the corresponding measures taken in support or denial of those alerts? | | | | |
| Can reports be created for track alerts issued and the outcome (if any) of those alerts? | | | | |
| EHR Software Capabilities Clinical Capabilities | YES | Qualified Yes | NO | Comments |
| Does your software track active and inactive medications for inmates? | | | | |
| Does your software auto-update active and inactive medications automatically from medication orders/prescriptions created within the system? | | | | |
| Does your software track active and inactive medications from sources outside the correctional facility such as specialists, health departments and the inmate's family (over the counter drugs)? | | | | |
| Does your software track current problems (e.g. diabetes, hypertension, dyslipidemia, etc.) for an inmate? | | | | |
| Does your software track current problems using a standardized coding system such as the ICD-9/ICD-10 disease classification system? | | | | |
| Does your software support start, continue, and stop dates for current problems? | | | | |
| If your software tracks current problems based on ICD-9/ICD-10 | | | | |

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| codes, can current problems be auto-assigned to patient visits for billing and reporting purposes? | | | | |
| Does your software track allergies for inmates? | | | | |
| Does your software support start, continue, and stop dates for allergies? | | | | |
| Can comments be entered for current medications, problems, and allergies? | | | | |
| Does your software track a 'past medical history' for inmates? | | | | |
| Can the past medical history be updated by multiple data entry methods such as templates, voice dictations, and/or copy-paste from other software packages (e.g. Microsoft Word)? | | | | |
| Does your software support patient visits or encounters? | | | | |
| Does an encounter record provider documentation in free-text format? | | | | |
| Can encounter documentation be entered using re-defined template phrases for rapid-data entry? | | | | |
| Can encounter documentation be entered using voice dictation software? | | | | |
| Can information such as vital signs, past medical history, active medications, etc. be auto-pasted into encounter documentation? | | | | |
| Can encounter documentation be searched and reported on? | | | | |
| Does the encounter documentation contain an audit log that shows who and when every entry was created and modified? | | | | |
| Can providers enter an electronic signature to note that the encounter documentation is valid and complete? | | | | |
| Can multiple providers electronically sign-off on the same encounter documentation? | | | | |
| Can templates be configured by authorized users to fit the documentation styles of each healthcare provider? | | | | |
| Can Medicare audit points be assigned to template phrases so the encounter documentation can be audited to ensure compliance with Medicare coding guidelines and level of Evaluation & Management (E/M) coding selection? | | | | |
| Can different providers use different sets of encounter documentation templates? | | | | |
| Can different providers share encounter documentation templates? | | | | |
| Can encounter documentation templates be exported from correctional facility database to another correctional facility database? | | | | |
| Does the encounter record have fields for inmate vital signs? | | | | |
| Can vital signs be recorded apart from an encounter record? | | | | |
| Can multiple vital sign records be entered for the same inmate on the same day? | | | | |
| Does your software track an inmate's weight? | | | | |
| Does your software track an inmate's height? | | | | |

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| Does your software compute a body mass index (BMI) based on the inmate's weight & height? | | | | |
| Does your software compute a body surface area based on the inmate's weight & height? | | | | |
| Does your software track an inmate's blood pressure? | | | | |
| Does your software track an inmate's pulse? | | | | |
| Does your software track an inmate's respiration? | | | | |
| Does your software track an inmate's temperature? | | | | |
| Does your software allow for the possibility that vital signs cannot be recorded and allows for the failure reason to be noted? | | | | |
| Are vital signs reportable fields? | | | | |
| Can reports on vital signs be run for vital signs recorded both on and apart from encounter records? | | | | |
| Does the encounter record support the assignment of ICD-9/ ICD-10 diagnosis codes? | | | | |
| Does the encounter record support the assignment of CPT procedure codes? | | | | |
| Does the encounter record support the assignment of the most current mental health codes such as DSM V? | | | | |
| Can diagnosis codes be 'linked' to procedure codes? | | | | |
| Can modifiers be assigned to CPT codes? | | | | |
| Can an attending provider be assigned to the encounter record? | | | | |
| Can a referring provider be assigned to the encounter record? | | | | |
| Can more than one referring provider be assigned? | | | | |
| Can a supervising provider be assigned to the encounter record? | | | | |
| Can an EMT/Paramedic be assigned to the encounter record? | | | | |
| Can a sign-off provider be assigned to the encounter record? | | | | |
| Can a third party payer such as an insurance company, Medicare, or Medicaid be assigned to the encounter record? | | | | |
| Can multiple insurance companies ordered by priority be assigned to the encounter record? | | | | |
| Can dollar amounts be assigned to the procedure codes on the encounter record? | | | | |
| Can multiple fee schedules such as the Medicare fee schedule be assigned to procedure codes to document the cost of care provided by the correctional facility over a period of time? | | | | |
| Are the entire CPT / ICD-9 / ICD-10 / HCPCS codes available for inclusion with your software? | | | | |
| Are you licensed by the AMA to legally distribute the CPT / ICD-9 / ICD-10 / HCPCS codes? | | | | |
| Can a location be assigned to the encounter record? | | | | |
| Does your software support referral records to track the referral of an inmate to another healthcare provider or organization for care? | | | | |
| Can a dictionary of referral types be created for the rapid entry | | | | |

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| of a new referral? | | | | |
| Does the referral record track both the 'referred to' and the 'referred by' healthcare provider? | | | | |
| Does your software support the creation of requisition records to track the request of a provider for services to be performed by another staff member? | | | | |
| Can requisitions be entered that automatically send lab orders to in-house or outside laboratory vendors? | | | | |
| Can a dictionary of requisition types be created for the rapid entry of a new requisition? | | | | |
| Does the requisition record track the ordering provider? | | | | |
| Does the requisition track the completion date and time? | | | | |
| Can ad-hoc reports be run on any requisition fields to track such things as all pending requisitions, all requisitions of a specific type, all requisitions for a given inmate classification, etc.? | | | | |
| Does your system support the creation of treatment protocols for disease management? | | | | |
| Does your system offer a telemedicine platform? | | | | |
| If so, is it cloud based? | | | | |
| Does your EHR integrate with your telemedicine platform? | | | | |
| Does your telemedicine offer hardware such as medical grade mobile carts, medical grade table-top station, laptops or tablets? | | | | |
| Does your telemedicine use integrated diagnostic devices such as blood pressure, pulse oximeter, thermometer, glucometer, scale, stethoscope, microscope or otoscope? | | | | |
| EHR Software Capabilities Dental Capabilities | YES | Qualified Yes | NO | Comments |
| Does your software contain advanced dental documentation functionality? | | | | |
| Does your software contain an interactive graphic tooth chart that allows the user to document existing, planned, and completed treatments using standard dental colors and symbols? | | | | |
| Does your software contain an interactive graphic tooth chart that can add documentation directly to the encounter note? | | | | |
| Does your software contain an interactive graphic tooth chart that supports primary and permanent teeth? | | | | |
| Does your software contain a dental treatment plan that provides the user with an overview of the patient's past and future treatments? | | | | |
| Does your software contain a dental treatment plan that allows the user to document changes to the plan directly from the treatment plan screen? | | | | |
| Does your software contain an interactive graphic tooth chart that adds directly to the treatment plan? | | | | |
| Does your software support ADA codes for documenting dental procedures? | | | | |

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| Does your software contain an interactive periodontal chart that allows the user to quickly record pocket depths, recession, CAL levels, MGJ values, bleeding, suppuration, furcation, and mobility? | | | | |
| EHR Software Capabilities Inventory | YES | Qualified Yes | NO | Comments |
| Does your software include inventory capabilities? | | | | |
| Are the inventory routines fully integrated within the EHR system? | | | | |
| Can inventory items be directly tied to medication orders/ prescriptions such that the creation and/or dispensing of a medication automatically reduces the inventory level for that item? | | | | |
| Can inventory items be directly tied to procedure codes such that the assignment of a procedure code to an encounter automatically reduces the inventory level for that item? | | | | |
| Are inventory level re-order points supported? | | | | |
| Are inventory level minimum and maximum quantities supported? | | | | |
| Can vendor quantity/cost breakdowns be maintained? | | | | |
| Can purchase orders be created for inventory items of a given vendor? | | | | |
| Are vendor item codes assignable to inventory items? | | | | |
| Can ad-hoc and system reports be created to track all aspects of inventory management? | | | | |
| If a discrepancy is found between your system's count of inventory items and an actual physical count, can that discrepancy be noted and the amount in your system adjusted accordingly? | | | | |
| EHR Software Capabilities Customization | YES | Qualified Yes | NO | Comments |
| Does your system offer the ability for authorized users to configure provider dictation templates? For example, can authorized users change or specify templates. | | | | |
| Does your system offer the ability for authorized users to configure medication lists? | | | | |
| Does your system offer the ability for authorized users to configure order definitions? | | | | |
| Does your system offer the ability for authorized users to configure appointment reasons? | | | | |
| Does your system offer the ability for authorized users to configure procedure and diagnosis descriptions? | | | | |
| Does your system offer the ability for authorized users to configure inmate classifications? | | | | |
| Does your system offer the ability for authorized users to configure a dictionary list of allergies? | | | | |
| Does your system offer the ability for authorized users to configure categories of document management file types and descriptions? | | | | |

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| Does your software support the configuration of new types of user definable fields and records, for example new intake screening records, facility property records, alcohol abuse records, drug use records, visitor log records, incident report records, etc. without ANY assistance or programming modifications by you the vendor whatsoever? | | | | |
| If your software supports user definable fields and records, can those user defined records be fully integrated into the EHR system such that they appear to be seamless to the end user? | | | | |
| If your software supports user definable fields and records, can ad-hoc reports be created to query on those records? | | | | |
| Can the user definable fields include field types such as text, multi-line, date, numeric, monetary and other standard field types? | | | | |
| Can the user definable fields include computed fields that take values from other user definable fields (and/or system fields in the EHR) and compute new values from existing fields? | | | | |
| Can the definitions of user definable records and fields be exported from one correctional database to another correctional database for standardization across multiple correctional facilities? | | | | |
| Does the vendor offer configuration services as well as training for the correctional facility in how-to-do configuration of your system? | | | | |
| Can user definable fields and records be combined with system fields such as inmate demographics, etc. on ad-hoc and system reports? | | | | |
| EHR Software Capabilities Reporting | YES | Qualified Yes | NO | Comments |
| Does the EHR software include a fully-integrated report writer? | | | | |
| Was the integrated report writer designed and developed by your company? (In other words the report writer was not purchased from another company and is not an add-on report writer such as Crystal Reports.) | | | | |
| Can reports be run for one inmate, some inmates, or all inmates? | | | | |
| Can reports be run for current inmates and inmates no longer housed in the correctional facility? | | | | |
| Is every field of importance stored in the EHR system a reportable field? | | | | |
| Can report designs be created and stored for later use? | | | | |
| Can time-frame reports be saved in such a way that they always run for given time frames (such as the current day, the previous month, etc.) without having to re-enter a start and stop date? | | | | |
| Can reports be run at any time? | | | | |
| Can ad-hoc reports be created and run on-the-fly without the need to save a report definition? | | | | |
| Can report definitions be saved and scheduled to run at specific | | | | |

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| times and regular intervals? | | | | |
| Can report output be saved within the EHR system for viewing at a later time? | | | | |
| Can users `drill-down' on reports to the underlying records represented by the report output? | | | | |
| Can information on reports be exported to text files? | | | | |
| Can information on reports be printed? | | | | |
| Can numeric information on reports be graphed with an integrated graphing component? | | | | |
| Can information on reports be exported to Microsoft Excel? | | | | |
| Can information on reports be exported to Microsoft Word? | | | | |
| Can report definitions be exported to other correctional databases for standards across multiple correctional facilities? | | | | |
| Can management-by-exception reports be created by filtering report output on specific field values such as lab values greater or less than certain values, systolic or diastolic blood pressure values that are too high or too low, medication orders that are past a target date, inmate requests that have not been honored that are several days past due, etc.? | | | | |
| Can summary reports be created that hide detail but display such things as how many inmates with a specific condition are in the correctional facility, the amount of work performed by a specific nursing department, the number of medication orders of specific drug type prescribed by a specific doctor, etc.? | | | | |
| Can output on reports be color-coded based on specific criteria to highlight items of interest? | | | | |
| Can report creation and execution be restricted by department and security clearance? | | | | |
| Can reports be categorized by user created categories? | | | | |
| EHR Software Capabilities Microsoft Office | YES | Qualified Yes | NO | Comments |
| Does your software integrate with Microsoft Office components? | | | | |
| Does your software integrate with Microsoft Word to allow authorized users to do such things as perform mail merge functions, create patient consent forms, create inmate request forms, create patient education materials, etc.? | | | | |
| Is virtually every field in your EHR system available for auto-insertion into a Microsoft Word document? | | | | |
| Can complex template document files and EHR field relationships be set-up by authorized users so that other users can quickly perform the automatic creation of Word documents containing EHR data with a minimum of effort and thinking? | | | | |
| If your EHR system supports user definable fields and records, can data from those user definable records be auto-inserted into Word documents? | | | | |
| Does your system store in the inmate's chart every Word document created on behalf of that inmate? | | | | |

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| Does your software integrate with Microsoft Excel so that authorized users may export report output into Excel spreadsheets? | | | | |
| Can complex 'template' spreadsheets be pre-created so that after report output is imported into the spreadsheet, totals, graphs, etc. can be automatically computed and created based on the data exported from the EHR system? | | | | |
| Does your software integrate with Microsoft Outlook? | | | | |
| If your software integrates with Microsoft Outlook, can emails be sent from within your EHR system? | | | | |
| If your software integrates with Microsoft Outlook, can multiple emails be sent based on report output data? | | | | |
| EHR Software Capabilities Communication With Other Correctional Facilities | YES | Qualified Yes | NO | Comments |
| Does your software have the ability to share inmate information electronically with other correctional facilities? | | | | |
| Can your software 'export' all inmate medical information for one inmate into a commonly recognized file format such as HTML, RTC, or DOC for viewing on another computer that does not have your EHR software installed? | | | | |
| Can your software export all inmate medical information for one inmate that can then be imported into another installation of your software to ensure continuity of care for that inmate? | | | | |
| Can your software electronically receive inmate information from other correctional facilities? | | | | |
| Does your software support the ability to send and receive inmate information to/from a Health Information Exchange? | | | | |
| EHR Software Capabilities Certification | YES | Qualified Yes | NO | Comments |
| Is your software ARRA (ONC-ACB) Certified as a "Complete EHR"? | | | | |

SECTION 7: IMPLEMENTATION METHODS/SERVICES AND TECHNICAL SUPPORT

Implementation Method/Services:

An ideal implementation plan is detailed below. Describe in detail how Offeror will provide the services described or recommend an alternate implementation plan that best fits your EHR.

The EHR vendor must, upon our request, provide onsite, job-specific, interactive training to our medical staff. The vendor is responsible for supplying and setting up the onsite training equipment, provided that we, the facility, provide the onsite training space.

The EHR vendor will either provide a video or onsite training to our staff, preferably onsite training before going live for our staff. The EHR vendor will provide an introductory video and online pre-coursework training to medical staff to ensure comprehension of the software prior to onsite training.

The EHR vendor will work with our project team to ensure the software is being configured to our recommendations and requirements. These quality assurance meetings will occur via online meetings and/or onsite meetings and thoroughly cover our facility specific information to ensure accuracy. Prior to our go live, the EHR vendor will work with our project team to ensure the correct information is being populated in our interfaces and other facility specific reports.

EHR vendor will provide trainers and other resources during our initial go live to assist medical staff with our transition to EHR.

EHR and IT training and support staff must know medical terminology and correction-specific procedures such as H&P and intake screening. EHR staff must also be up to date with requirements for certifications of correctional health practitioners and NCCHC/ACA guidelines.

EHR vendor must provide a dedicated project manager that is our focal point of contact throughout the entire implementation and will guide and direct our staff through the steps of the implementation process. As part of the project plan, the project manager and the project lead trainer will perform a facility assessment in which information will be shared and gathered by the project manager with our project team. The EHR vendor will provide a project plan with milestones and guidelines that we will collectively and interactively discuss and complete on a weekly basis.

The EHR vendor will also provide a lead trainer who works hand in hand with the project manager and our project team to ensure all goals are met and issues are addressed. The lead trainer will also be the facility expert, if requested, during training and onsite go live.

The EHR vendor will work with our project team to provide a weekly conference call to discuss any outstanding issues from the go live and/or any other problems medical and IT staff is having using the software. EHR vendor will provide an onsite visit to our facility 3-6 months after the go live to consult staff on even more effective uses of the software. This can be changed and/or deleted if the system is running correctly.

For each item below, place a mark in the column that best describes your products available functionality. If currently available, place a mark in the YES column. If currently available with restrictions/contingencies or if the functionality will be available in future releases, place a mark in the Qualified YES column and explain in the Comments column. If the functionality is not available and there are no plans to make it available in future versions of the software, place a mark in the NO column.

| EHR Vendor Commitments Transition to EHR – eLearning | YES | Qualified YES | NO | Comments |
|--|------------|--------------------------|-----------|-----------------|
| Does the vendor offer accessible eLearning online? | | | | |
| Does the vendor offer complete eLearning that is comparable to the actual software? | | | | |
| Does the vendor offer eLearning that is targeted to a specific job type (e.g. Nurse)? | | | | |
| Do the eLearning lessons include tutorial instruction? | | | | |
| Do the eLearning lessons include guided workflow scenarios? | | | | |
| Are the eLearning lessons accessible to all staff (e.g. part time staff, third party vendors such as mental health or disease-specific specialists, temp staff, rotating staff, etc.)? | | | | |
| EHR Vendor Commitments Transition to EHR – Training | YES | Qualified YES | NO | Comments |
| Does the vendor offer on-site training at our facility? | | | | |
| Does the vendor outsource training? | | | | |
| Can the vendor bring a computer network (servers, workstations, etc.) to our site for initial training? | | | | |
| Does the vendor offer a training database in addition to the production database? | | | | |
| Prior to the initial training, will the vendor perform an on-site “walk-through” and interview key staff? | | | | |
| Will the vendor configure the training to meet the specific needs of our correctional facility? | | | | |
| Will the vendor train every medical staff member if asked to do so? | | | | |
| Will the vendor train staff during off-shift hours? | | | | |
| Does the vendor offer both classroom and individualized training? | | | | |
| Will the vendor supply training on weekends if needed? | | | | |
| Does the vendor offer specialized training for physicians, dentists, and medical health specialists? | | | | |
| Will the vendor train outside specialists such as part-time physicians who may only work a limited number of hours a week or month? | | | | |
| Does the vendor offer training at their local facility (as opposed to training at our facility)? | | | | |
| Is the vendor’s training staff employed by the vendor? (In other words, the vendor does not out-source its training.) | | | | |
| Does the vendor offer training in configuration routines so that our staff can perform the configuration as opposed to the vendor’s staff? | | | | |
| EHR Vendor Commitments Transition to EHR — Implementation | YES | Qualified Yes | NO | Comments |
| Does the vendor supply staff on-site during the implementation phase of the EHR software? | | | | |
| Will the vendor staff assist during off-shift hours during the | | | | |

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| implementation phase? | | | | |
| Will the vendor staff remain on-site during weekends if needed? | | | | |
| Will the vendor proactively work with the vendors of the jail management software, the lab software, the network/hardware staff, and any other third party vendors to integrate the EHR software? | | | | |
| If modifications are needed to the EHR software during the implementation phase, will the vendor install new versions during this phase? | | | | |
| Prior to the implementation phase, will the vendor configure the database to accommodate our unique information needs such as intake forms, consent forms, request forms, etc.? | | | | |
| Prior to the implementation phase, will the vendor configure the database to accommodate our unique medication and formulary needs? | | | | |
| Prior to the implementation phase, will the vendor configure the database to accommodate the dictation/documentation needs of healthcare provider's and their staff? | | | | |
| EHR Vendor Commitments Follow Up Training & Configuration | YES | Qualified Yes | NO | Comments |
| Will the vendor perform a follow-up assessment with recommendations after the software has been implemented for a period of time? | | | | |
| Can additional training be purchased after the implementation phase of the EHR software? | | | | |
| Does the vendor offer internet-based follow-up training? | | | | |
| Does the vendor offer onsite follow-up training? | | | | |
| Does the vendor offer follow-up training at their facilities? | | | | |
| Does the vendor offer configuration services after the implementation phase? | | | | |
| Does the vendor offer follow-up training in configuration routines so that our staff can perform the configuration as opposed to the vendor's staff? | | | | |

Technical Support:

The EHR vendor must supply 24-hour technical support to assist all medical and IT staff. The EHR vendor must supply the facility with updates on open and closed support cases and provide solutions with prompt response times.

Describe in detail service and maintenance agreements. Include a copy of a typical Maintenance Agreement with this proposal if not included in the main Software Contract.

For each item below, place a mark in the column that best describes your products available functionality. If currently available, place a mark in the YES column. If currently available with restrictions/contingencies or if the functionality will be available in future releases, place a mark in the Qualified YES column and explain in the Comments column. If the functionality is

not available and there are no plans to make it available in future versions of the software, place a mark in the NO column.

| EHR Vendor Commitments On-Going Support | YES | Qualified Yes | NO | Comments |
|--|------------|--------------------------|-----------|-----------------|
| Does the vendor offer 24/7 (24 hours per day, 7 days per week) telephone support? | | | | |
| Does the vendor have the capability to remotely 'view' our EHR data and if given permission by our staff remotely control the software to correct an issue? | | | | |
| Is the vendor's support staff employed by the vendor? (In other words the vendor does not contract out its support services.) | | | | |
| If there are problems between the EHR software and other third party software (e.g. jail management), will the vendor proactively work with the other vendors to resolve the problem? | | | | |
| EHR Vendor Commitments Version Upgrades | YES | Qualified Yes | NO | Comments |
| Does the vendor offer software version upgrades as part of the on-going maintenance fee? | | | | |
| Does the vendor include all enhancements to the EHR software in the version upgrades? | | | | |
| Does the vendor include all problem fixes/patches to the EHR software in the version upgrades? | | | | |
| Does the vendor provide version upgrades on a regular basis? | | | | |
| Does the vendor provide version upgrades on an as-needed basis? | | | | |
| Can the vendor coordinate installation of version upgrades with the network/hardware vendor or staff? | | | | |
| Does the vendor perform the version upgrades/patches or does Purchaser's IT perform it? If performed by Purchaser's IT vendor will need to supply ample instruction and support to Purchaser's IT staff. | | | | |
| Can our staff make recommendations for enhancements to the EHR software? | | | | |

SECTION 8: PRICING

Complete the fields below as a quick synopsis of your pricing model. Include an official price proposal on company letterhead with your response. Define your pricing model, number of licensed users, etc.

Sullivan County Reserves the right to obtain outside financing if feasible. Award of this project is contingent upon Sullivan County Commission's approval of funding.

Sixty -(60) Month Subscription Service

Electronic Health Records System Software

Telemedicine Platform

Installation, Implementation and Training

Interface Fees

Database Set-up (configuration) Fees

Monthly service and support fee

Travel Costs

Cloud Based Hosted Model

Interest Rate % _____

Annual Payment

\$ _____

State any additional fees not listed above: _____

The undersigned by his/her signature represents that he/she is authorized to bind the Offeror to fully comply with the terms and conditions of the attached Request for Proposal, Specifications, and Special Provisions for the amount(s) shown on the accompanying proposal sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

NAME & ADDRESS OF OFFEROR

ALL UNSIGNED RESPONSES WILL BE DISQUALIFIED

COMPANY NAME

PRINT NAME

ADDRESS

SIGNATURE

PHONE NO.

FAX NO.

OFFICE OF THE SULLIVAN COUNTY PURCHASING AGENT

COMPANY/CONTRACTOR AFFIDAVIT FORM 00010

THE AFFIANT STATES TO SULLIVAN COUNTY, TENNESSEE:

I (WE) HEREBY CERTIFY THAT IF THE CONTRACT IS AWARDED TO OUR FIRM THAT NO MEMBER OR MEMBERS OF THE GOVERNING BODY, ELECTED OFFICIAL OR OFFICIALS, EMPLOYEE OR EMPLOYEES OF SAID SULLIVAN COUNTY, TENNESSEE, OR ANY PERSON REPRESENTING OR PURPORTING TO REPRESENT SULLIVAN COUNTY, TENNESSEE, OR ANY FAMILY MEMBER INCLUDING SPOUSE, PARENTS, CHILDREN OF SAID GROUP, HAS RECEIVED OR HAS BEEN PROMISED, DIRECTLY,OR INDIRECTLY, ANY FINANCIAL BENEFIT, BY WAY OF FEE, COMMISSION, FINDER'S FEES OR ANY OTHER FINANCIAL BENEFIT ON ACCOUNT OF THE ACT OF AWARDDING AND/OR EXECUTING THE CONTRACT.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS FULL AUTHORITY TO BIND THE COMPANY AND THAT HE/SHE HAS PERSONALLY REVIEWED THE INFORMATION CONTAINED IN THIS REQUEST FOR PROPOSAL (RFP), INCLUDING ALL ATTACHMENTS, ENCLOSURES, APPENDICES, ETC AND DO HEREBY ATTEST TO THE ACCURACY OF ALL INFORMATION CONTAINED IN THIS RFP, INCLUDING ALL ATTACHMENTS, ENCLOSURES, EXHIBITS, ETC.

THE UNDERSIGNED ACKNOWLEDGES THAT ANY MISREPRESENTATION WILL RESULT IN IMMEDIATE DISQUAUFICATION FROM ANY CONTRACT CONSIDERATION.

THE UNDERSIGNED FURTHER RECOGNIZES THAT THE SULLVIAN COUNTY PURCHASING AGENT HAS THE RIGHT TO MAKE THE CONTRACT AWARD FOR ANY REASON CONSIDERED IN THE BEST INTEREST OF SULLIVAN COUNTY.

This certification shall be included with the bid document 00300. Failure of this properly executed document to be included with the bid shall render the bid as incomplete and void.

COMPANY NAME _____

NAME (PRINT) _____ PHONE _____

TITLE _____ FAX _____

SIGNATURE _____ DATE _____

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**( TO BE COMPLETED BY NOTARY )**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

*Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing for the purposes therein contained.*

*Witness my hand and seal at office this day of \_\_\_\_\_, 20\_\_*

\_\_\_\_\_  
*Notary Public*

*My commission expires:* \_\_\_\_\_

DRUG-FREE WORKPLACE AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, principal officer of \_\_\_\_\_, an employer of five (5) or more employees contracting with \_\_\_\_\_ County government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of \_\_\_\_\_ (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
  
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
  
3. The Company is in compliance with T.C.A. § 50-9-113.

Further affiant saith not.

\_\_\_\_\_  
Principal Officer

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

# IRAN DIVESTMENT ACT AFFIDAVIT

As per Tennessee Code Annotated, Title 12, and effective July 1, 2016:

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to §12-12-106.

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Signature

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Date