

HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
Caring People. Quality Service.

Request for Proposal (RFP)

Enterprise Healthcare Information System Project

Tender Number: **CTC/11-12/HSA/001**

July 2011

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I. Introduction and Background

The Health Services Authority of the Cayman Islands is engaging in the selection of a core vendor to supply an Enterprise Healthcare Information System. HSA defines a “core vendor” as an extension of its senior leadership who shares the same vision and values to constantly evolve and improve clinical, financial, and administrative operations. Qualified vendors are encouraged to respond with their proposal no later than noon, 23 September 2011.

A. Organizational Overview and Description

HSA is soliciting vendor partners to satisfy the needs of the *Enterprise Healthcare Information Systems Project* for the public health system of the Cayman Islands. At present, the core enterprise applications are provided by the Cerner Corporation. The contract for those services expires in June 2013. This RFP begins a re-compete process for the award of that contract. The intent is to evaluate other vendors and products, and determine if it is in the best interests of the Cayman Islands to remain in partnership with Cerner. Cerner will be invited to participate in this re-compete.

The Cayman Islands Health Services Authority (HSA) is a quasi-government organization reporting to the Cayman Islands Ministry of Health. The Health Services Authority, through an agreement with the Ministry of Health, is responsible for a broad range of healthcare services including public health programmes under the Public Health Department. Public Health services include health advice and vaccines for international travellers; health assessment, including vision and hearing tests for children; nutrition and dietary counselling; child growth and development monitoring; health promotion; communicable disease screening; and disease prevention and control programmes, including immunization. As a public health system, HSA also operates an outpatient pharmacy, two dental clinics and an eye clinic.

The Mission of the Health Services Authority is “To provide the highest quality healthcare and improve the well-being of people in the Cayman Islands through accessible, sustainable patient-focused services by highly-skilled, empowered and caring staff in collaboration with our partners.”

The Cayman Islands present an opportunity for vendors to participate in a national model of healthcare whose size and culture are agile enough to react and adjust quickly at every level of healthcare management—from legislative policy development to clinical and financial implementation-- in the advancement of a role model healthcare delivery system. The Cayman Islands are on-schedule to develop new, sustainable care delivery and financial models that precede the United States and other countries by 4-5 years, including the development of international medical tourism.

B. Business Objectives and Motives:

HSA believes that all businesses, including healthcare, are now defined by the strengths and weaknesses of their core enterprise software. The business can move no faster, operate no

better than, nor improve to new business models any faster than the rate that is allowed by the agility of their software. Above all else, HSA seeks a vendor partner whose software products, services, and culture understand this new principle of business and can operate accordingly.

The specific motives for considering a replacement of HSA's Cerner system are described below:

1. **Total Cost of Ownership:** Currently, the total cost of ownership (TCO) for the various Cerner product lines is more than 85% of the entire IT budget of HSA. This TCO includes:
 - Cerner licensing, remote hosting services and application management services for the ProFit application.
 - Internal HSA staff that support Cerner applications, and an allocation of HSA's core infrastructure required to operate the Cerner system.

HSA's strategic goal is to reduce these expenses by nearly 50% by working with a vendor partner that can provide a next generation HIS/EHR at a reasonable cost. We are open to creative models for license and support fees such as a fixed percentage of HSA top-line revenue.

2. **Financial and Economic Agility and Adaptability:** HSA considers Financial and Economic Adaptability to be of paramount importance to this Project and paramount risk for vendors who are accustomed to present-state billing and claims processing in the United States. HSA believes that, for the most part, medicine is practiced in similar fashion in much of the developed world. Therefore the Cerner applications supporting clinical delivery have largely been successful and supportive of HSA's processes and goals. However, the financial model for delivering healthcare in the Cayman Islands is somewhat unique and considerably different than that in the United States. The need to support both Cayman and US currency in the revenue cycle and accounts receivable process is one significant example of a unique requirement not found in the US. Unfortunately, the Cerner system and competing products are generally designed to support a US financial model. HSA and the Cayman Islands are actively planning away from the dysfunctional influence of the US financial and economic model, but finding it very difficult to do so using the Cerner revenue cycle applications. The future state of the HSA financial model is being driven by characteristics of Accountable Care Organizations in the United States, but also includes significant simplification of the billing and claims adjudication environment, for example:
 - Elimination of procedure code, CPT-driven billing in favor of diagnosis code, ICD-driven billing for both inpatient and outpatient services
 - Elimination of E&M level of service codes
 - Elimination of RVU-influenced billing
 - Elimination of Revenue Code in the claims adjudication process
 - Elimination of clinical modifiers to international code sets
 - Implementation of real-time, point-of-care/point-of-sale claims adjudication
 - Development of capitated, bundled-fee, risk-driven care delivery models for direct contracting with employers

3. **Clinical Functionality & Usability:** HSA desires improved usability & functionality in the following areas:
- **Affordable Document Management:** HSA recognizes that no healthcare system is completely paperless, nor will they be in the near future. Therefore, technology must be natively and affordably integrated with the EHR to support clinical document scanning and management.
 - **Chronic Condition Management:** Access to key performance indicators to manage chronic disease, quality of care, public health reporting, and cost of care; with reports that meet a broad variety of needs, from the executive level to the patient and provider level.
 - **Physician efficiency:** Currently, physicians are largely unhappy with the workflow and user interface, especially outpatient charting options, and those associated with specialty services. Multiple logons to Windows, Cerner, and imaging systems is also inefficient, and the time required to logon to Cerner and load patient records is a distraction to efficiency.
 - **Economics of care at the point of care:** HSA's version of the United States' concept for an Accountable Care Organization and Medical Home is known as CayHealth. Under CayHealth, HSA believes that patients and physicians must have the ability to explore treatment options within the context of overall cost of care, and specifically the patient's out-of-pocket expenses, including real-time electronic claims adjudication at the point of care.
 - **Patient engagement in their own care:** This includes the use of personal health records, mobile applications, telemedicine, and social networking to engage patients in their own care, throughout their lives and treating the patient's healthcare as a lifelong project, as contrasted to the current environment which is designed around healthcare that is encounter-based.
4. **Required by Law:** The Cayman Islands Government procurement laws require contracts to be re-competed upon the termination of the contract period.

C. Facilities

The Health Services Authority (HSA) is responsible for delivering healthcare to the majority of the Cayman Islands' population. HSA provides primary and secondary levels of healthcare services, and public health functions for the residents and visitors in the Cayman Islands via the following facilities and services:

George Town Hospital. As the nation's principal health care facility, the 124-bed Cayman George Town Hospital provides a full range of inpatient and outpatient medical and specialist services. Specialist services are available in the fields of: surgery, gynaecology & obstetrics, paediatrics, internal medicine, dermatology, anaesthesiology, public health, orthopaedics, psychiatry, neurosurgery, gastroenterology, radiology, ophthalmology, ear, nose and throat, periodontology, reconstructive surgery, faciomaxillary surgery, urology and pathology.

District Health Centres. Primary healthcare is offered at four district health centres in Grand Cayman.

In the Sister Islands, residents and visitors can receive healthcare services via the Faith Hospital in Cayman Brac and the Little Cayman Clinic:

Faith Hospital: The 18-bed Faith Hospital serves the islands of Little Cayman and Cayman Brac, providing primary, secondary and emergency care. It features a modern inpatient unit, as well as an operating theatre, maternity, accident and emergency department, outpatient clinics and a public health department.

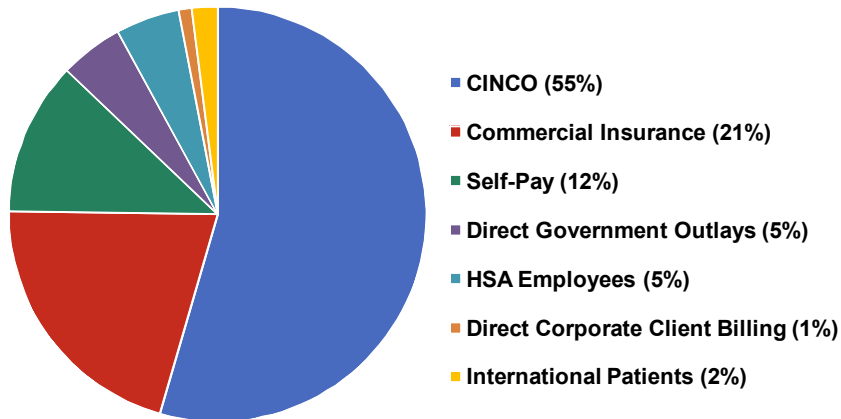
The Little Cayman Clinic is a purpose-built facility, complete with waiting and triage areas, a treatment room, doctors' office and a dental office. A resident nurse is on call around-the-clock.

Other Facilities: In addition to the HSA facilities, one small private hospital (Chrissie Tomlinson Memorial Hospital) and numerous private physician practices operate in the Cayman Islands. Referral relationships exist between all the provider organizations. In addition, the Cayman Islands government is currently negotiating with the Narayana Hrudayalaya Private Limited to develop the \$2B Narayana Cayman University Medical Centre, a 2,000-bed hospital and teaching facility to address the medical tourism market in the United States and expand the healthcare delivery and education opportunities for residents of the Cayman Islands.

D. Economics

The total expenditure on healthcare from the Ministry of Health is approximately \$130M per year. All residents of the Cayman Islands are required to maintain basic health insurance. The Cayman Islands National Insurance Company (CINICO) is a quasi-government organization, accountable to the Ministry of Health. At present, HSA uses a mixture of electronic and paper claims adjudication exchange with CINICO and commercial insurers. The goal is to expand that to 100% standardized, real time adjudication and eligibility verification. That goal is being pursued under a separate project— CarePay-- but must be coordinated with this Project. HSA's generated revenue mix is detailed below:

HSA's Generated Revenue Mix



Further information about HSA can be obtained at its website, <http://www.hsa.ky/>.

E. Key Metrics

The data below represents key metrics for HSA. This information is intended to be used as a reference to assist in the completion of your proposal.

Key Metrics	
Dental clinic visits per year	27,512
Emergency Room (Accidents & Emergencies) visits per year	29,494
HSA operating budget	\$83M
Newborns delivered per year	400
Number of HSA employees	750
Number of inpatient admissions per year	5,700
Number of physicians employed by HSA	60
Number of physicians registered in the Cayman Islands	180
Operating theatre cases per year	2,712
Outpatient visits per year	39,037
Peak concurrent Cerner users	220
Population of Cayman Islands	50,000
Retail pharmacy transactions per year	240,000

F. Vision of the Future:

HSA is in the early stages of implementing a new care delivery and economic model called “CayHealth” which seeks to maximize the quality of care delivered while assuring an economically sustainable healthcare system for the Cayman Islands. CayHealth is very similar in nature to the emerging Accountable Care Organizations (ACO) in the United States. Vendors involved in this procurement are expected to offer information technology solutions which clearly and naturally support ACO concepts and requirements, as described in the CayHealth maturity roadmap, below. Each level of maturity builds upon the functionality of the preceding level.

Level 1: Clinical Efficiency. Data collection regarding patient encounters is optimized for clinician efficiency and outcomes analysis. Narrative text is facilitated through the use of templates, computerized order sets are directly driven from evidence based medicine, and discrete data collection supports national and international benchmarks for clinical quality at the clinician and organizational level. Clinical productivity is easily measured and reported. All internal orders are electronic. External pharmacy orders are also electronic. A patient-centric web portal disseminates lab and other diagnostic results and clinical reminders. Positive patient identification occurs through card swipes or biometrics and also supports electronic eligibility verification. Claims submission and payment processing, including reimbursement, is completely paperless. Economics of reimbursements remains primarily procedure-based and fee-for-service. Mobile healthcare applications are pervasive for enhancing clinician efficiency, quality and timeliness of care, and patient engagement in their own care. The user interface of the EHR is highly and easily customizable through widgets and gadgets, giving clinicians significant control over configuring the user interface that suits their preferences best.

Level 2: Communication and Economics. The EHR elegantly facilitates closed-loop care-team coordination and communication regarding patient status and pending activity. Reminders for health maintenance are electronically pushed from the EHR to the patient and automatically schedule follow-up appointments and procedures. The referral process is facilitated by that ability to choose, schedule, and communicate with referral physicians electronically. Disease management reports are native to the EHR and push reminders to physicians and patients. Patient management is based upon disease and risk registries that come bundled with the EHR and can be locally customized. Clinical reminders about patients are pushed to the responsible members of the care team, including family members, if desired. Clinical documentation and billing processes are now dominated by capitated, per-patient-per-month reimbursement models. Insurance implications and Total Cost of Care assessments are facilitated by the EHR, enabling point-of-care discussions about projected costs, outcomes and treatment options between patients and physicians. Quality of care reporting is natively supported by the EHR and patients and physicians are financially rewarded by insurance companies and direct contract employers for achieving health-related goals, and the EHR and HIT financial applications are designed to support this economic feedback model. Personal health records are widely used by patients and the care team, including health coaches and case management professionals. Patients’ health maintenance plans are based upon computerized health risk assessments. E-prescribing with local pharmacies is full-duplex allowing for medication reconciliation. Systemic

monitoring and notification of abnormal test results ensures closed-loop communication with the care team and patient.

Level 3: Pervasive Analytics & Health Monitoring. Quality of care dashboards are fully integrated with the EHR which allow clinicians to move seamlessly between population-based monitoring and patient-specific care delivery. Population-based and patient-specific health status reporting from remote monitoring devices, videoconferencing and mobile self-reported outcomes supports the health management of many patients, regardless of location, by relatively few nurses and physicians operating from a “Health Command Center”. The EHR’s analytics engine natively supports reports for proactive profiling and management of high-cost, high-risk, high-utilization patients. The EHR is beginning to accommodate Personalized Medicine. Genetic and familial tendencies are easily recorded and displayed for reference in the EHR.

Level 4: Social Wisdom. Content and analytic feedback is integrated into the care delivery process of the EHR which allows clinicians to answer, “Which of my colleagues has seen patients like mine? How were patients like mine most commonly treated? What were the outcomes of treating patients like mine with this clinical protocol? How did patients like mine rate their care delivery process and outcome?” Patients are engaged in this social wisdom dialogue through their Personal Health Record and mobile applications are used to fully-engage patients in healthy lifestyles. EHR functionality exists to automatically update and notify clinicians to recommended changes in evidence-based protocols based upon the real-time feedback of diagnostic tests, devices, and patients’ self-reported outcomes.

Level 5: Personalized Medicine & Wellness. Personalized Medicine is fully integrated into the EHR so that generic evidence-based order sets and lifetime health maintenance plans are now tailored dynamically towards the genetic and familial tendencies of the patient. Remote monitoring and telemedicine/e-visits constitute at least 50% of the encounter types. EHRs facilitate the data collection and analysis of patient treatment and protocols so that hospital financial systems are capable of actuarial and risk forecasting to enable a growing trend towards self-pay, high deductible health plans, and employer direct contracting for healthcare care coverage, reducing the dependence on third party insurance.

Joint Development

HSA has a risk tolerant culture and is not opposed to participating as an early adopter or development site for a suite of products which will gracefully support clinician efficiency, evidence-based medicine, quality of care, economic sustainability, and lifelong patient engagement in their own care through the seamless and innovative use of technology. HSA desires to work with a vendor whose products and services will enable us to practice healthcare of the future, not medicine of the past. Concepts for innovative technology include service oriented architectures (vs. HL7 message oriented architectures); embedded video conferencing for referrals and telemedicine encounters; mobile computing for patients and clinicians; personal health records; use of open source applications; integration with economic partners for real-time claims adjudication and eligibility verification; full e-prescribing and innovative order

management; point-of-care supply chain integration for inventory control; cloud computing; and integration with social media. HSA anticipates vendors may be motivated to co-develop their product in the context of the Cayman Islands as a role model and working laboratory for a sustainable national healthcare system.

G. Project Scope

The detailed scope of products and services is contained in the “Response Guidelines” and “Vendor Questionnaire” sections. In addition to the products and services described therein, the proposed solution must integrate with the following existing systems:

- GE Centricity PACS
- IRL (Reference Lab) in U.S.A.
- The product will also require interfaces from various lab analyzers including:
 - ABBOTT Architect x2
 - ABBOTT Cell Dyne 3200 x2
 - BioMerieux Vitek 60
 - ABBOTT Axsym
 - ABBOTT Cell Dyne 1700
 - ATACC 8000

H. Project Timing

The timeline HSA has established to complete the selection process is outlined below. These targets are subject to change by HSA at any time. HSA will make its best efforts to notify vendors of any changes.

- Vendor Proposals Due: Noon Cayman Time, Sept 23, 2011
- Vendor of First Choice Selected: June 1, 2012

II. Response Guidelines

A. Response Submission

In addition to answering the questions listed below, please enclose copies of your company’s financial statements for the previous two years.

Hard copy responses with electronic copy on CD-ROM must be delivered to the following. This hard copy and CD-ROM copy represent the official response from the vendor.

The Secretary
Central Tenders Committee
Tender Number: **CTC/11-12/HSA/001**
Ground Floor, Treasury Department
Government Administration Building
Elgin Avenue, George Town, Grand Cayman, KY1-9000
Cayman Islands

Questions about the procurement process can be directed to:

Mr. Ronnie Dunn
Chairman, Cayman Islands Government Central Tenders Committee
ronnie.dunn@gov.ky

E-Mail copies of the responses must be delivered to:

Ms. Lisa Bell
Procurement Officer
Health Services Authority
lisa.bell@hsa.ky

Mr. Dale Sanders
Chief Information Officer, Health Services Authority
Chairman, Enterprise Health Information System Selection Committee
dale.sanders@hsa.ky

B. Response Agreement

Please complete the Response Agreement on the following page and include it in your response. For purposes of this RFP, it is understood that your electronic signature is both legal and binding.

RESPONSE AGREEMENT

In consideration of this response to the Request for Proposal from Cayman Islands Health Services Authority (HSA),

(Name of corporation)

Agrees that:

1. The vendor response will become the property of HSA.
2. The vendor response will be a firm offer, unless approved for change by HSA, which cannot be withdrawn for at least 180 calendar days following final date for proposal submission.
3. The information in the vendor response may be modified or changed only after the notification and approval of HSA.
4. The vendor response or any portion thereof may, in the sole discretion of HSA, become part of the final contract.
5. The RFP document and any associated information provided orally or in writing by HSA is to be kept confidential by vendor; information contained therein may not be used for any purpose other than in the preparation of this response submitted to HSA.
6. All vendor pre-sales costs, including but not limited to response preparation and presentation, system demonstrations, documentation, site visits, in-depth briefing of HSA, and negotiation meetings, are entirely the responsibility of the vendor and shall not be chargeable in any manner to HSA.
7. Any and all portions of the vendor response containing confidential information must be clearly marked "CONFIDENTIAL".

Name and title of corporate official

Signature of corporate official

Date

C. Terms and Conditions of the RFP

In responding to this RFP, the vendor accepts full responsibility to understand the RFP in its entirety, and in detail, including making any inquiries to the Cayman Islands Health Services Authority as necessary to gain such understanding. The Cayman Islands Health Services Authority reserves the right to disqualify any vendor who demonstrates less than such understanding. Further, the Cayman Islands Health Services Authority reserves the right to determine, at its sole discretion, whether the vendor has demonstrated such understanding. That right extends to cancellation of award, if award has been made. Such disqualification and/or cancellation shall be at no fault, cost, or liability whatsoever to the Cayman Islands Health Services Authority.

All information provided by the Cayman Islands Health Services Authority in this RFP is offered in good faith. Individual items are subject to change at any time. The Cayman Islands Health Services Authority makes no certification that any item is without error. The Cayman Islands Health Services Authority is not responsible or liable for any use of the information or for any claims asserted there from.

The intended coverage of this RFP, and any agreement resulting from this solicitation, shall be for the use of all relevant departments at the Cayman Islands Health Services Authority along with any satellite offices. The Cayman Islands Health Services Authority reserves the right to cancel this procurement or otherwise decline to engage a contract related to this RFP; to add and/or delete elements, or to change any element of the coverage and participation at any time without prior notification and without any liability or obligation of any kind or amount.

The Cayman Islands Health Services Authority shall retain the RFP, and all related terms and conditions, exhibits and other attachments, in original form in an archival copy. Any modification of these, in the vendor's submission, is grounds for immediate disqualification.

Vendors determined by the Cayman Islands Health Services Authority to possess the capacity for this project will be selected to move into the negotiation phase of this procurement. Written notification will be sent to these vendors via email. Those vendors not selected for the negotiation phase will also be notified.

The RFP does not obligate the Health Services Authority to pay for any costs, of any kind whatsoever that may be incurred by a Respondent or any third parties, in connection with the Response. All Responses and supporting documentation shall become the property of the Health Services Authority, subject to claims of confidentiality in respect of the Response and supporting documentation.

The Respondent should not use any intellectual property of the Health Services Authority including, but not limited to, all logos, registered trademarks, or trade.

All accepted Responses shall become the property of C.I. Health Services Authority and will not be returned.

This RFP and the Respondent's Response shall be governed by the laws of the Cayman Islands.

C.I. Health Services Authority shall not be liable to any Respondent, person, or entity for any losses, expenses, costs, claims, or damages of any kind:

- Arising out of, by reason of, or attributable to, the Respondent responding to this RFP; or

- As a result of the use of any information, error, or omission contained in this RFP document or provided during the RFP process.

D. Freedom of Information Law

In accordance with the obligations and duties of the HSA under the Freedom of Information Law, all information submitted may be disclosed in response to a request made for its release. The successful vendor and overall contract sum will be made public under the requirements of the Central Tenders Committee.

In respect of any information that the Vendor considers to be commercially sensitive, the Vendor should;

1. Identify the information which they consider commercially sensitive
2. Explain the implications of disclosure of such information
3. Provide an estimated period of time during which the vendor believes such information will remain commercially sensitive.

Any response on this matter should be submitted as an Appendix to the RFP.

Where the vendor identifies information as commercially sensitive, the HSA will endeavour to maintain confidentiality. Vendors should note however that the HSA may be required to disclose such information in accordance with the Freedom of Information law, regardless of a commercial sensitive designation, and offers no guarantee in this regard.

E. Communication

Verbal communication shall not be binding. In no case shall verbal communication govern over written communication.

Vendors' Inquiries. Applicable terms and conditions herein shall govern communications and inquiries between the Cayman Islands Health Services Authority and vendors as they relate to this RFP. Inquiries, questions, and requests for clarification related to this RFP are to be directed in writing to:

The Cayman Islands Health Services Authority
P.O. Box 915
George Town
Grand Cayman KY1-1103
Cayman Islands
Attention: Ms. Lisa Bell
Telephone: 345-949-8600
E-mail: lisa.bell@hsa.ky

Informal Communications are non-binding and shall allow for, but are not limited to: requests from/to vendors or vendors' representatives in any kind of capacity, to/from any the Cayman Islands Health Services Authority employee or representative of any kind or capacity with the exception of Lisa Bell for information, comments, speculation, etc. Inquiries for clarifications and information that will not require addenda may be submitted verbally to the named above at any time.

Addenda: the Cayman Islands Health Services Authority will make a good-faith effort to provide a written response to each question or request for clarification that requires addenda within 5 business days. All

questions, answers, and addenda will be placed on the Health Services website. All addenda will be posted to the HSA web site at <http://www.hsa.ky>

F. Conducting Business in the Cayman Islands

If you have any questions about conducting business in the Cayman Islands, please contact:

Jonathan Piercy, BS, TEP
 Director, Cayman Islands Department of Commerce and Investment
 Main Tel: (345) 945.0943
 Direct Tel: (345) 244.2214
 Email: JPiercy@dci.gov.ky
<http://www.dci.gov.ky>

G. Evaluation Criteria

The evaluation of each response to this RFP will be based on its demonstrated competence, compliance, format, and organization.

The Health Services Authority will base its decision upon the best overall choice and value, using the following criteria as a guide.

Category	Considerations
Company Viability	<ul style="list-style-type: none"> Financial strength Vision and product evolution strategy Number of employees Market share
Corporate Values	<ul style="list-style-type: none"> Leadership: Similarity of corporate cultural and values Employee satisfaction ratings and average tenure
Customer Service and Support	<ul style="list-style-type: none"> References and customer satisfaction ratings User and Support Documentation User Groups
Functionality	<ul style="list-style-type: none"> Basic functionality: Supports current processes Advanced features: Supports improved processes Reporting and analytics Adaptability
Technical Architecture	<ul style="list-style-type: none"> Adaptability to support new workflows and processes Performance, Availability, Reliability, Maintainability, Scalability and Security (PARMSS) Architectural fit with our environment Soundness of data model and software architecture: Extensibility and agility
Total Cost of Ownership	<ul style="list-style-type: none"> Capital outlay (All hardware, software, labor) Operational expenses (All hardware, software, labor)
Usability	<ul style="list-style-type: none"> Learning curve: minutes not hours Customizable/flexible workflow Intuitive interfaces supporting minimal training and support

III. Response Format and Structure

Vendors are required to submit their responses in the following format:

- **TABLE OF CONTENTS**

Each Proposal must include a Table of Contents listing each section and major subsections, along with the starting page number of the section or subsection.

- **EXECUTIVE SUMMARY**

The executive summary should present an overview of all major points detailed in the proposal and should be written in a manner that can be easily reviewed by HSA management. The executive summary should contain the following information:

- Brief summary of the proposal at the executive, strategic level
- Overall scope of the proposed system(s) and services.
- Summary of available and in-development applicable product lines.
- Key differentiating points for your proposed solution.
- Summary of your company's overall strategic direction related to your products, services, and solutions.

- **COST SUMMARY**

Complete Section VI, which identifies all costs and fees payable to you or third-party vendors in order to provide a complete system that meets all of the requirements as described in this RFP.

- **VENDOR CONTRACT**

Include a copy of your standard contract, modified as deemed necessary for this proposal.

- **RESPONSES TO VENDOR QUESTIONNAIRE**

Provide the appropriate responses, including narrative descriptions as necessary, to each question described in Section IV, below.

IV. Vendor Questionnaire

This section must be attached to the Vendor's proposal. Each section may contain two types of questions, "objective requirements" that require a yes or no response and "additional requirements" that necessitate a short answer response. Please answer each question completely, concisely, and accurately. Incomplete answers will be considered as "blank answers" and will be disregarded.

A. General Vendor Information

Please fill in the information below.

1. Vendor Prime Contact:
 - a) Name:
 - b) Title:
 - c) Office/Location Address:
 - d) Phone Number:

- e) Fax Number:
- f) Email Address:
- g) Organization's Internet Home Page:
- 2. Identify the locations (city, state) of the following:
 - a) Corporate Headquarters:
 - b) Programming/Technical Support Personnel:
 - c) Consulting Services Personnel:
- 3. Please indicate:
 - a) Under the laws of which state the vendor is incorporated:
- 4. What is the number of employees in your organization, categorized by:
 - a) Total:
 - b) Management/Administration:
 - c) Marketing /Sales:
 - d) Research and Development:
 - e) Installation:
 - f) Ongoing Solution Support:
 - g) Technical Support and Hours Available:
 - h) Customer Service/Telephone Support:
 - i) Other:
- 5. How long has your company been in the business of hospital software solutions?
- 6. What percentage of your company business involves hospital software solutions?
- 7. What percentage of your company business revenue is spent on Research and Development?
- 8. Please provide the following financial information for each of the last three fiscal years, beginning with 2009:

	FY 2009	FY 2010	FY 2011
Annual Revenue			
Net Profit			
Total Assets			
Total Debt			

- 9. Identify the number of unique customers and total facilities currently live using the proposed code level of your system:
- 10. Are there any established user groups associated with your organization or proposed product? Please provide the name of the organization and the name and telephone number of the President or Chairperson.
 - a) Organization
 - b) President/Chairman
 - c) Telephone number
 - d) Please describe your organization's sponsorship of these user groups and how your organization works with these established user groups:

B. Clinical Applications

Please complete the table below listing the solutions you propose for each of the HSA clinical areas determined to be in this evaluation scope.

HSA Core Clinical System	Proposed Solution(s)
--------------------------	----------------------

HSA Core Clinical System	Proposed Solution(s)
Clinical Documentation: Nursing	
Clinical Documentation: Provider	
Clinical Documentation: Critical Care	
Clinical Documentation Ancillaries	
Clinical Data Repository	
Care Planning	
Orders Management	
Results Viewing	
Pharmacy	
Laboratory	
Radiology	
Medication Management (incl. eMAR and Bar Code Meds Admin)	
CPOE	
Clinical Decision Support	
Disease Management	
Ambulatory EMR	
Case Management	
Emergency Department	
Reporting	
Physician Portal	
Care Team Workflow & Communication	
Patient Portal	
Cost of Care Reporting for Physicians	
Quality of Care Reporting	
Telemedicine & Video Visits	
Referral Communication and Follow-Up	

C. Revenue Cycle Applications

Please complete the table below listing the revenue cycle solutions you propose for each of the HSA components determined to be in scope.

HSA Core Revenue Cycle System	Proposed Solution(s)
Patient Accounting/ AR/Collections	
Registration/ADT	
Enterprise Scheduling	

HSA Core Revenue Cycle System	Proposed Solution(s)
Enterprise Master Person Index	
HIM (Coding/Abstracting)	
Document Imaging	
Ambulatory Practice Management	
General Financials/HR/Materials	

D. Optional Applications

HSA Optional Components/Modules	Proposed Solution(s) and Rationale for Inclusion
PACS	
eICU	
Cardiovascular	
OR Management/Scheduling	
Perinatal/Labor and Delivery	
Dietary	
Risk Management	
Medications/Supplies ADM	
Transcription/Dictation	
Quality Improvement/Utilization Management	
Behavioral Health	
Home Health	
My Nurse (Nurse Call Center)	
Physician Credentialing	
Integration Engine	

E. Other Current or Future Components

In addition to all of the modules or products listed in the above three sections, please provide a complete list of the solutions offered by your organization for the platform you're proposing or recommending for HSA. Include all the solutions that your organization has that are currently available and that are planned, indicating which solutions are in production and which are planned, or remain in alpha/beta testing. If not in production, provide an estimated month/year when production is anticipated. Also, use this space to offer a brief explanation of why HSA may wish to consider implementing each module either in its core enterprise system implementation or beyond the initial implementation.

Additional Vendor Components	Proposed Solution(s) and Rationale for Inclusion

- g) Nature of Relationship between Vendor and Reference Site (i.e., partner, beta site):
- h) Individual who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.
 - 1) Name:
 - 2) Title:
 - 3) E-Mail Address:
 - 4) Phone number:

Reference #3:

- a) Organization Name:
- b) Organization Address:
- c) Size and Type of Facility (number of hospitals/beds, employees, revenues):
- d) Name and Release Version of Solution Installed:
- e) Solution Live-dates:
- f) Previous System Environment:
- g) Nature of Relationship between Vendor and Reference Site (i.e., partner, beta site):

- h) Individual who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.
 - 1) Name:
 - 2) Title:
 - 3) E-Mail Address:
 - 4) Phone number:

Reference #4:

- a) Organization Name:
- b) Organization Address:
- c) Size and Type of Facility (number of hospitals/beds, employees, revenues):
- d) Name and Release Version of Solution Installed:
- e) Solution Live-dates:
- f) Previous System Environment:
- g) Nature of Relationship between Vendor and Reference Site (i.e., partner, beta site):

- h) Individual who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.
 - 1) Name:
 - 2) Title:
 - 3) E-Mail Address:
 - 4) Phone number:

G. System Support

Function	Yes	No	Comments
1) Does a current commercial release of the product exist that contains all proposed modules or features?	<input type="checkbox"/>	<input type="checkbox"/>	
2) For the proposed hardware, please identify party responsible for support:			
3) For the proposed software, please identify party responsible for support.			
4) For any proposed third-party software, please identify party responsible for support.			
5) What is your guaranteed response time for on-site software support? Describe your prioritization and escalation procedures if appropriate.			
6) Describe your upgrade/release approach. How often are upgrades delivered, and how are they delivered?			
7) How soon after a new release is delivered will HSA be required to implement the upgrade (i.e., how many releases can HSA fall behind without losing support under its software maintenance contract)?			
8) Will HSA be able to participate in the identification and prioritization of changes needed to your system? Describe how.	<input type="checkbox"/>	<input type="checkbox"/>	
9) Will HSA be required to accept all changes delivered in new releases, if it does not need or want a change?	<input type="checkbox"/>	<input type="checkbox"/>	
10) Is a warranty for the solution available? What is the warranty period?	<input type="checkbox"/>	<input type="checkbox"/>	

H. Implementation Strategy

1. Describe your typical approach to implementing your solution at an organization of HSA's size and complexity.
2. Describe a high-level recommended installation sequence and timetable for the proposed solutions. Provide both a big bang approach and a phased approach and include a description of suggested implementation phases (e.g. Phase 1: Orders & Results, Phase 2: Clinical Documentation, etc.)
3. Provide a sample implementation work plan for the proposed Solutions indicating the tasks required, the relative sequence of tasks, the party responsible for each task, and the approximate time required to complete each task.
4. If this is not indicated in the work plan from the previous question, please describe your staffing approach for this implementation. Discuss the type and number of staff you will assign and for what duration with each. (Please ensure these numbers are reflected in the "Cayman HSA TCO Template," Section G. Implementation Costs).
5. Beyond (and including) the approaches of assigning more staff or leveraging other customers' content without flexibility/adaptability, please discuss and provide examples of tools and/or tactics that you have deployed to enable your customers to expedite implementation of your system.
6. Describe your methodology for conversion of current system files. From which current applications do you recommend converting data to your system, how many years of data do you suggest are appropriate in each instance, and where is automated or manual

conversion appropriate? In addition, please provide your detail and estimating assumptions in the “Cayman HSA TCO Template,” Section I. Conversion Costs.

I. Documentation and Training

Function	Yes	No	Comments
1) Documentation is available on-line.	<input type="checkbox"/>	<input type="checkbox"/>	
2) Vendor-supplied training can be conducted on-site at HSA.	<input type="checkbox"/>	<input type="checkbox"/>	
3) The training database/environment is a mirror image of the production files and the system test database.	<input type="checkbox"/>	<input type="checkbox"/>	
4) New software can be applied and tested in the training system before it is applied to the production system.	<input type="checkbox"/>	<input type="checkbox"/>	
5) Is web-based user training a viable option?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Please provide an overview of all training options/approaches available to HSA. Discuss what approach tends to have the highest success, and whether you have any unique, differentiating capabilities or methodologies.			

J. Strategic Outlook

This section is to gather information related to the strategic direction of the vendor and to define the contractual requirements of HSA. This section also contains “objective requirements” that require a yes or no response and “additional requirements” that necessitate a short answer response. Please answer each question completely, concisely, and accurately. Incomplete answers will be considered as “blank answers” and will be disregarded.

Company & Product Strategy

1. Has your company acquired or merged with any other organizations in the past three years? If so, please describe.
2. Are you a subsidiary of or under the control of any other corporation, individual, or other entity? If yes, please provide name.
3. For your proposed system/solutions, describe why your product is superior to your competitors.
 - a) Identify what are your product’s most significant strengths and areas for improvement.
 - b) What are your plans to address these improvement opportunities?
4. For your proposed core clinical system, please describe whether your company has achieved CCHIT Inpatient EHR certification for the following years, what it is doing to pursue this certification if not, and what date is targeted for certification:
 - a) Inpatient 2007 EHR:
 - b) Inpatient 2008 EHR:
 - c) Inpatient 2011 EHR:
5. Describe the work you’ve completed or will complete to ensure that users of your products are accessing HIPAA compliant solutions.
6. Describe any involvement your company currently has with organizations that are helping to set national IT standards.
7. Describe how your company has incorporated the following recommended clinical vocabulary standards into your product offerings:

- a) SNOMED CT – Clinical problems and procedures:
- b) Rx Norm – Drug and medication allergies:
- c) LOINC – Lab tests:
- d) UCUM – Units of measure:
- e) UNII – Ingredient allergies:
- f) ASCx12 and NCPDP – Administrative terminology:
- g) Others (please list):

Future Direction – Enabling HSA’s Strategy

1. Briefly describe your vision of the future for the healthcare industry.
2. Briefly describe your corporate vision for healthcare technology, specifically addressing your strategic vision for how information technology will support the healthcare environment of the future (i.e., over the complete continuum of care).
3. If not addressed in the previous question, describe how your products can and will enable successful implementation of the “Medical Home” and/or “Accountable Care Organization” models. Describe examples of where you have implemented solutions enabling these and other population/disease management models.
4. In terms of product direction, how is your company responding to the trend toward consumerism, as individuals are increasingly responsible for their health and medical costs?
5. Please describe your vision and key differentiators for ensuring patient safety.
6. Describe any work you are doing with designing or developing systems to assist healthcare organizations meet Leap Frog standards.
7. Has your company, either with its own portal solutions or working with third party vendors, successfully implemented a personal health record solution? If so, please describe, including any statistics on patient and physician acceptance of solution, challenges encountered, and how these challenges were overcome.
8. Please describe your company’s capabilities or plans to incorporate genomics or molecular diagnostic data into its EMR functionality, including clinical decision support.
9. Describe any work you are doing with designing or developing systems to assist healthcare organizations with Joint Commission Information Management Standards compliance monitoring.

K. Technical Requirements

The following specifically highlights the technology issues that are of importance to HSA. For each of the items outlined below, please describe in detail how your solution addresses our challenges, today and in the future. Please provide real customer examples where you have addressed these challenges, how you overcame them and the outcome.

1. **Availability:** Meeting or exceeding the businesses expectations of 24/7/365, 99.999% with no single point of failure for the core clinical system. Specify what requirements you will contractually agree to, and provide a sample SLA.
2. **Recovery:** A solution that can accommodate our business requirements for very short Recovery Time Objectives and stringent Recovery Point Objectives. What RTO/RPO can your solution support?
3. **Disaster Avoidance:** Strong disaster prevention and recovery design and capabilities. Please address limited or short-term outages, as well as full DA and business continuity scenarios. Discuss how your system is architected so that optimal performance is preserved and loss of data prevented, including under a scenario where one affiliate is isolated for some duration.
4. **Security:** A solution that enables robust security capabilities. The system must be fully HIPAA (or suitable other standard) compliant and integrate with Microsoft Active Directory for authentication. System audit capabilities, ease of auditing and role-based authentication are critical. If patient data in your system will reside in multiple databases, discuss how security and auditing crosses those databases. Please be specific and exhaustive in your responses to these requirements.
5. **Database Design:** A design that enables extensibility, scalability, agility, transaction performance, and analytic queries; that follows industry standards for database design language, data manipulation language, and data modeling conventions that can be supported in a geographically dispersed environment.
6. **Integration Design:** A solution that streamlines and easily facilitates the exchange of data with other applications, devices, and business entities using international, national, and industry standards for services and message oriented architectures.
7. **Software Design:** A design that supports thin client applications; extensibility, agility, zero downtime upgrades, support for multiple end point operating system delivery (desktops, PDAs). Preference will be given to the vendor whose software release strategy incorporates best practices for quality assurance. Describe the frequency of updates, requirements for updates and upgrades, accumulative updates if applicable and rollback features, while addressing the impacts each of these have to the operational functionality of the solution. Describe the application requirements from the client perspective related to the plug-ins, components, frameworks and/or dependencies for each of the client access methods. Describe compatibility with antivirus solutions and browsers.
8. **Network Design:** Please describe the network topology and protocols, for both wired and wireless, required to support your solution in a heterogeneous environment. Please address the bandwidth and network requirements in detail.
10. **End Point Computing:** Describe the desktop device specifications required to support your applications. Describe, in detail, the mobile architecture and design considerations of your solution. In particular detail the planning, deployment, and management tools delivered with your solution. Where appropriate, identify the additional tools and expertise required by the customer in order to undertake and succeed in deploying your solution to a mobile workforce.

L. System Costs

System costs are requested as part of the competitive process to select a core enterprise information system vendor partner. As vendors are completing this cost proposal, please be reasonable; do not under-bid or over-bid. Proposed costs will be compared to proposals for institutions similar to HSA, as well as actual costs incurred by comparable organizations, determined by surveying other customers and industry sources.

The cost section of the proposal must clearly separate:

- One-time costs
- Implementation or installation costs
- Recurring costs over a five-year period

Costs for each component and service should be broken down by installation (one-time) and ongoing expenses.

It is essential that cost data be provided in a format that enables comparisons between vendors. For this reason, vendors may supplement the requested information, but the format requested is required at a minimum. Please fill out all sections in the format requested. Please specify the method used to calculate costs. List software costs by system or solution. If the software is compatible with multiple hardware platforms, please propose a recommended platform for the HSA environment.

The proposal must clearly define ALL costs expected to be incurred by HSA during implementation and throughout the term of the contract.

Please use the attached Excel cost table below.



**Cayman HSA TCO
Template.xls**

M. Contractual Information

Indicate, in the following table, your agreement to the contractual requirements identified. If you cannot agree to these requirements, explicitly state such in your response and provide alternative contract language for consideration.

Requirement	Yes	No	Comments
1) Should HSA contract with your organization, there are no pending litigation activities involving your organization that could have an impact on HSA.	<input type="checkbox"/>	<input type="checkbox"/>	
2) The vendor will contract guaranteed prices for software systems that are currently under development and not yet installed.	<input type="checkbox"/>	<input type="checkbox"/>	
3) The vendor will contract for "not to exceed" installation fees.	<input type="checkbox"/>	<input type="checkbox"/>	

Requirement	Yes	No	Comments
4) Is HSA required to purchase all recommended hardware with you, or may it procure directly from hardware vendors?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Is HSA required to purchase all recommended third-party software with you, or may it procure directly from those vendors?	<input type="checkbox"/>	<input type="checkbox"/>	
6) The vendor will stipulate that the contract will be entered into, under, and governed by, the laws of the Cayman Islands.	<input type="checkbox"/>	<input type="checkbox"/>	
7) The vendor will agree to unconditionally guarantee all items bid upon against defects in materials, workmanship, and performance for one year from date of installation by HSA unless otherwise specified.	<input type="checkbox"/>	<input type="checkbox"/>	
8) The vendor will warrant that its recommended inpatient EHR solution will achieve CCHIT 2011 certification by year-end 2012, by including financial risk sharing terminology in contract (refunds or withholding of license or implementation fees).	<input type="checkbox"/>	<input type="checkbox"/>	
9) The vendor will agree to begin formal implementation planning activities concurrent with contract negotiation commencement, with the acknowledgement that HSA will reimburse vendor for their time if satisfactory contractual terms cannot be met.	<input type="checkbox"/>	<input type="checkbox"/>	
10) Proposed acquisition and ongoing maintenance or support costs include any future enhancements or upgrades to the system/solutions. If not, indicate additional costs in the cost quotation.	<input type="checkbox"/>	<input type="checkbox"/>	
11) Proposed acquisition and ongoing maintenance or support costs include licenses for operating system and related environmental software. If not, identify any additional component costs in the cost quotation.	<input type="checkbox"/>	<input type="checkbox"/>	
12) If vendor releases new software designed to replace the proposed solutions, the following provisions will apply: <ul style="list-style-type: none"> a) Within four (4) years of execution of this contract, vendor will provide new software with no additional license purchase price or implementation, support, and training expense to HSA. b) Past initial four (4) years but within seven (7) years of the execution of this contract, vendor will provide new software at the current license purchase price less a 60% discount and provide for a 60% discount regarding implementation, support, and training expenses. 	<input type="checkbox"/>	<input type="checkbox"/>	

1. Please provide a copy of your standard contract for customers similar in scope to HSA.
2. How many contracts have you signed in the last three years?
3. How many of those sites have completed implementation of your system?
4. Describe your formal procedure for system acceptance, including hardware and software.
5. Have any of your customers cancelled a contract in the last two years before, during, or after an installation? If yes, why? (Specify organization and location.)