

RFP #17033DM

PICTURE ARCHIVING AND COMMUNICATION SYSTEM

VENDOR QUESTIONS

- 1 Confirm projected annual volume of studies for diagnostic reading in PACS (exclude priors ingested)?
350K
- 2 Estimate number of exams to be migrated? 10 Years around 2.8 million exams
- 3 Will non-Radiology viewing be included in the scope (Cardiology, Pathology)? Yes, Echo and Cath, OB
Ultrasound, ophthalmology, Dental Images, possible pathology. If so, how many cardiology/pathology
exams annually for diagnostic reading? Cardiology around 20K Echo and Cath Images.
- 4 Will analytics be included in scope? Yes, must have a self-service reporting.
- 5 Will Dose Monitoring and reporting be included in the scope? We currently, have radimetrics.
However, if solution is available with PACS, would like to include as an option. ACR software and
server(s) are not included in Sectra Proposal.
- 6 Submission method for the response? Electronic or Mail? Mail
- 7 What is your RIS/EMR? EPIC Radiant
- 8 Do you have more than one RIS application? No
- 9 Do you receive RIS feeds from more than just your enterprise/clinic? Not understanding the question.
However, our RIS System sends orders and results to all of imaging services applications (Radiology,
Cardiology, OB)
- 10 Do you have an EMPI? No, single site, same MRN format for all sites.
- 11 What is your total annual volume? 400K and would need a 15% annual growth included
- 12 What is the current version of your GE PACS? We don't have GE-PACS! Philips Intellispace PACS version
4.4.532 is our current PACS and enterprise image distribution system
- 13 How much data is currently stored that will need to be migrated? Around 2.8 million exams
- 14 How is the data stored (DICOM, flat file, spinning disc, tape, etc.)? DICOM and on spinning disk
- 15 Do your radiologists prioritize their reads based on exam priority? Yes Are they interested in
structuring their reads to have a shared workflow for STAT studies? Yes
- 16 How many radiologists do you have today? Do you have more than one rad group reading for the
Enterprise? 280 radiologists. We only have one reading group



- 17 Do the radiologists want to provide subspecialty reading? **Yes** For instance would it appeal to them to be able to group studies into “reading pools” (body, neuro, MSK, mammography)? **Yes, but will need more details. Currently, all reading worklist is via sub-specialty**
- 18 Do you perform outside reading services for external institutions? Are Service Level Agreements important to you? **No, but could change**
- 19 Is credentialing important for your radiologists? **Yes, all of our radiologists are credentialed with our medical staff services.** Is licensure important for the radiologists? **Yes**
- 20 How are the Hanging Protocols working in your current PACS? **All of our hanging protocols need optimization.** Are the radiologists happy with them? What do they like or dislike?
- 21 How do your radiologists communicate with the Techs? **Via primordial instance messenger**
- 22 How are your radiologists reading PET/CT? **Current PACS with integrated intelligispace portal and mimvista workstations**
- 23 How are your radiologists reading mammography? **Current PACS**
- 24 Are you acquiring mammography tomosynthesis exams today? **Work in progress, but yes!** Are they read from your PACS or on a separate workstation? **Will need to be on the same PACS system**
- 25 What percentage of mammo is tomo? **100%**
- 26 Do you have any CAD applications or CADStream? **We do have a CAD system Philips INVIVO We use CAD on the I-site for mammograms and Invivo for CAD MRI**
- 27 Are you bringing in any outside exams for interpretation? **No, but for reference.** How are they imported? **Pacsgear CD import** What is the workflow? **Mammography do import images for interpretation**
- 28 What does your site do for critical results tracking, notification, and auditing? **We currently using our EMR with an integrated workflow and magview**
- 29 What do you do for teaching files? **Move exams into an online reading workflow with the PACS system either via private or public folder**
- 30 Do the ER physicians have the ability to input a “wet read”? **No, we currently don’t have this workflow**
- 31 If there is a discrepancy between an ER impression and the radiologist’s official interpretation how is that handled or communicated today? **We use primordial for tracking discrepancy between attending radiologists and residents**
- 32 Do you have more than one Data Center? **Yes**
- 33 Do you currently image enable your EMR/Physician Portal? **Our PACS system is fully integrated with our EMR for image viewing**



Active Directory (AD) /LDAP – The system must support AD and grant rights to the application via AD.

- 34 Do you have multiple AD roots? **We can create one OU and have multiple AD Groups. The system must also support nested groups.**
- 35 How are Reports current managed in your PACS? **Reports are filed via HL7 Interfaces. We currently have image and reports exception handling via worklist in pacs**
- 36 Are they stored in the database? **Yes**
- 37 Are they stored in PACS as DICOM SR objects? **Yes**
- 38 If they cannot be exported from your existing PACS are you able to perform a bulk export from your RIS or EMR? **This is not an option, all vendor must be able migration images, reports and audit logs from current PACS to future PACS**

HL7/MWL/Prefetching – We will not entertain any PACS system with prefetching. All images must be on spinning disk and available for access.

- 39 Can you supply an ADT and ORU feed to the enterprise archive? **We can provide any HL7 format you need; we can do ADT, ORM and ORU**
- 40 Do you need prefetching enabled? If so, an ORM feed will need to go to the enterprise archive as well. **All images must be on-line at all times. We will not entertain prefetching**
- 41 If prefetching is retrieving priors from a non-Watson Health entity, will the enterprise archive have retrieve access from that entity? **We will not entertain prefetching**
- 42 Will prefetching results be sent to a Watson Health system or a non-Watson Health system? **We will not entertain prefetching**
- 43 Will the VNA need to provide Modality Worklist? If so, an ORM feed will need to go to the enterprise archive. **We need an enterprise PACS system, if VNA is part of your architecture, we will need modality worklist for all modalities.**
- 44 Will the VNA need to send a BSCN (Basic Study Content Notification) HL7 message to an outside entity? **Yes, we will need image notification to be sent to the EMR or any other systems once images are received.**
- 45 Do you require any DICOM morphing of ingested studies? **Will need to consider**
- 46 To how many different DICOM data sources (or PACS system) will the zero footprint viewer connect? **one or more**
- 47 Will you be using an SSL certificate for external access? **Yes** If so, that certificate will have to be provided to Watson Health during the implementation. **Not a problem**



- 48 Do you wish to see priors along with the current study? **Yes, every time based on hanging protocol configuration**
- 49 Will images in the zero footprint viewer need to be launched from another system (i.e. EMR/Physician portal)? **Yes, EPIC My-Chart, mobile app, etc.**
- 50 If you wish to replace the existing homepage logo, we will require a logo with a size of 271x43 pixels in PNG format (JPEG will also work but we prefer PNG). **No problem**
- 51 How will users log into the zero footprint viewer? AD or finger scanner. Will LDAP be used or will it be manual entry? (This is excluding launching from another system). **We are 100% AD and all PACS applications will need to support OU, AD groups and nested groups.**
- 52 What values would you like to use for the Site Name (i.e. "XYZ Hospital) and Site Location (i.e. city, state)?
- 53 Would you like the ability for studies to be saved as JPEG images on the user's machine? **Yes, for teaching, but clear cache once application is exit.**
- 54 Would you like the ability to e-mail studies? If so, your SMTP server information will need to be provided and it will have to be configured to allow e-mail traffic to be generated from the the zero footprint viewer server. **Yes**
- 55 Will the server solutions be virtual or physical? **VM and whatever works best with scalability**
- 56 Customer Supplied? **Can be.**
- 57 Watson Health Supplied (physical only)? **Need more discussion around this item.**
- 58 If the servers will be virtual and a migration server is necessary, will Watson Health supply a loaner physical server or will another virtual instance be created (iConnect Enterprise Archive) to act as a migration server? **Can probably accommodate.**
- 59 Preferred server vendor? (Dell, HP, IBM, other)
- 60 Preferred storage vendor? (Dell, HP, IBM, other)
- 61 Is this is a replacement of PACS for both cardiology and radiology, or just radiology? **Yes, could be for both departments. However, this is for radiology, will also need the same platform to support cardiology and other imaging modality.**
- 62 Is Merge Cardio PACS is also a consideration here? **Could be**
- 63 Number of sites generating images? **7 satellite clinics and main hospital**
- 64 Number of physicians reading exams? **About 75 concurrent users**



- 65 Number of sites that generate images, where images are only read remotely (no reading physician on site). **We have main hospital reading rooms and remote reading from home or other facilities**
- 66 Procedure volume for entire enterprise or per site. **400K plus 15% annual growth**
- 67 Do you have Epic "My Chart" patient portal? **Yes**
- 68 Do you have Epic Radnet RIS? **No, we have EPIC Radiant**
- 69 Who supplies server / client / storage hardware? **Possible vendor or customer**
- 70 Do you expect to deploy servers in a virtual machine environment? **Yes**
- 71 Which VM? **Could be VMware**
- 72 Do you want the enterprise imaging vendor to supply / deploy the VM? **Yes if possible**
- 73 What is your disaster recovery solution? **Image transfer to vendor DC today.** Are you considering a cloud solution for disaster recovery? **Yes, if this is an available option for DR only.**
- 74 Are you open to a call / live discussion for discovery / clarification? **Only after the RFP Presentation**
- 75 Do you have a current mammography / tomo solution or would you prefer to have those tools built into the PACS? **Yes and Yes (read mammograms left on left and right on right. Need to keep this hanging set up)**
- 76 Please clarify your expectation for a "Site Representative". **Site representative should be able to handle all escalation with support issues and request.**
- 77 What is your current annual imaging procedure/study count (annual procedure volume)? **400K**
- 78 Who is your current Radiology PACS vendor and what software version are you running? **Philips Intellispace PACS 4.4.532**
- 79 Does your current PACS provide worklist or are you using an independent worklist solution? **Yes, If independent, which product?**
- 80 Who is your current Cardiology PACS vendor and what software version are you running? **Philips ISCV**
- 81 Please confirm your RIS is Epic Radiant. **Yes** If not Radiant, what RIS are you currently using?
- 82 What pricing model does Grady typically prefer? Operational model (pay per procedure) or Capital? **Mix mode**
- 83 Please confirm one (1) hard copy of the RFP response is all you require to be mailed. Additionally, do you want an electronic copy provided on a USB drive as well?
- 84 Data migration from your existing PACS: **Yes, 100%**



- 85 How many terabytes (TB) of data will be migrated? **Not sure on the TB, but should be around 2.8 million exams**
- 86 How many studies are in the current PACS system that will require migration to the new system? **around 2.8 million exams**
- 87 Will the selected vendor manage the full migration? – or will Grady manage the migration? – or do you prefer a hybrid approach (part vendor and part Grady managed)? **Vendor will perform migration and migration report/log, Grady will validate and spot check the migration**
- 88 Will any non-DICOM data be migrated? **No, all images are in DICOM or DICOM wrapped** If yes, what file formats will be migrated?
- 89 Is the data being migrated native DICOM or proprietary? **Not sure on your process for migration. Will need to be in DICOM format once the migration process is complete**
- 90 As part of the RFP required response, is there a document (or appendix) with specific vendor questions on product functionality or are we only expected to respond the requirements section detailed in the RFP (section 4A) for product functionality requirements?
- 91 What is your current Mammography system? **Magview for reporting, Philips Intellispace PACS 4.4.532 with mammo images**
- 92 Can you provide a network/workflow diagram of the Grady Health System? **I am expecting the vendor to provide their own system architecture**
- 93 Do you have multiple data centers? **Yes**
- 94 Is your data center centralized? **No, in multiple locations, one onsite, one about 10 minutes away and our DR site is about an hour away.**
- 95 Are there other “viewers” we will need to replace in this initiative (ex: cardiology, ophthalmology, dental, etc.)? **We are looking for a consolidated enterprise viewer for clinicians and could be a specific viewer based on specialty with a single image storage**
- 96 What modalities do you currently have? **All modalities (XR, CR, NM, MG, CT, MR, US, PT, XA, OT, etc.)**
- Also, could you also please provide some use cases or more elaboration around your requirements/expectations for the following:**
- 97 Stop images from filing to patient record once the exam is completed. **Yes, no additional images should file to patient records once the report is finalized. Only a radiologist or a PACS admin should allow the images to file to the exam.**
- 98 Must have access to start and stop HL7 Interfaces, DICOM processing and clear error queue (specifically, please clarify about the requirements for start/stop HL7 and are you looking for specific



DICOM processing capabilities?) Yes and no, we need to have full administrator access to the system. Some vendors due to uptime contractual agreement don't allow customer to perform these functions.

99 Import images to a specific ORG without the needs for Accession Number and accessible VIA EMR integration – Are you looking for details around workflow/capabilities for encounter based workflow (as opposed to orders based workflow)? Not understanding your question, we are looking to contain images based on service line therefore, radiologists don't have to be bombarded with unrelated image.

100 Number of physical locations that will provide medical imaging services - ?

Main Grady hospital 80 Jesse Hill Jr, Atlanta, GA 30303

Asa G Yancey Health Center 1247 Donald Lee Hollowell Parkway NW Atlanta, GA 30318

Brookhaven Health Center 2695 Buford Highway, NE Suite 200 Atlanta, GA 30324

East Point Health Center 1595 W Cleveland Avenue East Point, GA 30344

Kirkwood Health Center 1863 Memorial Drive Southeast Atlanta, GA 30317

North Fulton Health Center 7741 Roswell Road Sandy Springs, GA 30350

Ponce De Leon Center 341 Ponce De Leon Avenue Northeast Atlanta, GA 30308

Walk-In Center 56 Jesse Hill Jr Drive SE Atlanta, GA 30303

Camp-Creek

Acquisition facility legal name and address. Please highlight the reading locations.

HOSPITALS

Grady Memorial Hospital 80 Jesse Hill Jr Drive SE Atlanta, GA 30303

Hughes Spalding Children's Hospital

HEALTH CENTERS

Asa G Yancey Health Center 1247 Donald Lee Hollowell Parkway NW Atlanta, GA 30318

Brookhaven Health Center 2695 Buford Highway, NE Suite 200 Atlanta, GA 30324

East Point Health Center 1595 W Cleveland Avenue East Point, GA 30344

Kirkwood Health Center 1863 Memorial Drive Southeast Atlanta, GA 30317

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Camp-Creek

101 Total annual study volume – Most recent 12 months of studies - ? **400K plus 15% annual growth**

Modality breakdown for the most recent 12 months of annual study volume – Quantity by Modality

102 CT Annual Volume - ? **79,506**

103 16 or 64 or 128 Slice, or other - ? **All**

104 PET/PET Annual Volume - ? **NM Volumes at 6,505**

105 MRI Annual Volume - ? **13,242**

106 Special Procedures/IR Annual Volume - ? **8,447**

107 Regular (Non 3D/Tomo) Digital Mammography Annual Volume - ? **16,589**

108 Vendor - ? **N/A at this time**

109 Tomosynthesis Mammography Annual Volume - ? **N/A at this time**

110 Vendor - ? **N/A at this time**

111 Ultrasound Annual Volume - ? **N/A at this time**

112 Nuclear Medicine Annual Volume - ? **N/A at this time**

113 General X-ray Annual Volume - ? **N/A at this time**

114 Are you currently importing outside studies into your system and if so annual quantity - ? **N/A at this time**

115 Total number of studies from the legacy PACS system that will need to be migrated/discovered - ? **2.8 Million Exams**

116 Total number of TB's from the legacy PACS system that will need to be migrated - ? **About 140 TB**

Current Software and Version for systems that are in the PACS environment and would stay in place. Please highlight if you would like the vendor to provide a net new or replacement solution.

117 PACS System and Version - **Philips Version 4.4.532**

118 EMR and Version – **EPIC2017**

119 RIS and Version – **EPIC2017 Radiant**



- 120 How many MRN schemas (a single RIS might have multiple MRN pools) are there in the current environment? For example: MRN prefixed by site ID alpha character eg, A123 and B234 that are the same patient. **We only have numeric MRN**
- 121 Are you currently using an Enterprise Master Patient Index (EMPI)? **No**
- 122 Vendor Neutral Archive (VNA) and Version - ? **We don't have a VNA**
- 123 Universal/Enterprise Viewer and Version - ? **Philips Enterprise Viewer**
- 124 Image Sharing Solution and Version - PLEASE INCLUDE IN PROPOSAL – **We currently have a standalone PACS handling this function**
- 125 Advanced Visualization and Version - ? **Philips Intellispace Portal version 6 and GE AW Workstation**
- 126 Nuclear Medicine Package and Version - ? **Philips PET/Ceder Sinai Module on Portal and MimVista**
- 127 Mammography CAD and Version - ? **Philips Invivo**
- 128 Mammography Reporting/Follow-up and Version - MagView Version? **7.1**
- 129 Bone Density - ? **N/A at this time**
- 130 Breast MRI and Version - ? **N/A at this time Dynacad**
- 131 Dictation/Voice Recognition System and Version – PowerScribe 360 Version? **2.5 SP2, will upgrade to PS360 Version 4**
- 132 Orthopedic Templating and Version - ? **None currently, but would like to be included.**
- 133 Radiation Dose Monitoring and Version - PLEASE INCLUDE IN PROPOSAL- **Radimetrics**
- 134 Mammography Reading System and Version - ? **Magview Version 7.1**
- 135 Current Archive/Storage Solution for PACS - ? **Philips ISitePACS**
- 136 Other Integrated PACS Applications and Versions - ? **PS360, Intellispace Portal, Primordial, Magview**

Training Needs

- 137 Quantity of Training Locations - ? - **Will be one location**
- 138 Quantity of Concurrent Readers - ? **75 to 80**
- 139 Quantity of Radiologists - ? **280**
- 140 Quantity of Residents/Fellows - ? **N/A – All included with the 280 Radiologists**
- 141 Quantity of PACS Administrators and/or IT Analysts - ? **12**



- 142 Quantity of Super Users - ? **N/A at this time**
- 143 Quantity of Technologists - ? **100**
- 144 Quantity of Mammography Technologists - ? **all included with the Techs**
- 145 Quantity of Non-Imaging “Power” Users – ED, OR, Critical Care, Ortho, Neuro, etc. - ? **N/A at this time**

Backend Equipment/Hardware

- 146 Backend Preference – Physical or Virtual - ? **Virtual**
- 147 Load Balancer Preference – F5 or Netscaler - ? **Will leave this up to our infrastructure team**
- 148 Storage Vendor Preference – EMC, Nexsan, HP, or Other - ? **Will leave this up to our infrastructure team**
- 149 Does the RFP require the vendors to provide net new “on-line spinning disk” storage? **Will need further discussion**
- 150 What storage systems are you using for cache and for archive? **Philips Provided solution**
- 151 Is it replicated? Asynchronous or synchronous replication? **I would say its Asynchronous to our Philips DR and BCS system**
- 152 Disaster Recovery/Business Continuity Strategy - ? **We currently have a BCS system with the last 90 days of exams**

Frontend Equipment/Hardware – Does the RFP require the vendors to provide the reading/administration workstations? NO

- 153 Quantity of 3/6MP General Radiologist Reading Workstations - ?
- 154 Quantity of 5/12MP Mammography Radiologist Reading Workstations - ?
- 155 Quantity of PACS Administration Workstations - ?
- 156 Preferred Hardware Vendor – Dell, HP, Lenovo, or Other - ?
- 157 Barco/EIZO Preference for Diagnostic Displays - ?
- 158 Age of Current Diagnostic Displays - ?
- 159 Multi CD Burning Systems and Quantity - ?

Network Topology

- 160 Is your existing system centralized or distributed? **Centralized**
- 161 Do you have a Disaster Recovery location? **Yes, we do, but will leave this up to our infrastructure team**



- 162 Will you use VMware tools to replicate secondary Data Center for failover? **will leave this up to our infrastructure team**
- 163 For any remote locations, are there radiologists reading studies at these locations? **yes**
- 164 What is the network bandwidth and latency between remote sites and the primary Data Center? **100 full, probably could be a gig**
- 165 What is the bandwidth and latency between the primary and secondary data centers? **Will leave this up to our network team**
- 166 Do you have a stretched VLAN? **Will leave this up to our network team**
- 167 If you do not have redundant network connections, are there any remote facilities that need PACS operation if there is a WAN outage? **We will need to discuss our configuration for PACS and distribution of the client application**

VNA questions

- 168 Number of DICOM and non DICOM sources
- 169 Volume of all DICOM sources (Cardiology and others not captured earlier)
- 170 Modality breakdown for the most recent 12 months of annual study volume of each DICOM source **400K with 15% growth**
- 171 Number of ordering systems and MRN pools per system - **1**
- 172 Non-Radiology legacy data size and number of studies - **N/A at this time**

Clarifications Requested From “§ 4-A Scope of Services”

- 173 Integration with PACS Gear – What solutions from PACS Gear? **CD manager and document scanning**
- 174 Integration with Primordial – What solution from Primordial? **4 modules**
- 175 Integration with PowerScribe 360 – Does Grady use PS360 for VR dictation only? **Yes** Are there other solutions from Nuance integrated with the current PACS? **Yes, primordial**
- 176 User HP – We need additional clarification. **The system must allow users to create personal hanging protocol**
- 177 System HP – We need additional clarification. **The system must support System wide default hanging protocols by modality**
- 178 Does GHS have an EMR, HIS, or RIS other than Epic? **No**
- 179 Can you provide an explanation of the requirement “Support Non-DICOM/Visible Light Images”? **Visible light is a Philips mobile image capture solution for non-dicom images.**



- 180 Does Grady Memorial also seek a Vendor Neutral Archive (VNA) in addition to PACS solution? **Will need to further discuss based on the PACS technology and capability of the universal viewer**
- 181 What system is currently used for Ophthalmology viewer? **Zeiss PACS, Heidelberg, IRIS, TOPCON**
- 182 What system is currently used for Pathology viewer? **We don't have any pathology image system, however with the new PACS would like to consider pathology module**
- 183 Does GHS they have MPI (Master Patient Index) or are would the Vendor need to provide? **We do have an MRN number scheme, however, we are a single site and don't have an EMPI**
- 184 Seeking a Software Only solution? Should hardware be included in the proposal? **We are seeking both.**
- 185 Is GHS interested in a Cloud Solution hosted by the Vendor? **No, we are not looking for cloud based PACS**
- 186 Is there CAD for mammography integration? Or should Vendor provide CAD? **Yes, we have Philips Invivo**
- 187 Does GHS have any existing cloud account subscription required for Image Sharing? Ex lifelIMAGE?, **No this is work in progress. However, would like to see what other options are available with our new PACS system**
- 188 How many TB of data are to be migrated? **About 140 TB**
- 189 What images are to be migrated into the new solution? Radiology, Cardiology, Ophthalmology, Pathology? **Everything in the current PACS system**
- 190 Is there any non-DICOM data to be migrated? **If there is in PACS, its DICOM wrapped**
- 191 Does GHS currently have a datacenter? **Yes. If so, how many? 3DC**
- 192 How many studies are performed annually? **400K with a 15% growth**
- 193 Can GHS provide a study breakdown by Modality? **N/A at this time**
- 194 Are all GHS location connected though a VPN? WAN network? **WAN**
- 195 What is the network bandwidth between the GHS location? **100 mb full**
- 196 How many radiologist and cardiologist users will use the proposed system? **300**
- 197 What is the number of concurrent users for the non-Diagnostic viewer? **About 150**
- 198 Is the current/desired hardware infrastructure a virtual or physical environment? **Virtual**