

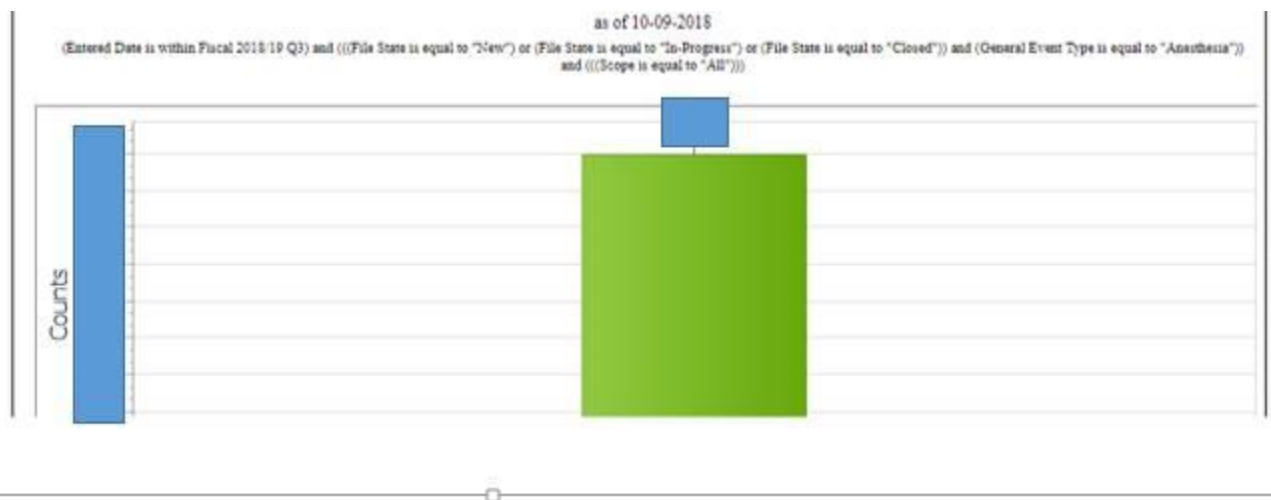
Grady Health System

Patient Safety Rounding Tool RFP #18020IM

Responses to Vendor RFP Questions

1. Can you please share the program type of license you would require and the number of sites for each license? **Program types include**
 - a. Hospital inpatient (1 main hospital campus)
 - b. Ambulatory care (20 clinics)
 - c. Behavioral health (1 inpatient unit, 1 outpatient unit, 1 ambulatory care clinic not included in Ambulatory care count above)
 - d. Laboratory (1 lab, 1 blood bank)
 - e. Office based surgery (;this list is a subset of the 20 clinics in Ambulatory care)
 - i. Dermatology
 - ii. Ophthalmology
 - iii. Oral Surgery
 - iv. Pain
 - v. The Ponce Deleon Center Infectious Disease Program (dental procedures)
2. Please list the names of the facilities you are looking the technology solution for? **Grady hospital**
3. What is your timeline for purchase decision and product implementation? **Please reference answer given for previous set of questions**
4. How familiar are your staff-members with CMS CoPs and TJC crosswalk to CMS? **Varying degrees of familiarity (from advanced to intermediate)**
5. Please clarify the questions from your Functional Requirements document.
 - a. *Row 17 Your question is - Ability to log in and answer questions / make observations "on the fly" easily; example (I'm on 4B and see overflowing trash - would like to be able to log in and make that observation at that time)*
 - i. *Our question – for row 17 – Do you need a Tracer to be built on the fly or are you looking to create an action/task to assign issue on the fly when an issue is spotted? Both, actually; however, the thought behind this bullet is specifically in reference to creating an action/task to assign issue on the fly when an issue is spotted*
 - b. *Row 30 Your question is - Capability to store entries in comment fields*
 - i. *Our question for Row 30 - Please clarify it is not clear what is required. When users make observations / choose compliant or not-compliant à would like for them to be able to free text comments. For example, if trash is overflowing on 4B (non-compliant) à ability for user to free text “nursing has called twice today about this”*

6. Our customer support is available 9am-5pm Monday thru Friday, due to our typical highest call volumes. Our customer support is required to respond to all customer enquiries within 8 business hours. Is this acceptable to move forward? **Yes.**
7. For the product demonstration (Oct 24-26) would a web-ex demonstration suffice, or do you need us to be onsite? **Web-ex is perfectly acceptable**
8. We are a **501(c)(3)** non-profit **organization** we are not **Diverse Business Enterprise** – however I did not see anything stating that a no-profit large business may not send in an RFP please advise? **Non –profit organizations do no classify as diverse business organization? Classifications are defined in section 7 of RFP.**
9. Could you please share more about your expectations for any interaction with RL Solutions? **Not sure how to answer this? Similar to how we interact now. (In house sys admin.)**
10. In the Excel file, Attachment A, Row 29: can you please define BI? **Business Intelligence – auto generated graphs / reports / etc.:**



11. Are we required to complete the vendor registration as part of the RFP process? **You are required to complete the vendor registration a) If you are awarded the contract and b) If you plan to visit the campus.**
12. Can you please confirm the Executive Director signature requested in appendix C is for Grady Health System's director to complete? **Yes. It is signed on the PDF**
13. What is the name of the Computerized Maintenance Management System used by Facilities? **TMS – Accruent.**
14. We do not use subcontractors – do we need to complete the Diversity Supplier sections starting on page 11? **Yes**
15. What other rounding types would Grady Health be interested in? **We are only aware of needing a tool for patient safety / medication mgmt / environment rounds.**
16. Please provide the number of inpatient beds and ED beds. **Reference Section 1 of RFP document: Grady Health System Background**

17. Attachment A Functional Requirements

Question 16 - Ability to complete tracers from any web-based device (iPod, Computer on Wheels, Laptop). Please explain "tracers."

From: https://www.jointcommission.org/facts_about_the_tracer_methodology/

Tracers allow surveyors to identify performance issues in one or more steps of the process, or interfaces between processes. The types of tracers used by The Joint Commission during the on-site survey are:

Individual tracer activity: These tracers are designed to “trace” the care experiences that a patient had while at an organization. It is a way to analyze the organization’s system of providing care, treatment or services using actual patients as the framework for assessing standards compliance. Patients selected for these tracers will likely be those in high-risk areas or whose diagnosis, age or type of services received may enable the best in-depth evaluation of the organization’s processes and practices.

System tracer activity: Includes an interactive session with a surveyor and relevant staff members in tracing one specific “system” or process within the organization, based on information from individual tracers. While individual tracers follow a patient through his or her course of care, the system tracer evaluates the system or process, including the integration of related processes, and the coordination and communication among disciplines and departments in those processes. The three topics evaluated by system tracers are data management, infection control and medication management. Whether all system tracers are conducted varies, but the data use system tracer is performed on every survey.

Accreditation program-specific tracers: The goal of these tracers is to identify risk points and safety concerns within different levels and types of care, treatment or services. Program-specific tracers focus on important issues relevant to the organization — such as clinical services offered and high-risk, high-volume patient populations.

Question 20 - Intuitive Technology - ability to log in and see checklists - w/o having to do name search. Please describe what type of checklists you are looking for.

Medication mgmt

“CORE” Joint Commission standards

VTE

Hand Hygiene

Blood Transfusion

VAE

Falls

Pressure Injury

CLABSI

CAUTI

Pain Assessment

Moderate Sedation

Environment of Care

Restraints

Etc.

Question 23 - Question bank we can assign for unit X to answer every day b/c they're failing regularly. Please clarify what you're looking for here.

A bank of questions (key TJC standards/EPs that we want to look at from time-to-time; ability to either add these questions to certain checklists; ability to – instead of a full checklist – to assign a given question for a given unit b/c we see that they are having issues around that particular TJC standard/EP.

For example: We are working on a Performance Improvement project with the ICU around ensuring oxygen cylinders are always in the designated storage places. The ICU completes this observation on their regularly scheduled CORE checklist x times per week. We would also like for “outside eyes” to complete observations in addition. We would like to assign for Jane Doe, CNO to go to the ICU once per week and complete an oxygen cylinder observation.

Question 24 - Question bank we can pull from and answer "on the fly". Please clarify what you're looking for here.

Similar to above (question 23).

For example: We are working on an email campaign surrounding TJC standards/EPs critical to a successful TJC survey. Each day for a month, we will send out an email with something we would like for each senior leader to observe that day. On Monday, we will guide them what to look for in terms of oxygen tank storage. For those who are able to make observations – we would like to capture what they observe. Would be ideal to have ability for them to log into the tool and choose – I'm in the ICU right now – and I can see that their oxygen tank storage is compliant.

18. What is the budget for this project? **Budgetary Information will not be provided. Please provide best quote.**

19. Rounding is one part of our unified clinical communications and workflow platform. Does Grady have any other initiatives to explore things like secure texting, alert and alarm consolidation and management, medication administration, specimen collection, et al.? **Not at the same time w/the patient safety rounding implementation.**

20. We are an Apple Mobility Partner but our application can also work on Android devices. Does the care team at Grady currently utilize iPhones or Android devices? **I know we use iPhones / iPads; not sure if we also use Android products.**

21. We are integrated in with Epic and can be found on Epic's App Orchard site as an approved integrator (<https://apporchard.epic.com/Gallery?id=224>), is Grady currently using Rover and Haiku? Are you utilizing SecureChat? **I believe IT is currently rolling out both Rover and SecureChat. I'm unfamiliar w/Haiku, so I'm not sure if we use that.**

22. When does Grady want to make a decision by? When would it like to implement its selection? **Dates are Tentative: Implementation Jan 2019**

Award	Notification of Apparent Winner/Provisional Award*	11/1/2018
	Estimated Contract Execution Date*	11/15/2018