

The Grady Memorial Hospital Corporation  
d/b/a

GRADY HEALTH SYSTEM

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**Remarkable Service Exceptional Care**

**GRADY HEALTH SYSTEM**

**REQUEST FOR PROPOSAL (RFP)**

**FOR VIRTUAL NURSING QUESTIONS**

RFP#26002CB

## **Questions for GHS per VIRTUAL NURSING RFP:**

### **General Questions**

#### **Questions: What is the anticipated Period of Performance?**

**Grady Response:** I need the vendors definition of Period of Performance? If referring to this RFP process, the process started 2/16/2026 and will run through 5/1/26 with five days added to our initial timeline.

#### **Questions: What is the target deployment footprint (beds/units) and expected phasing timeline? This includes specific counts/ranges for supported number of patients and nurses.**

**Grady Response:** Grady is flexible in the approach. We have piloted the current solution using a virtual nursing program, currently monitoring multiple units. Additional usage of solution includes nurse dual

#### **Questions: Who maintains virtual nursing, virtual sitting, and safety monitoring equipment?**

**Grady Response:** Grady is flexible in the approach. Today, in Grady's environment, we have both inhouse resources and outsourced services (managed services) for maintenance and responses to reported issues/concerns.

#### **Questions: We propose using a pilot to test functionality and integration with current equipment and end users. Is the intent to phase-in with a pilot program over a specifically defined number of users?**

**Grady Response:** Grady is flexible in the response; Grady has conducted a pilot with the existing vendor and solution.

#### **Questions: What nurse call system(s), bed alarm platforms, and patient monitoring equipment are in scope?**

**Grady Response:** Today, Grady's uses West Comm for nurse call functions. For the pilot, Grady installed MedView cameras in the patient rooms. The hardware, the current vendor's solution, with Epic integration with presentation to the virtual nurse with Epic Monitor.

#### **Questions: Is there a requirement for video recordings of patient rooms? If so, what is the archive policy for the recordings?**

**Grady Response:** Grady has a policy in place to address the use of video recordings.

#### **Questions: Is there a current virtual nursing or virtual sitting program in use today? If so, what are the current systems in place, and will they be replaced by the new software platform?**

**Grady Response:** Yes, we are live with an existing vendor for multiple use cases. Grady approach is to partner with other entities as needed, and at the right time, to accomplish Grady's mission and goals.

#### **Questions: What is your current resource scheduling system?**

**Grady Response:** Epic

**Questions: What teams will be leading and are on the governance committee for virtual nursing? Clinical Leadership and end users, IT, and Sourcing?**

**Grady Response:** The governing committee is comprised of executive co-chairs for nursing leadership and IT leadership. The other governance decision-making attendees include participants from Grady's virtual nursing program, nursing and other clinical leaders, clinical informatics and information technology partners.

**Questions: Who will be the executive sponsor for this initiative?**

**Grady Response:** Michelle Wallace – SVP and Chief Nursing Officer and Ben McKeeby – SVP and Chief Information Officer

**Questions: Will this be a phased deployment or enterprise-wide from Day 1?**

**Grady Response:** Grady is flexible on the approach.

**Questions: Do you envision this being supported by a centralized virtual care hub, or distributed specialty teams?**

**Grady Response:** Grady has established a Virtual Nursing Program (ViNP). This program is maturing and thus the roles and responsibilities are fluid. A sample of this groups' services include bedside monitoring, preventing falls or other potential events. Additionally, virtual nurses, partnered with bed side nurse are positively impacting real-time documentation and task completion, which contributes to the patients' safety.

**Questions: What does your formal evaluation and vendor selection process look like after RFP review?**

**Grady Response \*\*\*\*:** Grady plans to review all the submissions and subsequently work with a list of narrowed down vendors. Following Grady plans to finalize a vendor by the end of May 2026

**Questions: What is the timeline of events after the March 25th submission?**

**Grady Response \*\*\*\*:** Grady plans to review all the submissions and subsequently work with a list of narrowed down vendors. Following Grady plans to finalize a vendor by the end of May 2026

**Questions: On-site demonstrations, will there be a specific timeline of when to schedule that visit?**

**Grady Response:** On-site or virtual demonstrations may be requested as part of the evaluation process for shortlisted vendors. Scheduling details will be communicated directly to selected vendors following initial RFP review.

**Questions: What does you're contracting and security review timeline typically look like after award?**

**Grady Response:** Contracting, legal, and security reviews will occur following vendor selection. Timelines may vary based on scope and complexity but will follow Grady Health System's standard contracting and information security review processes.

**Questions: Is this a phased implementation and what would be the desired projected completion?**

**Grady Response:** Grady anticipates a phased implementation approach; however, final phasing and timelines will be determined collaboratively with the selected vendor based on readiness, priorities, and operational needs.

**Questions: Should the RFP be submitted all as one PDF or another format? Please describe the response format you would prefer for responding to bullets/questions?**

**Grady Response:** Vendors should submit responses as a single, consolidated PDF unless otherwise specified. Responses should clearly align to each question and section outlined in the RFP.

**Questions: Does Grady expect or desire to have a device in every room? If so, how many patients for how long?**

**Grady Response:** Grady does not currently require a device in every room. Vendors should propose scalable approaches that support targeted deployment based on patient population, unit needs, and clinical use cases.

**Questions: Do you plan pilot solutions/companies? If so, how many patients for how long?**

**Grady Response:** Grady is open to pilot programs as part of implementation planning. Scope, duration, and patient volumes will be defined jointly with the selected vendor.

- **Questions: Is GHS eligible and/or willing to make the purchase of the award through the Government Service Administration Multiple Award Schedule (GSA MAS)?**

**Grady Response:** Grady Health System is eligible and willing to consider procurement through the Government Services Administration (GSA) Multiple Award Schedule, where applicable.

## **Terms and Conditions**

**Questions: Is there a requirement for video recordings of patient rooms? If so, what is the archive policy for the recordings?**

Video recording archive policy (duplicate question)

**Grady Response:** Grady has established policies governing the use, storage, and retention of video recordings, including privacy and compliance requirements. Details will be reviewed during contracting and security review phases.

**Questions: Are performance bonds applicable to this RFP?**

**Grady Response:** Performance bonds are not anticipated at this time unless otherwise specified during contract negotiations.

**Questions: Are liquidated damages applicable to this RFP? If so, please define the conditions that would enact liquidated damages and the resulting penalties.**

**Grady Response:** Liquidated damages are not anticipated at this time. Any such provisions, if applicable, would be defined during contract negotiations

**Questions: What is the term of Agreement?**

**Grady Response:** The anticipated agreement term and renewal options will be outlined during contract negotiations and are subject to Grady Health System's standard contracting practices.

## **Cost Proposal**

**Questions: Is the intent to procure devices as:**

- 1. Capital purchase with annual licensing/support?**
- 2. Monthly/annual services?**
- 3. To lease equipment with annual support/licensing?**

**Grady Response:** Vendors may propose one or more procurement models, including capital purchase, subscription-based services, or leasing options. Grady will evaluate flexibility and total cost of ownership.

**Questions: Is the project budgeted for 2026?**

**Grady Response:** Funding is anticipated but subject to final approval and prioritization.

**Questions: Does Grady have a device quantity and type they would like to see pricing too?**

**Grady Response:** Vendors should propose pricing models that support scalability and flexibility rather than fixed quantities.

**Questions: Is there a format Grady would specifically like to review pricings? If so, please share the document.**

**Grady Response:** No specific pricing template is required. Vendors should present pricing clearly and transparently, aligned to the proposed solution components.

**Questions: What is your current average daily number of patient sitters? Can you share the hourly wages as well?**

**Grady Response:** Grady does not disclose internal staffing volumes or wage details as part of this RFP.

**Questions: Will GHS require separate reports of direct and indirect Tier II spend or can they be combined?**

**Grady Response:** Vendors should follow Grady's standard supplier diversity reporting requirements. Further clarification will be provided during contracting.

**Questions: Does GHS require documentation (invoice, proof payment, certification validation) to accompany each monthly report?**

**Grady Response:** Documentation requirements will align with Grady's supplier diversity and compliance standards and will be communicated during contracting.

### **Artificial Intelligence & Safety Capabilities**

**Questions: Does “predictive analytics to identify elevated fall risk” imply mining through patient medical history data as well as history of present illness (HPI) data to assess a risk score?**

**Grady Response:** Vendors should describe how predictive analytics are designed, including whether EHR data is leveraged, while ensuring compliance with privacy, security, and regulatory standards.

**Questions: What AI capabilities has your governance committee allowed for? For example: Task-routing, Fall risk or motion detection, Workflow staging, Ambient documentation, Pressure injury, Room Cleanliness/Room Throughput?**

**Grady Response:** Grady is open to evaluating AI-enabled capabilities that enhance patient safety, clinical workflows, and operational efficiency, subject to governance, validation, and regulatory review.

**Questions: Are you expecting continuous AI monitoring across all inpatient rooms or only for selecting high risk patient units?**

**Grady Response:** Grady anticipates targeted deployment for high-risk populations rather than universal monitoring across all inpatient rooms.

**Questions: How do you expect alerts to be delivered and routed nurse call, secure messaging, EHR, security systems, or a centralized command center?**

**Grady Response:** Vendors should describe flexible alerting options that integrate with existing clinical workflows, including nurse call systems, secure messaging, EHRs, or centralized monitoring models.

**Questions: For falls and HAPI, are expecting real-time event detection only, or predictive risk scoring that incorporates EHR data?**

**Grady Response:** Vendors may propose real-time detection, predictive analytics, or both. Grady will evaluate alignment with clinical priorities and governance standards.

**Questions: What is AI validation & Regulatory expectations?**

**Grady Response:** AI solutions must meet applicable regulatory, validation, and safety requirements. Vendors should describe governance, validation, and monitoring approaches.

**Questions: Do you require FDA -clear model where applicable, and are there minimum performance thresholds (sensitivity/specificity) you expect vendors to meet?**

**Grady Response:** Where applicable, FDA-cleared models are preferred. Vendors should provide performance metrics and validation data as available.

**Situation Awareness**

**Questions: Some of the capabilities requested (such as certain dashboards, actionable analytics, etc.) could be provided natively by Epic. Is the intent to duplicate that capability outside of Epic in the vendor solution?**

**Grady Response:** Grady will evaluate solutions that complement existing Epic capabilities without unnecessary duplication.

**Monitoring Capabilities**

**Questions: Please provide more details about integration with bed alarms and clinical equipment. Which specific alarms and equipment? What is the level of integration desired?**

**Grady Response:** Vendors should describe integration capabilities with commonly used clinical equipment and alarms. Specific scope will be finalized during solution design.

**Questions: Audio Monitoring for workplace safety and behavioral escalation, is audio-based in scope or vision only?**

**Grady Response:** Audio monitoring may be considered for safety and escalation use cases, subject to privacy, policy, and regulatory review.

**Equipment Integration**

**Questions: What hardware is currently deployed in patients' rooms today? (fixed, mobile, or mixed)?**

**Grady Response:** Grady currently utilizes a mix of fixed and mobile hardware depending on unit and use case.

**Questions; Are the TVS currently part of the in-room display?**

**Grady Response:** TVs may be used in some environments; vendors should describe supported display options

**Questions: What are the existing camera devices in use today?**

**Grady Response:** Grady has deployed camera solutions (Medview) in select areas. Vendors should describe compatibility and integration approaches.

**Questions: Please provide more details around integration with patient monitoring equipment. Which specific equipment? What is the level of integration desired?**

**Grady Response:** Vendors should describe integration approaches with common patient monitoring systems; scope will be finalized collaboratively.

**Questions: What is the preferred room hardware solution to look like? Fixed in room devices or mobile carts? Or a mixture of both hardware configurations?**

**Grady Response:** Vendors should describe integration capabilities with systems such as bed management, nurse call, staffing, and EHR platforms.

**Questions: What are the other data sources or devices we will need to integrate with (bed management, nurse call, staffing systems, etc.)?**

**Grady Response:** Grady is interested in future expansion opportunities, including outpatient and specialty settings, subject to prioritization and governance.

**Questions: Can you share more details on your vision for expansion into outpatient, ambulatory, and specialty settings? Other than the non-clinical workflows mentioned, are there more you plan to include (EVS, transport, patient experience, staff duress, etc.)?**

**Grady Response:** Grady is interested in future expansion opportunities, including outpatient and specialty settings, subject to prioritization and governance

### **Voice Activation & Key Phrase Integration**

**Questions: As it pertains to voice command activation, do Grady's patient privacy and security policies allow for always on and listening microphones in the patient rooms? Is it necessary to handle key phrase processing on-prem or can it be done in the cloud?**

**Grady Response:** Voice activation capabilities must comply with Grady's privacy and security policies. Deployment models will be evaluated during solution review.

### **Diverse Business Enterprises**

**Questions: If submitting vendors partner with various DBE's, is Grady's desire to acquire the solution through a joint partnership between the DBE, Vendor and Grady?**

**Grady Response:** Grady supports partnerships with certified diverse suppliers and will evaluate proposed engagement models.

**Questions: Does the 20% goal apply only to Tier II or can Tier I diverse spend also count will GHS accept diverse certifications from agencies other than explicitly list (NMSDC, WBENC, NGLCC, DOBE, SBA, VBE, DVBE et.)?**

**Grady Response:** Vendors should follow Grady's supplier diversity requirements; additional guidance will be provided during contracting.

**Questions: What is the format of the monthly diverse spend reporting – Excel template, portal upload or other?**

**Grady Response:** Reporting format requirements will be discussed and communicated during contracting.

**Questions: Are diverse suppliers required to located in Fulton/Dekalb counties, or may they be anywhere in the U.S. as long as they meet the certification requirements?**

**Grady Response:** Diverse suppliers are not required to be in specific counties as long as certification requirements are met.

**Question: If the 20% goal is not achieved despite documented good faith what remedies (if any) do GHS impose?**

**Grady Response:** Vendors are expected to demonstrate good-faith efforts. Remedies, if any, will align with Grady's supplier diversity policies.

### **Sections**

**Questions: Section 5-B Vendor provides virtual nursing staff- should vendors provide pricing if hosted services are available? For both virtual nursing, AI, and continuous observation at once? Or a phased roll out?**

**Grady Response:** Vendors may propose pricing and implementation approaches for phased or concurrent rollout of virtual nursing, AI, and continuous observation services.

**Question Section 5-C Detailed implementation plan and timeline should the vendor assume roll out of both virtual nursing, AI, and continuous observation at once? Or a phased roll out?**

**Grady Response:** Vendors should propose implementation plans that support phased deployment; final sequencing will be determined collaboratively

**Questions: How will GHS audit or verify supplier diversity spend, and what is the expected timeline for compliance checks?**

**Grady Response:** Grady will audit supplier diversity reporting in accordance with its standard compliance practices. Timelines will be defined during contracting.