RFP #26003TM

Enterprise-Wide Monitoring Solutions

Vendor Questions and Advisory Committee Response Template

Response Due Date:	August 6, 2026	**Return Responses To:**	TeNesha McGraw
Final Vendor Q&A Release:	August 7, 2026	**Committee/Department:**	Steven Ziffer, Glenn Hilburn, Marion Lee, Nikki Chubba

Instructions: Provide a direct response suitable for public release to all prospective vendors. Do not include confidential, proprietary, security-sensitive, or vendor-specific information. Use "Not Available," "Not Applicable," or "Vendor to Propose" when appropriate. Identify questions requiring additional review or an RFP amendment.

#	Vendor Question	Committee Response	Assigned SME	Internal Notes
1. Enterprise Strategy and Future State				
1	What are the top operational, clinical, and financial outcomes Grady expects this investment to achieve over the next five to ten years?	Over the next five to ten years, Grady expects this investment to establish a reliable, standardized, and financially sustainable patient-monitoring environment that supports current clinical needs while providing flexibility for future growth. The investment should not be evaluated solely as an equipment replacement. The desired outcome is an enterprise monitoring platform that improves clinical reliability and operational performance while delivering sustainable value over its full lifecycle. Vendors should describe how their proposed solution will achieve these outcomes and identify measurable performance indicators, implementation dependencies, anticipated efficiency gains, and all associated short- and long-term costs.	*Name/Dept.*	*Notes*

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2	Is Grady seeking a standardized monitoring platform across ICU, telemetry, transport, Med-Surg, procedural areas, and future facilities?	Yes	*Name/Dept.*	*Notes*
3	Is enterprise-wide patient visibility across multiple campuses and care environments considered a strategic requirement?	Yes	*Name/Dept.*	*Notes*
4	How should the proposed solution support Grady Main, the South Fulton campus, future facilities, and anticipated monitored-bed growth?	The proposed solution should support Grady Main and the South Fulton campus as part of a standardized, enterprise monitoring strategy, while providing a practical path to accommodate future facilities and growth in monitored-bed capacity. The base proposal should address Grady's currently identified needs at Grady Main and South Fulton. Vendors should also provide a scalable growth model for anticipated monitored-bed expansion and future facilities, including unit pricing or pricing methodology for future expansion. Grady does not expect all potential future capacity to be purchased at the time of initial implementation. However, the proposed architecture should avoid unnecessary technical limitations, costly platform replacement, or disproportionate expansion costs as the organization grows.	*Name/Dept.*	*Notes*
5	What factors will have the greatest influence on final vendor selection if multiple vendors satisfy all technical requirements? If possible, rank the importance of clinical functionality, workflow efficiency, interoperability, telemetry capabilities, mobile technology, cybersecurity, scalability, service and support, and total cost of ownership.	1. Clinical functionality 2. Total cost of ownership 3. Workflow efficiency 4. Interoperability 5. Telemetry capabilities 6. Cybersecurity	*Name/Dept.*	*Notes*

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		7. Service and support 8. Mobile technology 9. Scalability		
2. Quantities, Inventory, and Scope				
6	Attachment B requests pricing for multiple equipment categories but does not provide estimated quantities. Can Grady provide estimated device counts, monitored-bed counts, telemetry transmitter volumes, central station quantities, transport monitor quantities, and other deployment assumptions so vendors can submit comparable pricing proposals?	Monitored beds = 906 73/906 are dual-purpose transport. Telemetry boxes = 127 Central Stations = 140 Med-Surg beside vital sign monitors = 451 - Spot check Temp, SpO2, non-evasive blood pressure - Transport monitors = we use Zoll monitors and should not be part of this RFP.	*Name/Dept.*	*Notes*
7	Are all vendors being asked to quote net-new monitors, rather than upgrades to existing equipment, to ensure a fair comparison among vendors?	Yes	*Name/Dept.*	*Notes*
8	Will operating room monitors be included within the scope of this RFP?	No	*Name/Dept.*	*Notes*
3. ICU and Acute Care Monitoring				
9	Beyond the standard monitoring parameters identified in the RFP, are there additional advanced monitoring capabilities, specialty modules, or hemodynamic requirements vendors should incorporate into their proposals?	Vendors should identify any advanced monitoring capabilities, specialty modules, or hemodynamic functionality available beyond the standard parameters included in the RFP. Proposals should clearly distinguish between functionality included in the base solution, optional modules, and capabilities requiring additional hardware, licensing, interfaces, or ongoing support costs.	*Name/Dept.*	*Notes*

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		Areas of interest may include: Advanced hemodynamic monitoring, including cardiac output, stroke volume, stroke volume variation, pulse pressure variation, systemic vascular resistance, and other derived parameters Support for invasive arterial, central venous, pulmonary artery, and intracranial pressure monitoring Integration with minimally invasive or noninvasive hemodynamic monitoring technologies Specialty monitoring modules for critical care, cardiovascular, perioperative, emergency, neurological, neonatal, or other high-acuity populations Advanced arrhythmia, ST-segment, QT/QTc, and ischemia analysis Enhanced respiratory monitoring, including capnography, respiratory mechanics, and integration with ventilator data Neurological monitoring capabilities, including EEG, cerebral oximetry, depth of sedation, or other specialty parameters Continuous trend analysis, clinical decision-support tools, and early-warning or deterioration-detection capabilities Advanced alarm-management features, including alarm prioritization, escalation, analytics, and reduction of nonactionable alarms Remote and centralized monitoring capabilities that extend beyond traditional telemetry Integration of monitoring data with the electronic medical record, mobile devices, clinical communication systems, and enterprise analytics platforms		

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		The organization has not identified a mandatory need for every advanced capability listed above. Vendors should propose functionality that provides meaningful clinical or operational value and should describe the intended use case, evidence supporting the capability, implementation requirements, interoperability dependencies, and total cost of ownership. Particular emphasis should be placed on advanced hemodynamic capabilities that can support existing critical care and cardiovascular workflows without requiring unnecessary proprietary equipment, duplicative technology, or significant increases in ongoing maintenance and disposable costs.		
10	Are there minimum display-size, resolution, touchscreen, configurability, or workflow requirements vendors should consider for high-acuity bedside monitoring environments?	Yes. Bedside monitors proposed for high-acuity environments should support clear visualization, rapid clinical interpretation, and efficient operation under emergency and routine conditions. Vendors should address the following minimum and preferred requirements: * **Display size:** High-acuity bedside monitors should have a minimum display size of approximately 15 inches, with larger displays—generally 17 to 19 inches—preferred for critical care environments where multiple waveforms, parameters, and trends must be viewed simultaneously. * **Resolution and visibility:** Displays should provide high-definition resolution sufficient to maintain clear waveform and numeric visibility when multiple parameters are displayed. Information should remain readable from typical bedside working distances and under varying room-light conditions. Vendors should describe viewing angles, brightness adjustment, glare	*Name/Dept.*	*Notes*

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		reduction, and nighttime-display capabilities. * **Touchscreen functionality:** Touchscreen capability is preferred and should be responsive, intuitive, and operable while wearing clinical gloves. Critical functions should not rely exclusively on touchscreen interaction; physical controls or an equivalent backup method should be available for essential operations. * **Screen configurability:** Clinicians should be able to configure waveform size, parameter placement, colors, alarm limits, trend displays, and screen layouts. The system should support standardized, role-based, unit-specific, and patient-population-specific profiles while limiting unauthorized or unintended changes. * **High-acuity workflow:** Frequently used functions—including patient admission, discharge, transfer, alarm review, alarm-limit adjustment, waveform review, event marking, printing, and trend access—should require minimal navigation and should be accessible without leaving the primary monitoring view whenever possible. * **Information prioritization:** The monitor should allow clinicians to quickly identify changes in patient condition, active alarms, alarm priority, disconnected leads or sensors, and data-quality concerns. Critical information should remain visible when menus or secondary applications are open. * **Alarm interaction:** Alarm acknowledgment, pausing, limit adjustment, escalation, and review should be intuitive and consistent across bedside, transport, telemetry, and central-monitoring applications. The interface should reduce the risk of accidental silencing or inappropriate alarm-limit changes. * **Patient movement and handoff:** Workflows		

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		should support efficient transfer of patients between care areas and monitoring devices without unnecessary re-entry of demographic information, loss of trend data, duplication of patients, or interruption in surveillance. * **Consistency across platforms:** User-interface design and common workflows should be substantially consistent across bedside monitors, transport monitors, central stations, mobile applications, and other proposed monitoring platforms. * **Mounting and physical configuration:** Displays should support flexible mounting, positioning, and cable management appropriate for crowded high-acuity rooms. Vendors should identify space, power, ventilation, cleaning, infection-prevention, and equipment-placement requirements. Vendors may propose alternative display sizes or configurations when supported by the intended clinical use. However, proposals should demonstrate that the solution can display the required waveforms, parameters, alarms, and trends without excessive screen switching, visual crowding, or loss of clinically relevant information. Vendors should clearly identify which capabilities are standard, configurable, optional, or associated with additional hardware, software, licensing, or implementation costs.		
11	Is there a monitor-size requirement for each care area? Vendors commonly see a minimum display size of approximately 19 inches in high-acuity areas such as the ICU, operating room, and emergency department.	See Above for additional information, but we would prefer 32' monitors	*Name/Dept.*	*Notes*

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12	Is integrated patient transport capability, including uninterrupted monitoring and battery-backed operation, required for ICU patients?	This remains to be confirmed internally. Are the existing Zoll monitors intended to support ICU patient transport as part of the future-state solution, or should vendors propose an integrated transport-monitoring capability? An integrated option with uninterrupted monitoring and battery-backed operation would be beneficial, but it is not a capability currently offered and may be better treated as a preferred feature rather than a mandatory requirement. Internal stakeholders should confirm whether this functionality is needed, whether the Zoll monitors are included in scope, and whether associated costs should be incorporated into vendor proposals.	*Name/Dept.*	*Notes*
13	Are all monitor-accompanying acquisition modules required to have screens that allow clinicians to view patient information during transport?	See Above.	*Name/Dept.*	*Notes*
4. Med-Surg and Vital Signs Monitoring				
14	Is Grady's vision for vital signs monitoring primarily spot-check workflows, continuous patient monitoring, or a combination of both?	Grady's current vital-signs monitoring model is primarily based on spot-check workflows, with the ability to configure measurements at defined time intervals when clinically appropriate. Vendors should support efficient manual spot checks, scheduled interval monitoring, and automatic transmission of results to the electronic medical record. Continuous monitoring is not currently envisioned as the standard workflow for all patients. However, vendors should describe whether the proposed solution can support continuous monitoring for selected patients, units, or future use cases without requiring replacement of the core platform. Proposals	*Name/Dept.*	*Notes*

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		should clearly identify any additional devices, infrastructure, licensing, monitoring resources, or costs associated with enabling continuous monitoring.		
15	If continuous monitoring is desired for Med-Surg patients, should those patients also be visible through centralized monitoring workflows?	Current state is that Telemetry, ICU and IMCU rooms are monitored in centralized monitoring room.	*Name/Dept.*	*Notes*
16	Are patient populations beyond adult patients, including pediatric and neonatal patients, required to be included in vendor proposals?	Yes. Vendor proposals should include capabilities to support adult, pediatric, and neonatal patient populations where applicable. Pediatric and neonatal functionality will be required for specific clinical areas, including the Operating Room, Burn services, and Women's services. Vendors should clearly describe: Available adult, pediatric, and neonatal monitoring modes Population-specific alarm limits, parameter ranges, algorithms, and accessories Support for neonatal and pediatric sensors, cuffs, leads, and other consumables Any differences in functionality across bedside, transport, telemetry, and central monitoring platforms Additional hardware, software, licensing, or implementation costs required to support these populations The proposal should distinguish between capabilities included in the base solution and those requiring optional modules or additional equipment.	*Name/Dept.*	*Notes*
5. Advanced Hemodynamic Monitoring				

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17	What advanced hemodynamic monitoring capabilities are required for critical care, cardiac, trauma, and procedural environments?	The Advisory Committee was unable to provide a response to this question at this time. Vendors should develop their proposals based on the information and requirements provided in the RFP.	*Name/Dept.*	*Notes*
18	Are vendors expected to support integration with third-party hemodynamic platforms such as Edwards FloTrac, HemoSphere, or similar technologies?	Yes	*Name/Dept.*	*Notes*
19	Are the following measurements required or desired within the proposed monitoring ecosystem: Cardiac Output (CO), Stroke Volume (SV), Stroke Volume Variation (SVV), Systemic Vascular Resistance (SVR), Mean Arterial Pressure (MAP), Continuous ScvO2, and Continuous Cardiac Output (CCO)?	This is a current functionality, the ability to display these.	*Name/Dept.*	*Notes*
20	Is a single-point integration strategy into Epic preferred for third-party hemodynamic data sources?	Yes, Grady requires a single-point integration strategy for all data originating from the cardia monitor for seamless documentation into the HER.	*Name/Dept.*	*Notes*
6. Telemetry Strategy				
21	What are the primary challenges Grady is seeking to address within its current telemetry environment, including capacity, coverage, staffing, workflow efficiency, signal reliability, and patient mobility?	Grady is seeking to improve the reliability, capacity, and operational efficiency of its telemetry environment while preserving flexibility to support changing patient volumes and care locations. The intent is not simply to increase the number of available telemetry devices. The future environment should improve end-to-end reliability and workflow from patient enrollment through monitoring, escalation, transfer, and discontinuation. Vendors should identify how their proposed solution addresses these challenges and clearly distinguish between standard functionality and capabilities requiring additional infrastructure, hardware, staffing, or	*Name/Dept.*	*Notes*

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		licensing.		
22	Does Grady prefer a Wi-Fi, Wireless Medical Telemetry Service (WMTS), or hybrid telemetry architecture for future deployment?	Grady prefers s hybrid telemetry architecture. Beside devices are preferably hard wired with transport devices connecting to Wi-Fi	IT	*Notes*
23	Is local patient-rhythm visibility at the telemetry transmitter considered valuable or required for patient-care workflows?	Required.	*Name/Dept.*	*Notes*
24	Are there specific telemetry durability, patient mobility, infection-prevention, or environmental requirements vendors should consider?	Standard	*Name/Dept.*	*Notes*
25	What telemetry workflow improvements would Grady most like to achieve regarding strip management, alarm review, patient transport, patient transfers, and centralized monitoring efficiency?	Priority workflow improvements include: Alarm and event review: Provide efficient access to current and historical alarms, waveforms, events, and trends. Staff should be able to quickly identify clinically significant events, distinguish true events from artifact, document review, and communicate findings to the bedside team without navigating multiple systems. Patient transport: Maintain telemetry surveillance during approved patient movement whenever operationally feasible Centralized monitoring efficiency: Provide central monitoring staff with a clear, configurable view of patient status, signal quality, alarms, battery condition, device connectivity, and patient location. The system should reduce repetitive manual tasks and allow staff to	*Name/Dept.*	*Notes*

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		prioritize clinically meaningful events. Communication and escalation: Support reliable, documented communication between central monitoring staff and bedside clinicians, including escalation when alarms are not acknowledged, signal is lost, leads are disconnected, or the patient cannot be located. Standardization: Establish consistent telemetry workflows across units while allowing reasonable configuration for different patient populations and clinical environments. The overall goal is to create a more reliable, closed-loop telemetry process from patient enrollment through monitoring, event review, transfer, and discontinuation. Vendors should clearly describe which improvements are included in the standard solution and which require additional interfaces, hardware, licensing, mobile technology, or staffing resources.		
7. Central Monitoring and Clinical Workflows				
26	How many patients must be capable of being viewed simultaneously at centralized monitoring stations and nursing workstations?	36/station	*Name/Dept.*	*Notes*
27	Is bidirectional control of bedside devices from central workstations a desired or required capability?	Yes	*Name/Dept.*	*Notes*
28	Does Grady envision centralized monitoring, virtual surveillance, remote telemetry observation, or other virtual-care workflows as part of its future-state strategy?	This is already present	*Name/Dept.*	*Notes*

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29	Which clinician groups require remote access to live waveforms, alarms, and patient-monitoring information?	Doctors, Nurses	*Name/Dept.*	*Notes*
30	Should remote access to live monitoring information be available through mobile devices, web browsers, remote workstations, and/or embedded Epic workflows?	Ideal, not required	*Name/Dept.*	*Notes*
8. Mobile Monitoring				
31	Is Grady currently using Epic clinical applications such as Epic Rover, Haiku, Canto, or similar mobile applications?	Rover, Haiku, Canto	*Name/Dept.*	*Notes*
32	Is Grady currently using handheld devices in its patient-care areas? If so, can Grady provide an example of how those mobile devices are used within current clinical workflows?	Yes – Zebra Phones – not currently as it relates to this RFP. Requires manual call at this time for alarms. Yes, in nursing areas Grady provides a Zebra Android device for accessing Epic Rover, nurse call and other mobile applications necessary for work. Provider teams utilize their own devices (both iOS and Android devices) for Haiku/Canto access.	*Name/Dept.*	*Notes*
9. Interoperability and Epic Integration				
33	Which Epic workflows are most important for vendors to optimize as part of this initiative? Examples include ADT integration, device association, vital signs documentation, telemetry workflows, alarm notification, and PDF documentation.	ADT integration, device association, vital signs documentation, telemetry workflows, alarm notification, and PDF documentation of strip waveforms	*Name/Dept.*	*Notes*
34	Beyond Epic, what additional systems should vendors anticipate integrating with, including nurse-call systems, clinical communication platforms, middleware solutions, RTLS systems, and analytics platforms?	Grady is starting its Unified Communication implementation that include Connexall for middleware. This platform is utilized for alarm management and communication to Epic Rover for bedside alerting. Tableau is our enterprise dashboard solution and is expected that we'd like to eventually utilize this tool for aggregating telemetry data. While Grady's nurse call,	*Name/Dept.*	*Notes*

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		Rauland Responder 5, isn't currently expected to integrate with current solution we'd like to retain the right for possible integration here.		
35	Will integrations be required across multiple Grady sites and campuses?	Yes, Grady is building a second Acute Care facility south of Atlanta and will have care areas where this technology will be required.	*Name/Dept.*	*Notes*
36	Are telemetry strip review, annotation, clinician sign-off, and direct submission into Epic desired or required workflows?	Yes	*Name/Dept.*	*Notes*
10. Infrastructure and Cybersecurity				
37	Does Grady prefer virtualized servers, vendor-provided hardware, a hybrid architecture, or an enterprise high-availability and disaster-recovery solution?	Grady prefers virtualized servers with an architecture that support enterprise high-availability and disaster-recovery	*Name/Dept.*	*Notes*
38	Are warm standby, cold standby, high-availability, or disaster-recovery environments expected for the proposed monitoring platform?	Enterprise high-availability and disaster-recovery is required	*Name/Dept.*	*Notes*
39	What cybersecurity standards, certifications, and architecture requirements will be incorporated into Grady's evaluation? Examples include ISO 27001, UL 2900, Single Sign-On (SSO), Multi-Factor Authentication (MFA), Active Directory integration, and network segmentation.	Cybersecurity Certifications & Attestations Required • SOC 2 Type II (current report required) • HIPAA compliance • Business Associate Agreement (BAA) • Annual third-party penetration testing • Documented vulnerability management program • Cyber liability insurance Preferred / Additional Scoring • ISO/IEC 27001 Certification • HITRUST Certification • UL 2900-1 Cybersecurity Certification	*Name/Dept.*	*Notes*

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		for Network-Connected Medical Devices • ISO/IEC 27701 (Privacy Management) • ISO/IEC 27017/27018 (Cloud Security & Privacy) • NIST Cybersecurity Framework alignment • NIST 800-53 controls mapping • NIST AI RMF (if AI-enabled telemetry analytics are included) _____ Identity & Access Management Requirements Mandatory • Single Sign-On (SSO) • SAML 2.0 support • OAuth 2.0/OpenID Connect (OIDC) • Multi-Factor Authentication (MFA) • Role-Based Access Control (RBAC) • Comprehensive audit logging Integration Requirements • Microsoft Entra ID / Azure AD integration • Active Directory integration • Imprivata support (preferred) • Automated user provisioning/deprovisioning via SCIM • Integration with Grady identity governance processes • Support for least-privilege access models _____ Network Architecture & Security Requirements Mandatory • Network segmentation capability • Deployment within dedicated healthcare VLANs • No direct access to Grady production networks without approval • Firewall rule documentation		

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		• Data flow diagrams • Secure outbound-only communications where possible • No vendor backdoor connectivity • Zero Trust architecture alignment Preferred • Micro-segmentation support • NAC compatibility (Cisco ISE or equivalent) • Support for isolated biomedical device networks • East-west traffic inspection compatibility • Secure remote administration via privileged access management _____ Data Protection Requirements Mandatory • AES-256 encryption at rest • TLS 1.2+ encryption in transit (TLS 1.3 preferred) • Encryption key management documentation • PHI remains within the United States • No secondary use of PHI • Customer ownership of all data • Secure backup and recovery processes _____ Device & Endpoint Security Requirements Telemetry Device Requirements • Secure boot • Hardened operating system • Supported operating system lifecycle • Endpoint Detection & Response (EDR) compatibility • Patch management process • Vulnerability remediation SLAs • Software Bill of Materials (SBOM)		

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		• Anti-malware/allowlisting support Medical Device Security • FDA cybersecurity guidance compliance • Manufacturer disclosure statement for medical device security (MDS2) • Vulnerability disclosure program • CVE tracking process • Remote monitoring and alerting _____ Monitoring, Logging & Incident Response Mandatory • Centralized audit logging • SIEM integration capability • Security event retention for at least 7 years • Real-time security alerting • Documented incident response plan • 24x7 security monitoring • HIPAA breach notification process Infrastructure & Resiliency Requirements Mandatory • Disaster Recovery Plan • Business Continuity Plan • Recovery Time Objective (RTO) documentation • Recovery Point Objective (RPO) documentation • High availability architecture • Failover architecture • Downtime procedures		
11. Enterprise Operational Visibility				

#	Vendor Question	Committee Response	Assigned SME	Internal Notes
40	Beyond physiologic monitoring, is Grady interested in enterprise-visibility tools that provide operational insights such as alarm analytics, device utilization, fleet-health monitoring, patient-throughput visibility, clinical workflow optimization, and executive or operational dashboards?	Maybe?	*Name/Dept.*	*Notes*
41	Are there executive, operational, clinical, or service-line metrics Grady would like to visualize across monitored patient populations to support quality initiatives and operational decision-making?	Can be discussed	*Name/Dept.*	*Notes*
12. Technical Proposal and Attachment A				
42	What level of detail should vendors provide in the Vendor Response column of Attachment A?	Vendors should provide sufficient detail in the Vendor Response column to clearly demonstrate how their proposed solution meets each requirement. Responses should be specific and complete and should reference any supporting documentation, attachments, or proposal sections, as applicable. Responses that simply state “Comply,” “Yes,” or “See Proposal” without additional explanation may be considered insufficient.	*Name/Dept.*	*Notes*
43	How should vendors indicate compliance in the Yes/No column of Attachment A? Should vendors provide explanations, exceptions, references to proposal sections, or supporting documentation for each response?	Do you have what our technical specifications are asking for each of the device types?	*Name/Dept.*	*Notes*
13. Service, Implementation, and Partnership Expectations				
44	What differentiates a strategic monitoring partner from an equipment supplier in Grady's evaluation process?	Partnership requires putting Grady’s best interest in mind from a cost, safety, quality, innovation, support, updates and upgrades standpoint.	*Name/Dept.*	*Notes*
45	How will implementation support, clinical adoption, optimization services, training effectiveness, and long-term partnership capabilities be evaluated or measured?	Grady personnel experience, consultants and references.	*Name/Dept.*	*Notes*

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46	The RFP references Grady's future expansion initiatives, ongoing optimization, lifecycle management, and the expectation that the selected vendor will serve as a strategic partner. Should vendors include value-added programs and resources addressing monitoring governance, performance optimization, clinical adoption support, lifecycle-management planning, future-state planning, ongoing education and training, and technology-roadmap development?	Yes	*Name/Dept.*	*Notes*
47	If vendors should include value-added programs and resources, how will those capabilities be considered within Grady's evaluation process?	All value-added programs and resources will be considered differentiating factors in our decision-making process.	*Name/Dept.*	*Notes*

Advisory Committee Review and Approval

Reviewed By:	TeNesha McGraw	**Department:**	Supply Chain
Date Reviewed:	August 6, 2026	**Public Release:**	☒ Yes ☐ No ☐ With Revisions
RFP Amendment:	☐ Required ☒ Not Required	**Additional SME Review:**	☐ Yes ☐ No
Comments:			