**Inspira Health**

**Operator Console & Physician On-Call Scheduling Platform**

**RFP ATTACHMENTS 1-6**

ATTACHMENT 1 – No Proposal Reply Form

ATTACHMENT 2 – Exceptions Form

ATTACHMENT 3 – Business Profile & Capabilities Form

ATTACHMENT 4 – Business References Form

ATTACHMENT 5 – Subcontractor Information Form

ATTACHMENT 6 – Additional Materials Form

**Date: September 17, 2024**

### NO PROPOSAL REPLY FORM (ATTACHMENT 1)

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and email it to RFP contact: \_\_Adam Schiowitz \_\_\_. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

1. We do not wish to participate.
2. We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are:
3. We do not feel we can be competitive.
4. We do not sell the goods and services on which proposals are requested.
5. Other:

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| FIRM NAME |  | SIGNATURE |

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| We wish to remain on the Vendor's List **for these goods or services**. |
| We wish to be deleted from the Vendor's List **for these goods or services**. |

**EXCEPTIONS FORM (ATTACHMENT 2)**

Proposals must include all exceptions to the specifications, terms or conditions contained in this RFP. If the Prospective Business Partner is submitting the proposal without exceptions, please state so below.

[ ]  By checking this box, the Prospective Business Partner acknowledges that they take no exceptions to the specifications, terms or conditions found in this RFP.

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| **Paragraph #****and page #** | **Exceptions to Specifications, terms or****conditions** | **Proposed Alternative** |
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### Note: Prospective Business Partner may use additional pages as necessary, but the format shall be the same as provided above.

**PROFILE & CAPABILITIES FORM (ATTACHMENT 3)**

Prospective Business Partners are required to provide a reply to each question listed below. Your replies will aid the evaluation committee as part of the overall qualitative evaluation criteria of this Request for Proposal. Your responses should contain sufficient information about your company, so evaluators have a clear understanding of your company’s background and capabilities. Failure to respond to any of these questions may result in your proposal to be rejected as non-responsive.

1. Please describe your company’s lines of business and how long you have been engaged in each of those sectors. Please be specific as to the types of job classifications/positions your company can provide.
	1. Brief history of the company, including incorporation and ownership
	2. Experience installing the products and services requested in this RFP
	3. Details of any sale, acquisition, or merger anticipated
2. What percentage of your total business would the Inspira Health business amount to within your entire customer base?
3. Describe other projects completed or in progress by your firm that demonstrate relevant experience, and that best characterize the firm’s capabilities, work quality, and cost control. Include examples of relevant work.
4. How many employees does your company have to provide the required services in accordance with contract requirements? How would this contract affect current staffing? Are there contingencies in place if current staffing levels change?
5. Describe how the project team will meet the specific needs of the project. Provide a skills summary and resumes for key personnel, including subcontractors, to be assigned to the project.
6. What are your sales and operational site coverage specific to Southern New Jersey and Philadelphia region? Are there any portions of the Organization or its counties you cannot service? Please detail your response as needed.
7. Describe your company’s approach to project management and collaboration including how your team plans to collaborate with the Inspira team.
8. Describe your company’s agility during a project to be able to redefine scope when necessary.
9. Provide information on experience, capability, and qualifications, which enable you to provide a suitable solution.
10. List and describe each technology, software, hardware that your company intends to use and any potential integration challenges that may exist upon Go-Live. (Please reference Enclosure 1 if applicable for any technical specifications)
11. Provide a detailed Statement of Work (SOW) that demonstrates a thorough understanding of the project, the requirements, and how you plan to deliver on them. Your SOW must include:
	1. Proposed Solution: Provide an overview of your proposed system, including any applicable technology, software, and hardware you intend to use. Include an application process flow diagram.
	2. Implementation Strategy: Detail your implementation strategy, from Planning and Requirements through Deployment.
	3. Proposed Timeline: Provide your proposed project timeline including start date, project phasing, key deliverables and milestones, completion date and ongoing maintenance (if applicable).
	4. Requirement Delivery: Describe how your system will successfully deliver the customer, staff, management, functional, and/or system requirements defined in this RFP.

Operator Console:

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| **Category** | **Subcategory** | **Requirement** | **Response** |
| Compatibility & General Telephony | HL7 compatibility | System is HL7 compatible with Soarian |  |
| Connect Messenger compatibility | System is compatible with CareAware Connect Messenger |  |
| Compatibility with Multiple Platforms | System can navigate across multiple platforms including but not limited to Cerner, Alcatel, Avaya, and other systems that Inspira may opt to use, current and future |  |
| Telephone #’s of varying length | System has ability to navigate across numbers of varying length (including but not limited to 5-digit & 7-digit extensions) |  |
| Caller ID | Caller ID information is displayed for all incoming & outgoing calls, preferably with location of call origination |  |
| HR Integration | System integrates with HR list of employees and updates based on arrivals & departures |  |
| Cloud-based system | Ability to connect w/ cloud-based system |  |
| API | Customizable API | Ability to customize API |  |
| User Interface | Customizable codes & interface | Ability to separate codes by site, type, and other criteria in multiple customizable sections as defined by Inspira |  |
| Overhead Code Generation & Automation | Overhead Codes: customized | Ability to customize overhead announcement scripting of applicable codes & announcements |  |
| Overhead Announcements: text-to-speech | Capability for announcements to be made via text from console (i.e. “text-to-voice”) |  |
| Overhead Announcements: pre-planned | Ability to customize pre-planned overhead announcements scheduled by user |  |
| Push Code Generation & Automation | Notification Devices | Ability to trigger multiple modes of notifications (calls, pages, etc.) automatically and simultaneously |  |
| Notification Modalities | Able to customize method of communication to devices (i.e. phone call / auto-dialing, text, email, etc.) |  |
| Responses | Logging Responses | Ability to automatically log responses for each user and whether they have responded, not answered, or aborted |  |
| Replying to Users | Ability to customize ability to automatically notify user based on response criteria (ex. respond again if user has not answered or confirmed receipt of message or code) |  |
| Memos | Customized Memos | Ability to customize memos and/or directions for user to follow for each code |  |
| Embedded Dispositions | Embedded Dispositions | Ability to customize embedded dispositions |  |
| Data Reports | Data Reports | Ability to build customizable reports |  |
| Downtime | Downtime planning for other modes of communication | Ability to assign backup modes of communication in event of downtime with Cerner, Alcatel, or Avaya devices |  |
| Downtime for console | Ability to provide support and defer calls to alternate system in event of console downtime |  |

Physician On-Call Scheduling Platform:

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| **Category** | **Subcategory** | **Requirement** | **Response** |
| Messaging Application | Compatibility | On-call system appropriately links to CareAware Connect Messenger (Inspira’s messaging application) |  |
| Claiming roles | System automatically claims roles in any messaging app that Inspira uses, present and future |  |
| Messaging within application | Ability for users to send & receive messages within application |  |
| Schedules | Schedule visibility | Users have ability to see full on-call schedules, past, present, and future, and is accurate and up-to-date in real time |  |
| Contact information | Both primary and secondary contact information options are listed for each role |  |
| Schedules can include secondary contacts (to Administrator or other personnel) in event that primary contact cannot be reached |  |
| Customizability | On-call schedules can be applicable and customized for any dept as defined by Inspira: Physicians, but also other depts including but not limited to Case Management, AOC, Palliative Care, IT, etc |  |
| Application | Application accessibility | Users have ability to access application from computer as well as through apps on work and personal phones |  |
| Other | Compliance | Application is HIPAA compliant and follows all other laws and regulations |  |

1. Proposed Training, Services, Support, and Warranties
 Provide the following:
	1. Training Proposal: Describe how you will provide training to system administrators, business owners and end users. Include options for ongoing training, if applicable.
	2. Services and Support: Describe your approach to ongoing system support, maintenance, and enhancements.
	3. List of applicable guarantees and warranties including limits and duration.
2. Provide all project costs and charges including:
3. Upfront labor, hardware, software costs
4. Project completion labor, hardware, software costs
5. Shipping costs
6. Financing options (if any)
7. Expected payment structure with dollar amounts
8. Training labor, materials, travel, related costs
9. Ongoing licensing, warranty, maintenance, support, consumable costs
10. Indicate any volume-based discounts, or discounts if longer term agreement is selected

**BUSINESS REFERENCES FORM (ATTACHMENT 4)**

1. **References**
**Provide three** references for projects of similar size and scope using the Business References Form (ATTACHMENT 5).For each, include contact person, email, telephone number, duration of your business relationship, and type of work performed.

List a minimum of three business references of similar size and scope, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

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| 1. | **Contact Name & Title:**

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|  | **Business Name:** |
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| **Current Business Partner (YES or NO):** |
| **Years Associated & Type of Work****Performed:** |
| 2. | **Contact Name & Title:**

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| **Current Business Partner (YES or NO):** |
| **Years Associated & Type of Work****Performed:** |
| 3. | **Contact Name & Title:**

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| **Current Business Partner (YES or NO):** |
| **Years Associated & Type of Work****Performed:** |

**SUBCONTRACTOR INFORMATION FORM (ATTACHMENT 5)**

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| 1. CONTRACT NO. BOPIS-2020 | 2. Proposing Business Partner Name: | 3. Mailing | Address |
| 4. | SUBCONTRACTOR |  |
| a. NAME | 4c. Company OSD Classification:Certification Number:  |
| b. Mailing Address: | 4d. Women Business Enterprise 4e. Minority Business Enterprise4f. Disadvantaged Business Enterprise 4g. Veteran Owned Business Enterprise 4h. Service Disabled Veteran Owned Business Enterprise | Yes Yes Yes YesYes | No No No NoNo |
| 5. | DESCRIPTION OF WORK BY SUBCONTRACTOR |  |  |  |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | 8. DATE SIGNED |
| 6b. TITLE OF PERSON SIGNING |
| **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | 11. DATE SIGNED |
| 9b. TITLE OF PERSON SIGNING |

**Use a separate form for each subcontractor**

**ADDITIONAL MATERIALS FORM (ATTACHMENT 6)**

You may provide as many additional materials as you’d like that might aid in our decision, including portfolios, case studies, artwork, supporting documents, designs, mock-ups, drawings. These attachments must be directly related to this RFP, and clearly listed on this form.

[ ]  By checking this box, the prospective business partner acknowledges that they have no additional materials to attach to this RFP.

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| **Attachment Type** | **Attachment Format** | **Comments** |
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