

BOSTON PUBLIC HEALTH COMMISSION
BOSTON EMERGENCY MEDICAL SERVICES



ELECTRONIC PATIENT CARE REPORTING SYSTEM

REQUEST FOR PROPOSALS

October 23, 2023

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TIMELINE

The Boston Public Health Commission (BPHC) / Boston EMS is issuing a Request for Proposal (RFP) for an Electronic Patient Care Reporting System.

RFP Timeline	
Sunday, October 22, 2023	Publication of RFP printed in The Boston Globe
Monday, October 23, 2023	RFP and instructions available online at www.boston.gov/bid-listings at 10:00 AM
Friday, October 27 th , 2023	Questions concerning this RFP due in writing by 5:00 PM to Laura Segal, segal@bostonems.org . The title of the email should be, "Questions - Electronic Patient Care Reporting System RFP".
Monday, October 30, 2023	Deadline to submit an 'Intent to Respond' notice to Laura Segal (segal@bostonems.org) notifying BPHC/Boston EMS of your intent to submit a proposal in response to this RFP – title email 'Intent to Respond - Electronic Patient Care Reporting System RFP'.
Tuesday, October 31, 2023	Responses to written questions will be posted on www.boston.gov/bid-listings
Friday, November 3, 2023	RFP proposal due by 3:00 PM. The proposal may be mailed as a hard copy OR sent electronically by email to Laura Segal. Electronic submission: segal@bostonems.org . The title of the email should be, "Boston EMS Electronic Patient Care Reporting System". Hard copy submission: <div style="text-align: center;">Boston EMS Attention: Laura Segal 785 Albany Street Boston, MA 02118</div> <b style="color: red;">NO EXCEPTIONS TO THIS DEADLINE
November 8 th & 9 th , 2023	Vendor Presentations: After initial review of proposals, vendors may be invited to provide web-based presentations to BPHC/Boston EMS and send two ruggedized tablets with software installed for system testing.
November 27, 2023	Notification of Decision This is the desired date of award, however, BPHC has the discretion to extend this time without notice to the proposers. All proposals shall remain valid and open for a period of one hundred twenty (120) days from the proposal submission date, unless a proposer notifies BPHC of its withdrawal. BPHC/Boston EMS has the discretion to reject all bids and reissue the RFP.
November 27, 2023 to June 30, 2024	Contract signing and pre-Implementation phase for selected proposer.
July 1, 2024	Anticipated go-live date. Selected proposer assumes responsibility for providing Boston EMS' electronic patient care reporting system.

A. INTRODUCTION AND BACKGROUND

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC's mission is to work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities. Boston Emergency Medical Services (Boston EMS), a Bureau of the Boston Public Health Commission, is the City's municipal 9-1-1 pre-hospital provider.

The BPHC, on behalf of Boston EMS, is soliciting proposals from qualified vendors to provide a real-time, browser-based software solution for electronic patient care reporting (ePCR). The vendor must have capability to provide a fully configured and functional ePCR system at the agreed upon date of transition from the existing system. This will include access to all legacy data, full configuration of NEMSIS value lists required custom elements and values. Vendor must also be able to provide all necessary user training for immediate use of the ePCR system by the "go-live" date of July 1, 2024.

Boston EMS responds to over 130,000 incidents per year resulting in more than 85,000 transports, making it the largest municipal EMS provider in New England and one of the busiest EMS services in the country. The Department is comprised of nearly 400 EMTs and Paramedics, in addition to Supervisory, Command, and Support personnel, for a total of 428 uniformed members and an additional 32 non-uniformed administrative and support services personnel. During peak periods. During peak hours, Boston EMS deploys a minimum of twenty-one (21) Basic Life Support (BLS) ambulances and five (5) Advanced Life Support (ALS) ambulances from sixteen (16) stations across the City. Boston EMS operates the City's 9-1-1 EMS Dispatch Operations Center which is co-located at the City of Boston 9-1-1 Public Safety Answering Point at Boston Police Headquarters.

The Dispatch Operations system is a component of the City's integrated 9-1-1 service that links police, fire, and emergency medical services via a common Computer Aided Dispatch (CAD) system. Dispatch is provided by radio communication and text messaging to each unit via in-vehicle mobile data workstations. Boston EMS operates the Central Medical Emergency Direction (CMED) radio system for ambulance-to-hospital communication for 62 communities in Metro-Boston.

B. INSTRUCTION TO VENDORS

1. PROCESS, DETAILS AND REQUIREMENTS

- 1.1. LOCATION & REPUTATION** - Proposals shall only be accepted from firms located in the continental United States that have an established reputation of permanency and reliability in the field of EMS electronic patient care report systems. Each proposer shall furnish satisfactory evidence of its ability to provide the services as specified.
- 1.2. EMS REFERENCES** – To verify the vendor's history of satisfactory performance in emergency medical service (9-1-1) patient care reporting, three references are required for departments that the vendor currently provides similar work, as described in this RFP.
- 1.3. ADDENDA** - Any changes to the bid documents shall be made only by written addenda issued no later than one week, seven (7) calendar days prior to the date set for bid due date. Proposers shall bear the entire responsibility for being sure they have received any and all such addenda.
- 1.4. AGREEMENT WITH TERMS** - By submitting a proposal, the proponent agrees to all the terms and conditions of this RFP. Proponents who have obtained the RFP must not alter any portion of the document, with the exception of adding information requested.
- 1.5. EXCEPTIONS** - Any and all exceptions to the specifications or other bidding requirements must be noted in the space provided in the proposal. Any exceptions may constitute suitable grounds for rejection of the bid.

- 1.6. MODIFICATION OF TERMS** - BPHC reserves the right to modify the terms of the RFP at any time at its sole discretion.
 - 1.7. RIGHT OF REJECTION/SELECTION** – BPHC/Boston EMS reserves the right to reject any or all bids and to waive minor irregularities and defects in form where the best interests of the Boston Public Health Commission would be served.
 - 1.8. RIGHT OF CANCELATION** – BPHC/Boston EMS may during the proposal review process, or at any time prior to award, cancel this solicitation, if BPHC/Boston EMS determines such action will best serve the public interest. Notice of the cancellation will be made to the applicants or potential applicants as appropriate.
 - 1.9. PROPONENT EXPENSES** - Proponents are solely responsible for their own expenses in preparing a proposal and for subsequent negotiations with BPHC, if any. If BPHC elects to reject all proposals, BPHC will not be liable to any proponent for any claims, whether the costs or damages incurred by the proponent in preparing the proposal, loss of anticipated profit in connection with any final contract or any other matter whatsoever.
 - 1.10. ADVERTISEMENT** - It is further agreed that any proposer submitting a bid will not use the name of the Boston Public Health Commission or Boston EMS in any advertisement without first obtaining the written consent of the BPHC’s General Counsel’s Office.
 - 1.11. FAMILIARITY WITH PROPOSED WORK** - The proposer shall carefully examine the contract documents and the specifications for the proposed work.
 - 1.12. CONFLICT OF INTEREST** - The proposer shall disclose in its proposal any actual or potential conflict of interest and any existing business relationships it may have with BPHC, its elected or appointed officials, or employees. BPHC has the right to reject any proposal submitted by a proponent who in BPHC’s determination, has, or if awarded the contract would have, an actual, perceived or potential conflict of interest.
 - 1.13. CLEAR & CONCISE PROPOSAL** – Lengthy and wordy proposals can be difficult to evaluate. As such, proposals should be clear, concise and address all of the elements outlined in the Scope of Work.
 - 1.14. PROPOSAL SUBMISSION CHECKLIST** – When completed, check off and sign the proposal checklist to ensure inclusion of all requested items.
- 2. LIST OF SUBCONTRACTORS’ CERTIFICATION**
- 2.1.** Each proposer shall submit with this bid, a list of subcontractors, including complete names and addresses, whose services the proposer intends to use in performing all work under the contract. Bids submitted without such a list, or with a list not completely or properly executed, are subject to rejection.
 - 2.2.** For each subcontractor, include detail regarding duties, policies, procedures, oversight and compliance management of subcontract staff.
 - 2.3.** Each proposer is required to notify all subcontractors that they are obligated to comply with the provisions of Federal and State law, including but not limited to HIPAA, as they pertain to this project, and that they must submit evidence of such compliance upon notice or request. The proposer shall certify their compliance with this requirement on the list of subcontractors.
 - 2.4.** After the contract has been awarded, the successful proposer (vendor) shall not substitute another subcontractor for any subcontractor whose name was set forth on the list of subcontractors which accompanied his bid, without the written consent of the Boston Public Health Commission/Boston EMS.
- 3. LAWS TO BE OBSERVED** - The successful proposer shall at all times observe and comply with all Federal, State, Local and Municipal Laws, ordinances, rules and regulations in any manner

affecting the work, and all such orders or decrees as exist at present and those which may be enacted later, of bodies or tribunals having any jurisdiction or authority over the work, and shall indemnify and save harmless the BPHC/Boston EMS and all its officers, agents, and servants against any claim or liability arising from or based on the violation of any such law, ordinance, rule, regulation, order or decree, whether such violations be by the vendor or any Subcontractor or any of their agents and/or employees.

4. **DISCREPANCIES OR OMISSIONS** – The proposer recognizes that the Boston Public Health Commission is not in the business of preparing specifications. Proponents finding discrepancies or omissions in the RFP documents or having any doubts to the meaning or intent of any part thereof, should submit questions in writing by the deadline noted in the timeline of this RFP. Any omissions in this request for proposal, which have not been addressed in the response to questions, must be strictly addressed by the firm with the submittal of its proposal.
5. **NON-DISCRIMINATION & EQUAL OPPORTUNITY STATUS** - The firm shall comply with all current federal and state non-discrimination and equal opportunity status and policies and agrees to not hold the Boston Public Health Commission liable for any inadvertent action by the firm which conflicts with such statues and/or policies.
6. **PROPOSAL WITHDRAWAL** – Any proposal may be withdrawn until the date and time stated above for the opening of the proposals. Any proposals not so withdrawn shall constitute an irrevocable offer to sell to the Boston Public Health Commission the services indicated for a period of sixty (60) days, or until one or more of the proposals have been accepted by the Department, whichever occurs earlier.

C. INSURANCE REQUIREMENTS

1. **COMPENSATION AND LIABILITY INSURANCE** - Except as otherwise provided by law, the Vendor shall at all times maintain and keep in force such insurance as will protect the Vendor from claims under Worker's Compensation Acts, and also such insurance as will protect the Vendor and or the owner from any such claims for damages for personal injuries, including death, which may arise from operations under this contract, whether such operations be by the Vendor or by any subcontractor or anyone directly or indirectly employed by any of them.

The Vendor and his subcontractor's Public Liability and Property Damage Insurance shall provide adequate protection against public liability, property damage and vehicular liability.

- 1.1. Prime Vendors approved for hire by Boston Public Health Commission shall be required to provide Commercial General Liability (CGL) coverage with limits of insurance not less than:
 - \$2,000,000 Each Occurrence Limit
 - \$2,000,000 Personal & Advertising Injury Limit
 - \$3,000,000 Annual Aggregate Limit
 - \$3,000,000 Products-Completed Operations Limit
 - \$1,000,000 Business Auto Liability Limit
 - \$5,000,000 Commercial Umbrella Limit
- 1.2. The Prime Vendor, Boston Public Health Commission, and all other parties required of the Vendor, shall be included as insured on the CGL, using Additional Insured Endorsements providing coverage as broad as the coverage provided for the named insured subcontractor.
- 1.3. Subcontractors approved in association with the hiring of a Prime Vendor shall be required to provide Commercial General Liability (CGL) coverage with limits of insurance not less than:

- \$1,000,000 Each Occurrence Limit
- \$1,000,000 Personal & Advertising Injury Limit
- \$2,000,000 Annual Aggregate Limit
- \$2,000,000 Products – Completed Operations Limit
- \$1,000,000 Business Auto Liability Limit
- \$3,000,000 Commercial Umbrella Limit

A copy of the Certificate of Insurance must be provided to the Boston Public Health Commission prior to the start of any work.

2. **RESPONSIBILITY FOR DAMAGE CLAIMS** - The Vendor shall indemnify and save harmless the Boston Public Health Commission/Boston EMS, its officers and employees, from all suits, actions, or claims, of any character brought because of any injuries or damage received or sustained by any person, persons, or property on account of the operations of the said Vendor; or on account of or in consequence of any neglect in safeguarding the work; or through use of any unacceptable materials in constructing the work or because of any act or omission, neglect or misconduct of said Vendor; or because of any claims or amounts recovered from any infringements of patent, trademark, or copyright; or from any claims or amounts arising or recovered under the “Workmen’s Compensation Act,” or any other law, ordinance, order or decree.
3. **PERSONAL LIABILITY OF PUBLIC OFFICIALS** - The Boston Public Health Commission and their authorized officers shall incur no personal liability as a result of carrying out any of the provisions of the contract, as the result of exercising any power or authority granted to them thereby, or as the result of any act by the Vendor. In such matters, they act as the officers and representatives of the Boston Public Health Commission.
4. **NO LIMITATION OF LIABILITY** - It is understood and agreed that any and all of the duties, liabilities, and/or obligations imposed upon or assumed by the Vendor, by or under the Contract Documents, shall be taken and construed to be cumulative, and that the mention of any specific duty, liability or obligation imposed upon or assumed by the Vendor and/or the Surety under the Contract Documents shall not be taken or construed as a limitation or restriction upon any or all of the other duties, liabilities, and/or obligations imposed under or assumed by the Vendor and/or the Surety by or under the Contract Documents.

D. CONTRACT

1. CONTRACT TERMS

- 1.1 The Vendor will execute the Boston Public Health Commission’s contract and associated contract attachments. While such documents do not need to be completed at this time, vendors should review them closely and be prepared to comply with their provisions. This includes but is not limited to the Boston Living Wage documents. The standard agreement shall take precedence over any conflicting terms in this request for bids.
- 1.2 The initial Contract Term shall be three (3) years. At BPHC/Boston EMS’ discretion, the Contract may be renewed for two (2) additional one (1) year periods.
- 1.3 At the end of the Contract Term, if the contract is not renewed, the Vendor shall agree to facilitate the transition to BPHC/Boston EMS or its designated agent. The Vendor will accommodate such extensions of time to bridge the gap, should the new company be delayed. The Vendor will provide the necessary data and account documentation in order to facilitate a smooth transition. All data must include associated data dictionaries and be provided in formats as defined by the receiving entity, to optimize uploading and transfer to other databases. One or more representatives shall be designated by the Vendor to provide data and address any and all questions pertaining to records, to ensure no disruption to services. Transfer of data to Boston EMS or designee shall not exceed 30 days from the date of request, unless a later date is mutually

agreed upon. Boston EMS shall retain access to any and all systems for viewing records after the termination of contract.

1.4 All data pertaining to BPHC/Boston EMS captured by the contracted vendor shall remain wholly owned by BPHC/Boston EMS and shall not be used by the vendor for purposes other than explicitly authorized. Any of Boston EMS' data, both during and after termination of the contract shall be solely owned by Boston EMS and shall be used for no purpose other than that outlined by Boston EMS. Data may not be released to another party without Boston EMS' approval, even if records have been de-identified, are unlinked to Boston EMS and/or presented in aggregate form. Any planned change in how data is managed, stored, accessed, or reported on must be communicated to Boston EMS both verbally and in writing immediately.

1.5 In addition to the provisions in BPHC's form contract, any addenda thereto, and the contract attachments, vendors will sign a HIPAA Business Associate Agreement and must comply with the following:

1.5.1 HIPAA - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all associated requirements.

1.5.1.1 The Administration Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law, 104-191 and the Health and Human Services regulations implementing the Administrative Simplification and enter into addenda or memorandum of understanding as may be necessary to address the details of such implementation.

1.5.1.2 Demonstrate an active HIPAA Compliance Program. The Vendor shall provide a copy of its HIPAA Compliance Program and provide evidence annually throughout the life of the Contract demonstrating that all staff members involved in the management of the BPHC/Boston EMS account has successfully completed the HIPAA Compliance Training Program.

1.5.1.3 The Vendor shall provide evidence that its internet system and electronic data file transfers and associated ePCR systems are HIPAA Compliant.

1.5.1.4 The Vendor shall back up computer system data every night and store back-up tapes off-site. Such off-site facility must be HIPAA compliant and proof of such arrangements must be supplied to BPHC/Boston EMS.

1.5.2 IDENTITY THEFT - Establish an Identity Theft Prevention Program designed to ensure compliance with the requirements regarding the prevention, detection and mitigation of identity theft as set forth by the Federal Trade Commission in the Federal Regulations known as the "Red Flag Rules".

1.5.3 DATA SECURITY - The Vendor shall have policies and processes in place designed to protect and recover client data from a breach or natural disaster, including but not limited to a cyber-attack, a network failure, a long-term power outage, a fire, a flood or other incident impacting access to, completeness or accuracy of information. The Vendor shall provide a system that will ensure a complete and uninterrupted flow of service via back-up systems and a data recovery system should a disaster occur. The Vendor shall provide a copy of the Firm's policies and procedures for review by BPHC/Boston EMS' Information and Technology Services Department. Any and all breaches or interruptions shall be immediately reported to Boston EMS upon discovery.

1.5.4 MATRIS/NEMSIS - The Vendor shall be compliant with the Massachusetts Ambulance Trip Record Information System (MATRIS)/National EMS Information System (NEMSIS) recommendations and requirements.

1.5.5 ADDITIONAL PROVISIONS - Boston EMS/BPHC reserves the right to add additional and necessary contract provisions during the contract negotiation process.

2. OPERATIONS - The Vendor shall conduct the work in such a manner and in such sequence as to

ensure the least interference with Boston EMS operations.

- 2.1 Preliminary implementation schedule shall be submitted to Boston EMS by successful proposer upon award of contract. The schedule and any additional specifications not clarified in the proposal require approval prior to commencement of the work.
- 2.2 Shall meet weekly with the Boston EMS project team throughout the pre-implementation process.
3. **TIMELINE**
 - 3.1 All proposers shall submit a preliminary schedule which must account for all required components and exchange with the proposed electronic patient care reporting system and the Department's contracted billing company, which is currently Optum Insight (formerly Change Healthcare), the City's Computer Aided Dispatch System, and receiving hospitals, as well as all preparatory work to meet service deliverables.
 - 3.2 The timeline should include sufficient detail and dates pertaining to project implementation milestones, based on anticipation of contract execution by early January of 2024 and a 'go-live' date of July 1, 2024.
4. **PAYMENT TERMS** - The vendor shall outline clear fees to Boston EMS for the provision of an electronic patient care report system and all components outlined in this document. Traditionally, Boston EMS pays a set annual fee.
5. **FINANCIAL STATEMENTS** - The Vendor shall provide their audited annual financial statements for the last two years.

E. GENERAL PROVISIONS

1. **BIDS** - Each bid submitted shall constitute an irrevocable offer for a period of sixty (60) days following the bid opening date.
2. **TAXES** – The Boston Public Health Commission is exempt from federal excise taxes (Federal Exemption No. E-043-316-655). Exemption Certificates will be provided, if requested, following award to the successful applicant.
3. **LICENSING** - The successful proposer shall be registered and licensed to operate in the State of Massachusetts.
4. **NONCOLLUSION** - Proposers are prohibited from entering into any agreement, participating in any collusion or otherwise taking any action in restraint of free competitive bidding in connection with this bid.
5. **WORKING HOURS** - Boston EMS is a 24/7 operations, although the administrative offices maintain standard Monday through Friday 9AM to 5PM business hours. The Vendor shall be available to provide client support and customer service during these EST business hours.
6. **TRAVEL** - No paid traveling time will be allowed from the Vendor's location to the Boston EMS buildings. If the vendor hosts annual conferences, all associated expenses will be covered by the Vendor for up to two representatives from Boston EMS each year.

F. SCOPE OF WORK

BPHC, on behalf of Boston EMS, is seeking proposals from qualified vendors for the provision of an electronic Records Management/Patient Care Reporting System (ePCR). While the proposer would be expected to list out hardware requirements, Boston EMS plans to contract separately for hardware.

Boston EMS is seeking a cloud/browser-based, externally hosted, user-friendly, and intuitive solution that will work with PCs, tablets and Microsoft, Apple, iOS and Android operating systems at minimum. The system must allow for intricate data queries, reporting, and a quality assurance/quality improvement (QI/QA) component, with access to all legacy and future data. Boston EMS is interested in a system with accurate real-time reporting, dynamic functionality to maximize efficiency and data

accuracy, robust project management and support, event management capability for monitoring trends in incident types, treatments and clinical impressions for syndromic surveillance and early warning alerts.

The successful proposer will supply a robust, precise and customizable system that provides for the efficient creation of complete patient care records in the field, interfaces with CAD (Intergraph) and EKG data, and transmission of all required and relevant data to various locations including hospitals, EMS stations, EMS administrative offices, and other locations as designated in the final agreement between the parties. An interface must also be created with the billing company, Optum Insight, to allow for prompt processing of transport claims. Imperative for any new system is the incorporation of historical incident and patient care data from the current Boston EMS ePCR system.

At an administrative level, the system must provide comprehensive, accurate and customizable report generating and building capabilities that comply with and extend beyond NEMSIS and MATRIS standards. The degree of access to reporting tools and information must also be determined by various permission levels and be customizable. The system will be capable of precisely organizing data for billing, data storage and retrieval, report preparation, data analysis, and quality assurance and quality improvement. The system must be based on industry best practices and incorporate information security throughout the software development life cycle.

1. SOFTWARE QUALITY AND TECHNICAL REQUIREMENTS

The Proposer's ePCR software must include the following capabilities. The proposal should include the below chart with selection of 'available' (able to meet requirement) or 'not available' and any clarifying details. If a component is not available in the current configuration but can be developed by the go-live date at no additional cost, select 'requires development'. Alternatively, if a capability cannot be developed by the go-live date, please list as 'not available'.

REQUIRED CAPABILITIES	AVAILABLE AS CURRENT STANDARD FEATURE	REQUIRES DEVELOPMENT	NOT AVAILABLE	DETAILS	
1. SYSTEM					
1.01	Maintenance releases and version updates are included in the annual contract cost. Boston EMS must be notified of any updates and if a service disruption is anticipated.				
1.02	Cloud/browser-based externally hosted back-end system with a native mobile application for ePCR entry on a mobile device, Android preferred.				
1.03	Full transparency on the location of all Cloud Base servers used to store ePCR data, as storage of Boston EMS Data cannot be outside the United States.				
1.04	Incorporate legacy incident and patient care data from our current ePCR system, Sansio's Health EMS, and our historical data from our past ePCR system, SafetyPAD, allowing for user access and reporting. The Historical data IMPORT must provide access to that data in the new ePCR system. Record access shall include the ability to query those records on the following fields: Patient Name, Social Security Number, DOB, Incident Number, Date Times, Address, Destination Hospital, and view a pdf of the original patient care report. This function must be available by the go-live date.				
1.05	Allow for unlimited patient records under the same incident number, with each record having its own unique record ID.				
1.06	The system must work in an MS SQL environment that allows Boston EMS full access to data with clear, up-to-date schema documentation through an API.				
1.07	The ePCR record will have full auditing capabilities. This includes the ability to track and report on tablet IDs, PC name, start and end times, ePCR status (open/closed/deleted), along with who accessed the record, printed, faxed, or changed any previously collected data and what date and time this record was sent to a receiving facility, billing provider, and the state MATRIS system or other repository of data transfers identified and authorized by Boston EMS.				

1.08	Provisions for ePCR record creation, printing, and retention on mobile devices if the tablet is offline due to no internet access or a catastrophic server failure.				
1.09	Mobile device software must update without user intervention or a computer/tablet restart.				
1.1	No archived data shall remain on the mobile devices once the active case ePCR has been closed and sent or transferred to the server for completion on another computer or tablet.				
1.11	Ability to run multiple applications on the mobile computer simultaneously without closing the ePCR application.				
1.12	Any data transmitted to and from the field tablets must be encrypted with a minimum of the highest level of encryption. No HIPAA data can be stored on the tablet or field computer.				
1.13	Full functionality for left and right-handed users.				
1.14	The ability to scan barcoded patient information from official government IDs, hospital registration systems, triage tags, and patient tracking system barcoded bands/tags.				
1.15	A fully reportable audit trail (including time stamp and user ID) of all views, printing, and saving of patient records or any component of records that qualify as protected health information, all faxed patient care reports (including the destination), and all changes to patient data.				
1.16	Hospital Emergency Departments and other agencies, as determined by Boston EMS, are to have limited access to view and print ePCRs and reports using web-based applications and can attach documents, images, and notes in a wide variety of file formats to the patient's record. This ability shall not require installing any client software on computers accessing ePCRs.				
1.17	An administrator should be able to block access to certain records, as necessary, to restrict access and export of the record(s) to billing and/or other export services that are in place.				

1.18	Export data to our transport billing and collections vendor, currently Optum Insight (formerly named 'Change Healthcare'). The vendor will, at no cost to Boston EMS, update the interface as necessary should the billing company make any system changes or should Boston EMS change vendors. Boston EMS will establish the schedule for when the data is sent to the billing vendor, allowing sufficient time to vet and validate data prior to sending.				
1.19	Establish an encrypted secure data transfer to the state's MATRIS system. Ensure this data transfer continues to be supported, maintaining compliance with any state Schematron system updates/requirements. Verify and validate potential data errors before data transfer and provide a means for Boston EMS to correct the failures and resubmit the records for transfer.				
1.20	QA/QI Module: Within the ePCR system, a quality assurance/quality improvement (QA/QI) module for ePCR clinical review with predefined documentation protocol, medication, and procedural qualifiers per department standards. That allows for an automatic distribution in a round-robin or assignment of cases to a group or individual based on any or all of the following day of the week /shift/ unit type or specific Crew member. The QA/QI component needs to be able to interact with the EMTs and Paramedic personnel, providing email with a send-back feature that allows for accepted corrections/amendments and notifying personnel of cases to review and allow for a reply/response from a specific or all crew member(s). Includes built-in reporting metrics regarding case counts and review status by case owner, which tracks assigned, pending, and completed outcomes.				
1.21	When the ePCR is uploaded to the server, the system will automatically fax reports to receiving hospitals and other destinations as specified by Boston EMS, with all fax destinations being modifiable at the Boston EMS administrative level, and each fax page footer will include Page number Boston EMS date and Incident number. Included in the header of each fax is the Agency Name, Address, and phone number, along with our logo and Page X of X				

1.22	Data must be available in real-time to various stakeholders, QA, Billing, Research, and the alerting system/function. Boston EMS requires access to Data through an API that is well documented and accessible to Boston EMS, our receiving hospitals, or other external partners we chose, allowing bidirectional data exchange with the ePCR system and receiving hospital's internal patient charting application.				
1.23	Formatted printable PDF versions of ePCRs shall include the Boston EMS logo and the ability to include Customizable text in both header and or footer examples (statements of authenticity).				
1.24	At the onset and ongoing, must maintain compliance with HIPAA and the most current versions of NEMSIS and MATRIS versions 3.4 /3.5 and upward compliant.				
1.25	The ability to design real-time rule-based alerts on set criteria or thresholds associated with the patient care reports and protocol adherence, such as airway without EtCO2 or the lack of secondary vital signs after medication administration. And can design the alerts to include /exclude data and share these alerts internally or externally.				
2. APPLICATION					
2.01	The system must have dynamic rule-based functionality for ePCR data entry with mandatory fields; Boston EMS must have significant flexibility and the ability to change the title of fields/labels and tabs on Mobile ePCR Software screens to be consistent with the Agency's terminology. All fields must be configurable by Boston EMS to be required or not and must have the ability to be configured with standard NEMSIS / MATRIS accepted responses or values, allowing for the system to be configured in such a way as to make the field with a defaulted response not be displayed.				
2.02	Time sequence verification, ensuring that time-stamped actions are in appropriate sequential order.				
2.03	Free-form narrative functionality is required. The Boston EMS system administrator must configure minimum and maximum narrative lengths.				

2.04	Password protection is compliant with current HIPAA and BPHC requirements for length and rest intervals frequency for personnel logging on to the system for both field units and workstation computers and must include the ability for a self-service password reset.				
2.05	Mobile application shall be furnished as an installable application and not require re-imaging the hard drive.				
2.06	All updates must be through an automatic synchronization, with the update schedule set by the Boston EMS system administrator with the ability to push changes out manually at any time. The system must be able to apply updates easily and quickly on a single mobile device to allow for testing of any changes before going live on all devices.				
2.07	The system must include a Mobile Device Management program (MDM), which enables an overview of all mobile devices connected and the unit history of connected devices to the system, displaying a minimum of the Unit, Username, Device serial number, Number of open reports, and current GPS location (with a link to Map). This module must be capable of locking down the unit to restrict field users from accessing the operating system, task manager, and other administrative components or operations. It must be able to render the device permanently unusable if the device becomes lost or stolen. This module shall act as an inventory of devices.				
2.08	The ability to reference statewide treatment protocols, NIOSH, and ERG guidance or custom applications.				
2.09	The efficient, secure ability to transfer patient information to the appropriate crew caring for the same patient. (Patient demographics, treatments, and other relevant call information)				
2.10	The ability to pull demographic information, including past medical history, medications, and allergies, for patients who have had a prior Boston EMS encounter. This information must have a review process built in before being incorporated into the new patient encounter. Built-in security not allowing searching patients through this method can only be available when the crews are on an active response and have necessary patient information for search criteria.				
2.11	Speech-to-text capability.				

2.12	Boston EMS administrative-level ability to easily customize and add new fields and rules to these lists and fields to expand and refine data collection.				
2.13	The ability to integrate Handtevy software.				
2.14	Ability for Boston EMS to create rule-based custom field forms that work within the ePCR application and can be accessible to designated users within the department. Preference for forms that have a printer-friendly format.				
2.15	Allow for Boston EMS to in real-time, make customizable rule-based changes to requirements associated with the electronic capture of signatures from patients, crew members, and witnesses (in the case of patient refusal, narcotic administration, and training units requiring training personnel to sign along with the regular crew's signatures).				
2.16	MIH module: Collecting Patient data required to document MIH patient encounters based on custom close call rules and elements to ensure every PCR complies with state and Boston EMS requirements, providing near limitless customization of the Mobile application and the ability to deploy both changes and updates wirelessly and quickly. Elements built upon the existing NEMSIS 3.5.0 element set and the incorporation of the Massachusetts OEMS Schematron out of the box, and by adding custom elements of our choosing, using the same If/Then logic interface for creating rules that help drive proper documentation custom sorting and the ability to dynamically show or hide menus and options on the mobile device, ensures users relevant and logic-driven options.				
2.17	The system needs the ability for Supervisors to review complete or incomplete ePCRs and return them to their author for addendums or corrections and completion.				

3. CAD INTERFACE					
3.01	Using the Latitude and Longitude of the dispatch address from CAD and the pre-established Latitude and Longitude of the receiving facility, the system should auto-calculate total mileage for all PCRs with a disposition of Transport to support transport billing. This must also be autocorrected if the ePCR is corrected due to incorrect CAD Address data input.				
3.02	The ability for the EMT/Paramedic to manually overwrite time stamps that CAD automatically provides.				
3.03	Include the ability to seamlessly import call information from the current electronically and any future iterations of the City of Boston /Boston EMS Computer Aided Dispatch (CAD) system. The CAD interface will be required to parse the data, translate it into a format the ePCR system can recognize, and then push it out to the mobile devices. Field users must be able to 'Accept as New,' 'Accept as Update,' or 'Cancel' the CAD data.				
3.04	Reconciliation: Ability to identify and reconcile duplicate patient records for reporting and billing purposes, Back-end record reconciliation to CAD, ensuring accurate times and incident numbers. The automatic Reconciliation module based on CAD Dispositions will identify any PCR submitted with inconsistent CAD data and correct that data. Data to be corrected: all time stamps except at the Patient time, the dispatched address, city section, state, and zip code based on CAD, and flag calls that need manual reconciliation due to incorrect incident numbers and the inability to match CAD. This model will allow the end user to Match against CAD data, and the system will correct the information based on the reviewer's approval of the matching CAD data.				

4. DATA ENTRY/PROVIDER EXPERIENCE					
4.01	Allow the ePCR author to save and reopen incomplete PCRs for later completion (password protected). One should be able to start an ePCR on one device (saving an incomplete record) and log into another tablet or Windows-type computer to complete the record. Boston EMS should be able to monitor the frequency of crew members submitting incomplete records, along with a full audit trail (with appropriate secure administrative access). ePCR recorders should follow the author, not the unit that the author is assigned.				
4.02	Medical and English dictionaries are included in the Mobile ePCR software to automatically spell check any free-form narrative data that is manually entered.				
4.03	Software for field computers and desktops should include a local application, allowing for real-time patient record uploading to the server(s)/cloud.				
4.04	Include the ability to import EKG, trending electronically, and event data from various cardiac monitors and semi-automatic external defibrillators, as specified by Boston EMS. Data imported must be inserted into the appropriate fields on the ePCR, and the EKG must be rendered reviewable within the ePCR electronically on the ePCR field device by crews, included in the PCR pdf view, the fax/print of the PCR and desktop workstations for QA/QI personnel. For reference, Boston EMS uses LifePak15 monitors with 4G modems.				
4.05	The system should include all mandatory supplementary forms, including but not limited to Child Abuse and Elder Abuse, available as separate attachments but linked to and transmitted with the patient's ePCR report.				
4.06	The ability to quickly duplicate documentation of a single medication administered multiple times during the provision of care, allowing for time, dose, route, etc. validation for each administration.				

5. CUSTOMER SUPPORT					
5.01	Post implementation, Boston EMS should have a single point of contact that is fully apprised of Boston EMS' account and needs. This individual should be the go-to for the department, have technical expertise and be able ensure issues are addressed in a timely manner, updates are communicated and active coordination for implementation of any changes.				
5.02	Provide on-site project management personnel to develop and execute the required employee training and system implementation. Provide details for the training process, timelines, and support your company offers. Recommend the design of the system, including, among other things, input devices to use, process flows, database hardware/software, etc.				
5.03	Provide 24/7/365 telephone technical support.				
5.04	Manuals for the mobile application, electronic PDF format. Reference and built-in help files within the application are preferred.				
6. BUSINESS CONTINUITY					
6.01	Vendor must have comprehensive data back-up and disaster recovery plans, including routine database restore testing and local redundancy in-house on Boston EMS server(s), with continuous (real or near real-time) updates. * An attached plan is required with your submission.				
6.02	Security testing of applications for both server/cloud and device levels is performed annually.				

2. PREFERRED FUNCTIONALITIES

The Proposer must fill in the table for the following preferred options:

PREFERRED CAPABILITIES		AVAILABLE AS CURRENT STANDARD FEATURE	REQUIRES DEVELOPMENT	NOT AVAILABLE	DETAILS
7.01	Capacity on the back end of the application to turn on and off the ability to take pictures.				
7.02	Ability to view the ePCR data entry field text in other languages.				
7.03	Ability to incorporate online reference documents such as phone lists, Standard Operating Procedures, treatment protocols, and PDR/medication references made available from within the mobile application.				
7.04	The ability to include (as an optional feature) or recommend a phone/video application to support telehealth alongside the ePCR application on the tablet.				
7.05	The ability to create forms that are unrelated to an incident or patient. For example, Boston EMS must document distribution of leave behind Narcan, which can be provided to non-patient individuals.				

G. TRAINING

Vendor will create a permanent testing environment to support initial and ongoing training. Training will be required for the following categories:

- A. System Administrators: Overall System management and administration.
- B. Administrative, Management, and Clinical Staff: Review, reporting, and QI/QA use.
- C. “Train the Trainer” instruction for complete documentation by field user. Initial and on-going training for field users will be accomplished by Boston EMS personnel. Personnel from

proposer's organization will be on hand for the initial sessions to provide support to Boston EMS personnel.

Describe training by category, including number of hours of training. Outline the material and subjects to be covered. Describe manuals and other material to be provided for the trainings. Training dates will be based upon agreed timeline; Boston EMS will provide final approval of training dates, to ensure adequate attendance.

H. TESTING AND ACCEPTANCE AND LEGACY DATA MIGRATION

Boston EMS requires that an integrated and coherent approach to complete system testing, security review and testing, deficiency correction, acceptance, and training, and that warranty services be provided to ensure a successful project. In its proposal, the Vendor is to include a Test Plan methodology and any scheduling assumptions used regarding the Boston EMS resource efforts required during testing.

The successful Vendor, upon completion of installation and testing of the system along with certifying that all Boston EMS Legacy Data has been incorporated into the system and is available to access, will certify in writing that the system complies with the performance standards in the proposal specifications and contract documents. The certification provides that the documentation has been completed and the system is ready for the Department's acceptance testing and training.

Boston EMS will verify all expectations and deliverables have been met and issue an acceptance statement, which will prompt the Vendor to submit the first annual invoice for services.

I. CONTENTS OF THE PROPOSAL & REQUIREMENTS

As part of their Proposal preparation, Vendors should thoroughly and carefully explain how their proposal best meets the requirements of BPHC/Boston EMS. This specification sets forth minimum capacity and performance, requirements. Vendors may offer a Proposal which exceeds the minimums set forth in this document. Vendors may suggest different business terms and conditions provided that their Proposal references the difference as an "exception."

- 1. TITLE PAGE** - The proposal shall include a title page showing the company's name, contact person and title, address, and contact information.
- 2. TRANSMITTAL LETTER** - The signed transmittal letter shall include statements referencing the following points: the company's history, understanding of the services required, benefits they bring to the project, the commitment to perform the services as requested in this RFP within the scheduled timeframe, summary of the cost of service fee(s) to be charged for the work, a statement that such fees are fixed, complete and inclusive, the name of the individuals who will be authorized to make representations on behalf of the firm (titles, addresses, emails and telephone numbers) and that the signatory of the transmittal has authority to bind the firm. Any sub-consultants/engineers or subcontractors must also be included with the same detail, with documents added as addenda to the RFP.
- 3. UNDERSTANDING OF THE SCOPE OF WORK**
 - a) Submit a concise narrative demonstrating a clear understanding of the objectives and key features of the proposal, addressing all items outlined in the Scope of Work section of this document.
 - b) Describe the product and additional features, resources or tools which would be made available to BPHC/Boston EMS and serve to optimize patient care report documentation, management, and reporting.
 - c) Provide a description of the technical architecture of the proposed Solution.

- d) Describe how the BPHC/Boston EMS account would be supported during the implementation phase and after.
 - e) Outline the vendor's HIPAA compliance program.
 - f) Describe in detail the vendor's ability to adapt to and comply with the data security and technology requirements, as well as industry advancements.
 - g) Address training requirements.
 - h) Detail any assumptions the vendor has made in preparing the proposal;
 - i) Include any other services not identified in the Scope of Work.
 - j) Indicate any exceptions to the required Scope of Services and responsibilities set forth.
4. **TESTING PLAN** – Include a test plan methodology and any scheduling assumptions.
 5. **COMPLETE COST PROPOSAL** - Boston EMS is seeking a firm fixed price proposal only, paid annually. Vendor must outline all pricing associated with delivery and sustainment of the project, including year 1 (starting from the go-live date) and future year pricing, within the contract period of up to 5 years. Any potential costs not outlined in the contract associated with potential future work, should be listed.
 6. **DESCRIPTION & QUALIFICATIONS** - A brief narrative describing the Vendor, years in operation, qualifications and experience in the provision of ePCR systems.
 7. **TIMELINE AND WORKPLAN** - The proposal should be clear and concise with a timeline and corresponding task list that details the necessary steps for implementation.
 8. **REFERENCES** - Provide a minimum of three (3) and a maximum of five (5) selected references from comparable 9-1-1 EMS' who can speak to the Vendor's qualifications. Name, title, phone and email shall be included for each reference.
 9. **PERSONNEL** – Provide an organizational chart of the Vendor. Include in the chart, the names, job titles, office locations for members to be assigned to support BPHC/Boston EMS. Provide resumes for staff members to be assigned to BPHC/Boston EMS and describe relevant experience and credentials. Indicate the staff person (if known) who will serve as the client manager for BPHC/Boston EMS. This person will be the point of contact for all activities on the account and will be responsible for making sure that all items for the contract are executed according to the terms established. List any and all staff changes necessary to accommodate BPHC/Boston EMS as a client. List the job titles and experience requirements for staff additions, if necessary. Include any positions/functions that would be subcontracted. Describe how the firm transitions responsibilities when a staff member terminates employment or is on extended leave.
 10. **LEGAL DISCLAIMERS** – Provide the following:
 - 10.1 Make a statement indicating that the Vendor has never lost an account due to concerns of improper practices, accusations or client concerns of fraud.
 - 10.2 Make a statement indicating that no member of the Vendor's staff has been accused, disciplined charged, and/or convicted of fraud, deception, unethical business practices, and/or illegal business practices.
 - 10.3 Provide information on the nature and magnitude of any litigation or proceeding whereby, during the past five (5) years, a court or any administrative agency has found fault, held proceedings or ruled against the proposer in any matter related to the professional activities of the proposer. Similar information shall be provided for any current or pending litigation or proceeding.
 - 10.4 Indicate whether the Vendor has had a contract terminated in the last five (5) years and describe the nature and circumstances.
 - 10.5 Provide a statement explaining any name changes for the Vendor in the past five (5) years and current or foreseeable merger or acquisition activity.
 - 10.6 Outline policies for ensuring compliance with appropriate state/federal procedures and directives, as well as HIPAA and its regulations. Include a listing of past/present

penalties/findings arising from noncompliance and their resolution. If the Vendor has no penalties/findings, please indicate.

11. **CONFLICT OF INTEREST STATEMENT** - A statement to the effect that the selection of the proposer shall not result in a conflict of interest with any other party which may be affected by the work to be undertaken. Should any potential or existing conflict be known by a proposer, said proposer must specify the party with which the conflict exists or might arise, the nature of the conflict, and whether or not the proposer would step aside or resign from the engagement or representation creating the conflict.
12. **PROOF OF INSURANCE** – Vendor shall submit proof of insurance as referenced in the ‘Insurance Requirements’ section of this RFP.
13. **W-9** – Include a completed and signed [W-9](#) with proposal package.
14. **FINANCIAL STATEMENTS** – Provide the vendor’s audited financial statements for the last two years.
15. **STANDARD BPHC CONTRACT** – Letter indicating agreement to sign the Boston Public Health Commission’s contract as written, if selected.

J. SUBMISSION OF PROPOSAL

The proposal may be submitted via email or in a sealed envelope to BPHC/Boston EMS via registered mail, courier, or hand delivery.

- a) If mailed, do not bind proposals.
- b) Proposals must include a signed checklist and all components outlined in the checklist.
- c) The proposal package must be sent to: Boston EMS, Attention: Laura Segal, 785 Albany Street, Boston, MA 02118 or emailed to segal@bostonems.org.
- d) Clearly address the email and/or each envelope with 1) the Company Name and Address, and 2) “Boston EMS Electronic Patient Care Reporting System”
- e) There will be no public opening for this RFP

The responsibility for submitting a proposal to Boston EMS on or before the stated time and date will be solely and strictly the responsibility of the proposer. BPHC/Boston EMS will in no way be responsible for delays caused by the United States Postal Service or caused by any other occurrence.

K. REQUEST FOR INFORMATION

Questions concerning this RFP are due in writing to Laura Segal at segal@bostonems.org. Responses to written questions will be posted on the BPHC www.boston.gov/bid-listings. All deadlines are outlined in the timeline section of this document.

L. DEMONSTRATIONS AND PROPOSAL REVIEW

Boston EMS will conduct final evaluations as a culmination of the entire process of reviewing Vendor Proposals, system/application and information gathering. References and background checks will be made for finalist as appropriate. After review of proposals, Boston EMS will invite select Vendors to present to the evaluation committee and members of the department. Presentation expectations will be provided in advance to those invited.

Vendors invited to present will be asked to submit two ruggedized tablets with the proposed application installed in a configuration as similar as possible to that specified in this document. The devices will allow Boston EMS to capture end-user experience. These devices will remain the property of the proposer and will be returned upon the end of the evaluation process. Vendor to include a prepaid return shipping label with devices. Boston EMS will assume no liability for any loss, including damage, theft, or loss of these evaluation units.

Boston EMS reserves the right to conduct site visits to a Vendor's location and/or site(s) that utilizes the Vendor's ePCR system.

M. AWARD AND IMPLEMENTATION

- 1. AWARD** - BPHC/Boston EMS will endeavor to negotiate a Contract with the successful proposer within thirty (30) days of the Notice of Award. In the event that a mutually agreeable Contract cannot be negotiated with said Vendor, BPHC/Boston EMS will then enter into contract negotiations with the next highest rated Vendor, and so on until a mutually agreeable contract can be negotiated.
- 2. IMPLEMENTATION** - The Vendor shall take necessary measures to ensure immediate account processing on the contract start date. The Vendor will work in conjunction with BPHC/Boston EMS' current service provider to ensure a smooth transition.

N. PROPOSAL REQUIREMENTS/EVALUATION CRITERIA

Proposals will be evaluated according to the following criteria. The Boston Public Health Commission reserves the right to reject any/and all proposals received and to award the contract for project services to the firm or firms which the Boston Public Health Commission believes will offer the best value on this project.

EVALUATION CRITERIA	POINTS
Qualifications of Firm - Strength and stability of the firm; technical competence of firm and key personnel (and sub-contractors); logic of project organization; adequacy of labor commitment.	0-10
Related Experience - Experience in successfully providing services similar to those requested herein; experience working with comparable services; assessment by client references.	0-10
Completeness of Response - Ability to meet the Scope of Services. Completeness of response in accordance with RFP instructions; exceptions to or deviations from the RFP requirements; inclusion of required features; overall system quality; growth potential of the solution to accommodate future enhancements.	0-30
Reasonableness of Cost and Price Point - Reasonableness of the firms quoted price; basis on which prices are quoted, including implementation, support services and maintenance.	0-10
User Experience – Positive user experience and overall satisfaction with the application. This includes ease of use, speed of learning basic functionality, and general “likeability”.	0-40
MAXIMUM POINTS:	100

PROPOSAL SUBMISSION CHECKLIST

For Inclusion with Proposal

Submit the following required information in the format and sequence should be followed to provide consistency in proponent response and ensure each proposal receives full and fair consideration. All pages should be consecutively numbered. Refer to section *I. Contents of the Proposal and Requirements* for additional detail pertaining to contract documents.

Check When Complete	Contents of Proposal Documents	Signature Required where X
<input type="checkbox"/>	Proposal Submission Checklist	X
<input type="checkbox"/>	Title Page	-
<input type="checkbox"/>	Transmittal Letter	-
<input type="checkbox"/>	Understanding of Scope of Work	-
<input type="checkbox"/>	Testing Plan	-
<input type="checkbox"/>	Cost Proposal	X
<input type="checkbox"/>	Description & Qualifications	-
<input type="checkbox"/>	Timeline & Work Plan	-
<input type="checkbox"/>	References	-
<input type="checkbox"/>	Personnel	-
<input type="checkbox"/>	Legal Disclaimers	-
<input type="checkbox"/>	Conflict of Interest Statement	-
<input type="checkbox"/>	Proof of Insurance (liability and professional liability)	-
<input type="checkbox"/>	W-9 Form	X
<input type="checkbox"/>	Financial Statements	-
<input type="checkbox"/>	Standard BPHC Contract Agreement Letter	-

Failure to submit all of the above information may result in disqualification from the review process.

Signature

Date