

Attachment B

Questions Request Form

#	SOO Reference	Question	Answer
1.	Sec 2.3	In units 3b and 3c on the Floor Plans, there are a total of 12 Central Stations. Please explain how these are being used for what equates to 36 monitors?	Each central monitor is assigned to 4 ICU beds, which will have 2 RN. All ICU patient require continuous monitoring, ICU ratio: 2:1 2 of the central monitors are assigned to the desk area for all other clinical staff
2.	Sec 2.3	Is HL7 data exchange allowable via something other than the Central Station (i.e. a Gateway)?	The government will consider options.
3.	Sec 2.3	There are 12 Central Stations requested for the Telemetry Monitoring Room. Are these Centrals monitoring other care areas in addition to Telemetry since there are only 64 Telemetry beds?	Telemetry central monitors are required for monitoring Telemetry patients only. All beds are wired for Telemetry in the facility and the number of central monitors required would be needed to view approx. 64-75 beds at once
4.	Sec 2.8	Would Massimo Rainbow Technology be required?	The government does not have a preference.
5.	Sec 2.8	How many invasive lines are needed per monitor?	Bedside monitoring for ICU will require 5-6
6.	Sec 2.8	Is Cardiac Output monitoring being done via devices like Baxter Vigilance or Vigileo, etc?	This equipment has not been purchased at this time.
7.	Sec 2.8	If the Gas Bench is incorporated into the future anesthesia machine, will the monitor still be required to display ALL of the parameters listed in this section?	This equipment has not been purchased at this time, so the government cannot make this determination.
8.	Sec 2.8	Please provide examples of what the "medical IT systems" that would be accessed from the monitor?	All vital signs and invasive monitoring. Would also like output, Bard electronic catheter monitoring as well and monitoring of ventilators
9.	Sec 2.9&10	How many invasive lines are required for Transport?	At least 4
10.	Sec 2.9&10	Are ALL listed parameter's required during transport (i.e. multiple IVP's and Capnography)?	yes
11.	Sec 2.9&10	If the bedside monitor CAN be used as the Transport monitor, may the requirement of 20 Transport monitors be deleted from the SOO?	Yes, if it has easy portably for staff transport
12.	Sec 2.11	Reference is made to FIPS 140-2 in this section. Will products that are not currently FIPS compliant, but will in the immediate future, be considered? (i.e. 60 days from the submission of this RFP)	The government cannot purchase "promises".
13.	Sec 2.11	Is it preferable that the Telemetry Pack have a screen showing waveforms and numerics?	The government does not have a preference.
14.	Sec 2.11	Is every Telemetry Pack required to have	No, the SPO2 should be available on no less than

		SpO2 built-in?	2/3s of the pack purchased
15.	Sec 2.11	Is it preferable that the Telemetry Pack have built-in arrhythmia detection for those times when a patient is out of the antenna range?	The government does not have a preference.
16.	Sec 2.11	Is it preferable that the Telemetry Pack have alarm capability for when the patient is outside of the antenna range?	The government does not have a preference.
17.	Sec 2.13	Please confirm that the ARK System chosen by VISN 16 was the Innovian System by Draeger?	Confirmed
18.	Sec. B-1	On line items 0013-0015 there are requirements listed for specific numbers of networking components. Not all networks require the same numbers of items. Can the number of switches, as an example, be changed to meet a vendor's needs?	Yes, it is expected that the vendor recommend and provide the network hardware required for their system. The government needed something for an estimate. Five is an estimate amount. Contractor should determine required amount for you final PWS system solution.
19.	Pgs 1 & 35	Please clarify the Proposal Due Dates as the pages seem to have two different dates.	Proposal due date is August 7, 2015.
20.	General	Is remote access required to the monitoring network for access by caregiver's to patient data both stored and live waveforms?	The government does not have a preference, we would like to see the proposals.
21.	General	Requesting that the solicitation document be released in Microsoft Word format to enable responses.	Solicitation is only issued in pdf format.
22.	Sec. 6.4	In addressing this evaluation factor, is it expected that an offeror submit an individual subcontracting plan specific to fulfillment of this contract; or submit an approved commercial plan which details how utilization of SB's will be used in fulfillment of this contract?	If you have an approved commercial plan, can submit per FAR 52.219-9(g)
23.		The floor plan detail that was provided for equipment placement is required for us to provide Accurate Telemetry Access Point Infrastructure for both design purposes and quoting. Can we please have updated Telemetry plans showing needed coverage utilizing the floor plans that were provided for monitor equipment placement?	Please see attached drawings released in the amendment.
24.	P01 PWS Attachment B SLVHCS Telemetry Wireless Coverage Map	Can the VA provide scaled floor plans (either CAD or PDF) for the areas requiring telemetry coverage? Or alternatively provide the square footage? The maps provided are not all scaled and include areas such as soiled linen, storage, staff lounges & locker rooms that may not require telemetry coverage	See Question 23
25.	S02 RFP Attachment A Past Performance Questionnaire	Attachment A includes a due date that has already passed. Please clarify if the Past Performance information is due with the Proposal or on some alternative date.	Past Performance Questionnaire is due same time of proposals of August 7, 2015.

26.	E.2 Provisions Incorporated by Full Text	FAR 52.212-1 generally allows the submission of multiple offers. This is to the benefit of the Government as a given company may have a better technical or more economically desirable solution that the Government would be interested in considering, but which could not be used as the primary proposal due to not meeting some relatively minor technical specification. Respectfully request that offerors be allowed to submit alternative proposals.	Only one proposal allowed. This is a SOO and the PWS should address the better technical or more economically desirable solution.
27.	2.11 Telemetry Packs	For telemetry packs operating in a WMTS frequency on a physically segregated WMTS wireless system and not transmitting PHI, the VA has historically considered those as a class exempt from FIPS 140-2 encryption requirements and thus has not provided written waivers. Please provide the process by which to obtain a written waiver in time to include with the response or delete the written waiver requirement.	It is highly recommended that the devices are FIPS 140-2 compliant; however the government will evaluate all of the proposals.
28.	2.9 Transport Monitor	Requirement includes being "Capable of sending data back to a central station". As this data would include PHI, please confirm that FIPS 140-2 encryption certification or VA waiver for any wireless operation would be necessary even if the monitors were transmitting over a segregated WMTS system.	See Question #28
29.	Pg 35, #8.1	Please confirm you require 1 original, 1 copy, and 1 electronic copy on Compact Disc (CD) of the proposal.	Per 8.1 Hard copies: Original and 1 copy Electronic copies: 1 copy
30.	Pg 39, #6	How many individual past performance questionnaires (Attachment A) do you require?	See 6.3.1.6
31.	Pg 6, B.1, Item 13	Why do you require 5 Servers?	See Question #18
32.	Pg7, B.1, Item 16	Please clarify "Manual Cardiac Output Interface"	See Question #49
33.		Confirm minimum required parts & labor warranty coverage and time period 3,4,5 years required for each vendor to include.	Confirmed
34.	Pg 15; Sec 3-13	Confirm requirement for all vendor quotes to include the following Software Support & Updates: 1. Clinical Application Software Support (including HL7 Interface, Full Disclosure, Remote Access etc.?) 2. Biomedical Software Support (i.e. bedside, central & telemetry software updates & compatibility coverage?)	Confirmed
35.	Pg 15; Sec	Confirm requirement for all vendor quotes to	Confirmed

	2.13	include the following Network Installation & Services for complete and functioning EMR Integration: Network Services/Design; Professional Services; Server hardware; Implementation	
36.	Pg 15; Sec 2.13	Confirm requirement for all vendor quotes to include full functioning HL7 ADT connectivity at time of go-live for ALL bedsides, transports, centrals, portables, and telemetry.	Confirmed
37.	Pg 10-15; Sec 2.2-2.12	Confirm requirement for all vendor quotes to include the mechanism for “electronic” printing (i.e. print to .pdf) in addition to the laser printers requested to better facilitate import of waveform strips to Vista imaging.	Confirmed
38.	Pg 9-15; Sec 1-2.14	Confirm requirement for all vendor quotes to include Full Disclosure Date Transfer across ALL departments, regardless of sending/receiving departments, to create a 24- hour seamless patient record across ALL departments defined by SLVHSC as listed on page 9 of 42 #2 Table 1:SLVHSC Monitoring Quantities spreadsheet	Confirmed
39.	Pg.9-15 Sec 1-2.14	Regarding Access to Clinical Information (pc; ipad; smartphone; internet; portal, etc) - Confirm requirement of all vendor quotes to include the following and provide additional detail for each of the following Remote Access topics: 1. Remote Access to include Streaming Waveforms, Numeric & Graphical Trends, Full Disclosure, etc; 2. Overall User Quantity (registered user licenses/capability); 3. Quantity of concurrent licenses (i.e. Qty 200). 4. Annual Renewal Fees for licenses.	The vendor shall provide recommendations in their PWS proposals.
40.	Pg 9-15; Sec 1-2.14	Regarding Access to Full Disclosure: Confirm requirement for all vendor quotes to include “Secondary Access Points” to Full Disclosure (i.e. RN Station, Patient Floors, Monitor Tech Room, Physician Lounges, RN Mgrs office, etc); this in addition to Full Disclosure access at defined central station locations . Confirm quantity and locations of secondary access points to be included in all vendor quotes (i.e. 2/departments where monitors and telemetry are present.	Yes
41.	Pg 10-15; Sec 2.4-2.12	Confirm requirement for all vendor quotes to include ventilator interface for all A,B,C,D Monitors: provide total # of ventilators and	Confirmed; The ventilators have not been purchased, nor has a final quantity been determined.

		Model / Type of ventilators	
42.	Pg.9; Sec 2	Confirm the number of patients to be viewed at the Central Stations 2 B TM Monitoring Room; to include telemetry and/or hardwire beds or both and if so please provide the quantities of both to be viewed.	See Question #3
43.	Pg 10; Sec2.4	Confirm requirement for all vendor quotes to include Ventilator Interface for the 14 OR Rooms- yes or no	See Question #41
44.	Pg 6; Sec B1	Confirm the requirement for all vendor quotes to include "5" servers – type/specifications, etc and reason for this quantity.	See Question #18
45.	Attachment B	Confirm requirement for all vendor quotes to install and support transport/portable monitors within a wireless WiFi standalone infrastructure. If yes, provide wireless WiFi coverage area(s) in square feet	The government does not want a stand-alone 802.11 Wi-Fi system. This system shall either use the stand-alone vendor-provided wired network or WMTS.
46.	Pg 11, 2.4	Regarding capability to interface to Anesthesia Machines as yet to be purchased, what is your preference for Anesthesia Machines?	The government has no preference.
47.	Pg 15, 2.14	Regarding Service Workstation, the service workstation shall permit maintenance professionals the ability to connect to the patient monitoring network to perform diagnostics, troubleshooting, and maintenance. This workstation shall include remote connectivity to off-site, contractor supported diagnostic services. Please provide more specifics. Is there a specific technology that does this or a preference?	The government has no preference on how this is achieved. Vendor must provide all necessary equipment for a secure VPN ore remote access connection to the service workstation.
48.	Pg 7, 20	Confirm that all vendor quotes comply with interface to VISTA/CPRS.	yes
49.	Pg. 7, 16	Regarding Manual Cardiac Output Interface 1: Define/detail this line item.	Don't know
50.	Pg. 10-13; Sec 2.4-2.7	Confirm the requirement for all vendor quotes to include interface to a third party Cardiac Output device i.e. Edwards LifeSciences, Vigilance, Vigileo, etc , and the number of these devices.	Yes, as applicable
51.	Pg 7-8, 29, 1029, 2029, 3029, 4029	Add Service Base Year, Option Year 1 – 4. Please clarify what you are asking for.	This is a hybrid supply and service contract. CLINs 009 – 4029 are for the Support Services. See 9.2 for SOO portion of Support Services.
52.		Confirm the total number of beds that will encompass the new VA Hospital in New Orleans.	120 Beds: 96 Med/Surg, 24 ICU, 60 Transitional Living, & 20 Acute Pysch

54.	Pg. 10, 2.3	What is the duration of backup expected when the UPS has to perform and do you need them for anything else besides the Central Stations?	10 Minutes under full load All network and wireless equipment in each closet and equipment in the Main Computer Room will use the main UPS.
55.	Pg. 15, 2.12	What standard of Cisco switches do you expect for core and remote locations?	The vendor shall design the network. The government will look at all provided options. For the hospital network, the hospital is using stacked Cisco WS-C3850-48F-S for edge switches and Cisco WS-C6509-E for redundant cores.
56.	Pg. 14, 2.12	Can we use the hospital 802.11 network or do we need to provide our own dedicated network?	A dedicated network is required
57.		What size wall channels do you require for all the bedside monitors and Central Stations?	This shall be recommended by the vendor in the PWS
58.		In order to quote compatible IBP cables, please provide transducer manufacturer.	The government has not selected a manufacturer for this product yet.
59.		Does monitor mounting locations have wall backing?	Backing should be provided where the monitors are shown in the elevation drawings.
60.		Is preferred Cat 5E or Cat 6?	Cat 6
61.		Clearances/credentialing requirements for onsite workers?	Please reference the security requirements as mentioned in the SOO.
62.		Who will mount wall channels to walls for mounting monitors?	The vendor
63.		Drops are in some rooms now, are those for patient monitors?	Yes, the cat 6a cables can be used by the vendor. There is only 1 cable per drop available for this contract. The cable may need to be extended from the OI&T closet to the LVSR closet. The government is not guaranteeing that this exists in all locations.
64.		Are proposals due Aug 7 2015 at 10am (from pg. 1) or due July 31, 2015 at 10am (from pg. 35)? What is due on pg. 35?	See #19
65.		Do you have marked plans (to scale) on pdf and CAD files	See Question #23
66.		Can we get locations of the data closet?	See Question #23
67.		Can we get full floor plans for telemetry coverage?	See Question #23
68.		Provide clarification on the format for the "performance requirements summary no suggested format of what exactly needs to be covered. SECTION 13/13.1	No specific format is required. PRS must address the below: <ul style="list-style-type: none"> ✓ Performance Standard ✓ PWS Paragraph ✓ Acceptable Performance Levels ✓ Method of Inspection ✓ Frequency
69.		What measurements are required during patient transport	Vital signs(EKG, HR, Resp, BP), PA monitoring, intracranial monitoring, etc.
70.		How many patients/ rooms need to be monitored in central monitoring	See Questions #3 & #38
71.		Do we determine where plenum rated cable will be needed?	Provide your recommendations. All network design plans must be approved by the COR.
72.		Will bedside monitoring system be directly on	This system shall be on a dedicated network

		the VA OIT network or will this system be separate VLAN?	provided by the vendor.
73.		Can we quote 15 inch monitors if they can do everything the 19 in does	Yes, the government will consider options
74.		Do we determine where plenum rated cable will be needed/	See Question #71
75.		Which side of bed does the monitor go on?	See the attached elevation drawings
76.		Are we responsible for mounting wall channels?	See Question #62
77.		Will ceiling be suspended ceiling tile on T-bar?	The ceilings will be a mix of hard lid and ceiling tiles.
78.		How do we determine amount of cable through conduit?	Cable is in conduit only where not accessible. Existing cable trays, through wall and through floor sleeves will be used. Where cable is inaccessible spare capacity in existing conduit is available.
79.		Is WLAN coverage for bedside monitors required anywhere?	No
80.		Can we get scaled floor plans of the entire building?	See Question #23
81.		Centralized vs decentralized telemetry?	Centralized
82.		Will the hospital be responsible for vertical risers on the vendor contract? (Core Drills)	Equipment closets have vertical through floor sleeves already in place. No new core drills are expected.
83.		Type D calls for an alternative option for types A though D. However the screen size requirement of 19 inch is the same. Might you consider changing this requirement to 15 inch minimum screen size so that an alternative may be offered?	See Question #73
84.		Will any closets be connected via hospital?	No. The vendor must interconnect all network devices using vendor installed fiber. There should be sleeves between the closets.
85.		Is lift gate required for freight shipments?	There will be a lift gate at the dock in the CEP (on Tulane Ave)
86.		Do all monitors and 64 channels of telemetry need to have data feeding to CPRS/VISTA?	yes
87.		Does the vendor provide tracking for network cable?	Could not determine what exactly was being asked (cable tray or cable management), so we answered both questions. The vendor will need to provide cable tray where required. If there is ample space in an existing cable tray, the government may consider sharing. The vendor must label and provide as-built drawings for all installed cable and equipment.
88.		Is copper allowed between floors or is fiber optic required?	Preferred network topology is a double star via fiber with redundant core switches in the Main Computer Room.
89.		Are all head walls the same?	All headwalls are from the same manufacturer, Nexxspan, but have slightly different configurations in different types of rooms.

90.		Cable plant goes where? (Above ceiling or in interstitial)?	Interstitial in the D&T building. Above ceiling elsewhere. Most equipment closets are stacked and use through floor sleeves for interconnection. Other closets are reached via above ceiling or interstitial cable tray.
91.		Will hospital mount wall channels?	See Question #62
92.		Do data closet stack for Cores?	Please see the drawings provided.
93.		Do non patient care areas need wireless coverage?	Yes for telemetry, please reference the Telemetry Coverage map provided in with the SOO.
94.		Does data cabling already exist for bedside and centrals?	For bedside, see question #63. There will be no cable provided for the central stations. Vendor must install cable between equipment closet and central stations. Vendor must provide all appropriate labels per VA labeling standards.
95.		Will any closets be connected via hospital provided fiber?	See Question #84
96.		Can another site visit (walk through) be scheduled for 8/3/15 to determine appropriate materials needed for network coverage?	Only one site visit is authorized for the solicitation. Another site visit is not authorized.
97.	Pg 17, 2.12	Is it a requirement for all vendor quotes to include virtualization of servers?	See Question #18
98.		Do you truly require a 19" monitor screen for every bedside?	See Question #73
99.		Do you truly require a ventilator interface at every bedside? Some care areas are not typical areas to have this connection.	See Question #41
100.		Do you truly require ETCO2 module at every bedside? Can we recommend a quantity to share among beds if all bedside monitors have capability once module is added?	Yes, but the government is open to considering options in your proposal
101.		Is it a requirement for the patient to be admitted via the bedside monitor with an ADT interface, ie pull patient data, name, etc via a pick list?	Yes
102.		In Section 2.12, do we use the wireless coverage map only for telemetry/transport coverage or do we use the verbiage in 2.12 for telemetry and cabling field? There are discrepancies between map and wording description.	The wireless coverage map is a general graphic overview. The wording in 2.12 of the SOO is more specific of the area to be covered. Please use the SOO, but also use the drawing as a graphical reference.
103.		Which units from this list are expected to be viewed in the central monitoring room? 2B, 2C, 3B, 3C, 4B, 1D, 2D, 2E, 2F, 3D/E, 3E Pain, 3E PACU, 3E Interventional Rad/Card, 3F Pre/Post, 3G Pulm Clinic, 3G Recovery Room, 3G GI/Bronch, 4J – Oral, 7J – Infusion	All Telemetry patients.
104.		You specified as Type A monitors for the Pain Clinic do you truly require a gas analysis	Yes

		device for those 3 monitors?	
105.	Pg 16, 2.15.2.2	Who is responsible for installing all wall channels for the bedside monitors and what length(s) do you require?	See Question #62; Length to be determined by the vendor
106.		The floor plans provided are too small. We are unable to read the fine print to locate where the equipment closets are located and what cable pull through we can use. Is it possible to get are larger version of these floor plans so we can read them?	See Question #23
107.		They are requesting network ID numbers. Basically the network to department central ID and central ID to bed ID correlation for each network.	The vendor shall determine this information in their network design.