



PERFORMANCE WORK STATEMENT (PWS)

**DEPARTMENT OF VETERANS AFFAIRS
Office of Information & Technology**

Ralph H. Johnson VAMC Charleston SC (RHJ VAMC)

**Nurse Call with Integrated Staff and Patient Communication System (ISPCS)
Ralph H. Johnson VAMC**

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TAC-18-0002001

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1. BACKGROUND

Ralph H. Johnson VA Medical Center (RHJVAMC) is requesting a turn-key solution to: improve patient safety; increase staff responsiveness to patient needs; enhance ability to meet/exceed standards of care for code blue/critical alarm response; achieve effective management of alarm fatigue and alert prioritization; improve operational efficiency, improve veteran access to care, and to deliver exceptional Veteran healthcare at lower cost. RHJVAMC seeks a tightly integrated critical communications platform with centralized call center that shares a common platform of database information and enhances event and communication pathways for safe efficient patient event responses, and effective alarm management.

2. APPLICABLE DOCUMENTS

In the performance of the tasks associated with this Performance Work Statement, the Contractor shall comply with the following:

1. 44 U.S.C. § 3541, "Federal Information Security Management Act (FISMA) of 2002"
2. Federal Information Processing Standards (FIPS) Publication 140-2, "Security Requirements for Cryptographic Modules"
3. FIPS Pub 201-2, "Personal Identity Verification of Federal Employees and Contractors," August 2013
4. 10 U.S.C. § 2224, "Defense Information Assurance Program"
5. Carnegie Mellon Software Engineering Institute, Capability Maturity Model® Integration for Development (CMMI-DEV), Version 1.3 November 2010; and Carnegie Mellon Software Engineering Institute, Capability Maturity Model® Integration for Acquisition (CMMI-ACQ), Version 1.3 November 2010
6. 5 U.S.C. § 552a, as amended, "The Privacy Act of 1974"
7. 42 U.S.C. § 2000d "Title VI of the Civil Rights Act of 1964"
8. Department of Veterans Affairs (VA) Directive 0710, "Personnel Suitability and Security Program," May 18, 2007
9. VA Directive 6102, "Internet/Intranet Services," July 15, 2008
10. 36 C.F.R. Part 1194 "Electronic and Information Technology Accessibility Standards," July 1, 2003
11. Office of Management and Budget (OMB) Circular A-130, "Management of Federal Information Resources," November 28, 2000
12. 32 C.F.R. Part 199, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)"
13. An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, October 2008
14. Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
15. Homeland Security Presidential Directive (12) (HSPD-12), August 27, 2004
16. VA Directive 6500, "Managing Information Security Risk: VA Information Security Program," September 20, 2012
17. VA Handbook 6500, "Risk Management Framework for VA Information Systems – Tier 3: VA Information Security Program," September 20, 2012

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18. VA Handbook 6500.1, "Electronic Media Sanitization," March 22, 2010
19. VA Handbook 6500.2, "Management of Data Breaches Involving Sensitive Personal Information (SPI)", January 6, 2012
20. VA Handbook 6500.3, "Assessment, Authorization, And Continuous Monitoring of VA Information Systems," February 3, 2014
21. VA Handbook, 6500.5, "Incorporating Security and Privacy in System Development Lifecycle" March 22, 2010
22. VA Handbook 6500.6, "Contract Security," March 12, 2010
23. Project Management Accountability System (PMAS) portal (reference PWS References -Technical Library at <https://www.voa.va.gov/>)
24. VA Directive 6508, VA Privacy Impact Assessment, October 3, 2008
25. VA Directive 6300, Records and Information Management, February 26, 2009
26. VA Handbook, 6300.1, Records Management Procedures, March 24, 2010
27. OMB Memorandum, "Transition to IPv6", September 28, 2010
28. VA Directive 0735, Homeland Security Presidential Directive 12 (HSPD-12) Program, February 17, 2011
29. VA Handbook 0735, Homeland Security Presidential Directive 12 (HSPD-12) Program, March 20, 2014
30. OMB Memorandum M-06-18, Acquisition of Products and Services for Implementation of HSPD-12, June 30, 2006
31. OMB Memorandum 05-24, Implementation of Homeland Security Presidential (HSPD) 12 – Policy for a Common Identification Standard for Federal Employees and Contractors, August 5, 2005
32. OMB memorandum M-11-11, "Continued Implementation of Homeland Security Presidential Directive (HSPD) 12 – Policy for a Common Identification Standard for Federal Employees and Contractors, February 3, 2011
33. OMB Memorandum, Guidance for Homeland Security Presidential Directive (HSPD) 12 Implementation, May 23, 2008
34. Federal Identity, Credential, and Access Management (FICAM) Roadmap and Implementation Guidance, December 2, 2011
35. NIST SP 800-116, A Recommendation for the Use of PIV Credentials in Physical Access Control Systems, November 20, 2008
36. OMB Memorandum M-07-16, Safeguarding Against and Responding to the Breach of Personally Identifiable Information, May 22, 2007
37. NIST SP 800-63-2, Electronic Authentication Guideline, August 2013
38. Draft NIST Special Publication 800-157, Guidelines for Derived Personal Identity 523 Verification (PIV) Credentials, March 2014
39. NIST Special Publication 800-164, Guidelines on Hardware-Rooted Security in 525 Mobile Devices (Draft), October 2012
40. Draft National Institute of Standards and Technology Interagency Report (NISTIR) 7981 Mobile, PIV, and Authentication, March 2014
41. VA Memorandum, VAIQ #7100147, Continued Implementation of Homeland Security Presidential Directive 12 (HSPD-12), April 29, 2011 (reference Enterprise Architecture Section, PIV / IAM <https://www.voa.va.gov/>)
42. VA Memorandum, VAIQ # 7100145, VA Identity Management Policy, June 28, 2010 (reference Enterprise Architecture Section, PIV/IAM <https://www.voa.va.gov/>)

43. IAM Identity Management Business Requirements Guidance document, May 2013, (reference Enterprise Architecture Section, PIV/IAM <https://www.voa.va.gov/>)

3. TYPE OF CONTRACT: FIRM FIXED PRICE

4. SCOPE OF WORK

This procurement is for a Rauland-Borg Responder 5 (R5) Nurse Call System and Integrated Staff and Patient Communication System (ISPCS) to include project management, design, engineering, labor, material, equipment, software, products, equipment warranty, software warranty, system warranty, installation warranty, and services for, and incidental to, the complete turn-key design, installation, training, deployment, delivery and support of a new, tested, certified and fully operating system solution. The procurement as a whole hereafter referred to as "RHJVAMC System Solution".

This RHJVAMC System Solution provided by the Contractor shall include the replacement of all non-Responder 5 equipment in the RHJVAMC facility with Responder 5 equipment to achieve a homogenous nurse call system, the addition of Responder 5 equipment and software as required for expanded communication and systems integration capabilities and the addition of a Central On-Call Management System with Operator Consoles for effective code blue, and Provider on-call management. The RHJVAMC System Solution shall include nurse call and alarm management reporting tools as well as middleware software to fully integrate, leverage and manage the data, alarms, and functionality of the Responder 5 Nurse Call System, the new Central On-Call Management System, and the Facility's existing systems (CISCO Enterprise Voice Service (EVS), CPRS/VISTA, Space Labs, Nautis Epilepsy Monitoring Unit (EMU), VA Bed Management System (BMS), and the Vocera Communication System) to achieve RHJVAMC's patient care, communication, and efficiency goals for a higher quality of healthcare for the veteran.

The RHJVAMC System Solution shall be provided by the Contractor for use in the following patient care areas of the RHJVAMC: ED, OR/PACU, ICUs/ ICU Step-down, Dialysis, Radiology, 3BN, 3BS/GI/ACC, 4BN, 4BS, Chemo Infusion clinic, CLC (community living center), Palliative Care/4A OBS/Stepdown, and public restrooms (as designated by RHJVAMC). Approximate bed total is 232. Coverage area spans floors 1 thru 5 of the RHJVAMC as indicated on the attached Appendix B – Bed mapping Tool. A pre-bid walk-thru shall be completed by the Offeror to confirm this data as well as the equipment requirements listed in Section (9) of this proposal. This group of installation locations shall hereafter to be referred to as the: "ILS".

The RHJVAMC System Solution shall include the removal and replacement of all non-R5 equipment in the Facility with R5 equipment to achieve a homogenous nurse call system as well as the addition of R5 equipment and software as required for expanded communication and systems integration capabilities. Coverage area spans floors 1 thru 5 of the RHJVAMC as indicated on the attached. Appendix B – Bed mapping Tool. A pre-bid walk-thru will be provided for Offeror confirmation of this data.

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The RHJ VAMCS System Solution shall include equipment, software, materials, labor and services for an integrated staff and patient communication system hereafter referred to as the "ISPCS". The ISPCS shall include a Central On-Call Management System with operator consoles for code blue, and Provider on-call schedule management; reports and reporting software tools for systems analysis and process management; and the requisite middleware to integrate, leverage and manage the data, alarms, and functionality of the R5 Nurse Call System, the new Central On-Call Management System, and the Facility's existing CISCO Enterprise Voice Service (EVS), CPRS/VISTA, Space Labs, Nautis Epilepsy Monitoring Unit (EMU), VA Bed Management System (BMS), and the Vocera Communication systems.

The RHJVAMC System Solution components shall be tested and certified. The R5 component and ISPCS component shall meet testing and certifications as per section (12) of this proposal.

The RHJVAMC System Solution must also meet the minimum salient characteristics as listed in Section (10) herein.

5. PERFORMANCE DETAILS

Refer to Performance Scope (Section 12) and Performance Period (Section 6).

6. PERFORMANCE PERIOD

The period of performance shall be a 12-month base period to provide all components for the turn-key RHJVAMC System Solution installation as per the scope of work (item 3.0) to include all installation, maintenance and support and covering all travel, services, equipment, material, software, licenses, parts, labor and onsite administrator support, with four 12-month option periods for: 1) R5 and ISPCS Platform Licensing and Maintenance and 2) Onsite Administrator

6.1. Base": Twelve Months includes install: July 1, 2018 – June 30, 2019

6.2. Option 1: July 1, 2019 – June 30, 2020

6.3. Option 2: July 1, 2020 – June 30, 2021

6.4. Option 3: July 1, 2021 – June 30, 2022

6.5. Option 4: July 1, 2022 – June 30, 2023

Any work at the Government site shall not take place on Federal holidays or weekends unless directed by the Contracting Officer (CO).

There are ten (10) Federal holidays set by law (USC Title 5 Section 6103) that VA follows:

Under current definitions, four are set by date:

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New Year's Day	January 1
Independence Day	July 4
Veterans Day	November 11
Christmas Day	December 25

If any of the above falls on a Saturday, then Friday shall be observed as a holiday. Similarly, if one falls on a Sunday, then Monday shall be observed as a holiday.

The other six are set by a day of the week and month:

Martin Luther King's Birthday	Third Monday in January
Washington's Birthday	Third Monday in February
Memorial Day	Last Monday in May
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Thanksgiving	Fourth Thursday in November

7. PLACE OF PERFORMANCE

Tasks under this PWS shall be performed in VA facilities located at:

Ralph H. Johnson VA Medical Center
Charleston SC Campus
109 Bee Street
Charleston, SC 29401

8. TRAVEL

The Government anticipates travel under this effort to perform the tasks associated with the effort to include: kickoff meetings; provision of management briefings; consultations as necessary for system integration specifications, development of ISPCS workflow pathways for alert notification/escalation, and system installation, acceptance of system and training. The Contractor shall include all estimated travel costs in firm-fixed price line items. These costs will not be directly reimbursed by the Government.

Due to inpatient facility construction, the Contractor shall need to accommodate some flexibility regarding implementation of R5 and ISPCS units. This will include multiple installation times to coincide with projected implementation due dates.

The total estimated number of trips in support of the program related meetings for this effort is 10:

Trip and Location	# of travelers	Reason for trip
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1. RHJ VAMC	4	Project kick-off meeting; site walk-thru for R5 design finalization and to establish RHJVAMC system solution implementation order by system/by area
2. RHJ VAMC	3	R5 Nurse Call Integration and ISPCS System kick-off; and clinical workflow evaluation; Establish ISPCS implementation order by system/by area.
3. RHJ VAMC 7 trips for total PoP	3	ISPCS Clinical Workflow evaluation and call/alarm pathway design work shops
4. RHJ VAMC	3	Central On-Call Management System kick-off meeting; process design
5. -7. RHJ VAMC	3	The Contractor shall travel to the facility prior to Government acceptance of the ISPCS system to review Clinical Workflow pathways and demonstrate proposed ISPCS solution installation and operation.
8. -10. RHJVAMC	3	The Contractor shall travel to VISN 7 Ralph H. Johnson VAMC, 109 Bee Street, Charleston SC 29401 to provide training to designated IPC solution administrators, super-users and end users.

These trips shall occur at the discretion of the government.

9. GENERAL REQUIREMENTS:

SUCCESSFUL OFFEROR SHALL PROVIDE ALL MATERIALS, LABOR, EQUIPMENT, SOFTWARE, SERVICES, AND TRAINING NEEDED TO DEPLOY THE RHJVAMC SYSTEM SOLUTION AS DEFINED IN THE SCOPE OF WORK AND PROJECT SCOPE.

9.1. Successful Offeror shall provide project management services for the entire solution development, installation, testing, training, deployment, and support from pre-project to close-out. Proposal shall include at minimum:

9.1.1.1. Qualification Statement

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- 9.1.1.2.** Past Performance Statement
 - 9.1.1.3.** Project Management
 - 9.1.1.4.** Installation Scheduling
 - 9.1.1.5.** Quality Assurance
 - 9.1.1.6.** Field Reports
 - 9.1.1.7.** Inspections and Testing
 - 9.1.1.8.** Project Closeout
 - 9.1.1.9.** Onsite Safety
 - 9.1.1.10.** System Hardware and Labor Warranties
 - 9.1.1.11.** Deliverables including: Product Data Submittals, Shop Drawings, As-Built Drawings, Test Results and Closeout Documentation.
- 9.2.** Successful Offeror shall provide, install and configure all hardware, software, materials, cabling, and electrical wiring as needed for safe deployment and use of the RHJVAMC System Solution in the ILS as required in order to deliver safe and effective care. Exclusions: the operating virtual machine servers, hardware only, that are required for hosting the R5, ISPCS, and Crystal Reports software will be supplied by RHJVAMC. Also, two additional backup servers will be supplied in accordance with specifications as outline in section (12.4.11) of this proposal.
- 9.2.1.** Successful Offeror shall be responsible for the decommissioning, termination, and abatement of all equipment (nurse call, overhead lighting stems), servers (Connexall), and materials (wiring, cable etc.) replaced through the provisions of this contract.
- 9.3.** Successful Offeror shall configure RHJVAMC System Solution to integrate with Responder 5 Nurse Call System (R5), the new Central On-Call Management System, and the Facility's existing systems (CISCO Enterprise Voice Service (EVS), CPRS/VISTA, Space Labs, Nautis Epilepsy Monitoring Unit (EMU), VA Bed Management System (BMS), and the Vocera Communication System)
- 9.4.** Successful Offeror shall customize and configure RHJVAMC System Solution to meet the specific and individualized, workflow, patient care, staff/patient communication, alarm pathways, reporting and training requirements as specified herein.
- 9.4.1.** For every task in the Project Scope (section (12)), the contractor shall identify in writing all necessary subtasks (if any), associated costs by task along with associated sub-milestone dates. The contractor's subtask structure shall be reflected in the technical proposal and detailed work plan. All written deliverables shall be phrased in layperson language. Statistical and other technical terminology shall not be used without providing a glossary of terms. Where a written milestone deliverable is required in draft form, the VA will complete their review of the draft deliverable within 10 (ten) calendar days from the date of receipt. The contractor

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shall have 10 (ten) calendar days to deliver the final deliverable from date of receipt of the Government's comments.

- 9.5.** Successful Offeror shall provide a diagram of the proposed RHJVAMC System Solution to include user and device input methods, solution server(s) integration with existing technology and VA systems, output sources, patient flow and staff workflow.
Deliverable: System Solution diagram.
- 9.6.** Successful Offeror shall provide a NETWORK DIAGRAM of proposed RHJVAMC System Solution to include input methods, connections to any/all servers, internet (where applicable), wireless, and other connections as may be used.
- 9.7.** RHJVAMC System Solution shall be installed for deployment and use in all of the ILS listed above.
- 9.8.** The RHJVAMC System Solution shall include the removal and replacement of all non-R5 equipment in the Facility with R5 equipment to achieve a homogenous nurse call system as well as the addition of R5 equipment, software, services and training as required for expanded communication and systems integration capabilities. The R5 system shall serve as the primary patient-to-staff-communication system.
- 9.9.** The RHJ VAMCS System Solution shall include equipment, software, materials, labor, services, training, support, and an Onsite Administrator for an integrated staff and patient communication system hereafter referred to as the "ISPCS". The ISPCS shall include a Central On-Call Management System with operator consoles for code blue, and Provider on-call schedule management; (Spok Care Connect and Messenger) ten custom reports and reporting software tools for systems analysis and process management; Crystal Reports Writer and the requisite middleware to integrate, leverage and manage the data, alarms, and functionality of the R5 Nurse Call System, the new Central On-Call Management System, and the Facility's existing CISCO Enterprise Voice Service (EVS), CPRS/VISTA, Space Labs, Nautis Epilepsy Monitoring Unit (EMU), VA Bed Management System (BMS), and the Vocera Communication systems .
- 9.10.** The RHJVAMC System Solution shall include an Onsite Administrator as detailed in section (12.1) of this proposal.
- 9.11.** Successful Offeror shall design and deploy the RHJVACM System Solution to be fully operational at least 99.99 percent of the time. The RHJVAMC System Solution components shall be tested and certified. The R5 component and ISPCS component shall meet testing and certifications as per section (12) of this proposal.
- 9.12.** Successful Offeror shall provide an Installer's Warranty on all installations to be free from defect in workmanship or manufacture for a minimum of one (1) year post project acceptance.
- 9.13.** Successful Offeror shall provide manufacturer warranties on all components, equipment and software packages as applicable for a minimum of one (1) year post project acceptance. Exceptions: Rauland-Borg Responder 5 equipment shall have a manufacture warranty of five (5) years.

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- 9.14.** Successful Offeror shall provide a minimum of four (4) option years for ongoing maintenance, support, and extended warranties.
- 9.15.** Successful Offeror shall provide a minimum of four (4) option years for an onsite system administrator to provide system optimization assistance, management and training of the system.
- 9.16.** The RHJVAMC System Solution must also meet the minimum salient characteristics as listed in Section (10) herein.

10. MANDATORY ITEMS/MINIMUM SALIENT CHARACTERISTICS: (SUBSTITUTION WILL RESULT IN TECHNICAL REJECTION OF ANY/ALL PROPOSALS), CONTRACTORS MUST BE ABLE TO DEMONSTRATE ALL REQUIRED CHARACTERISTICS EXIST IN PRODUCTION AND SHOULD SPECIFICALLY DESCRIBE HOW THE CONTRACTOR'S FUNCTIONALITY MEETS EACH REQUIREMENT.

Rauland Responder 5 Nurse Call:

- 100% compatibility with existing RHJVAMC Responder 5 nurse call hardware with zero loss of functionality.
- ADT for patient demographics and census updates.
- Provides ability to set rounding reminders (e.g. for medication, pain, restraint assessments) to be sent to staff wireless devices or nurse console station.
- One-way transfer of information to the electronic medical record for patient rounding activity data such as: repositioning/turning, pain assessment restraint assessment and neurological assessment) ((ADT/HL7 Interface). * Two- way transfer for these items will be accomplished through ISPCS middleware.
- Staff terminals with 999 customizable work flows.
- Provides ability to chart more than just bed data.
- Multiple Staff Assignments to one patient.
- Ability to Pre- Assign Staff requirements.
- Ability to assign Staff from any PC on the Hospital LAN
- Active Directory integration.
- Supports Single user sign-on to multiple additional systems.
- Centralized PBX Code Blue facility wide.
- Code Blue/Staff Assist relay (to wireless devices; online messages to operators, and critical staff locations (e.g. pharmacy, Lab, ER).
- Comprehensive Reporting Package with data analysis tools
- Ability to escalate calls and alarms (by timer and/or caregiver response) and direct them to multiple sources; customizable.
- FDA Listing.
- FCC Part 68 compliance for interface to the wireless phone switch.
- UL 1069 compliance for Hospital Signaling and Nurse Call Equipment.
- Ability to support off-site diagnostics.
- Local service within 3 to 4 hours 24x7x365.

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- Integrates with wireless communication devices and real time locating systems.
- Supports SIP enabled wireless phones with no additional 3rd party software required.
- Supports integration with Vocera for staff assignment, patient call receipt and callback to patient room using wireless device.
- Open architecture for interoperability to other systems
- Automatic compatibility with all RHJVAMC beds (regardless of manufacturer, model, or year).
- Digital TV Set Control w/ Enhanced pillow speakers, Patient Lighting Control.
- Two-way audio bath stations to support fall prevention protocols.
- Five (5) year hardware warranty (excluding consumables).
- Provide the VA facility full ownership of all nurse call system data.
- Provide the VA facility a data dictionary software data tables, stored procedures, and entity relationship diagrams.

ISPCS:

- Software must be One VA Technical Reference Model (TRM) v17.2 approved. Provides dynamic aggregation and association of multiple disparate clinical and non-clinical systems.
- Must provide a single, integrated platform with centralized call center, on-call scheduling, Code Blue and alert/alarm management between disparate systems as one solution. Including:
 - a. On-call schedules with real-time updates
 - b. On-call schedules available to internal and external users.
 - c. Automated and simplified phone interaction for all calls.
 - d. Operator calls to be handled from one screen.
 - e. Integrated Group Paging
 - f. Audit Trail for all events from: Operator Console, Event/Alarms, and On-Call Schedule
 - g. Integrated Documented Emergency Procedures.
 - h. Centralized Code Blue call management (receipt and routing)
- Provides an Enterprise/Common Platform for Clinical and Non-Clinical Alerting to include but not limited to:
 - Nurse Call Systems
 - Rauland Responder 5
 - WestCall
 - Electronic Health Record (VistA)
 - Roam Alerts - Stanley WanderGuard / Roam Alert RTLS
 - Patient Monitoring System (SpaceLabs)
 - Bed Management System (BMS)
 - Nautis Epilepsy Monitoring Unit
 - Cisco Enterprise Voice Service (EVS)
 - Vocera Communications
 - Security Systems
 - Facilities Systems
 - Building Systems

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- Bi-Directional transfer of information to the electronic medical record for patient status, positioning, rounding, pain Assessment, and patient data (ADT/HL7 Interface).
- Automated Critical Code Processing fully tracked and logged each step for reporting.
- Automated answering functionality enabling each call handler to record their welcome greeting
- Customized telephony keyboard to streamline call interaction.
- Uses advanced business rule's engine to build event and alarm responses based on multiple variables from multiple systems.
- Has functionality to gauge notification/alert criticality and pause or redirect the delivery of non-actionable events. Using customizable multi-variable rules, the platform shall filter events not requiring immediate action then, if-and-when events escalate to “actionable”, the platform shall immediately notify the responsible person(s).
- Provides for customizable event and alarm escalation.
- Provides comprehensive Reporting package that includes data from all connected systems and includes both computer off the shelf (COTS) standard, and user customizable report options alarm / event monitoring and work flow analysis.
 - a. Includes a minimum of 10 Vendor customized reports based on RHJVAMC requirements.
- In addition to native IPSCS Reporting package, supports and provides automated data exchange with Crystal Report Writer.
- Allows full Inter-device operability between Android, Ascom, BlackBerry, Cisco, Google Glass, Polycom, SpectraLink, Voalte, Vocera, iOS, and future smart devices.
- Must provide integration of both (Responder 5 and existing WestCom) nurse call systems to existing Vocera Communication system and centralized code blue system simultaneously.
- Leverages alarm specific and/or live waveform viewing applications.
- Provides voice, alarm, and secure text messaging capabilities to users inside and outside hospital.
- Provides alarm event response video conferencing capability.
- Provides two-way transfer of information from R5 nurse call to the electronic medical record for patient status, positioning, rounding, pain Assessment, and patient data (ADT/HL7 Interface).
- Provides alarm routing situational awareness capabilities (e.g. presence, proximity, and preference).
- Provides critical test result notification with complete test results delivered in message.
- Allows for contextual data based on multiple-variables from multiple systems in addition to the outcome of the event response.
- Does Not Store or Retain PHI.
- Provides import and write back of bed staff assignments.
- Provides full support of all XML capabilities.
- FDA 510k Class II Certification.
- Provides analysis tools and reports for evaluation of all alarms, alerts, and notifications.
- Solution Provider provides Clinical Trainers for Clinical-to-Clinical Training

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- Allows for integration with digital media signage solutions with details on status of patient.
- Provides ability to deliver notifications that include additional context from multiple disparate systems including risk information, dosage, frequency, and relevant information regarding the event.
- Provides display of context of various types based on the advanced rules that allow others added to an event response to receive the historical context of the event.
- Provides single staff logon for use on multiple systems (single sign on).
- Provides staff web access to the full accurate employee directory fully integrated if a change is made all data is updated in console, web, on call schedule
 - Reachable via a link from RHJ VMC main web page.
- Consolidates contact information including phone numbers, emails, pagers, notes.
- Integrates with staff and employee database of record.
- Answering Service module included in the software.
- Ability to report on and notify of patient transfers Vista and BMS.
- Audit trail reporting for the Joint Commission.
- Integrated Enterprise on-call scheduling module.
- Integrated with console database used by operator group.
 - Changes made in one system are immediately visible in all modules
- Integrated web-based On Call system.
 - Can be updated and maintained centrally or by each department
- Integrated Paging Gateway.
 - Ability to send messages to landlines, pagers, email or smartphones.
 - Enable staff access to messaging and enterprise on call.
 - Display on-call schedules in intuitive format.
 - Provide staff members outside the call center access to directory look-up and messaging capabilities without need to rely on operator group.
- Ability to support off-site diagnostics.
- Provide the VA facility full ownership of all nurse call system data.
- Provide the VA facility a data dictionary software data tables, stored procedures, and entity relationship diagrams.
- UL 1069 Compliance for Hospital Signaling and Nurse Call Equipment
- Support services within 3 to 4 hours 24x7x365

11.SPECIFIC TASKS AND DELIVERABLES

See Project Scope

12.PROJECT SCOPE:

12.1. Professional Services Scope:

The professional capability to install and configure this type of system requires an experienced and clinically skilled vendor. The RHJVAMC seeks a vendor capable of providing the following professional services components:

12.1.1. Project Management and Communications

Contractor shall draft and deliver a Contractor Project Management Plan (CPMP) that covers the scope of the project and lays out the Contractor's approach, timeline and tools to be used in execution of the contract. The CPMP should be an execution document defining everything that will be installed/ implemented in the Project Scope, the specific detail tasks required, the order in which these items must be completed (including task dependency relationships), and an estimated time for completion of each. The plan shall also denote for each task: who and what resources will be required, methods for monitoring and tracking process, testing criteria, testing stages and iterations, criteria and requirements for quality and safety assurance, criteria and goals for completion acceptance, time estimate and schedule for the implantation effort, and contingency plans/corrective actions that can be taken should there be deviations from the plan. In addition to detailed task plans, a separate coordinating graphical overview of entire project schedule, milestones, contingencies, critical path, and resource support shall be included. Additional topic areas addressed in the CPMP include but not limited to:

- Contractor's plans for management, oversight, and communication with all subcontractors while onsite at the RHJVAM and plans for timely distribution and delivery of all materials to subcontractor personnel.
- Contractor plans to coordinate and execute planned, routine, and ad hoc support, training, testing, quality assurance, process monitoring, data collection/ reporting requests and risk management and problem resolution as identified.
- Contractor plan for coordinate these project efforts with the Contracting Officer's Representative (COR), RHJ VAMC appointed Project Manager (PM), and the project implementation team.
- Contractor plans for Close-out Activities and procedures.

The initial baseline CPMP shall be reviewed with the VA Contracting Officer's Representative (COR), RHJVAMC Project Manager (RHJVAMC PM) for updates and concurrence at the start of the project and monthly thereafter. The Contractor shall update and maintain the approved CPMP throughout the period of performance.

12.1.2. The following systems must be supported and maintained via the Managed Support Services: Rauland-Bourg Responder 5, Spok Care Connect, Spok Messenger, Crystal Reports Writer and all interfaces developed through this project scope. For the purpose of clarity, these applications will collectively be referred to as the RHJVAMC Communication Event Alarm Response System or "CEARS".

Deliverable: Project Management Plan

12.1.2.1. Contractor shall develop an installation schedule for all installation tasks. The schedule will at a minimum identify material procurement and receipt,

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cable installation, installation of head-end equipment, field device installation, testing, deployment and commissioning dates. This installation schedule shall be provided after contract award and completed after initial project kick-off meeting. **Deliverable:** Installation Schedule

12.1.2.2. Contractor shall provide management services for all phases of the project, monitor performance against the CPMP and report any deviations. It is expected that the Contractor will remain in communication with the RHJVAMC COR and stakeholders accordingly so that issues that arise are transparent to both parties to prevent escalation of outstanding issues.

12.1.2.3. Contractor shall be responsible for providing and maintaining the RHJVAMC System Solution Cutover Plan detailing cutover strategy; schedule, resource list, risk/readiness criteria, decision points, activities and tasks that need to be executed monitored and managed when and by whom in the phases before, during, and after the cutover. This plan shall be developed for: 1) the R5 system and 2) for each of the new ISPCS sub systems in the RHJVAMC System Solution. Cutover plans shall also detail the documentation, communication, and change control processes, associated dependencies, contingencies and roll back processes as well as a post implementation support and tracking plan. First drafts shall be submitted by the contractor five business days prior to on-site Project Kick-Off to the RHJVAMC project team for pre-view. Contractor and RHJVAMC project team shall review draft during the Kick-Off and collaborate on completion of final draft. Final draft shall be ratified by the project team prior to testing phase of any component of the project. Cutover plan shall be in electronic format for ease of data entry and revision (i.e. MSWORD or MSEXCEL workbook template).

Deliverable: Cutover Plan

12.1.2.4. Contractor shall provide a Project Close-Out plan and Close-out Checklist detailing closeout action items, responsibilities and deliverables within 15 days of Onsite-Kickoff to the RHJVAMC PM for RHJVAMC review and approval. Changes to the Project Close out plan shall be coordinated with and approved by the RHJVAMC PM or designated assignee. Close-Out plan and Closeout checklist shall be provided in PDF with facility for electronic signature.

Deliverables: Project Close-Out Plan and Close-Out Checklist

12.1.2.5. The Contractor shall provide the RHJVAMC and COR weekly and monthly installation and progress reports throughout all stages of the project in the following electronic formats: Microsoft Word, Microsoft Project, Microsoft Excel formats or PDF as may be applicable. **Deliverables** include the following for each reporting period:

- Updated CPMP - due: Monthly
- Updated Installation Schedule - due: Monthly
- Updated Change Control Plan - due: Monthly

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- Updated Communication Plan – due: Monthly.
- Monthly Progress Report and Damage Incident Log: Work completed and work planned for the subsequent reporting period. – due: Monthly
- Updated Project Inventory report: Equipment, software, and materials installed and equipment, software, material installations planned for the subsequent reporting period – due: Monthly
- Weekly Project Status Report: Identification of any problems that arose and a description of how they were resolved. If problems were not being completely resolved, the Contractor shall provide an explanation - due: Weekly
- Installation Progress Reports to include detailed instructions/explanations for each required data element, to ensure that data is accurate and consistent. These reports shall reflect data as of the last day of the preceding reporting period. These reports shall include a summary of the task order deliverables. – due: Monthly.
- Updated Cutover Plan – due: Weekly

12.1.2.6. Contractor shall provide Executive level briefings prior to Go-Live deployment and upon project completion. Briefing materials shall be delivered to the RHJVAMC PM, COR, and RHJVAMC stakeholders after configuration in preparation. Briefing topics to include: lessons learned from deployment, timeline update throughout each deployment phase, summary of expected outcomes of deployment.

Deliverable: Leadership Briefing Materials

12.1.3. Installation and Integration Services:

Contractor shall manage and coordinate the installation, design, implementation, training, support and execution of all provisions noted herein in to order to provide a completely functional and integrated R5 with ISPCS solution that meets the requirements described herein to include at minimum:

12.1.3.1. Preparation and planning: Conduct onsite project kick-off, perform detailed design; develop/document overall deployment strategy, plan and document all integration strategies, Identify change control window and any anticipated downtime for implementation. **Deliverables.** Kick-Off Meeting Agenda, Kick-Off Meeting Briefing, High-Level Design (HLD) – RHJVAMC System Solution, Pre-Deployment Guide (PDG) Preliminary Low-Level Design (LLD)- R5 and ISPCS systems detail, Kick-Off Meeting Minutes, Project Management Plan, Change Control Plan, Communication Plan, Preliminary Cutover Plan.

12.1.3.2. Cutover / Go live Management as per (section 12.1.1.3)

12.1.3.3. Scheduling On-site Work: schedule all onsite work in accordance with Section (6) of this proposal and based on established or modified R5 and ISPS installation schedules developed in collaboration with the RHJ VAMC PM and approved by = RHJVAMC. Contractor shall submit all scheduling

changes to RHJVAMC PM and document on Updated Installation Schedule. Deliverable Installation Schedule.

12.1.3.4. Inventory Accounting: For delivery and installation of R5 equipment, ISPCS equipment, integration hardware, network hardware, servers, any software or software licenses, the Contractor shall generate and maintain an accurate detailed Facility Inventory Report in Excel format. The report shall include the following: associated PWS paragraph reference number; installation location (i.e. ILS-Room-bed and date; User acceptance dates, activation dates; equipment make, model, serial number (Hardware), software name with version release, and total number of licenses delivered. The report shall be provided to the VA PM, COR and RHJ VAMC appointed POC.

Deliverables: Project Inventory Report (Cumulative report updated and submitted monthly)

- Currently the RHJVAMC is undergoing major reconstruction. Any equipment or materials incidental to this project shall be delivered on a staggered schedule, coordinated with the RHJVAMC PM. In no case will the Contractor be able to deliver 100% of the equipment at one time without prior coordination with the RHJ VAMC. If it becomes necessary to delay these shipment dates, the Contractor shall hold the equipment/furniture until it can be accepted by the VA Medical Center.

12.1.3.5. Design and Discovery Workshops: Contractor shall conduct onsite design and discovery workshops with RHJVAMC stakeholders to identify RHJVAMC requirements and workflows as necessary to formulate R5 and ISPCS implementation and cutover plans, develop the ISPCS implantation strategy and plan detailing the requirements for deployment integration and management, and develop the acceptance testing, installation integration, management and maintenance plans. Deliverables include: Implementation plans, integration plans, management plans, testing plans, deployment plans, and maintenance plans for all components of the RHJ VAMC System Solution.

12.1.3.6. Clinical Design Workshops

12.1.3.6.1. Contractor shall conduct phased and iterative on-site clinical design workshops for each of the following communication and event alarm response systems (EARS) that will be integrated into the ISPCS as include:

- Rauland Responder 5 Nurse call
- Spacelabs integration
- Wanderguard/Roam integration
- Bed Management Integration
- Electronic Health Record – VistA/CPRS integration
- Operator Console/Web On-Call installation / Integration
- Nautis Epilepsy Monitoring Unit (EMU) integration.
- Cisco Enterprise Voice Services (EVS)
- Vocera integration

For each of these communication and event alarm response systems (EARS) Clinical design workshops, the contractor shall meet and work with the

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RHJVAMC PM, key RHJVAMC stakeholders, vendor subject matter experts, and the onsite administrator to complete a clinical workflow analysis, define user requirements and identify opportunities for increasing patient safety and improving existing workflows through development of customized ISPCS solution. Clinical designs shall focus on the “in scope” routing and escalation pathways listed in section (12.16.8). The clinical workflow analysis will include:

- 12.1.3.6.1.1. Completion of an onsite evaluation of each of the planned ILS areas to review current and desired workflows, and to establish desired RHJVAMC desired communication/alarm/alert pathway and escalation requirements.
- 12.1.3.6.1.2. Development of use case scenarios for the desired pathways and escalations defined for each EARS system component(s) in order to validate functionality post installation, ensure patient safety and mitigate unintended consequences of use.
- 12.1.3.6.1.3. Identification and development of specialized training requirements in parallel with the solution design for inclusion in deployment training.
- 12.1.3.6.2.** Contractor shall coordinate subsequent workshops with between 20-40 days post go-live implantation of these EARS to evaluate efficiencies and possible unintended consequences affecting patient safety.

Note: Contractor shall not begin any technical configuration or install any of these EARS until the clinical design workshops, Design and Development. R5 Requirements Assessment, have been completed. Final approval of each EAR clinical design shall be required from RHJVAMC prior to deployment of each EARS workflow.

Deliverables:

- A clinical design workbook document summarizing the clinical discovery data gathered from the RHJVAMC team.
 - Use case scenarios and completed testing results.
 - Diagrams depicting the final ISPCS enhanced clinical workflows for each of the EARS
- 12.1.3.7. Training: Knowledge transfer:** Plan and provide training on all components of the RHJVACM System Solution to include both the R5 and ISPCS solution components to administrators, super users, end users and RHJVAMC support staff as described herein.
- 12.1.3.7.1.** Provide separate specific training plans for R5 Nurse Call, Operator Console/Web On-Call, ISPCS Phase I, and ISPCS Phase II solutions. Where ILS differences require, provide ILS specific training plans for those groups.
 - 12.1.3.7.2.** Provide training schedules per ILS user area,

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- 12.1.3.7.3.** Design, manage, and provide training for each of the R5 and ISPCS system components as per: solution requirements, ILS/department, and ILS work/call/escalation flows established in Design and Discovery workshop, R5 Requirements Assessment Report, Clinical Design Workshops and specific trainee role as outlined in the requirements sections for each component. Collaborate with RHJVAMC Education Department and RHJVAMC staff in training development. Ensure Training is RHJVAMC approved prior to provision of training.
- 12.1.3.7.4.** Training Materials for each user-type / ILS to be provided to RHJVAMC PM 3 weeks prior to training.
- 12.1.3.7.5.** Provide Electronic / DVD copies of All Training Materials for each user-Type / ILS to be provided to RHJVAMC (3) three weeks prior to training.
- 12.1.3.7.6.** Submit a description of the training methodology that will be used to meet the requirements described herein

Deliverables: Training plans, training materials, and staff training for R5 and ISPCS systems,

12.1.3.8. Test and Acceptance Management and Completion

- 12.1.3.8.1.** Contractor shall develop a complete test plan documentation package **for all R5 and ISPCS components of the RHJVAMC System Solution**. In addition to meeting specific testing requirements outlined for R5 in section (12.4) and for ISPCS in section (12.5). These test plans shall incorporate the guidelines outlined in section 12.13 **“R5 and ISPCS TEST AND EVALUATION Plan**.
- 12.1.3.8.2.** The test plan package shall include a document detailing test resource requirements, procedures, and expected results. The Contractor developed test plan document package shall be reviewed by RHJVAMC to ensure that both parties agree on the test plan criteria and methodologies. After reaching agreement, major changes to the test plan documentation package as a result of a feature, application, or design change will go through a change control process to ensure no features, applications, or design elements are missed in the testing. **Deliverables:** Test Plan Packages for R5 and ISPCS systems; Acceptance Testing Procedures (ATP); Preliminary As-Built Documentation.
- 12.1.3.8.3.** Contractor shall complete RHJVAMC System Solution testing requirements as per RHJVAMC approved Test Plan Packages (12.13) and provide systems certification(s).

12.1.3.9. Go-Live / Post Go-live Support: Contractor shall provide on-site, off-site Go-Live and Post Go-live support and tracking services for both the R5 and ISPCS (Phase I and Phase II) solutions structured according to unique characters of each implementation type and based on the users that will be

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supported. Expected onsite hours for all implementations all phases is (108) = 6 days with staggered coverage for all three shifts. Contractor shall provide Go-live and Post Go-live Support Plans for each installation (R5, ISPCS Phase I and ISPCS Phase II. to include the specified information below and any additional requirements as noted in the R5 and ISPCS sections in the Project Scope.

12.1.3.9.1. Contractor Go-live Support and Tracking plan to include but not limited to detailed plans for:

- 12.1.3.9.1.1. On-Site rounding and End User Clinical support (specify functions, days, hours and total duration)
- 12.1.3.9.1.2. Off-Site End User Support (hours, contact information, duration)
- 12.1.3.9.1.3. Functional and technical staffing plans to deal with the additional demands, and meet coverage requirements for all shifts (Day, Night, and Evening),
- 12.1.3.9.1.4. Incident reporting, tracking, diagnosis and resolution processing processes (identification, resolution, and documentation of events),
- 12.1.3.9.1.5. Contractor's formal contingency plans for use during cutover when immediate resolution is not available.

12.1.3.9.2. Contractor Post Go-live Support and Tracking plan to include but not limited to detailed plans for:

- 12.1.3.9.2.1. On-Site rounding and End User Clinical support (specify functions, days, hours and total duration)
- 12.1.3.9.2.2. Off-Site End User Support (hours, contact information, duration)
- 12.1.3.9.2.3. Functional and technical staffing plans to deal with the additional demands, and meet coverage requirements for all shifts (Day, Night, and Evening),
- 12.1.3.9.2.4. Incident reporting, tracking, diagnosis and resolution processing processes (identification, resolution, and documentation of events),

12.1.3.9.3. Deliverables: (3) Go-live-Support and Tracking Plans (R5, ISPCS Phase I, and ISPCS Phase II) ISPCS), and (3) Post-Go-Live Support and Tracking Plans (R5, ISPCS Phase I and ISPCS Phase II).

12.1.3.10. Close Out: Contractor and RHJVAMC PM shall review the Project Close-Out plan and Project Close-Out checklist. Section (12.1.1.4). Once all items have been checked off the Close-Out Checklist RHJVAMC will issue final acceptance of project upon certifying that all items on the checklist have been completed.

12.1.3.10.1. Deliverables: Final As-Built Documentation for all systems in this RHJVAMC Systems Solution to include Network Diagrams (hardware connections), workflow / data flow diagrams installed software (names, version release, licenses), Systems level documentation (data dictionary software data tables, stored procedures, and entity relationship diagrams.) for R5 and all ISPCS software.) Operations Manuals and Warranties and documented 'Lesson's learned'.

12.1.4. R5 and ISPCS Solution Project Management and Deployment Services. (ISPCS_ solution project management, deployment, and services.

Minimum Professional Services Days to be included:

- A. Project Management = 6 days
- B. Workflow discovery/design = 6 days
- C. Remote Configuration = 5 days
- D. Onsite Testing and UAT = 5 days
- E. Onsite Training = 16 days
- F. Onsite Go Live Support = 108 hours = 6 days of coverage provided for all three shifts (Day, Evening and Night).
- G. Ownership Best Practices and Clinical Education = 5 Days
- H.

Note: This is an estimate. Professional Service day requirements are to be confirmed with Contractor during pre-bid walk through after Offerors have had the opportunity to walk the site and confirm implementation scope.

12.2. General Project Responsibilities:

12.2.1. Contractor:

12.2.1.1. Coordinate all project activities, stakeholder engagement and scheduling requests with the designated solution Contractor PM and the RHJVAMC PM. Project activities for these multiple systems may include but are not limited to: equipment, wiring, and cable removal/installation, technical configuration, clinical workflow analysis, solution design workshops, technical configuration, equipment/software installation, certification, clinical user acceptance testing, administrative/super user/end user training and go-live/post implementation services.

12.2.1.2. Coordinate with RHJVAMC PM and participate in all meetings with OIT /Biomedical/Engineering/Health Technology Management (HTM) coordination meetings for the development of RHJVAMC Systems Solution to include at minimum:

- IP schema
- Dynamic VLANs

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- Server Scheme
 - Network Implementation Planning
 - Telecommunications planning/requirements
 - Risk Assessments
- 12.2.1.3.** Obtain written final approval from RHJVAMC appointed RHJ VAMC PM and COR before proceeding with any RHJ VAMC System Solution related, scope of work, configurations, implementations or modifications thereof.
- 12.2.1.4.** Ensure all equipment, cable, wiring, and materials are installed and connected in accordance with all applicable laws regulations and compliance guidelines of the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) and NFPA 99 Health Care Facilities Code (HCFC).
- 12.2.1.5.** Recognize that the leadership and staff of the RHJVAMC, as primary stakeholders, are critical to ensuring that this solution meets all of their criteria.
- 12.2.1.6.** Design the R5 and ISPCS system solutions with user interfaces that reflect how the RHJVAMC operates and that are fully customized to the Medical Center's specifications.
- 12.2.1.7.** Work with RHJVAMC team to build and implement a single integrated multi-system solution such that it reflects the values, goals, and objectives of the RHJVAMC.
- 12.2.1.8.** Work with the RHJVAMC PM to ensure that the decisions of the RHJVAMC stakeholders drive the functional design of each of its individual components
- 12.2.1.9.** Detail/Review the functionality of the solution software as well as integration capabilities with the RHJVAMC leadership team.
- 12.2.1.10.** Provide clinical and technical guidance to assist the RHJVAMC leadership team in selecting the key workflows needed to achieve RHJVAMC's desired outcomes (i.e. performance improvement) as well as the priorities to be achieved through the implementation of the final solution.
- 12.2.1.11.** Configure the solution options, reports and associated programming in accordance with the requirements of each ILS area and in accordance with the Medical Center's decisions.
- 12.2.1.12.** Define and configure the solution functionality, menus, interfaces and content to drive the outcomes sought by the organization.

12.2.2. RHJVAMC:

- 12.2.2.1.** Assign a designated PM at Contractor's acceptance of the order to work in collaborative effort with Contractor PM to meet the goals and objectives as described herein.
- 12.2.2.2.** Establish an integrated project team with members from the following RHJVAMC services: Biomed/HTM, Engineering, OIT, Nursing, HAS, Environmental Services, Education, Patient Flow/Bed Management Team,

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Human Resources, Patient Advocate Office, QM, Patient Safety and Leadership.

- 12.2.2.3.** Manage the VA project team efforts and coordinate VA personnel resources (e.g. Biomed, Local/Regional OIT, HTM, and RHJ VAMC staff) with efforts of Contactor as needed for the project.
- 12.2.2.4.** Work with vendor applicants and Government agencies to obtain required security access as necessary to complete project requirements.
- 12.2.2.5.** RHJVAMC to provide virtual machine (VM) server environment as required to host the R5, ISPCS, and Crystal Reports software applications. Section (12.4.11.4).
- 12.2.2.6.** RHJ VAMC shall provide the following operating software and licenses to support the R5, ISPCS and Crystal Report Writer servers for the RHJVAMC System Solution VM environment.

WIN-SVR2012-CAL5	Microsoft Windows Server 2012 Standard - Client Access License (CAL) Five (5) Pack
WIN-SVR2012R2-SL	Windows Server 2012 R2 Standard License with No CALs (0 CLT)
WIN-SQL2014-STD	MS SQL SVR 2014 STANDARD

12.3. Pre-Project Requirements:

12.3.1. Contractor shall assign a designated Project Manager (PM) at the acceptance of the Government purchase order.

12.3.2. Project Kick-Off – Within fifteen (15) days of award Contractor shall coordinate an on-site project kick-off meeting with the Contractor PM the RHJVAMC PM, COR and the integrated project team to officially initiate the project, review the scope of services to be delivered, to review task order goals and objectives, and to discuss technical requirements, administrative matters, security requirements, Government Furnished Information (GFI)/Government Furnished Materials (GFM)/GFE, the schedule, review cycles, and invoicing, introduce team members, set expectations and develop a communication plan. **Deliverables:** Kick-Off Meeting Agenda, Kick-Off Meeting Briefing and Kick-Off Meeting Minutes, communication plan.

12.3.2.1. Contractor shall conduct an inspection walk through of the building(s) and grounds to evaluate infrastructure, and to review and ratify the Schedule B-Bed Mapping with the RHJVAMC Technical on-site POC and RHJVAMC PM before commencing any work.

12.3.2.2. Contractor shall provide initial project documentation including but not limited to: project charter, requirements definition, project plan with WBS, Cutover plan (draft) risk assessment/risk management plan, change management plan, design/build/ network diagram, technical documents, user training plan, system testing plan, system deployment plan and quality assurance test plan.

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12.3.2.3. Contractor shall provide project a team member requirement list as per project plan and team member project task lists.

12.3.3. Within fifteen (15) days of award Contractor shall apply for security access for their software engineers and support staff that is required for planned integration and for ongoing support of project. All contractor employees and subcontractor employees requiring access to VA information and VA information systems shall complete the following before being granted access to VA information and its systems:

12.3.3.1. Sign and acknowledge (either manually or electronically) understanding of and responsibilities for compliance with the *Contractor Rules of Behavior*, Appendix E relating to access to VA information and information systems.

12.3.3.2. Successfully complete the *VA Privacy and Information Security Awareness and Rules of Behavior* training and annually complete required privacy and security training; and successfully complete any additional information security or privacy training, as required for VA personnel with equivalent information system access.

12.3.3.3. Provide to the contracting officer and/or the COR a copy of the training certificates and certification of signing the Contractor Rules of Behavior for each applicable employee within an appropriate amount of time after VA network access has been granted not to exceed the normal amount of time any VA employee would have to complete this task, to include re-accomplishing the training annually thereafter, as required.

***Failure to complete the mandatory annual training and sign the Rules of Behavior annually, within the timeframe required, is grounds for suspension or termination of all physical or electronic access privileges and removal from work on the contract until such time as the training and documents are complete.

Deliverables: *Documented Completion of requisite security access compliance*

12.4. Responder 5 Nurse call (R5) General Requirements

12.4.1. Contractor shall deliver a single unified, operational, tested and certified R5 nurse call system with all required R5 system components, application software, materials, wiring and supporting infrastructure as necessary to fully integrate with all components of the RHJVAMC ISPCS and meet the functionality objectives and salient characteristics described in this proposal. This R5 system shall also include a dedicated R5 system report manager and console, as well as the capability of electronic transfer of nurse call data from the R5 reporting stem to Crystal Reports Writer enabling RHJ VAMC to have complete view of alerts and alarms from ALL systems defined in the RHJ VAMC System Solution. solution. The Appendix B-Bed Mapping Tool, details the number of beds requiring Contractor installation of complete R5 nurse call equipment with subsequent removal of existing non-R5 equipment and a summary of currently installed R5 equipment that may require additional R5 equipment, materials, wiring, electrical and software in order to achieve connectivity for an integrated homogenous R5 system as described in this scope of work. The information in that document will be ratified by both parties during the pre-bid walk-thru.

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- 12.4.2.** Upon receipt of RHJVAMC written approval contractor shall be responsible for decommissioning and abatement of all non-R5 equipment (nurse call, lighting systems, wiring cable etc.) that were replaced through the provisions of this contract.
- 12.4.3.** Contractor shall design, configure and install the R5 system accordance with all applicable laws regulations and compliance guidelines of the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) and NFPA 99 Health Care Facilities Code (HCFC).
- 12.4.4.** Contractor shall provide, install and configure additional hardware, materials, and software as required to interconnect, integrate and configure RHJVAMC's existing R5 systems, newly installed R5 systems and R5 servers. The resulting single unified nurse call system shall serve as the basis for implementation and use of all expanded Responder 5 nurse call features to include but not limited to: Centralized PBX Code Blue across all RHJVAMC R5 ILS, comprehensive reporting tools, Code Blue/Staff Assist relay, staff assignments, Digital TV Set Control w/ Enhanced pillow speakers, Patient Lighting Control, Patient Bed Interface, staff terminals with customized workflows and two-way communications with other systems.
- 12.4.5.** Contractor shall replace all non-Responder 5 nurse call system hardware and associated components in the RHJVAMC with Responder 5 Nurse call system hardware components, appropriate wiring, cable, and materials to match that of existing R5 configurations in the RHJ VAMC, and shall also install all additional hardware wiring, cabling and materials as necessary to connect and network the replacement systems with the existing R5 installations in the following ILS:
- First Floor Urgent Care Department:
 - All First Floor restrooms with existing nurse call devices. Covering any/all public restrooms without existing nurse call devices is outside of the scope of this project.
 - First Floor system network shall be extended to include system communications with the existing R5 nurse call system for the Urgent Care Department and Emergency Department renovation project.
 - Second Floor Dialysis Department
 - Second Floor PET/CT Department
 - All Second Floor restrooms with existing nurse call devices. Covering any/all public restrooms without existing nurse call devices is outside of the scope of this project.
 - Second Floor Telemetry Office – Add a new centralized Console
 - Second Floor network shall be extended to include system communications with the existing R5 system for the OR Support & ICU renovation projects.
 - Third Floor 3BN Department
 - Third Floor restrooms with existing nurse call devices. Covering any/all public restrooms without existing nurse call devices is outside of the scope of this project.
 - Third Floor network shall be extended to include system communications with the existing R5 I system for the 3BS department, 3A Mental Health expansion

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area. Based on communication with the Mental Health Clinical Team, the following rooms are excluded from the nurse call deployment in 3A Mental Health.

- Fourth Floor CLC Department
- Fourth Floor Chemo Department: (room B451) –. There are 13 patient chairs.
- Fourth Floor 4BN & 4BS Departments
- All Fourth Floor restrooms with existing nurse call devices. Covering any/all public restrooms without existing nurse call devices is outside of the scope of this project.
- Fourth Floor network shall be extended to include system communications with the existing R5 system for the fourth-floor Palliative Care renovation area.
- Fifth Floor restrooms with existing nurse call devices. Covering any/all public restrooms without existing nurse call devices is outside of the scope of this project.

The above bed and clinical installation locations are detailed in Schedule B – Bed Mapping. These and the proposed Bill of Materials (Section 13) to be confirmed by Contractor and ratified by RHJVAMC during mandatory pre-bid walk thru.

12.4.6. Contractor shall include all materials and labor required to integrate interconnect and configure the existing Responder 5 nurse call systems in the following locations, creating a single unified nurse call network:

- First Floor New Emergency Department Renovation Area (R5)
- Second Floor PACU and OR Support Phase 1-2 area (R5)
- Second Floor ICU/Step-down Departments (Pending R5 via Construction)
- Third Floor 3BS Department (R5)
- Third Floor Mental Health Renovation/Expansion Area (R5)
- Third Floor Mental Health Existing Area (R5)
- Fourth Floor Palliative Care Suite Renovation Area (R5)

The above bed and clinical installation locations are detailed in Schedule B – Bed Mapping. These and the proposed Bill of Materials (Section 13) to be confirmed by Contractor and ratified by RHJVAMC during mandatory pre-bid walk thru.

12.4.7. Contractor shall complete the following general system installation tasks for the installation of Nurse Call and Code Blue Systems and the integration with the ISPCS and Operator Consoles:

- 12.4.7.1.** Complete and submit R5 system proposed installation design. network diagram, and equipment placement plan for RHJVAMC approval prior to installation start.
- 12.4.7.2.** Material procurement, staging, installation and documentation as specified.
- 12.4.7.3.** Provide and install J-Hook cabling pathway, back-boxes, and conduit stubs as required.

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- 12.4.7.4.** Provide, install, dress & terminate system cabling.
 - 12.4.7.5.** Provide, install, and terminate nurse call head-end equipment and cabinets.
 - 12.4.7.6.** Provide install, and terminate nurse call field devices.
 - 12.4.7.7.** Provide, install, connect, and configure nurse call system software.
 - 12.4.7.8.** Provide Quality Assurance (QA) of all R5 hardware and equipment.
 - 12.4.7.9.** Implement system integrations including:
 - Responder Sync.
 - Responder Report Manager.
 - Single Sign-On for Vocera staff assignment.
 - Vocera integration with both the existing West Call legacy system and all R5 nurse call alarms and alerts.
 - Customized R5 call flows per R5 Requirements Assessment (section: (12.4.11)) and routing of nurse call data to ISPCS Software per Clinical Design Work Shop (section: (12.1.2.6)).
 - Connectivity as required for two- way verbal communication between R5 headwall/pillow speakers and wireless handheld devices/ phones.
 - Connectivity as required to communicate with ISPCS system and Operator Console for Centralized Code Blue notifications.
 - Connectivity as required to connect to Nautis EMU for conveying /enunciating Epilepsy monitoring alarms through the nurse call system and for passage to ISPCS system for routing through Vocera.
 - R5 setup on ancillary jacks to generate unique alarms from each jack such that they can then be custom labeled to match the device that is plugged in to it there by allowing a specific user defined alert to be annunciated at the nurse station console and for the alert to be routed by that name to the ISPCS system for delivery to staff via Vocera. Examples include specific jacks labeled for Oxygen saturation monitoring, Posey fall device alarms, end tidal carbon dioxide monitoring and others. These items are part of the 'in scope alarms' noted in section 12.6.1 section #7.
 - ADT information integration as necessary with existing VistA/CPRS and VHA Bed Management System. (Note Connectivity to BMS will be achieved with software included for ISPCS).
 - Provide TAP and SIP messaging to the ISPCS software and telephony system.
 - 12.4.7.10.** Complete hardware, software and systems testing, inspection, certification.
 - 12.4.7.11.** Train the staff and deploy the R5 system
 - 12.4.7.12.** Decommission and abate non-R5 nurse call system
 - 12.4.7.13.** Complete R5 Project Closeout.
- 12.4.8.** Contractor shall submit Responder 5 nurse call system installation design drawings for each /ILS, communication pathway, and server system pathway included in this proposal to

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the RHJ VAMC PM for written approval & work permits prior to installation This includes but is not limited to the drawings indicating physical locations of equipment inside each of the rooms such patient stations, staff terminals, code blue buttons, 3-way gang boxes (or equivalent) for connection of ancillary alarm devices, bathroom audio call stations and pull cords, and server(s) connections to all ancillary systems.

12.4.9. Contractor shall obtain written VA approval of the nurse call installation design plan prior to beginning installation and in the event that equipment must be installed in an alternate location due to unforeseen factors, Contractor shall obtain written VA approval prior to instituting that change.

12.4.10. Contractor shall meet with RHJ VAMC PM and each ILS department's clinical management staff to define project expectations, review Global and ILS specific workflows and develop a department based timeline, implementation plan, and to establish proper communication lines.

12.4.11. R5 Requirements Assessment Report. Contractor shall coordinate with RHJ VAMC PM to meet with managers and staff from all ILS and departments that will utilize R5 to complete an R5 Requirements Assessment and develop an approved R5 Requirements Assessment Report. Collection of this fundamental data is essential for initial system set-up and configuration, training and integrations with multiple ISPCS components and must be completed prior to any system programming. Contractor responsibilities and objectives as follows:

- Orient and overview the new R5 nurse call system functions/devices with staff and facilitate and determine the workflow needs by ILS department.
- Facilitate the decision-making process through recommendations on best practices based on their nurse call system experience and knowledge of the responder 5 system functionality
- Establish a consensus of a Global Work Flow for the R5 system, Wanderguard /Roam Alert, Nautis EMU and if required based on assessment, establish any 'ILS' specific work flows unique to each of the ILS daily operations to include but not limited to:
 - Call routing and escalation pathways for the following: Normal Patient Calls, Staff Assists, Code calls, Bed Exit, Bathroom, Pain, fall alert, elopement, epilepsy alarms, oxygen saturation, end tidal carbon dioxide, and Posey alarms,
 - Staff Station call flows and escalation pathways for service/request routing to appropriate staff/department: to include: Environmental Services (Genera) request, Transport Request, turn over cleaning notification, environmental in-room notification, room-ready notification, spiritual counseling request, volunteer services request, inpatient pharmacy education request, patient advocate request, room temperature request, rounding reminders (pain assessment, restraint monitoring, neurological checks, repositioning /turning)
- Establish a consensus as to what patient data will be passed from Vista to R5 system for display on the Nurse call equipment for passage to BMS and for passage to VOCERA.

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- Complete formal R5 Requirements Assessment Report and submit to RHJVAMC PM for final RHJVAMC approval.
- Map RHJVAMC approved R5 Global work flows and approved ILS specific workflows to R5 system as appropriate.

*** Note: The R5 Requirement Assessment process is mandatory. Any reprogramming, testing, or training costs as a result of bypassing this required shall be absorbed by the Contractor. Deliverable: R5 Requirements Assessment Report.

Deliverable: R5 Requirements Assessment Report.

12.4.12. R5 ILS Cut-Over Go-live and Support

Contractor shall provide and manage transition to R5 using RHJVAMC approved Cutover Plan (Section (12.1.1.3) to ensure a safe seamless transition of live patient rooms from the existing West Call nurse call system over to the new R5 nurse call and in all R5 ILS locations (including existing) to ensure efficient use of Staff Terminal functions. At minimum the following items shall be addressed through that plan:

- Completion of R5 Requirements Assessment Report (section 12.4.11)
- For each ILS preparing for Cut-Over Go-live, contractor shall test (in accordance with the Test Plan Package 12.13) then schedule inspections & certification of the new R5 system with the RHJ VAMC PM or designated RHJVAMC assigned authority.
- Completion of clinical training for all ILS R5 installations as per R5 System Training
- Section (12.9).
- Coordination of patient room cutover scheduling (times/dates) from the old system over to the new Responder 5 system with RHJ VAMC PM and clinical staff and shall keep clinical staff informed of which patient rooms report to which nurse call system during the entire transition period in each department.
- Submission of system Certification letter and a final call / alarm/ event notification and work flow diagrams, for the new ILS/department system to RHJ VAMC PM and COR.
- Coordination and provision of cutover Go-live support, Post-go-live support, and Post-go-live tracking.
- Performance of closeout inspection with RHJ VAMC PM and ILS/ department management, and completion of any punch list items as required. Contractor shall repeat above process for each department as scheduling permits.
- Provision of continued hardware/software support after closeout.
- Submission to RHJVAMC for decommission / abatement approval by ILS.

12.4.13. Once all legacy nurse call devices in a department / ILS are converted to the new Responder 5 system and RHJVAMC has signed approval for decommission Contractor shall record the area for decommission on the Cutover Plan and schedule and complete tasks of decommission, abatement and disposal of materials as per written direction of RHJVAMC.

12.4.14. R5 Installation Closeout:

12.4.14.1. Contractor shall provide full R5 system documentation to include shop drawings, product data submittals, test documents, final work and call flow diagrams, final as-built network diagrams, final As-Built drawings of each ILS /department installation

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training literature, closeout documentation, and Rauland-Borg (manufacturer version) Responder 5 Installation and Maintenance Guides.**R5 Nurse Call Equipment.**

12.5. R5 Hardware Scope

12.5.1. Contractor shall be responsible for supplying all R5 equipment, materials, wiring and miscellaneous installation hardware as required for the RHJVAMC R5 Nurse Call and Code Blue Systems delivery and installation tasks include:

12.5.1.1. Material procurement, staging and installation as specified

12.5.1.2. Provision, installation, and termination of nurse call head-end equipment including:

- Wall mount enclosures
- Branch regional controllers
- Power supplies
- Power over Ethernet UL1069 network switches
- Optical fiber converters
- Head-end equipment not specified by RHJVAMC in this proposal but required in order to match

12.5.1.3. Provision, installation and termination of nurse call field devices as necessary including:

- System wiring
- Nurse consoles and staff terminals
- Enhanced patient stations
- Staff stations
- Duty stations
- Corridor/Zone (dome) lights
- Pillow speakers w/cords
- Pull cord stations
- Emergency push button stations, code blue, staff assist
- Feature bed interfaces, TV set control interface (where existing television equipment permits), over-head lighting control interface.

12.5.1.4. Provision of two (2) specific servers (included in Bill of Materials- Section 13) as described in detail below and required to perform in conjunction with the RHJVAMC VM and provide backup of the RHJVAMC System Solution. These server requirements must be met exactly, to include noted warranties and Dell support as indicated for 100% compatible extension of o RHJVAMC's existing VM ware:

Server #1	QTY
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PS6210E, High Capacity 7.2K NL SAS 3.5" Drives (210-ABOJ)	1
Documentation and Shipping for 4U Arrays (340-AGCE)	1
Thank you for choosing Dell ProSupport Plus. For tech support, visit http://www.dell.com/contactdell (951-2015)	1
EqualLogic Advanced Software Warranty and Service,7x24 Access,3 Year (965-0336)	1
Dell Hardware Limited Warranty Extended Year (965-0355)	1
Dell Hardware Limited Warranty Initial Year (965-0356)	1
ProSupport Plus: Mission Critical 4-Hour 7x24 On-Site Service with Emergency Dispatch, 2 Year Extended (965-0423)	1
ProSupport Plus: Mission Critical 4-Hour 7x24 On-Site Service with Emergency Dispatch, Initial Year (965-0426)	1
ProSupport Plus: 7x24 HW/SW Tech Support and Assistance, 3 Year (965-0435)	1
Keep Your Hard Drive, 3 Years (954-7472)	1
Dual Controllers, 10Gb, High Availability with Failover (540-BBDM)	1
24x 6TB 7.2K NL SAS Hard Drive, 144TB Capacity (400-AKIR)	1
ProDeploy Plus Dell Storage PS Series 61XX/62XX SAN - Deployment (805-2985)	1
ProDeploy Plus Dell Storage PS Series 61XX/62XX SAN - Deployment Verification (805-2986)	1
ProDeploy Plus Training Credits 800 Redeem at www.LearnDell.com Expires 1Yr from Order Date (812-4019)	1
Declined Remote Consulting Service (973-2426)	1
ProDeploy Plus Add-On: Replication Services for Dell Storage (Requires ProDeployPlus) (804-2163)	1
ReadyRails II Static Rails for 4-post Racks (770-BBCL)	1
Redundant Power Supplies, 1080W, AC (450-ABHQ)	1
Power Supply Regulatory Label, 1080W, AC (450-ABHR)	1
C13 to C14, PDU Style, 10 AMP, 6.5 Feet (2m), Power Cord (450-AADY)	1
C13 to C14, PDU Style, 10 AMP, 6.5 Feet (2m), Power Cord (450-AADY)	1

Server #2	QTY
EqualLogic PS6210E, High Capacity 7.2K NL SAS 3.5" Drives (210-ABOJ)	1
Documentation and Shipping for 4U Arrays (340-AGCE)	1
Thank you for choosing Dell ProSupport Plus. For tech support, visit http://www.dell.com/contactdell (951-2015)	1
EqualLogic Advanced Software Warranty and Service,7x24 Access,3 Year (965-0336)	1
Dell Hardware Limited Warranty Extended Year (965-0355)	1
Dell Hardware Limited Warranty Initial Year (965-0356)	1
ProSupport Plus: Mission Critical 4-Hour 7x24 On-Site Service with Emergency Dispatch, 2 Year Extended (965-0423)	1
ProSupport Plus: Mission Critical 4-Hour 7x24 On-Site Service with Emergency Dispatch, Initial Year (965-0426)	1
ProSupport Plus: 7x24 HW/SW Tech Support and Assistance, 3 Year (965-0435)	1
Keep Your Hard Drive, 3 Years (954-7472)	1
Dual Controllers, 10Gb, High Availability with Failover (540-BBDM)	1
24x 4TB 7.2K NearLine SAS 3.5" 96TB Capacity (400-ADFP)	1
ProDeploy Plus Dell Storage PS Series 61XX/62XX SAN - Deployment (805-2985)	1
ProDeploy Plus Dell Storage PS Series 61XX/62XX SAN - Deployment Verification (805-2986)	1

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ProDeploy Plus Training Credits 800 Redeem at www.LearnDell.com Expires 1Yr from Order Date (812-4019)	1
Declined Remote Consulting Service (973-2426)	1
ProDeploy Plus Add-On: Replication Services for Dell Storage (Requires ProDeploy Plus) (804-2163)	1
ReadyRails II Static Rails for 4-post Racks (770-BBCL)	1
Redundant Power Supplies, 1080W, AC (450-ABHQ)	1

12.5.1.5. Provision of the following additional equipment for RHJVAMC use as spares.:

Note: these are accounted for in the Bill of Materials.

Part Number	Description/Part Number*	Qty
7441	Presscall Specialty Call Cords	12
7351	Airpad Specialty Call Cords	12
7407	Mech Pad Specialty Call Cords	12
7402	Ezcall Specialty Call Cords	12
7380	Breathcall Specialty Call Cords	12

12.5.1.6. Provision and installation of additional R5 Staff terminals as may be required to complete configuration requirements in previously installed R5 ILS to include but not limited 3BS-OBS, 3A – Mental Health’s two nursing stations) and radiology.

12.5.1.7. Where the existing Inpatient Room lighting systems do not permit connection to the R5 system patient pillow speaker, the Contractor shall furnish and install appropriate overhead lighting systems to accommodate that. Locations requiring these replacements shall be identified to RHJVAMC during the pre-bid walk-thru, documented on the Schedule B-Bed Mapping, and approved by the RHJVAMC prior to bid.

12.5.1.8. Provision and installation of R5 code blue buttons at every patient location (i.e bed, treatment chair, patient bathroom and public bathrooms) as indicated on the pre-bid ratified schedule B-Bed Mapping document. These code blue buttons shall connect to a centralized PBX Code Blue for all R5 ILS and routed to the facility Operator console and or ISPCS system as required

12.5.1.9. Completion of Project Inventory Report (section (12.1.2.4) through recording of all RHJVAMC System Solution hardware equipment and software received and installed in the RHJVAMC by ILS, by unit, by room. Report shall indicate completed installation date, certification date, training date, and Go-Live date, and RHJVAMC acceptance date for each item. **Note: R5 equipment and materials listed for all ILS are estimated and included in the bill of materials list may not accurately represent the full requirements for the functionality of the RHJVAMC System Solution as outlined in this proposal. Bill of Materials list and Schedule B – Bed Mapping in all ILS should be reviewed during the mandatory Contractor**

onsite pre-bid walk thru against the Appendix B, Bed Mapping Tool and both shall be certified by the contractor and the RHJVAMC.

12.6. R5 Software / Interfaces

12.6.1. Contractor shall be responsible for provision, installation, and configuration of all requisite R5 software licensing and interfaces required to meet the requirements and salient characteristics detailed in this proposal.

12.6.2. Contractor shall ensure that software programming, staff training and software solution implementation are tailored to the RHJ VAMC approved Global and department specific work flows as per specification of RHJVAMC approved R5 Requirements Assessment Report (section 12.4.11). Both the R5 Requirements Assessment Report and a list of configurable room addresses shall be completed before software integrations are configured.

12.6.3. Contractor shall provide system software integrations include but not limited to:

- Telephony & ISPCS software interfaces using tele alphanumeric protocol (TAP) & session initiation protocol (SIP)
- PC console
- Staff assignment
- Rauland-Borg Responder 5 Reports Manager
- HL7 / ADT interfaces
- Rauland-Borg Responder SYNC

12.6.4. Contractor shall provide the following additional R5 services and integrations as required in order to meet the requirements of this project:

12.6.4.1. Configure R5 Session Initiation Protocol (SIP) telephony interface for two-way verbal communication between staff member and patient via the nurse call nurse call in-room speakers and Vocera wireless devices. This includes patient call out to the staff Vocera and staff CALL BACK to the room from Vocera.

12.6.4.2. Ensure that patient calls, alarms, alerts annunciate through R5 speakers and consoles and are routed to ISPCS software.

12.6.4.3. Deliver R5 ADT/HL7 integration so patient data as per R5 Requirements Assessment Report is available to ALL components and servers in the R5 System and ISPCS.

12.6.4.4. Supply and configure R5 Reporting package so assigned VA staff can run statistical and dashboard reports from the Responder 5 nurse call. There shall be no limit to the number of VA staff that can run reports and reporting access shall be based on facility defined user access security settings.

12.7. R5 General Installation Requirements

12.7.1. Contractor shall ensure that the existing non-R5 nurse call system and new replacement R5 systems can co-exist in each ILS and that the existing non-R5

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systems remains fully functional until equipment decommission and abatement is approved in writing by the RHJVAMC. To include but not limited to:

- 12.7.1.1.** Completion of prep work, installation and modification of the underlying nurse call infrastructure and conduit, in the hallways and core areas,
 - 12.7.1.2.** Installation of the R5 core infrastructure components (i.e. Consoles, Head-End Cabinets, Duty Stations, & Central Switchboard Code Blue Console) into each of the ILS rooms by individual ILS
- 12.7.2.** Installation of R5 equipment is subject to the projected construction timetable, and installation schedules will be negotiated among Contractor, Construction Facilities Management (CFM) and facility executive management. The Contractor shall stage the installation \ abatement of equipment by ward/room as beds are vacated throughout the bed sections. The Contractor shall coordinate scheduling and equipment mounting locations with the RHJ VAMC PM or authorized RHJVAMC representative. When feasible installation/abatement activities shall be scheduled based on the least disruption to patients and staff. Noise levels are to be controlled to a minimum so as not to disturb patients. Contractor shall plan to complete R5 room installations on a unit-by-unit or area-by- area basis, working in alternate areas only when rooms are not available in the current location of concentration. This is to permit whole units/areas to cut over to the R5 system as quickly as possible following RHJVAMC acceptance.
- 12.7.3.** Each patient room will be made available to the Contractor once for installation and once for abatement of non-R5 equipment components. VA estimates that 2-8 patient rooms can be made available for installation per day. As rooms are made available Contractor shall:
- 12.7.3.1.** Complete installation of the R5 system components in each patient room /ILS. This includes cabling and any power distribution within and or above the room, and relocation of existing equipment as required to meet this project scope and as approved by RHJ VAMC
 - 12.7.3.2.** Complete decommission and abatement of all non-R5 equipment wiring, cable, headwall lighting systems, and materials that were replaced through execution of this proposal with written decommission approval of RHJVAMC.
- 12.7.4.** Contractor shall follow the general installation/abatement guidelines outlined in Section (12.11) of this proposal and upon completion of R5 installation or abatement components the Contractor shall leave room ready for normal cleaning and patient occupation.
- 12.7.5.** Equipment installation scheduling objectives shall support a staged implementation / cutover process. Go-live activation will occur ILS-by-ILS

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/department-by-department, and shall not require full installation of R5 equipment facility-wide in order to occur. The individual cut-over of each ILS RHJVAMC approved R5 installation from non-R5 to R5 will be established as soon as possible.

12.7.5.1.1. Work shall be scheduled such that replacement of existing non-R5 nurse call hardware occurs primarily on an ILS by ILS basis, based on RHJVAMC assessment of ILS areas with the highest upgrade requirements first. Existing system has multiple points for potential failure and patient risk which can occur at any time. Established replacement installation schedules may be modified and submitted to the Contractor in writing without penalty to the Government depending on the real time needs & census of the facility.

12.7.5.2. It is acknowledged by RHJVAMC that multiple components of the R5 installation will occur concurrently. Contractor shall coordinate and communicate with the RHJVAMC stakeholders in each ILS through the RHJVAMC PM as necessary to accomplish this.

12.7.6. Responder 5 system shall be installed with zero (no) staff buttons (i.e call cancel, staff assist, code blue buttons) positioned directly above a patient head. These buttons shall be placed to the left or right side of the patient head at the location closest to the door to patient room.

12.7.7. Contractor shall provide, install, and configure a Responder 5 Staff Terminal Work Flow device at each patient bed location and additional designated areas as noted for advanced work flow and integration features. Configuration parameters shall be as per R5 Requirements Assessment Report and Design Workshop Report.

12.7.8. Contractor shall ensure that patient calls/alarms/alerts received on designated consoles(s), duty stations and hand held wireless devices (Vocera badge or wireless phone) can be escalated according to RHJVAMC specifications.

12.7.9. Contractor shall install a single 3-port box (or equivalent) at each bedside and in the inpatient unit bathrooms and shall configure the R5 system for connection and transmission of alarms for Posy fall devices, Patient Oxygen Saturation (SP02) monitors, and other ancillary devices with alarms through the nurse call system for display on nurse call console, enunciation from nurse call equipment and pass through to ISPCS system.

12.7.10. Contractor shall connect overhead lighting systems in all Inpatient ILS to the R5 patient pillow speakers so that patients can control their overhead light. Where the existing lighting systems do not permit, contractor shall furnish and install appropriate overhead lighting system to accommodate that. Locations requiring replacement shall be identified and during the pre-bid walk-thru, documented on the Schedule B-Bed Mapping, and approved by RHJVAMC

12.7.11. Contractor shall integrate existing VA facility television/monitors/cabling with R5 operations where compatible televisions are identified in the ratified Schedule B-Bed Mapping Tool.

12.8. R5 System Testing Requirements

- 12.8.1.** Contractor shall test all components of the R5 installation as per the Contractor supplied: Test Plan Package Cutover Plan, R5 Requirements Assessment Report, functional requirements detailed in this proposal and the per provisions outlined in the Test and Evaluation Plan Scope Section (12.13) prior to cut over and user acceptance of the product. Contractor shall provide system certification letters for each area/department as completed. Deliverables: R5 system Certification Letters.

12.9. R5 System Training

- 12.9.1.** Contractor shall provide On-Site Training for the Rauland-Borg Responder 5 nurse call system to include the following activities:

12.9.1.1. Development of training content and documentation that is tailored to the RHJVAMC facility approved workflow requirements as per the R5 Requirements Assessment Report (section, Design and Discovery Workshop, and Clinical Design Workshops. Contractor shall collaborate with RHJVAMC Nursing Education Department to complete this.

12.9.1.2. Submission of completed custom training guides to RHJVAMC PM for approval RHJVAMC Nursing Education Department management and the ward/unit managers for each ILS/department prior to any training session.

12.9.1.3. Delivery of two complete sets of RHJVAMC approved training guides/documentation prior to any training deliver in each ILS/department

12.9.1.4. Training Scheduling:

12.9.1.4.1. Contractor shall coordinate onsite R5 clinical staff training with the RHJ VAMC PM, and R5 installation team to match R5 certified Cut-Over Go-Live timeframes and ensure training is provided prior to each department cutover.

12.9.1.4.2. Contractor shall coordinate all R5 clinical staff training with RHJ VAMC PM RHJVAMC Educations staff and each department's management staff to match the cutover schedule. See Design & Implementation section for more needs assessment & training details.

12.9.2. Training Class Specification:

Contractor shall configure and design classes such that impact on patient care is as minimal as possible yet ensures staff has all the education they need to operate the new system safely and efficiently. Classes shall be broken into separate sessions based on user type and user responsibility with respect to their system use, train the trainer duties and system management responsibilities and maintenance support responsibilities (i.e. Base R5 End User Training, Super User End User Training, Administrative and Support Service Training)

12.9.3. Contractor shall document class type, class date, user name and user department/ILS for all users that attend each training program on a per department /ILS basis.

12.9.4. Two weeks (14 days) following a department cutover, Contractor training team shall follow up with each department to evaluate staff acceptance, offer refresher training sessions if needed, and validate that the Responder 5 system is working to

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the satisfaction of the RHJ VAMC. Contractor shall record findings and action items in the cutover plan for additional follow-up and report to the RHJVAMC PM.

12.9.5. Contractor shall provide these on-site training classes per agreed upon and RHJVAMC approved schedule and record all users that attend each training program on a per department /ILS basis.

12.9.6. Rauland-Borg hosted Responder 5 Training for Support Staff:

- Contractor shall include four (4) Manufacturer provided training classes for facility support employees. The cost of tuition and round-trip transportation from RHJVAMC to Contractor training facility in Charlotte, NC for designated facility support staff to attend a technical training and certification school shall be included in this proposal. Meals and hotel lodging shall be the responsibility of the RHJVAMC.

12.10. System Cable / Wiring Scope:

12.10.1. Floor plans and/or Site Survey shall be provided prior to bid upon request at contractor's expense. Of note: Above ceiling space is considered plenum requiring plenum rated cables. Most of the patient rooms have drop tile ceiling. Wall construction in the in-scope patient rooms consists of Gypsum Metal Stud, Concrete/Block. This data as well as power and rack space availability in the IDF closets shall be confirmed during pre-bid walk thru.

12.10.2. Contractor shall configure install and test all cabling, wiring, and electrical components accordance with all applicable laws regulations and compliance guidelines of the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) NFPA 99 Health Care Facilities Code (HCFC), and National Electrical Code (NEC) and other governing authorities as applicable to this work.

12.10.3. Design, installation changes or installation methods that result in a deviation from the Installation Scope of Work must first be approved by the RHJVAMC PM or RHJVAMC appointed alternate

12.10.4. The Contractor shall install Fiber and Ethernet Cabling plus electrical wiring as required to support the RHJVAMC System Solution in the RHJVAMC environment. Contractor shall be responsible for all labor, materials, hardware and services associated with the installation and connection of this system cabling and electrical wiring in support of the RHJVAMC System Solution described herein (i.e. R5 Nurse Call Systems, Code Blue Systems, and all server(s)/system(s) components of the ISPCS and Operator Consoles). System cable and wiring installation subtasks shall be performed by Contractor and in accordance with the general requirements described below:

12.10.5. The Contractor is responsible for all cabling, wiring, provision, installation, termination, testing and labeling activities to include:

12.10.5.1. Material Procurement, staging and installation as specified.

12.10.5.2. Provision installation wiring terminating, testing of all R5 nurse call system and ISPCS cable, including:

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- Responder 5 Data Cable (Cat6)
- Responder 5 Power Cable
- Responder 5 Fiber Optic Cable (where distance exceeds 300 feet).
- Any additional cable wiring and electrical not specifically called out in this document and required to connect all requisite servers, systems, hardware, and software for the ISPCS integration of the RHJVAMC System solution. Type of cable and or wiring shall be appropriate for the area in which it is to be installed and the purpose that it will be used. (i.e. CMP-plenum graded, CMR-plastic grade, etc.).

12.10.5.3. Installation of fiber from the MDF (main nurse call cabinet/closet) to IDF's (intermediate closets) and CAT6 Ethernet from the IDFs to the television and nurse call locations and extend the internet demark (if necessary) to support the RHJVAMC System Solution and meet code (section 12.4.5).

12.10.5.4. Installation of cable, fiber, wiring using J-Hook installation method, and/or utilizing existing nurse call conduit systems, where applicable and as required to meet code (section 12.4.5). J-Hook supports shall be installed every 4 feet along the entire length of each cable run.

12.10.5.5. Installation of all cable, fiber, and wiring in existing conduit systems where appropriate. If present pathways are full and conduit is required, Contractor shall be responsible for supplying and installing to meet requirement and as required to meet code (section 12.4.5).

12.10.5.6. Appropriate and clear labeling of all cables and wires. Acceptable label types shall be confirmed with RHJVAMC PM.

12.10.5.7. Installation of fiber from facility data centers to closet(s) switches serving RHJVAMC System Solution equipment.

12.10.5.8. Installation of Category 6 (CAT-6) cable runs from each switch to each location receiving the R5 System equipment. All wiring/cabling shall be installed within the walls or have the approval of the facility to enclose in plastic raceway.

12.10.5.9. . Addition of head end equipment using coaxial cabling infrastructure and Data Over Cable Service Interface Specification (DOCSIS) cable modem technology, or Ethernet cable to each television.

12.10.5.10. Electrical wiring for additional power requirements as may be required for the operation of any component of the RHJVAMC system solution (Both R5 and ISPCS systems).

12.10.6. Contractor shall complete general installation requirements as follows:

12.10.6.1. Contractor shall follow all requirements listed in the General Installation/Abatement Guidelines Section (12.11) in completion of the wiring and cabling scope.

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- 12.10.6.2.** From equipment installation locations up to the ceiling space, low voltage cabling, including CAT6, can be fished behind the wall (if allowed by code and RHJ VAMC) or must be installed in conduit.
- 12.10.6.3.** Above the ceiling, Low voltage cabling, including CAT6, can be installed using J-Hooks (replace drag if current drag is used), in existing/new cable trays as required, or must be installed in conduit.
- 12.10.6.4.**
- 12.10.6.5.** If core drilling is required through floors where no path exists for installation of a new fiber backbone, the Contractor shall be responsible for the core drilling.
- 12.10.6.6.** In IDF locations where no rack space is available and new equipment will require wall mounting, the Contractor shall be responsible for installing new fire rated plywood for equipment mounting.
- RHJVAMC will provide a minimum of one (1) escort when contractors are working in the IDF closets.
- 12.10.7.** Contractor shall coordinate bed availability RHJVAMC. RHJVAMC estimates 2-8 beds will be available per day.
- 12.10.8.** Contractor shall complete cabling, wiring terminating, testing, labeling activities Monday thru Friday (excluding all Federal Holidays) during the working hours of 07:30am to 4:00pm unless otherwise agreed upon by the Contractor and the RHJ VAMC appointed POC.
- 12.10.9.** Contractor shall provide written certification that all cabling, wiring, and associated devices have been tested end-to-end for connectivity and in compliance with all federal and state and local laws.
- 12.10.10.** Upon completion Contractor and the RHJVAMC PM or RHJVAMC appointed alternate will perform a post-installation inspection and shall validate with a task completion letter to all parties. These inspections shall be per department / ILS when turned over to the RHJVAMC. Deliverable: Wiring and Cabling Certification Documents
- 12.10.11.** Contractor shall complete abatement and disposal of All existing non-R5 nurse call system cable and related wiring with written approval of decommission from RHJVAMC. Contractor will dispose of materials as per instruction of RHJVAMC.

12.11. GENERAL INSTALLATION/ABATEMENT GUIDELINES

Clean-up of work area shall be performed daily, upon finishing work each day the Contractor shall remove and stow all project associated materials and tools in a location designated by the RHJ PM/POC, in accordance with VA requirements, dispose of all refuse, and ensure work areas are clean.

Contractor is responsible for disposal of refuse generated in the performance of their duties.

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Contractor shall exercise reasonable effort to use equipment and practices that reduce impact upon the environment. Contractor shall collect recyclable refuse (e.g., scrap wire, empty cans, plastic ware and shrink wrap, paper products, etc.) recycling.

Contractor will present and conduct themselves in a professional manner, at all times, while on VAMC premises.

Contractor shall adhere to Occupational Safety and Health Administration (OSHA) safety regulations and precautions, while working inside and/or outside of space. Take standard precautions for electrical, trip and fall hazards. Wear appropriate safety equipment as required.

Contractor shall seal all openings and penetrations created during the installation to meet or exceed applicable local fire code regulations.

The Contractor shall coordinate access to all areas with the COR or RHJ VAMC PM or appointed POC in order to minimize the negative impact on patient care. The Government will provide escorted access to patient care areas and any sensitive areas as needed.

Contractor on-site personnel shall attend any safety training required by the facility, including Infection Control Risk Assessment (ICRA) training.

The Contractor shall follow the United States Standard Occupational Safety & Health Administration regulations when disturbing asbestos/mold during installation of cable/wiring where asbestos may be encountered during installation.

The Contractor shall clean up all work areas after completing work in the RHJ VAMC and repair any damages, including removal and disposal of refuse and defective equipment.

Contractor shall remove and relocate existing unusable equipment or other existing items that prohibit the installation of equipment, materials wires, cables, electrical, covered in the scope of this project only with prior approval of the RHJVAMC PM/COR. The Contractor shall ensure that items removed or relocated as part of the scope of this project are handled so as to prevent damage, that and connections are properly terminated, and items relocated by the contractor to a location as designated by the RHJ VAMC appointed POC.

The Contractor shall immediately repair and/or replace all facilities and/or equipment damaged by the Contractor and/or its Subcontractors. All areas affected shall be restored to their original condition. The Contractor shall include a Damage Incident log in the Monthly Progress Report detailing any damages as well as the restoration activities and completion status.

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Any holes made by contractor in the wall must be fire caulked for fire prevention.

Asbestos may be present in the facility in areas to be impacted by cabling/installation activities. The Contractor shall identify these areas during the onsite visit and the Contractor shall assume responsibility for remediation.

Lead painted walls maybe present in the facility in areas to be impacted by cabling/installation activities. The Contractor shall assume all safety precautions as required for working with lead paint in areas where lead paint is identified.

Painting and patching of walls penetrated by Contractor shall be the responsibility of the Contractor. Matching paint will be provided by the government.

12.11.1. Deliverables: Damage Incident log.

12.12. R5 and ISPCS TEST AND EVALUATION Plan Scope

12.12.1. All equipment ISPC software and integrations to RHJVAMC communication alarm event response systems (EARS) shall be fully functional, including menus, programs, etc. prior to turn over to VA. ISPCS installation shall be considered complete upon successful testing of the solution in each ILS.

12.12.2. The Contractor shall perform a readiness pre-test of the R5 and ISPCS systems after each completed ILS installation. After pre-testing the system, the Contractor shall certify to the RHJVAMC PM/ COR that the system is ready for acceptance testing and that it meets all requirements.

12.12.3. Contractor shall submit this certification of system readiness prior to the start of the scheduled Government Acceptance Test. The commencement of the Acceptance Test will be on a date and time mutually agreed upon by the RHJVAMC PM/COR, the facility technical POC and the Contractor. The Government shall accept the R5 and ISPCS systems upon completion of 21 days of continuous operation of the system, without major fault, in a production environment. This 21-day window is considered the acceptance test period during which time the Contractor shall confirm that the R5 and ISPCS systems within the facility have successful operation, including accessing and using the system as intended. Successful operation includes operation in accordance with the documentation published by the Contractor for the R5 and ISPCS systems and computer software and in accordance with the functional requirements described in these specifications. If a fault occurs, the acceptance test period will stop. Upon the Contractor's correction of the fault, the 21-day acceptance test period will re-start.

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- 12.12.4.** The Contractor shall correct any fault experienced during the acceptance test period(s). Identified issues shall be maintained and an issues log is to be included in the Evaluation Report and reviewed with the RHJVAMC PM / COR. The commencement date and time of the acceptance test will be mutually agreed upon by the COR and the Contractor.
- 12.12.5.** The Government Acceptance Testing shall be conducted in the presence of the facility's technical POC for proof-of-performance and throughout the duration of the testing period. RHJVAMC Biomed/Healthcare Technology Management (HTM), Engineering and IT representatives along with members of the clinical and non-clinical staff will evaluate the product based on jointly derived criteria and on the expected functionality of the product. The solution will be accepted once the acceptance testing has been successfully completed and approved by the RHJVAMC PM/COR.
- 12.12.6.** The Contractor shall accompany the facility technical POC and/or the VA PM/COR on an official walk through and perform a full demonstration prior to securing Government acceptance at the conclusion of the Acceptance Testing. This walkthrough will ensure that the R5 and ISPCS system installations are complete and fully operational.
- 12.12.7.** The Contractor shall provide an R5 Evaluation Report and an ISPCS Evaluation Report at the conclusion of the Acceptance Testing period. The Evaluation Report(s) shall include certification that the system is ready for acceptance testing, the issues log including resolutions of all issues during the Acceptance Testing, acknowledgment that the R5 and ISPCS system(s) have run fault free for a period of 30 days and verification that all requirements have been met.
- 12.12.8. Deliverables:**
- 12.12.8.1.** Test Plan, Draft due 15 days after contract award. Final due 5 business days prior to performing a site test.
 - 12.12.8.2.** Interoperability and Compliance Test Report
 - 12.12.8.3.** Issues Log
 - 12.12.8.4.** Test Result Report, Draft due 5 days after unit/site test performed. Final due a maximum of five (5) business days after unit/site considered operational by the RHJVAMC PM/COR
 - 12.12.8.5.** R5 and ISPCS Evaluation Reports

12.13. ISPCS Project Management

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12.13.1. The Contractor shall provide project management and support services for all aspects of the ISPCS solution. The Contractor shall collaborate with the ISPCS solution software suppliers and RHJVAMC stakeholders in the design configuration, training, testing, deployment and support of this ISPCS system solution. Contractor shall coordinate ISPCS project requests for all ISPCS related activities, including scheduling and engagement of required personnel resources for these project activities with the RHJ VAMC PM. Project activities may include but are not limited to:

- Systems design, implementation, scheduling, test and cutover plans.
- Design and Discovery, Clinical Design, and R5 Requirements Assessment workshops.
- System hardware and software installation, configuration and end-to-end testing.
- User acceptance and testing.
- Training services.
- Go-live and Post Go-Live monitoring, support, and tracking services
- Closeout.

The Contractor shall develop ISPCS solution menu options, work flow pathways and programming that are most applicable to the RHJVAMC facility and meet the full salient characteristics of the required ISPCS Solution as set forth in item 10 and others as described in the Project Scope. Final configuration shall require RHJVAMC PM and COR approval.

The leadership and staff of the RHJVAMC, as primary stakeholders, are critical to ensuring that this solution meets all of their criteria.

This ISPCS system solution shall be designed with a user interface to reflect how the RHJ VAMC operates and shall be fully customized to our specifications. The system must be built and implemented such that it reflects the values, goals, and objectives of the RHJ VAMC. Overall management of the project shall be provided by the Contractor, however decisions of the RHJ VAMC stakeholders shall drive the design of each of its individual components. The Contractor shall develop the menu options, call/work flows, alarm/event notifications/escalations and programming in accordance with the facility's decisions. The Contractor shall detail the functionality of ISPCS Solution software and its integration capabilities with the RHJ VAMC leadership team.

12.13.2. The Contractor shall provide project management services specific to the technical requirements of the ISPCS in collaboration with the solution software supplier.

12.13.3. Contractor shall be responsible for managing and completing the following general tasks for the delivery of the ISPCS solution (Phase I and Phase II) for all RHJ ILS.

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- 12.13.3.1.** ISPCS Kick-Off with Contractor Project Management Plan Review. The Contractor shall coordinate an ISPCS specific project kick-off call with the RHJVAMC PM, RHJVAMC ISPCS integration team, ISPCS software supplier subject matter expert (SME) to officially initiate the ISPCS component of the RHJVAMC System Solution project, review the scope of services to be delivered, introduce team members, set expectations and develop a communication plan.
- 12.13.3.1.1.** This is a complex multi-system integration with multiple interdependencies and contingencies with respect to design, training, installation, and deployment thus Contractor shall review the detailed CPMP (denoting all tasks, their related contingencies, dependencies, required order of completion and responsibility assignments for each and the project) and the ISPCS Cutover Plan with the RHJVAMC PM, implementation project team, and required vendors for understanding, concurrence and RHJVAMC final approval at the start of project.
- 12.13.3.2.** Meet with RHJ VAMC PM and each ILS department's clinical management staff to define project expectations, review Global and ILS specific workflows and develop a department based timeline, implementation plan, and to establish proper communication lines.
- 12.13.3.3.** Conduct Clinical Workflow Analysis, Design and Delivery Workshops, Clinical Design Workshops and R5 Assessment Report.
- 12.13.3.3.1.** For these items, Contractor shall provide an ISPCS System subject matter expert with clinical experience in a hospital environment to guide the RHJ VAMC leadership team in selecting the key workflows needed to achieve RHJ VAM's desired outcomes (i.e. performance improvement) as well as the priorities to be achieved through the implementation of the ISPCS solution
- 12.13.3.4.** Complete and submit ISPCS system proposed installation design. network diagram (detailing the connection pathways between all of the ISPCS integrated systems and call flow diagrams for all EARS communication and escalation pathway s), Clinical Design Workbook, R5 Requirements Assessment Report and Cutover plan for RHJVAMC approval prior to installation start.
- 12.13.3.5.** Complete Software, Licenses, equipment procurement, staging, installation and documentation as specified.
- 12.13.3.6.** Provide, install, connect, and configure ISPCS software according to approved Clinical Design Workbook and R5 Assessment Report Criteria.
- 12.13.3.7.** Provide Quality Assurance (QA) of all ISPC communication event alarm response systems (EARS)
- 12.13.3.8.** Implement system integrations for all communication event alarm response systems (EARS) as defined for this ISPCS solution.

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- 12.13.3.9. Complete hardware, software and systems testing, inspection, certification.
- 12.13.3.10. Train the staff and deploy the ISPCS system as per Cutover plan.
- 12.13.3.11. Provide Go—Live and Post Go-Live and Tracking for ISPCS Phase I and ISPCS Phase II installations as per approved Go-live Support and Tracking Plans for each phase,
- 12.13.3.12. Complete Post deployment tasks as per cutover plan.
- 12.13.3.13. Decommission and abate legacy Connexall middleware system.
- 12.13.3.14. Complete ISPCS Project Closeout per close-out plan.

12.14. ISPCS Requirements-Scope

- 12.14.1. The Contractor shall provide all equipment, material, software, licenses labor, management and services as required to install, configure deploy and support a fully integrated ISPCS solution with dedicated Operator Console/Web On-Call platform and centralized Code Blue system in the RHJVAMC ILS. The goal of this effort shall be to provide seamless, functional interfaces between all of the various components of and data generated within the RHJVAMC SYSTEM Solution t that will allow RHJ VAMC to achieve the following outcomes: increased staff responsiveness to patient needs; increased patient safety; enhanced ability to meet/exceed standards of care for code blue response, patient stat orders, critical labs, & PRN effectiveness; effective management of alarm fatigue and alert prioritization; decreased response time to telemetry alerts; availability of management reporting for process/work flow improvements & optimization of staffing; increased room turnover rates for admission, and improved staff communication. Contractor shall be required to demonstrate that all required characteristics exist in production and shall be able to describe how the Contractor's ISPCS solution functionality.
- 12.14.2. **The delivered ISPCS solution must meet** all minimum salient characteristics listen in Section (10) of this proposal and those described through the project scope.
- 12.14.3. **ISPCS Software:**
 - 12.14.4. Crystal Reports Writer
 - 12.14.5. Spok Care Connect and Messenger
- 12.14.6. **The delivered ISPCS solution shall:**
 - 12.14.6.1. Integrate with the following systems RHJ VAMC's legacy West Call nurse call, Rauland-Borg Responder 5 nurse call, Roam Alert/Wanderguard, VistA/CPRS, Cisco /Enterprise Voice Services (EVS),.Vocera, Space Labs telemetry, Nautis Epilepsy Monitoring Unit (EMU), VHA Bed Management System (BMS), RHJVAMC overhead and device paging system, RHJVAMC

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email and active directory servers and Contractor provided Operator Console ,Web On-Call and Crystal Reports Writer systems, These systems here after collectively referred to as communication event alarm response systems” or “EARS”.

12.14.6.2. Contractor to configure these EARS to effectively manage the data and communication inputs and outputs between these systems as detailed in this proposal.

12.14.7. **The ISPCS solution shall be** a tightly integrated critical communications platform that includes a new centralized call center hub for communications staff and one that shares a common platform of database information and enhanced customized event and communication pathways with the RHJVAMC event alarm response systems listed herein for safe efficient patient event responses, effective alarm management, improved patient/staff communication and enhanced patient safety and satisfaction. Effectively the ISPCS solution shall provide the ability to reach the right person with the right message, on the right device, at the right time, thus reducing delays in response to patient needs and eliminating the phone tag due lack of up-to-date contact information.

12.14.8. **The ISPCS solution shall be** an event-driven patient-centric alerting solution that prioritizes patient event and alarm notifications using custom multi-variable rules and delivers contextual notifications (i.e. context gathered from nurse call, ADT, EHR, and other clinical systems) to appropriate and available caregivers via their wireless mobile device, Vocera, smartphone, Cisco/EVS device, pager, email or Facility overhead system. Requirements include:

12.14.8.1. The multi-variable rules for event/alarm filtering and prioritizing shall be determined by RHJ VAMC.

12.14.8.2. Call flows and escalation paths shall be fully determined by the RHJVAMC.

12.14.8.3. Alarm data shall be captured for audit trail reporting. (i.e. origination source/time/date, destination source time/date, escalation path, escalation times, response time(s) shall be available for reporting and audit trails

12.14.9. **ISPCS solution shall include PBX Operator’s Console Software that provides the following functions:**

12.14.9.1. Centralized and Automated Code (ALL) and Emergency Response Notification System via full integration with RHJVAMC nurse call code blue and other critical alarms for automated delivery of code calls to the Operator with documented audit trail reporting. To include custom notification paths for automated call routing and manual routing selection by operator, and the capability for real-time visualization of response to emergent notification.

12.14.9.2. Quick operator console access to ‘staff contact information and on-call schedules and as necessary to launch code calls, and route as messages and pages to individuals, groups, and roles.

12.14.9.3. Automated and simplified phone interaction through single format for all calls.

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- 12.14.9.3.1.** Currently several operators are tied up handling code situations while new calls go unattended to during crisis situations.
- 12.14.9.4.** Data integration to human resources system to enable automated staff updates.
- 12.14.9.5.** Audit trail reporting for the Joint Commission
- 12.14.9.5.1.** All activities engaged within ISPCS Console include automatic audit trails with comprehensive reports that can be exported to most common formats.
- 12.14.9.6.** Integrated enterprise on-call scheduling module
- 12.14.10. ISPCS solution shall include an enterprise web directory interface and on-call components that:**
- 12.14.10.1.** Integrates with console database used by the operator group
- 12.14.10.2.** Provides updated provider call information that is available at all times to eliminate delays in patient care through:
- 12.14.10.2.1.** Inherent capacity to streamline and maintain on-call schedule updates in real-time and empowers end users with self-service tools, thereby reducing call volume to the telephone operators.
- 12.14.10.2.2.** Inherent capacity to update and maintained on-call schedules centrally or by each department and provides capacity for assignment of responsibility for maintaining on-call schedules from the operator group to individual departments/Medical Affairs teams and the ability to update changes over time or all at once.
- 12.14.10.3.** Maintains an accurate directory available to all staff and employees via the Web; accessible via a link from the RHJ VAMC's main web
- 12.14.10.4.** Provides staff members outside the call center access to directory look-up and messaging capabilities without needing to rely on operator group
- 12.14.10.5.** Integrates with Paging Gateway for sending of messages to pagers, email, smartphones, and landlines and for providing staff access to messaging and enterprise on call.
- 12.14.11. ISPCS Solution "in scope" routing and escalation pathways for events and alerts from the RHJVAMC event alarm response systems (EARS) shall leverage benefits listed in the minim salient characteristics requirement (section 10) and shall be deployed in two separate phases as follows:**
- 12.14.11.1. ISPCS Phase I activation:**
- **(ALL) Codes / Rapid Response Alerts** (source: Nurse Call/others; Destination: Vocera\Multiple)
 - Assistance notifications:
 - Normal (source: Nurse Call; Destination: Console\Vocera)
 - Pain (source: Nurse Call; Destination: Console\Vocera)
 - Water (source: Nurse Call; Destination: Console\Vocera)
 - Toilet (source: Nurse Call; Destination: Console\Vocera)

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- Bed Exit
(source: Nurse Call programmable jack, Destination: Console\Vocera)
- Fall Alert (source: VistA\Nurse Call; Destination: Nurse Call\Vocera)
- Staff Assist (source: Nurse Call; Destination: Console\Vocera\others)
- Bathroom pull cord
(source: Nurse Call; Destination: Console\Vocera\others)
- Bathroom call button
(source: Nurse Call; Destination: Console\Vocera\others)
- Oxygen Saturation (O2 Sat) alarm
(source: Nurse Call programmable jack, Destination: Console\Vocera)
- End tidal Carbon Dioxide (etCO2) alarm
(source: Nurse Call programmable jack, Destination: Console\Vocera)
- Posey alarm
(Source Nurse Call programmable jack, Destination: Console\Vocera)
- Elopement alarm (Source: RoamAlert; Destination: Vocera\Facility Operator\others)

12.14.11.2. ISPCS Phase II Activation.

- **Patient care notifications:**
 - EKG alarms (Source: Space Labs, Destination: Vocera\others)
 - Electromyography (EMG-Seizure Detection) (Source: Bedside EMU Alarms. Destination: Multiple)
 - STAT Provider Orders (source: VISTA; Destination: Vocera\others)
 - Critical Lab Results (source: VISTA; Destination: Vocera\others)
 - PRN notification (source: VISTA; Destination: Vocera\others)
 - Rounding Alerts (pain assessment, restraint monitoring, neurological checks, repositioning /turning) (source: Nurse Call; Destination: Vocera/VistA)
- **Automated Work Flow notifications:**
 - Room needs cleaning (source: Nurse Call staff station; Destination: Vocera\others)
 - Bed is clean and available (source: Nurse Call; staff station Destination: BMS\Vocera\others)
 - Patient Transport (source: Nurse Call; Staff Station Destination: Multiple)
 - Patient Requests (to include: inpatient pharmacy education, pastoral care, room temperature adjustment, Patient Advocate, general

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Environmental services, Volunteer services, Advance Directive Education)

(source: Nurse Call Staff Station Destination: Vocera/
Email/Phone/Pager)

12.14.12. ISPCS solution shall provide the following user reports and reporting tools:

12.14.12.1. Delivery of Ten (10) ISPCS Solution vendor customized reports designed per specification of RHJVAMC.

12.14.12.2. Alarm management via analysis of integrated alarm activity from all RHJVAMC event alarm response systems (EARS) such as number and type of alarm, origination source origination date/time, length / duration of alarm, escalations paths and number of escalations, staff response times and peak call/alarm/event times,

12.14.12.3. System and call escalation and call flow/ work flow analysis.

12.14.12.4. Comprehensive automatic audit trail report for activities engaged within ISPCS Console that can be exported to most common formats; Reporting solution integration between R5 Report Manager Operator Console, Web-On Call, ISPCS middleware reporting system and Crystal Reports Writer such that all RHJVAMC data generated from these systems is available in a single location for the analysis of alarms and events for process improvement and alarm management.

12.14.13. Reporting module to include standard reports and reporting tools which are accessible via web-browser, PDF, and Excel formats.

12.14.14. Report access configurations and setup shall be customizable per RHJVAMC specifications and completed by the Contractor as part of this project.

12.14.14.1.

12.14.15. **For patient safety and continuity of care,** RHJVAMC requires identification, prioritization and completion of tasks related to Vocera/Nurse Call alarm specific integrations and Centralized Code Blue activation. Accordingly, the contractor shall work with the RHJ VAMC PM, implementation team, and subject matter experts to determine the best methodology for meeting the following requirements in the FIRST phase of the project:

12.14.15.1. The existing Vocera integrations with West Call Nurse Call, Nautis/EMU, Cisco/EVS and Wanderguard/Roam Alert systems, as well as the Vocera Staff Assignment application used for accurate routing of alerts/alarms to the Vocera badge systems must remain intact and fully operational until legacy nurse call system is fully decommissioned or an alternative of equal functionality is reached.

12.14.15.2. For all existing R5 systems and each new R5 ILS installation the Vocera call/alert routing and call-back features shall be configured and deployed at the start of the project and remain functional throughout its duration. This includes: the routing of Wanderguard/RoamAlert, Code Blue, and nurse call generated "Assistance" alarms and alerts to the ISPCS; the deployment of Vocera Staff Assignment application or effective alternative

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staff assignment method that will facilitate accurate routing of the alerts and alarms to Vocera and; completion of a telephony interface for and call-back functionality.

12.14.15.3. The new ISPCS centralized Code Blue system covered in this project scope shall be established and functional for the legacy nurse call system, the existing R5 systems throughout the duration of this project for ALL systems to include: and the new R5 installations

12.14.15.4. Contractor shall prioritize all tasks related to completion of these goals in the FIRST phase of the project and work closely with RHJVAMC subject matter experts to determine best methodology for completion.

12.14.16. ISPCS Training and Solution Deployment shall be completed in two phases.

12.14.16.1. Phase I - Operator Console/Web On-Call and Vocera Staff Assignments for traditional nurse call "Assist" alarms (plus Wanderguard); and Phase II - Will encompass Patient Care Notifications and Automated Workflow Notifications. This will ensure that all staff are prepared to respond appropriately to Code Blue procedures and that they are able to utilize the new staff assignment functions for safe use of Vocera in active patient care environments.

12.14.16.2. Phase I – Code Blue and Base ISPCS Vocera Activation

12.14.16.2.1. Operator Console and Web On-Call

12.14.16.2.2. New Staff Assignment (use, protocols, responsibilities).

12.14.16.2.3. ISPCS Code/Rapid response and "assist calls" generated through the nurse call system by patient calls, staff assist or code blue.

12.14.16.3. Phase 2 – Patient Care and Automated Workflow Notifications

12.14.16.3.1. R5 Staff Terminal (use, call flows/escalations)

12.14.16.3.2. Remaining ISPCS Function - Patient Care, Automated workflow alarms.

12.14.17. Software/Licenses: ISPCS solution shall include all software and licenses required for the installation of this IPSCS solution to include but not limited to: All Responder 5 applications, Operator Console and Web On-Call applications, middleware applications and any additional required software /licenses to meet the proposed integration requirements described herein.

12.14.18. Hardware: ISPCS solution shall include all hardware required to meet the requirements outlined in this proposal with the following **exclusion:**

RHJVAMC will supply all APPLICATION SERVERS required for software applications as follows: All Responder 5 applications, Operator Console and Web On-Call applications, Crystal Reports Writer application and the Integration Middleware Application Software.

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12.14.19. ISPCS solution shall include Contractor decommission and abatement of Connexall legacy server and all related components once approved by RHJVAMC.

12.14.20. ISPCS solution delivery shall include Contractor responsibility for contracting with, and management of outside vendors and technical support resources as may be required for assistance in completion of the ISPCS integration tasks herein. RHJVAMC shall provide the Contractor with contact information for existing West Call nurse call, Vocera, Connexall, and Cisco/EVS, Nautis EMU, Wanderguard/Roam Alert, Space Labs distributors.

12.15. ISPCS Integration Scope

12.15.1. General tasks covered to include but not limited to: Design, Configuration, Implementation, Testing/Acceptance, Training, Go-live (Deployment), and Go-Live Cutover and Post Go-live support. Deliverable: ISPCS Implementation Plan. ISPCS Cutover Plan.

12.15.2. Contractor shall complete R5 Assessment Requirement Report (section 12.4.8), Design and Discovery Work Shop, (section 12.1.2.5) and Clinical Design Workshops (section 12.1.2.6) prior to any integration programming

12.15.3. Nurse Call Integration (Existing WestCall System and the new Rauland 5 System) – Contractor shall complete the following:

12.15.3.1. Provide install and configure all necessary components (HW/SW/Licenses) as required to migrate or integrate the legacy Connexall-WestCall/Wanderguard-RoamAlert, Nautis (EMU)/Vocera interfaces to the new ISPCS preserving 100% functionality or provide an alternative to facilitate full data exchange/transfer (including Vocera staff assignments, nurse call alerts and alarms) between the two nurse call systems (R5 and WestCom), Wanderguard/Roam Alert, Nautis EMU, the ISPS system, and the Vocera System.

12.15.3.2. Configure the alarm data output connection (s) for both R5 and the existing West Com nurse call system to communicate with the ISPCS. This connection can be configured to use the TAP or SIP protocol as appropriate

12.15.3.3. Transfer existing legacy Vocera alarm/alert call flow and escalation functions/call flows from legacy nurse call system to the new ISPCS system. Ensure that Vocera communication with legacy systems (West Call, Nautis EMU, Wanderguard RoamAlert to Vocera remain intact and function as expected.

12.15.3.4. Verify Vocera and telephone integration including the required ISPCS components & programming remain intact or complete necessary work to

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ensure full two-way voice (incoming response and call-back) communication from the Vocera badges to the legacy West Call nurse call systems.

- 12.15.3.5.** Verify Vocera Staff Assignment configurations continue to work as expected, else correct or create alternative method of assigning staff using the legacy system such that calls can be appropriately routed to the ISPCS and Vocera.
- 12.15.3.6.** Connect legacy system to Code Blue Central system, Add code blue alerts from West Com system to the new automated Code Blue system in the ISPCS system.
- 12.15.3.7.** Provide, install and configure any necessary components (hardware/software/licensing) to deliver alerts to the ISPCS and integrated output systems.
- 12.15.3.8.** Contract with West Call, Connexall, Cisco EVS and or other vendors as required to furnish, install and configure any necessary components (hardware/software/licensing) needed in order to deliver alerts to the ISPCS and integrated output systems.
- 12.15.3.9.** .

12.15.4. Existing Roam Alert/Wandergard

This system is currently connected to the Vocera communication via Connexall server middleware. As part of this ISPCS implementation contractor shall:

- 12.15.4.1.** Migrate the RoamAlert/Wanderguard generated alerts sent to the Connexall server for distribution to Vocera system Over to the new ISPCS. **
Caution: call flows for that currently setup on Connexall legacy system and controlled by Vocera Staff Assignment. Ensure all systems are in sync prior to change over.
- 12.15.4.2.** Ensure that RoamAlert/Wandertgard alerts to the new ISPCS for routing to Vocera are completed at the initial start of the project to ensure patient safety.
- 12.15.4.3.** Contract with RoamAlert/Wandergard, Connexall and other vendors as required to furnish, install and configure any necessary components (hardware/software/licensing) needed in order to deliver alerts to the ISPCS and integrated output systems.
- 12.15.4.4.** Provide, install and configure any necessary components (hardware/software/licensing) to deliver alerts to the ISPCS.
- 12.15.4.5.** The new ISPCS shall receive XML messages via a TCP Socket connection over a predetermined port.

12.15.5. Existing Nautis Epilepsy Monitoring Unit, contractor shall:

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- 12.15.5.1.** Ensure that the existing Nautis EMG Epilepsy monitor alarm connection from West Call to Connexall to Vocera remains intact until the legacy West Call system in that ILS has been decommissioned
- 12.15.5.2.** Upon replacement of the West Call system with Responder 5, ensure connectivity of the Nautis EMG alarms with Responder 5 and the new ISPCS.
- 12.15.5.3.** Contract with Nautis vendor as required to furnish, install and configure any necessary components (hardware/software/licensing) needed in order to deliver alerts to the ISPCS and integrated output systems.
- 12.15.5.4.** Provide, install and configure any necessary components (hardware/software/licensing) to deliver alerts to the ISPCS.

12.15.6. Responder 5 Integration: Contractor shall:

- 12.15.6.1.** Deliver nurse Call Notifications with context: Deliver nurse call alert with “At Risk” information to the assigned care team member(s) to increase Staff Efficiency and Patient Satisfaction. (requires R5 integration with Vista/CPRS for the data on allergies, fall risk etc.) and subsequent delivery from R5 to ISPCS for routing to Vocera and other output devices
- 12.15.6.2.** Configure R5 to receive ADT information from VISTA/CPRS ADT to populate R5 bed data, include, patient ‘at risk’ data such as allergies, falls etc. Note: exact data for R5 System display to be determined during R5 Requirements Assessment and Clinical Design Workshops.
- 12.15.6.3.** Configure R5 alarm data output connection to communicate with the ISPCS. This connection can be configured to use the TAP or SIP protocol.
- 12.15.6.4.** Provide, install and configure any necessary components (hardware/software/licensing) to deliver all R5 nurse call alerts/alarms and staff station data from R5t to ISPCS for routing to appropriate personnel/system/ output device using the TAP or SIP protocol.
- 12.15.6.5.** Contract with telecommunications and Vocera vendors as necessary to ensure safe and functional operation of patient call back from in-room speaker to Vocera and staff call in to patient in-room speaker from Vocera for the existing and newly installed Responder 5 systems each ILS areas prior to go-live. Provide, install, configure a Brekeke SIP Server or its equivalent in RJH VAMC’s nurse call systems to support dial-back into the patient room from phones/Vocera through the nurse call system in response to an alert.
- 12.15.6.6.** Setup Dynamic staff-to-patient care team assignment structure and processes for all ISPCS alerts routing to Vocera and other devices in the ISPCS system. Provide, install and configure any necessary components (hardware/software/licensing) as required to build a user driven staff assignment module, that can be utilized by the various ISPCS middleware applications to accurately direct calls/events/alarms and their escalations from the ISPCS integrated system to the appropriate user, and device. Provide staff assignments for calls /alarm/ alerts and notifications from R5 and other ISPCS

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systems that can be utilized to effectively direct data to Vocera and other systems through ISPCS. (Responder Sync).

- 12.15.6.6.1.** Contractor shall provide hands-on review of the ISPCS administrative console including how to add users and devices, change ringtones and make basic workflow changes.

12.15.6.6.2.

- 12.15.6.7.** Complete R5 user defined call flows and escalation programming for all applicable “in scope” alerts/alarms/ and notifications (section 12.6.1 item 7) as required to appropriately route/escalate calls and notifications from R5 system components (i.e. staff terminal, patient pillow speaker, code button) for delivery or to the ISPCS for further routing to Vocera, the Operator Console, phones, pagers and other devices... This shall be completed per Clinical Design Workbook and R5 Requirements Assessment Reports. Note: Testing, approval, and staff training are required prior live activation and use of this feature. All new implementations of the R5 system shall not be brought live without Vocera integration.

Example of R5 alert from staff terminal to Environmental Services:

- **Bed Needs Cleaned Notification Management:**

Manages the Environmental Services bed turnover workflow by delivering bed needs cleaned notification to Environmental Services Support staff and updates bed management as well as specified staff that a bed is ready to enable staff efficiency and faster bed turnover. Includes accept, escalate, auto escalate, and view additional information options with additional context

- 12.15.6.8.** Ensure that patient calls routed through Vocera have a safe escalation end-point (goes to a person) and that no patient calls can be canceled from the nurse’s station console in any RHJVAMC ILS. All patient calls must be cancelled from the bedside or from the bathroom connections.
- 12.15.6.9.** Complete Vocera and telephone integration including the required ISPCS components & programming to ensure full two-way voice (incoming response and call-back) communication from the existing Vocera badges to all R5 and the legacy West Call nurse call systems. This feature shall work as it currently does on legacy system (automated) so that call-back from Vocera to in-room speakers does not require physical or verbal ‘acceptance’ for transmission to occur.
- 12.15.6.10.** Add code blue alerts from existing R5 to ISPCS and connect as required to Central Code Blue notification center.
- 12.15.6.11.** Add code blue and Vocera interconnectivity for new R5 ILS locations prior to each new R5 Cutover.
- 12.15.6.12.** Complete installation of Code Blue interconnectivity and routing between all R5 systems to a central code blue system.

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- 12.15.6.13.** Complete custom Code Blue programming and configurations in the appropriate system and the ISPCS to accommodate code routing and escalations to Multiple locations across multiple devices as per approved Clinical Design Workbook, R5 Assessment Requirements Report to include but not limited to: Operator, overhead system, response teams (Vocera, wireless, phones, pagers).
- 12.15.6.14.** Provide, install and configure any necessary components (hardware/software/licensing) to deliver alerts to the ISPCS.
- 12.15.7.** Bed Management System (BMS), Contractor Shall:
- 12.15.7.1.** Provide VA Bed Management System (BMS) functionality that includes notifications if room/bed needs to be cleaned, or if room/bed is ready. The Contractor shall provide and integrate write-back functionality from the nurse call system into the BMS so that either method can be used.
- 12.15.7.2.** Configure ISPCS to send status updates from the R5 system to the VHA BMS system and from the VHA BMS to the R5 system. I.E. Room Clean Ready for Admission notification (event, call flow and escalation originating from R5 staff terminal)
- 12.15.7.3.** Coordinate and drive collaborative effort between the Contractor, RHJ VAMC, and the VHA Bed Management Solution team, to complete the two-way data exchange between R5 and BMS using SMTP – or other mutual agreed upon industry standard protocol such as HL7, TAP, XML, etc. The output from BMS to ISPCS is a TCP/IP connection.
- RHJVAMC shall be responsible for any necessary components (HW/SW/Licensing) required by the BMS vendor in order for the ISPCS to receive alerts from the BMS system using the desired protocol.
- RHJVAMC will create an email (MX Record) on Domain Name Server (DNS) or create an SMTP relay for the ISPCS to receive messages from BMS if SMTP is the desired protocol.
- 12.15.8. Space Labs**
- Patient Monitoring Integration with Space Lab (Telemetry) to provide response time escalation to appropriate care givers in response to telemetry alarms. Alarms to be sent based RHJVAMC customized alarm limits for each alarm type. Each alarm type shall be individually customizable in its own right with respect to limits and the destination locations (multiple).
 - Contractor shall:
 - 12.15.8.1.1.** Provide ISPCS Integration with existing Space Labs Patient Monitoring system to send critical alerts directly to Wireless Devices, Phones, and unique groups providing the nurse provider or team the option to respond to the patient need immediately. Sample alert types: i.e. BRADYs, ASYSTOLEs, VTACHs, LOW SATs, LEADS OFF, etc.].
 - 12.15.8.1.2.** Build the integration on site at RHJVAMC facilities with the existing Space Labs system.

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- 12.15.8.1.3.** Configure the Space Labs alarm data output connection to facilitate communication with the ISPCS. This TCP/IP connection shall be configured to use an XML format.
- 12.15.8.1.4.** Provide, install and configure any necessary components (hardware/software/licensing) to deliver alerts to the ISPCS.
- 12.15.8.1.5.** Configure call flows and escalations in the ISPCS solutions for delivery to persons, devices as per approved Clinical Design Workbook.
- 12.15.8.1.6.** Contract with Space Labs vendor as required to furnish, install and configure any necessary components (hardware/software/licensing) needed in order to deliver alerts to the ISPCS.
- 12.15.8.1.7.** Provide, install and configure any necessary components (hardware/software/licensing) to deliver alerts to the ISPCS.
- 12.15.8.1.8.**
- 12.15.8.1.9.** Confirm the following RHJVAMC Space Labs Software Versions during pre-bid walk-through.
 - ICS G2 v4.3.2.7489 / Intesys Clinical Suite (ICS) G2 gateway (model 92847)
 - CEI v2.03.xx
 - Qube v4.03.00 / qube patient monitor (model 91390)

12.15.9. Vista/CPRS to ISPCS

- HL7 transactions shall be provided via Vista.
 - Vista integration between Vista/CPRS, ISPCS Vocera and other communication devices (wireless/wired phones, etc.) to capture and send time sensitive patient care information from the patient medical record to the nurse/provider caring for that at patient at a particular point in time. The message notifications included in this scope are” STAT/Now Orders, Critical Labs, and PRN Effectiveness.
 - Contractor shall:
- 12.15.9.1.** Configure the data output connection to facilitate communication with the ISPCS.
 - 12.15.9.2.** Configure ISPCS to receive HL7 messages via a TCP Socket connection over a predetermined port.
 - 12.15.9.3.** Configure the ISPCS to receive and process the HL7 messages from Vista according to the specifications of Vista and the receiving Vocera / wireless device specifications.
 - 12.15.9.4.** Configure ISPCS to send/process the following messages over this interface and deliver to ISPCS for appropriate routing through Staff Vocera / wireless devices.as per call-flow/escalation parameters in approved Clinical Design Workbook:

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12.15.9.4.1. ADT Messages including patient status, details and location shall be sent to the ISPCS via HL7.

12.15.9.4.2. ORM (Order Message) Messages

- **STAT/NOW Order Alert Management:**
- Solution shall manage delivery of specified STAT orders such as STAT Med orders or STAT Stop orders to increase Staff Efficiency and Patient Safety. Includes accept, escalate, auto escalate, and view additional information options with additional context from Vista CPRS.
- (STAT Orders) including patient location/detail, order status, order detail, etc. shall be sent to the ISPCS via HL7.

12.15.9.4.3. PRN Effectiveness reminders:

- Staff follow-up Alert Management: solution shall manage the delivery of “current shift” follow-up reminders of the required PRN follow-up to increase Patient Safety.
- Once documented in VistA from BCMA, the specific medications requiring follow-up shall be sent to the ISPCS via HL7 for further routing. Message sent to ISPCS to include patient location, medication name, and time given.

12.15.9.4.4. Critical Lab Results ORU (Observation Result message),

- **Critical Lab and Test Results Alert Management:**
 - Must have view additional information with associated context from Vista CPRS.
- Shall provide the abnormal lab results, as defined in the VistA data dictionary, shall be sent to the ISPCS via HL7. Message shall include patient location, lab value name (e.g. potassium, sodium, WBC, RBC etc.), lab level result and time drawn.

12.15.9.5. Configure ISPCS to send Patient Rounding and Restraint Data from R5 to VistA. Configure ISPCS to receive and send patient rounding and restraint data from the R5 system to Vista (patient record).

12.15.9.5.1.1. Patient rounding and restraint information to be sent to ISPCS from R5 Nurse Call via SIP connection.

12.15.9.5.1.2. Patient rounding and restraint information to be sent from ISPCS to VistA.

12.15.9.5.1.3. Patient rounding and information to be recorded as ‘notes’ with in the Patient Medical Record via HL7.

12.15.9.6. Coordinate and drive collaborative effort between the Contractor, RHJ VAMC, and the VHA to complete the ‘note’ update or determine an alternate VistA record location for recording.

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- 12.15.10.** Vocera (release 5.2 and above). Contractor shall:
- 12.15.10.1.** Connect Vocera to the ISPCS middleware server to receive notification and alarms from the various communication event alarm response system (EARS) for routing / escalating to the appropriate staff.
 - 12.15.10.2.** Connect the new staff assignment application as needed to the new middleware such that routing information can be transferred from the ISPCS to Vocera for delivery to the appropriate staff member.
 - 12.15.10.3.** Connect Vocera, the new ISPCS middleware and the existing Cisco Enterprise Voice Services (EVS) system to allow bidirectional verbal calls to be received and sent between the patient in-room speakers and the Vocera, and to enable 'call-back' feature as a response to a missed patient call or to initiate a patient call to the patient in-room speakers.
 - 12.15.10.4.** Transfer Call-flows and alarm escalations from Legacy Connexall server to new middleware server – Spok or equivalent.
 - 12.15.10.5.** Create and program call flows and alarm escalations on the new middleware server for all notifications that are to be routed through the Vocera system based on approved R5 Requirements Assessment Report and Clinical Design Workbook for all event response systems and ILS covered in this project scope and as listed in section 12.6.1 item #7. For ALL Alerts: Deliver alert to Vocera with the option to accept, forward, call back or be reminded again in "x" minutes to increase Staff Efficiency and Patient Safety.
 - 12.15.10.5.1.** Vocera alerts shall be configured such that escalations can be manual, automatic, or a combination thereof and escalations shall be deliverable to multiple devices/personnel/output devices singularly or in any combination thereof.
 - 12.15.10.5.2.** Ensure call flows and alert deliveries leverage the minimum salient characteristics for call escalation listed in section 10 of this proposal.
 - 12.15.10.5.3.** Ensure that Vocera calls can continue to be made from: Vocera (badge) to Vocera (badge; from Vocera Badge to a phone (via the Vocera phone book and via verbal dialing), Vocera (badge) to pager. Ensure that calls can be received from phones/cell phones internal and external to the VA environment by the Vocera (badge). I.e. Vocera user can receive calls to themselves from an outside line.
 - 12.15.10.6.** Connect Vocera to the new ISPCS in the first part of the project to ensure patient safety and continuity of care in all areas.
 - 12.15.10.7.** Configure Vocera to communicate with ISPCS via proxy service on port 27015/TCP.
 - 12.15.10.8.** Contract with Vocera and Cisco Enterprise Services (EVS) vendors as required to furnish, install and configure any necessary components (hardware/software/licensing) needed in order to deliver alerts to the ISPCS.

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- 12.15.10.9.** Thoroughly test all Vocera functions to ensure that the continue to work as expected.
- 12.15.10.10.** Operator Console and Web-On Call – contractor shall
- 12.15.10.10.1.** Deliver and connect the Operator Console and Web on call to the ISPCS system. Configure to meet and leverage the salient characteristics described in section 10 of this proposal.
 - 12.15.10.10.2.** Configure Operator console to communicate with the employee database of record for seamless access to their contact information.
 - 12.15.10.10.3.** Configure Operator console to communicate with Vista for operator access to RHJVAMC patient data.
 - 12.15.10.10.4.** Configure Operator console to integrate with overhead paging, RHJVAMC paging device system, RHJVAMC email and active directory services, wireless systems (Vocera, phones, handhelds) Cisco EVS, as required for multi device call / data distribution. Distribution of output shall accommodate as single message output to multiple output devices (phones, wireless devices, pagers, overhead pager, email, personal phones) and multiple personal simultaneously as per programming setup and personnel contact requirements (One-to-many relationships to reach the right person, on the right device, at the right time)
 - 12.15.10.10.5.** Configure Operator console to integrate with R5 and Create the centralized Code Blue system as per requirements.
 - 12.15.10.10.5.1. Create Code Blue (and other Code) pathways for critical response/ notification leveraging the salient characteristics in section 10 to optimize this process.
 - 12.15.10.10.5.2. Use Clinical Design Workshop to determine what the Operators will have access to in the EHR (patient record) and what will be displayed.
 - 12.15.10.10.5.3. Work with RHJVAMC and project team in designing and implanting processes using this software in order to fully leverage the functions of the system.
- 12.15.10.11. Web On-Call**
- 12.15.10.11.1.** Install and configure Web-on-call software to leverage the salient characteristics described in section 10 of this proposal. and other requirements herein
 - 12.15.10.11.2.** Work with RHJVAMC for placement of shortcut on the RHJVAMC intranet.
- 12.15.10.12. Cisco Wireless Communication System**
- 12.15.10.12.1.** Contractor shall ensure or provide CISCO Unified Communications Manager 7.0 or higher with access to support the ISPCS solution.

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* Note this system is currently not in active use at RHJVAMC however is planned so system configuration is to be put in place to accommodate.

- 12.15.10.12.1.1. Application users for ISPCS solution
- 12.15.10.12.1.2. ISPCS services assigned to phones
- 12.15.10.12.1.3. Phones assigned to the ISPCS user
- 12.15.10.12.1.4. PTT button configured to launch URL to the ISPCS Alert Menu
- 12.15.10.12.1.5. CUCM ISPCS Mobility configured (if required)

12.15.11. Cisco wired desk phone / EVS system, contractor shall:

- 12.15.11.1.** Ensure that phone calls placed from notifications include details about the notification on the destination phone (wireless, or desk phone.) For example, a critical lab result notification sent to a physician's wireless phone shall include the option to Call Lab. When the Lab technician's desk phone rings, it will display that this a phone call from the Dr. X about the critical lab result for a patient. All the information should be customizable by RHJ VAMC to display only the pertinent information as defined by the RHJ VAMC as a result of a clinical workflow analysis.

12.15.12. Middleware Contractor shall:

- 12.15.12.1.1.** Configure to integrate with overhead paging, RHJVAMC paging device system, RHJVAMC email and active directory services, wireless systems (Vocera, phones, handhelds) Cisco EVS and all in scope EARS as required for multi system multi-device, multi-input, multi output data management and distribution.

- 12.15.12.2.** Configure to manage the data and communications between all of the communication event alarm response systems (EARS) and output to multiple communication outputs, systems, users,

- 12.15.12.3.** Ensure ISPCS System output is directed to VOCERA Communication Devices, Tablets, Smartphones, Cisco wired and wireless phones, email pagers and other systems

12.15.13. Reports Interfaces, Contractor shall:

- 12.15.14.** Provide, install and configure Crystal Reports Writer software on RHJVAMC provided virtual Machine.

- 12.15.15.** Configure R5, Middleware, Operator Console /Web On-call servers as appropriate to their applications.

- 12.15.16.** Integrate servers as needed to achieve goals for sole source access to all ISPCS generated data for reporting/analysis/ and alarm management.

- 12.15.17.** Configure as necessary to provide automated data transfer From ISPCS Systems to Crystal Reports Writer

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- 12.15.18.** Setup and configure user access rights, pathways etc. as needed for RHJVAMC staff to access reports and data according to their role/authority via the web –browser PDF, and Excel formats.

12.16. ISPCS Clinical Workflow Analysis Scope

- 12.16.1.** Contractor shall complete an onsite Clinical Workflow Analysis consisting of an evaluation of the ILS Unit(s) current workflows (including communication pathways and or alarm /event response systems), from a clinical perspective. The Contractor is responsible for ensuring and coordinating the completion of a “Clinical Workflow Analysis” in collaboration with RHJVAMC PM and RHJVAMC Nursing Services and ILS department staff. The Contractor shall round on each of the ILS deploying the ISPCS System Solution to observe workflows and speak with staff and management in those areas to gain insight regarding workflow efficiencies / deficiencies. The ILS evaluation shall include analysis of the current system and observation of staff performance of various tasks in order to identify gaps or breaks in communication and alarm response.

- 12.16.2.** The Clinical Workflow Analysis should be scheduled for up to one hour per ILS.

Deliverable: Clinical Workflow Analysis Assessment Report

12.17. ISPCS Clinical Alarm Design Workshop Services Scope

- 12.17.1.** The Contractor shall complete Clinical Alarm Design Workshops for each ILS/depart to ensure that the ISPCS Solutions purchased is designed for optimal performance, patient care improvement and safety, and end-user satisfaction.
- 12.17.1.1.** Coordinate Clinical Alarm Design Workshops shall be or each ILS unit deploying the ISPCS solution and follow completed Clinical Workflow Analysis
- 12.17.1.2.** Each workshop shall include Contractor subject matter experts, RHJAMC key stakeholders and unit members who will discuss findings from Clinical Workflow Analysis, define current ILS/unit workflows, recommend opportunities for improvement, and ultimately establish and graphically define the desired workflow.
- 12.17.1.3.** Contractor shall develop and deliver a Clinical Deployment Workbook to the RHJVAMC PM summarizing the clinical discovery data gathered from the team along with the diagrams depicting the ISPCS clinical workflows for RHJVAMC review and approval
- 12.17.2.** Contractor shall not begin the technical configuration of ISPCS applications until the clinical design step is completed and the Clinical Deployment Workbook is approved by RHJVAMC.

Deliverable: Clinical Deployment Workbook; **Project Deliverable(s): Clinical UAT Test Scripts, Clinical Design Workbook**

12.18. ISPCS Software Scope

- 12.18.1.** Contractor shall provide install and configure Spok Care Connect, Spok Messenger and Crystal Reports Writer Software and Crystal Reports Writer

Software and software licenses on RHJVAMC provided VMs as required to support the Project Scope.

12.19. ISPCS Software Installation Scope

12.19.1. Contractor shall deliver a complete tested and verified integrated ISPCS solution that incorporates all the minimum salient characteristics and requirements outlined in this proposal and that aligns with RHJVAMC approved, Clinical Design Workbook and R5 Requirements Assessment Report.

12.19.1.1. Integration Diagram: A high-level architectural depiction of the ISPCS Hardware, software and system integrations listed in this scope shall be provided 15 business days post-award. The ISPCS post-installation report shall be updated with the “as-built” configuration.

Deliverables: **Hardware/Software and Configuration; Integration Diagram**

12.19.2.

12.19.3. The Contractor shall deliver, install and configure all requisite ISPCS Solution application software and required licenses for the RHJ VAMC ISPCS solution.

12.19.4. Contractor shall install and configure R5 and ISPCS software applications for production and emergency fail-over operation on existing Virtual Machines (VM) provided by RHJVAMC.

12.19.5. Contractor shall ensure that RHJVAMC System Solution includes sufficient redundancy configurations and systems for all software applications to facilitate seamless failover of operations and data when circumstances require.

12.19.5.1. Contractor shall provide user-friendly functions for the complete backup and restoration of files of the entire RHJVAMC System Solution database, including stored patient data and configuration interfaces as may be required in event of failure.

12.19.5.2. Failover process must not be an automatic (active/active) process, however if manual intervention is required for failover to the backup system then the Contractor shall provide assistance and support of this activity in the IPC Solution 24x7 maintenance agreement or an equivalent support agreement.

12.19.6. Contractor shall provide the detailed system specification requirements for all VM servers needed to support the RHJVAMC System Solution described herein within 10 days of award. This includes but is not limited to specifications for all requisite R5 Nurse call system servers, middleware servers, Operator Console/Web On-Call servers and the Crystal Reports Writer Server.

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- 12.19.7. The Contractor shall develop the configuration based on the RHJ VAMC approved Clinical Design and R5 Requirements Assessment Report.
- 12.19.8. Contractor shall provide support and maintenance services to include software upgrades for all RHJVAMC System Solution software applications 24x7 x365 per formal maintenance agreement or an equivalent service level support agreement.
- 12.19.9. RHJVAMC will provide and confirm remote VPN access for Contractor's solution Provider's designated representative(s) as per VA Systems security / access regulation prior to the installation.
- 12.19.10. Whereas the RHJVAMC System Solution is to be supported remotely, remote access to ISPCS System will be maintained by the Contractor (Qualified Contractor staff with valid VA security access) and RHJVAMC in order to provide timely response and resolution of support issues to RHJVAMC once the go live has occurred.
- 12.19.11. When the software installation and configuration is complete, the Contractor shall coordinate the requisite activities with the Contractor's Installation /Implementation Specialist and RHJ VAMC stakeholders to perform onsite testing to confirm that appropriate connections are being made from input systems, that all information is flowing correctly to the designated endpoints, and that alerts being sent as per the workflows designed and escalating properly.
- 12.19.12. Post installation of systems, the Contractor's Installation / Implementation Specialist will provide a hands-on review for Healthcare Technology (HTM) and Biomedical staff of overall "as built" setup design of the system, and maintenance issues (backup and failover) and provide contact information for issue resolution during the System Solution project implantation. Additional in-depth training to be provided via formal training session and post project completion support information communicated as needed.
- 12.19.13. Contractor shall update Project Inventory with the software and license data as described in section 12.1.2.4
- 12.19.14. Contractor shall complete an "As Built" Integration Diagram after completion of software installation and full configurations
 - 12.19.14.1. Deliverables: ISPCS Hardware/Software, Integrations Design, Updated Project Inventory Report., Integration Diagram.

12.20. ISPCS Configurations & Remote Testing Services Scope

- 12.20.1. Contractor shall deliver hardware/software to RHJVAMC and install. Once in place, Contractor shall remotely develop and install the custom configurations as outlined in this solution based on the Customer's agreed upon Clinical Design Workbook, R5 Requirements Assessment Report and requirements herein
- 12.20.2. RHJ VAMC will provide and confirm remote access for ISPCS support staff prior to the ISPCS installation with receipt of Contractor completed VA security/access requirements.

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12.20.2.1.1. If the Event Response Health Alert System solution is supported remotely, remote access will be maintained for the duration of the contract in order for the solution to provide timely response and resolution of support issues after go-live has occurred.

12.20.3. The Contractor shall design and provide a comprehensive Event Pre-Test Check-Off List in MS Excel format to facilitate testing of all “in scope” call/alarms/alerts/notifications (EVENTS) in each ILS that will be configured for this project.

12.20.3.1. The Event Pre-Test Check-Off list detail shall include all components for each specific “in scope” event to ensure that no components of a flow are missed, this includes but is not limited to: ILS/Department name (where applicable) EVENT Name, originating device, destination (user and device) for each level of escalation length of any programmed delays between escalation), and the final intended destination (user and device).

12.20.3.2. This shall be used during remote pre-testing to confirm initial configurations.

12.20.4. When the initial configuration is complete, the Contractor Implementation Specialist shall coordinate with the RHJVAMC PM to remotely test the system to ensure that appropriate connections are being made from input systems and information is flowing correctly to end devices, following the workflows designed and escalating properly. Testing shall be completed as per Test Plan and requirements outlined in the Test and Evaluation Scope Section (12.12).

12.20.5. Deliverable(s): Delivery of Custom Hardware/Software and Configuration; Event Pre-Test Check-Off list for testing.

12.21. ISPCS Clinical User Acceptance Testing Services Scope

12.21.1. The Contractor shall be responsible for conducting on-site testing of the ISPCS with clinical and technical stakeholders from all ILS deploying the ISPCS solution.

12.21.2. A Clinical User Acceptance Test (CUAT) shall be performed to align RHJ VAMC’s expectations with the customized ISPCS configurations in a controlled, pre-go live setting.

12.21.3. Both Contractor and RHJVAMC technical and clinical teams will participate in order to verify messages and alarms from initiating to end devices and to obtain RHJ VAMC’s test approval prior to the general deployment.

12.21.4. If attendance by the other vendor(s) from the primary alarming equipment is required or if RHJ VAMC’s Biomed or IT departments are unable to provide staff member(s) trained on such equipment for the testing process, the Contractor shall be responsible for coordinating and contracting that effort with the appropriate vendor(s) and shall be responsible for any expenses associated there with.

12.21.5. The Contractor shall expand the Event Pre-Test Check-Off list (adding ILS details columns for Inpatient rooms to include: Room/Bed number, bathroom

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room number where applicable and a column each for verification of hardware connectivity, telephony connectivity and alarm volume. These will be used for CUAT in each IIS area, to confirm each call /alert/escalation flow, and each room 's hardware (connectivity/telephony) has been addressed. Revised document name CAUT Flow/Hardware Check-Off list.

12.21.5.1. This CAUT Flow/Hardware Check-Off list shall be delivered to the RHJVAMC PM no later than 5 business days prior to CAUT for use during the CAUT process.

12.21.5.1.1. Deliverable: CAUT Flow/Hardware Check-off list.

12.21.6. CUAT shall be planned for up to one hour per nursing unit /ILS/department however will continue until complete.

12.21.7. In the inpatient areas testing of all call/alarm/escalation flows will be confined to a sampling of patient rooms however, all rooms will be tested to verify functional hardware connectivity to the ISPCS solution and confirmation of bi-directional data transfer between the systems., Telephony connections and volume settings will also be verified at this time. All alerts/notifications that are chosen by RHJ VAMC to dispatch through the ISPCS solution will be tested,

12.21.7.1.

12.21.8. The Contractor shall provide an ISPCS Evaluation Report at the conclusion of the Acceptance Testing period. The Evaluation Report shall include: certification that the system acceptance testing has been completed and passed; an issues log including resolutions of all issues encountered during the Acceptance Testing, acknowledgment that the ISPCS system has run fault free for a period of 30 days and verification that all requirements have been met.

12.21.9. Once the system has been verified and approved the Contractor shall debrief the RHJ VAMC team (PM, Clinical Leadership, System Administrators) with the final analysis of the CUAT, and shall lead discussions focused on identifying and resolving any issues/concerns, technical hurdles, validation of the system and next steps. A signed copy of the document shall be submitted to the RHJVAMC PM / COR.

12.21.9.1. Deliverables: ISPCS Evaluation Report

Note: ISPCS solution provider shall not begin the formalized Super User Training until the CUAT is completed and the system is working properly, with the appropriate Clinical Workflow Design configured. After completion of the CUAT (and sign off of the final design, the ISPCS solution provider deliver training as agreed upon in the proposal.

12.22. ISPCS Training and Professional Services

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12.22.1. The Contractor shall develop and deliver customized training and material for the ISPCS Solution. Training design and delivery shall be planned for two separate phases as follows:

12.22.1.1. Phase I - Operator Console/Web On-Call and Vocera Staff Assignments for traditional nurse call "Assist" alarms (plus Wanderguard/Roam Alert)

12.22.1.2. Phase II - Patient Care Notifications and Automated Workflow Notifications

12.22.2. The Contractor shall provide all required training and training documentation for the ISPCS solution throughout Phase I and Phase II of the ISPCS solution deployments in each ILS as required to ensure that patient safety is maintained and that staff fully understand their roles in the new processes and functions with respect to system operation, patient safety and workflow efficiency. Contractor shall coordinate and work collaboratively with RHJVAMC Education staff and ILS/department leads in developing the education plans. The Contractor shall provide a comprehensive ISPC Training Plan that describes the overall approach that will be taken to ensure that each user type (i.e. Systems Manager/Super User, End User, Systems Technician, Operator/On-call User) has actionable knowledge of the system features and requirements relative to their role. The Contractor shall submit a sample training schedule depicting session lengths for each user-type, number of participants per session), how sessions will be staggered throughout the work day, and whether the sessions will be held in the physical ILS (patient care area) or in a class room setting. Please note that as 24x7x35 operation with a vast majority of 'users' working in active inpatient areas, training sessions shall be scheduled such that evening and night shift personnel are afforded equal opportunity to participate in on-site training. For example, training days could either start two hours before change of morning shift or end at least two hours after the change of night time shift thus adequately providing coverage for the night shift (e.e.5am-2:00pm or 12pm-9:00pm). In addition, Operator Console/Web On-call, Service Technician training and Systems Manager/Super User sessions shall be offered a minimum of 2 times across 3 alternate days, (meaning two per day one each for day and night shift coverage as required, else both during regular business hours) to account for staff schedule conflicts. End User training shall be completed across a 5-day time span with multiple sessions offered per day. Where affected by Phasing, each phase shall incorporate these same offering requirements. Training sessions for various user-types shall occur concurrently (on same days) where possible. Training Plan and proposed scheduling shall be reviewed with the RHJVAMC PM and RHJVAMC Project team and final approval shall be obtained from the RHJVAMC prior to implementation. Training shall be scheduled in collaboration with the RHJVAMC and the implantation team to coordinate effectively for Go-Live activations in each ILS. Training materials shall be approved and delivered no later than 14 business days prior to the first scheduled Go-Live.

12.22.3. Training Follow-up: Contractor shall provide on-site 'after training' services to include rounding on all ILS training locations no less than 30 days and

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no greater than 40 days following initial education. During this time, they will note any training deficits and make arrangements for remediation.

12.22.4. Deliverable: ISPCS Training Plan

12.22.5. Operator Console and Web On-Call Training for Communication Operators and On-call Schedulers.

The Contractor shall provide training to convey an understanding of the overall ISPCS solution, the Operator Console, Web On-call system and the Centralized Code Blue systems, their purpose, and their use. They shall instruct attendees on the system components, functionality, support processes, content configuration, troubleshooting, report features (what they are, how to access) and the best practices and strategies for achieving optimal outcomes. Expected participants include RHJVAMC telephone operators and RHJVAMC Web On-Call super users (ILS schedulers/educators/managers who will train others outside of the patient care staff). This training shall be tailored for those responsible for setup, administration, user support, maintenance, access, and daily use of the Operator Console and Web On-Call systems as well as their training of others in their use. Following the training attendees shall be fully qualified to operate the Operator Console and Web On-call functions of the ISPCS. RHJVAMC specific functionality as per RHJVAMC approved Clinical Design Workbook shall be included in the training for optimized efficiencies in workflow. In addition to training on the base system features, functions and usage, training shall include but are not limited to: an in-depth review of RHJVAMC CODE Call processing and escalation pathways (using RHJVAMC code diagrams); Operator interfaces to patient records and employee contact information; actions associated with automated on-call schedule updates and how these occur; instruction on how to leverage the system features in daily operation and any contingencies/problems to monitor or watch for in both systems. Finally, training shall include general information/tips/tricks/how-to's for use of these systems. The expected attendance is (30) students. The expected duration is over course of 3 days, 2 sessions per day (one to cover night shift the other to cover day shift) with onsite delivery at the RHJ VAMC. Portions of this training shall be 'hands on' and conducted in a "Live" environment utilizing all equipment in current deployment

Contractor shall provide training materials that contain RHJVAMC site specific operations and call flows (from approved RHJVAMC Clinical Design Workbook), overview of system features (purpose, function) stepwise instructions (deployable) as to how to access and leverage the system features and reports, quick reference guides (tips/tricks/and how-to's) for use of both the Operator Console and Web On-call Scheduling, and points of contact for questions and troubleshooting. Training material content shall be structured in a manner that permits ready access to specific areas/topics of information within the document (e.g. table of contents and grouping of information into logical subsets). The contractor shall deliver up to 30 copies of each user manual type (Operator Console and Web On-Call, and three (3) Operator Console and Web On-Call training DVDs where each DVD contains a complete set of the training content in PDF or MSWord format. For hardware and software installations where manufacturer installation and user guides are available Contractor shall provide those as well in the form of two (2) hard copies of each document plus electronic versions in PDF

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or MSWord. For use by the Super Users/ Educators/schedulers in providing requisite user training on these systems the Contractor shall provide one (1) - single page format, quick reference guide for each system: 1) Operator Console and 2) Web On-Call. Contractor shall provide twenty hard copies of each Quick Reference Guide and copies in electronic format (MS WORD or PDF) for local printing and distribution as needed. Electronic copies shall be delivered to the RHJVAMC PM or COR no later than 10 business days prior to the first training session.

12.22.5.1. Deliverables:

12.22.5.1.1. Custom Operator Console and Web On-Call Training Documentation (Hard Copies)

12.22.5.1.2. Custom Operator Console and Web On-Call Training Documentation DVD

12.22.5.1.3. Manufacturer User / Installation Guide (2 copies each, plus one electronic)

12.22.5.1.4. Single-page Quick Reference Card for each application (Operator Console and Web On-Call Access/Scheduling (20 hard copies, 1 copy electronic format for local printing and distribution).

12.22.6. Systems Manager / Super User / Management Training

The Contractor shall provide attendees an understanding as to purpose, use, general operation of the R5 and ISPCS systems. They shall instruct attendees on ISPCS functionality and components, support processes, content configuration, report features (what they are, how to access) best practices and strategies for achieving optimal outcomes, and process for troubleshooting and issue escalation. Content shall be designed to reflect and support the RHJVAMC customized ISPCS functionality to include but not limited to: Staff Assignment (setup, use, logon monitoring, maintenance). R5 patient setup and related system functions, R5 staff terminal use based on RHJVACM defined call flows, an overview of RHJVAMC's Centralized Code Blue/General Code Systems using RHJVAMC specific call flow diagrams, in-depth review of "in scope" alert/alarm and notification call flows/escalations for each RHJVAMC ILS, review of general access requirements and use of the Web On-Call system a review of applicable system reports (access and application). Training should also include in-depth coverage of available reports for safety monitoring, process improvement, alarm management, workflow analysis and other needs. The Contractor shall briefly discuss the User Training documentation, and general information/tips/tricks/how-to's/quick reference guides for use of these systems, and shape instruction so that following receipt of this training, attendees will be qualified to provide Super User and End User training to others.

Training material for these sessions shall cover the course content and shall be structured in a manner that permits ready access to specific areas of information within the document (e.g. table of contents and grouping of information into logical subsets) Contractor shall also provide single page quick reference cards for each of the following:

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Staff assignment – logon, setup, basic use, R5 patient /room specific setup, modification use (as applicable), and Web On-Call (logon, access, use). Training material content. The expected attendance is 40 students. The expected duration is over course of 3 days (3 sessions per day, one to cover night shift two to cover day shift) for each ISPCS phase with onsite delivery at the RHJ VAMC. Portions of this training shall be ‘hands on’ and conducted in a “Live” environment (an emptied patient room), utilizing all equipment in current deployment. The Contractor shall provide System Manager / Super User Training Materials in the form of hard copy to each course attendee to include all content of the course. In addition, the Contractor shall provide two System Manager Training DVDs, 20 copies each of each quick reference card. Each System Manager Training DVD shall include all training material content (in MSWord and or PDF format for additional printing as needed) and any additional content presented during the class. Electronic media to be livered to the RHJVAMC PM or COR no later than 10 days prior to first training session.

12.22.7. Deliverables:

12.22.7.1. System Manager Training Materials (Hard Copies)

12.22.7.2. System Manager Training DVDs

12.22.7.3. Quick Reference Guides.

12.22.8. End User Training

The Contractor shall provide training to convey an understanding of the overall R5 and ISPCS solutions, convey an understanding of their purpose, and their use. User training materials for these sessions are intended for any staff members that interact with patients or providers in the context of the system but that do not need advanced system management knowledge or troubleshooting skills. The training topics shall include but are not limited to: Staff Assignment (setup, user access, use, logon monitoring); R5 patient setup and related system functions (if not covered in R5 Training); R5 staff terminal usage based on RHJVACM defined call flows; an overview of RHJVAMC’s Centralized Code Blue/General Code Systems using RHJVAMC specific call flow diagrams; review of “in scope” alert/alarm and notification call flows/escalations for each RHJVAMC ILS by phase, review of general information access requirements and use of the Web On-Call system, and overview of applicable reports. Following receipt of this training, attendees shall possess the general information needed to complete their staff assignments for Vocera routing, navigate and utilize the R5 Staff Terminals in Inpatient care areas, access and leverage the Web On-Call system, understand the call flow/escalations for their ILS, be able to run and leverage ISPC reports pertinent to their role, and know their points of contact for troubleshooting and issue notification. Contractor provided tips/tricks/how-to’s for these functions should accompany the training as well as single page quick reference guides as noted in the Super User Training section. User training shall be conducted in small groups of no more than 15 students per class, over a total student base of approximately 120 students. Portions of this training shall be ‘hands on’ and conducted in a “Live” environment (an emptied patient room), utilizing all equipment in current deployment. The expected duration is

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over the course of 5 days for each ISPCS phase, with multiple sessions per day scheduled to meet both day and night shift training requirements with onsite delivery at the RHJVAMC.

The Contractor provided End User Training Materials shall include: detailed section on Staff Assignment (logon, setup, logon monitoring and use) ; Web-On Call System (login, access, use), R5 patient setup and related system functions that are necessary for patient care/monitoring (even if covered in R5 training); R5 Staff Terminal (use), RHJVAMC call flow/escalations diagrams for all “in scope” alarms/notification, RHJVAMC Centralized Code Blue call flow diagram, pertinent reports for their roles (where they located, how to access), general information(tips/tricks/how-to’s and quick user guides) as needed to navigate and utilize the system in a patient care or provider support area, and points of contact for questions and troubleshooting. Training material content shall be structured in a manner that permits ready access to specific areas of information within the document (e.g. table of contents and grouping of information into logical subsets).

The Contractor shall provide complete End User Training Materials in the form of one (1) hard copy to each department/ILS manager (to be stored in the department/ILS) and quick reference guides to each session attendee. In addition, the Contractor shall provide two End User Training DVDs delivered to the RHJVAMC PM or COR at least 10 business days prior to start of first training session. Each End User Training DVD shall include all training material content as well as any additional content presented during the class in MSWord or PDF format.

12.22.8.1. Deliverables:

12.22.8.1.1. End User Training Materials (Hard Copies)

12.22.8.1.2. End User Training DVDs

12.22.8.1.3. Quick Reference Guides

12.22.9. Systems Technician Training and Training Materials

The Contractor shall provide training on basic software and hardware support for the Responder 5 nurse call, vendor supplied: Operator Console, Web On-Call, Crystal Reports Writer and “Middleware” system architecture and infrastructure to include all installed system integrations developed through this proposal. Training shall also cover in-room R5 equipment installation, maintenance and systems monitoring reports (where they are, benefits, and how to access) server maintenance requirements, return merchandise processing, troubleshooting, support escalation procedures and Vendor contact information. The Contractor shall shape instruction around the RHJVAMC installation specifications and toward the goal that attendees will be able to provide hands-on technical support after attending the session. The expected attendance is 10 students. Training shall occur on site at the RHJVAMC and for this group shall be delivered any time Monday to Friday between the hours of 8:30 am and 3:30pm

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Monday-Friday. The expected duration is over course of 2 days 1 session per day with onsite delivery at the RHJ VAMC. The Contractor shall provide System Technician Training Materials in the form of hard copy to each course attendee covering all course content (10 copies). Training material content shall be structured in a manner that permits ready access to specific areas of information within the document (e.g. table of contents and grouping of information into logical subsets. For all hardware and software installations where manufacturer installation and user guides are available those should be provided as well in the form of two hard copies of each and delivered to the Systems Technician Management team. In addition, the Contractor shall provide two System Technician Training DVDs delivered to the RHJVAMC PM or COR. Each System Technician Training DVD shall include all training materials content as well as any additional content presented during the class. System Technical Training shall occur at each location no later than 10 business days prior to the system acceptance date.

12.22.9.1. Deliverables:

12.22.9.1.1. System Technician Training Materials (Hard Copies)

12.22.9.1.2. System Technician Training DVDs

12.23. ISPCS Cutover Go-Live / Post Go-Live Scope:

Contractor shall provide and manage transition for ISPCS Phase I and ISPCS Phase II using RHJVAMC approved Cutover Plan (Section (12.1.1.3) to ensure a safe efficient seamless transition from legacy Connexall / Vocera integration Staff Assignment structure in the inpatient areas and effective transition of staff in all ISPCS ILS locations of the new communications, on-call scheduling and centralized code blue systems (At minimum the following items shall be addressed through that plan:

- Completion of all CAUT activities in accordance with the Test Plans
- Completion of all training for all ILS applicable as per ISPCS Phase I and Phase II System Training requirements.
- Coordination of ILS area cutovers scheduling (times/dates) for each phase with RHJ VAMC PM, RHJVAMC stakeholders (i.e. telephone operators, clinical staff and administrative support staff),
- Submission of system certification letter and a final call / alarm/ event notification and work flow diagrams, for the new ISPCS for each Phase and each ILS/department system to RHJ VAMC PM and COR.
- Coordination and provision of cutover Go-live support, Post-go-live support, and Post-go-live tracking.
- Submission to RHJVAMC for decommission / abatement approval by ILS.

12.23.1. Once all phases have been completed and RHJVAMC has signed approval for decommission Contractor shall document the Connexall legacy system for decommission on the Cutover Plan and schedule and complete tasks of decommission, abatement and disposal of materials as per written direction of RHJVAMC.

12.24. ISPCS Close-Out Scope:

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12.24.1. Performance of closeout inspection with RHJ VAMC PM and ILS/ department management, and completion of any punch list items as required. Contractor shall repeat above process for each department as scheduling permits.

12.24.2. Contractor shall provide full ISPCS system documentation to include shop drawings, product data submittals, test documents, final work and call flow diagrams, final as-built network diagrams, final As-Built drawings of each ILS /department and all interfaces, installation and training literature, closeout documentation, and Spok Care Connect. Provision of continued hardware/software support after closeout.

12.25. CEARS ADMINISTRATOR

Contractor shall provide a one-year contracted CEARS Administrator position with four (4) one-year renewal options. The performance requirements, and work that shall be performed by the CEARS Administrator at the Ralph. H. Johnson VA Medical Center per this solicitation are as follows: The onsite administrator's responsibilities include, but are not limited to: daily, weekly, monthly, quarterly, and annual activities and duties related troubleshooting, maintaining, monitoring and reporting on the Rauland Responder 5 system, ISPCS and integrated associated systems (Vocera Wanderguard/Roam Alert, Space Labs, BMS, VistA Operator Console/Web On-Call, Crystal Reports Writer).

CEARS Administrator Work Objectives:

- Provide an onsite system administrator for 40 hours a week for 52 weeks totaling 2,080 hours / year. The 2,080 hours per year includes up to a maximum of 120 hours per year of paid time off/leave, 48 hours of holiday time.
- Onsite system administrator will complete all hospital onboard orientation and any requisite security training required of a contractor/subcontractor.
- Onsite system administrator will act as the primary point of contact for RHJVAMC as it relates to the Rauland-Borg Responder 5 nurse call system and ISPCS.
- Provide design optimization, rule changes, user profile additions/modifications, database updates, device assignments, and ongoing end user training for the medical units using the ISPCS and associated integrated systems.
- Consult on clinical workflow design recommendations with medical staff that use or will use the ISPCS and associated integrated systems.
- Provide oversight for end user device management for the medical units using the ISPCS and associated integrated systems.
- Provide issue escalation management for the medical units using the ISPCS and associated integrated systems.
- Provide training/orientation management for the medical units using the ISPCS and associated integrated systems. Provide end user rounding/satisfaction management for the medical units using the ISPCS and associated integrated systems to solicit input, coach end users and proactively identify opportunities to improve utilization.
- Provide the primary on-site technical support for the ISPCS and associated integrated systems.

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- Provide report management for the medical units using the ISPCS and associated integrated systems.
- Provide daily, weekly, monthly, quarterly and annual usage analysis and system health reports to designated RHJVAMC POC.
- Provide assessments and suggested improvements for new areas, or areas with workflow performance bottlenecks.
- Perform daily Staff Assignment usage monitoring and reporting. Report statistics weekly to designated RHJVMC POC. Work with staff and management to maintain 98% user compliance.
- Provide a review of the current state and future state workflow design capabilities of the system for the medical units using the ISPCS and associated integrated systems.
- Lead all new employee user orientation training for the hospital and units using the ISPCS and associated integrated systems. Facilitate all new deployments, expansions, and upgrades efforts for the hospital and medical units using the ISPCS and associated integrated systems.
- Lead technical support secessions and collaborate with ISPCS and associated integrated systems support and the RHJVAMC's support staff to include applying services packs and hot fixes.

Specific Work Requirement Deliverables:

1. ISPCS Workflow Management

- Establish process for submitting workflow changes and documenting workflows.
- Add/edit/remove profiles, users, groups and maintain address book for each unit/department.
- Identify opportunities to improve ISPCS performance and adoption and act on implementing the improvements.
- Work with clinical and non-clinical departments to keep various database entries up to date and make recommendations to enhance workflows.
- Own application of ISPCS service packs and hot fixes.
- Perform and report system health check analysis.

2. ISPCS Training/Orientation Management

- Develop/deliver training for new employee orientation.
- Establish process for on boarding of new ISPCS users.
- Establish process for report review and recommend interventions for users experiencing less than optimal utilization.
- Develop and maintain training materials as needed, and make available to staff for self-review.
- Maintain at least one super user for each unit and shift.

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- Provide upgrade training and documentation for distribution when changes in functionality affecting end users.
- Provide administrator level education on solution functions and utilization reporting.

3. ISPCS End User Satisfaction Support

- Develop, distribute and analyze ISPCS user satisfaction survey.
- Survey RHJVAMC staff once a year to collect formal feedback and quantifiable measure of satisfaction with ISPCS.
- Facilitate user group meetings to discuss ISPCS issues, lessons learned and process improvements.
- Deploy changes to ISPCS program management as approved by senior level RHJVAMC representatives.

4. Contractor ISPCS Issue Escalation Management

- Develop and maintain formal processes for reporting of ISPCS issues.
- Address ISPCS issues regarding equipment, database, and users – escalate issues regarding network or servers to appropriate RHJVAMC contact.
- Own all level 1, 2, and 3 support needs and respond to all user and system platform issues, with Contractor Remote Help Desk as backup.
- Track and trend ISPCS issues to institute process improvements where possible to reduce issue escalations and mitigate risk to patient safety.
- Follow up with issue reporter and RHJVAMC designated POC to provide update status and resolution.
- Update ISPCS software with services packs and hot fixes.

5. ISPCS Report Management

- Review and evaluate reports and provide consultation to using units, network staff and other key stakeholders regarding optimization and safe use of the ISPCS and associated integrated systems.

6. ISPCS Device Management

- Assist RHJVAMC in maintaining end user device inventory.
- Assist RHJVAMC in collecting devices and process for RMA.
- Assist RHJVAMC in troubleshooting issues with the mobile devices and act as a liaison between the device and/or wireless manufacturer.
- Assist RHJVAMC label and distribute devices for new deployments and replacements.

7. Rauland-Borg Responder 5 Nurse Call and ISPCS Assurance Renewal Responsibilities:

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- Responsible for initiating annual renewal of the Software Maintenance Assurance agreement, which provides remote technical support, help desk and software maintenance services for Rauland-Borg Responder 5 nurse call as well as the support agreements for the ISPCS. All assurance renewals must be reviewed and approved by the RHJVAMC and renewed at RHJVAMC's expense.
- Software Updates and Maintenance Services will periodically be provided, as they are made available throughout each year. Updates shall be scheduled by the CEARS Administrator in collaboration with RHJVAMC leadership and all stakeholders. Updates shall be performed after hours, as needed.

CEARS Administrator Travel, Time and Attendance

Travel and Other Direct Costs: CONTRACTOR shall understand that the Government anticipates travel under this effort to perform the tasks associated with the effort, as well as to attend program-related meetings or conferences throughout the period of performance. The Contractor's proposal for this CEARS Administrator position shall include all estimated travel costs in a firm-fixed price line items. CONTRACTOR shall understand that these costs will not be directly reimbursed by the Government.

Time & Attendance Reporting: RHJVAMC will issue a VHA contractor badge to the CEARS Administrator. The CEARS Administrator will use an CONTRACTOR hosted time tracking solution for recording time and attendance.

Issue Resolution: The CEARS Administrator position shall report to the Medical Facility designated manager in addition to CONTRACTOR's Support Manager. Additional feedback will be given to the prime contract holder.

Extended Absence: If the CONTRACTOR provided CEARS Administrator requires extended time off under the Family Medical Leave Act or other reasons that go beyond the PTO available, CONTRACTOR will notify the manager of the RHJVAMC and Prime contractor of the situation immediately. CONTRACTOR will find a temporary or permanent replacement with the objective to minimize disruption to the RHJVAMC and meet the contract objectives.

12.25.1. Deliverable: Service Level Agreement for CEARS Administrator

12.26. Software

- 12.26.1. Crystal Report Writer 11 Professional Edition
- 12.26.2. Spōk Console Voice with a Smile Administration Software – Recorder
- 12.26.3. Spōk Console Directory Import/Export (EDIX)
- 12.26.4. Spōk Console Park and Retrieve Software
- 12.26.5. Staff Assignment Application for Spōk Messenger - Basic (Vocera)
- 12.26.6. Patient Care Gateway Interface for Spōk Messenger System - SpaceLabs CEI Server
- 12.26.7. Spōk Console Directory Import/Export (EDIX)
- 12.26.8. SMTP/Email Interface for Spōk Messenger system
- 12.26.9. Reporting Interface for Spōk Messenger system
- 12.26.10. Vocera Wireless Telephone Interface for Spōk Messenger System

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- 12.26.11. Nurse call system interface for Spok Messenger - Westcom
- 12.26.12. Nurse call system interface for Spok Messenger - Rauland Borg
- 12.26.13. Messenger HL7 Workflow Adapter - Unlimited connections - Vista
- 12.26.14. RTLS Events Interface for Messenger - Incoming location events processing - Stanley
- 12.26.15. Secure EMR patient data integration (Messenger)
- 12.26.16. Pager database synchronization for Messenger and Spok Console
- 12.26.17. VM High Availability Solution for Messenger
- 12.26.18. Rauland-Bourg Responder 5 Alarm Management Platform.
- 12.26.19. Rauland-Bourg Responder 5 - Telephone,
- 12.26.20. Rauland-Bourg Responder 5 5 - PC Console,
- 12.26.21. Rauland-Bourg Responder 5 5 - Assignment Client,
- 12.26.22. Rauland-Bourg Responder 5 5 - Reports Manager,
- 12.26.23. Rauland-Bourg Responder 5 5 - SMA (Service Maintenance Agreement License

12.27. Software Licenses:

- 12.27.1. The contractor shall provide all software licenses for the Rauland-Bourg Responder 5, Spok, and Crystal Reports Writer system applications as well as any others required to support the system interfaces and integrations in the RHJVAMC System Solution project scope described herein.

12.28. Support. Service and Maintenance:

- 12.28.1. The RHJVAMC System Solution designed through this project scope is a complex integration of disparate systems and software. As this system encompasses life safety and critical communication applications any disruptions in service must be managed and resolved expeditiously in order to mitigate patient risk and / or disruption in care. Managed Support Services with a centralized call center are desired by RHJVAMC to accomplish this.
- 12.28.2. The following systems must be supported and maintained via the Managed Support Services: Rauland-Bourg Responder 5, Spok Care Connect, Spok Messenger, Crystal Reports Writer and all interfaces developed through this project scope. For the purpose of clarity, these applications will collectively be referred to as the RHJVAMC Communication Event Alarm Response System or "CEARS"
- 12.28.3. The Contractor shall serve as the sole responsible party to RHJVAMC with complete responsibility for all aspects of the managed services support for the

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RHJVAMC CEARS system to include Manufacturer/product vendor supplied software updates, firmware updates, on and off site technical services, labor, equipment, and materials and other items as described below:

- 12.28.3.1.** Contractor shall be responsible for provision of all personnel, equipment, tools, and materials to manage and perform the duties and responsibilities necessary to support RHJVAMC CEARS.
- 12.28.3.2.** Contractor shall provide all personnel, equipment, tools, and materials to manage and perform the duties and responsibilities necessary as defined in this Statement of Work, (SOW).
- 12.28.3.3.** Support and maintenance services shall begin as soon as each system in the Project Scope is accepted by RHJVAMC as complete and fully operational. The support shall be prorated based on the system acceptance dates and end at the end of the 12-month base period.
- 12.28.3.4.** Contractor shall provide call center/service desk support for the RHJVAMC CEARS environment in a twenty-four hour per day / seven days per week / 365 days per year (24/7/365) model with full technical staff coverage Monday through Friday from 08:00 am to 08:00pm ES. Support services during non-business hours shall be available via toll-free phone and email contact.
- 12.28.3.5.** The Contractor shall provide remote Tier I help desk support (basic trouble shooting) of the RHJVAMC CEARS from the acceptance date of each subsystem with in RAJVMC CEARS until the end of the base period. The Contractor shall elevate to Tier II support, Tier III, remote or onsite, as needed.
- 12.28.3.6.** A maintenance call placed by designated VA staff after business hours shall be accommodated and triaged by support personnel.
- 12.28.3.7.** Agreement shall include provisions for 24/7/365 support coverage with minimal response time to support calls and email. As these are life safety and high impact communication systems response times, especially during critical outages, is a high priority for RHJVAMC. Minimum times to first contact from call center/service desk/after hours on-call shall be as follows:
 - 12.28.3.7.1.** Response time during business hours shall be less than:
 - 12.28.3.7.1.1.** One hour for high priority calls (systems 'down' or incident is affecting multiple users or safe operations).
 - 12.28.3.7.1.2.** Two hours for standard calls.
 - 12.28.3.7.2.** Response time during non-business hours:
 - 12.28.3.7.2.1.** Two hours for high priority calls (systems 'down' or incident affecting multiple users or safe operations),

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12.28.3.7.2.2. Four hours for standard calls.

12.28.3.8. In the event of system failure, or critical incidents affecting multiple users or safe operation, Contractor technicians shall be onsite to repair the problem within four hours.

12.28.3.9. Managed services agreement shall include all software update and firmware upgrade products offered by the manufacturer (s) of applications in the RHJVAMC CEARS environment during the 12 -month base period.

12.28.3.9.1. Contractor shall be responsible for tracking new releases of all CEARS based software, notifying RHJVAMC of availability, and scheduling to install.

12.28.3.9.2. Contractor shall provide onsite installation services by qualified technicians for all RHJVAMC CEARS software updates and firmware upgrades.

12.28.3.10. The Contractor shall perform all required repairs and equipment replacements. All equipment replacements shall be completed by the Contractor within five business days after notification from the COR. Functioning substitutes are required during repairs for continuity of service and least impact to the end user. RHJVAMC will arrange access to any equipment requiring replacement or repair.

12.28.3.11. Contractor shall apprise RHJVAMC of any product manufacturer offering or upgrade paths.

12.28.3.12. Contractor shall include in the Service Level Agreement provisions for a Monthly service report wherein all calls to the Managed support desk are listed with Time/Date of call, user designated priority level, system reported, incident definition (failure, update replacements), incident data, response time, escalation time, time to resolution

12.28.3.13. The Contractor shall detail all failures, updates, and replacements in the Monthly Progress Report.

12.28.3.13.1. Deliverable: Monthly Failures, Updates, and Replacement Report

12.28.4. Base year Managed Software Maintenance Agreement) (SMA) shall be included in proposal price. Continuation of SMA, if option years are executed, shall begin one year from issuance of Contractor Certificate of Warranty. At what point is this certificate issued? If by installation department dates will vary,

12.28.5. Contractor shall provide a Service Level Agreement (SLA) detailing support hours, response, times, response to resolution times, escalation times, listing software and hardware include in agreement, and exact services to be provided (Break-Fix services on equipment replacement software updates, coordination of support with product vendors etc.), support prioritization levels, support type levels and other details pertaining to their managed support services.

12.28.5.1. Deliverables: Software Support and Maintenance

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12.28.5.2. Note: s an example of maintenance call history for in-Room equipment support for a 100-bed hospital, VA average support statistics show that hospitals can expect estimated call volume of 250 calls total per year with 25 calls being received per month initially.

12.29. Warranties:

- 12.29.1.** The Contractor shall provide full manufacturer warranties for all equipment and software installed as part of the RHJVAMC CEARS system.
- 12.29.2.** Contractor shall provide a minimum one-year installation warranty on for all equipment, software, and materials incidental to the Project Scope.
 - 12.29.2.1.** Warrantee shall begin at time of RHJVAMC system acceptance.
 - 12.29.2.2.** Contractor shall notify RHJVAMC of any available extended warranties.
 - 12.29.2.3.** Deliverable: Warrantee documentation

12.30. Support Services and Maintenance, Licenses, Onsite Systems Administrator Renewal (Option Periods 1,2,3, and 4)

- 12.30.1.** If an Option Period is exercised by VA, the Contractor shall provide:
 - 12.30.1.1.** R5, Spok, Crystal Reports Writer and ISPCS integration support services and maintenance as described in Section (12,28)
 - 12.30.1.2.** CEARS Administrator as per section (12.25)
 - 12.30.1.3.** Software Licenses for: the Rauland-Borg Responder 5, Spok, Crystal Reports Writer applications and any others as needed to support the system interfaces and integrations in the RHJVAMC System Solution.

12.30.2. Deliverables:

- 12.30.2.1.** Support Services and Maintenance Agreement
- 12.30.2.2.** Software Licenses
- 12.30.2.3.** CEARS Administrator Agreement

12.31. Billing Terms

- 12.31.1.** Contractor shall invoice for all software and hardware upon delivery.
- 12.31.2.** Contractor shall invoice on a monthly basis according to work performed the prior month.
- 12.31.3.** If option years are awarded, Contractor shall invoice for optional Software Service Agreement and Labor Service Agreement annually, in advance.

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12.31.4. All items proposed shall be commercially available, OPEN MARKET items.

12.31.5. The onsite administrator to be billed in 12 equal, monthly installments to total the annual price listed.

12.31.6. **INVOICES:**

12.31.6.1. Payment will be made upon receipt of a properly prepared detailed invoice, prepared by the Contractor and submitted through Tungsten Network (formerly known as OB10)
<http://www.tungsten-network.com/us/en/>

12.31.6.1.1. A properly prepared invoice shall contain:

- Invoice Number and Date
- Contractor's Name and Address
- Accurate Purchase Order Number
- Supply or Service provided
- Period Supply or Service Provided
- Total Amount Due

12.31.6.1.2. Contractor must submit electronic invoices through the Tungsten Network payment processing, free of charge.

12.31.6.1.3. Invoices must be submitted on a monthly basis.

12.31.6.1.4. If Contractor has questions about the invoicing program or Tungsten Network, contact information is as follows:

- Tungsten e-Invoice Setup Information: 1-877-489-6135
- Tungsten e-Invoice email: VA.Registration@Tungsten-Network.com.
- FSC e-Invoice Contact Information: 1877-353-9791
- FSC e-Invoice email: VAFSCCSD@VA.GOV
- Web address: [HTTP://WWW.FSC.VA.GOV/EINVOICEASP](http://WWW.FSC.VA.GOV/EINVOICEASP)

13. **Bill of Materials:**

Item #	Part Number	Description/Part Number*	Qty
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1	DIGI PORT-1	Digi 1 Port RS232/IP Converter	2
2	SDCVSII	VWAS Kit with TMP 609 & USB Adapter	4
3	SDCKEYBOARD	Spök Console Keyboard - USB	4
4	EMODEM	External Modem	1
5	KIT-DELL-WORKSTATION-MONITOR	PC DELL; OPTIPLEX; with keybd, mouse, with monitor	5
6	USB MICROPHONE	USB Microphone	5
7	SSO-IS	Single Sign On – Using Passthrough authentication, AD authentication, or 3rd party web portal cookie authentication. Customer is responsible for obtaining and purchasing the appropriate SSL certificates as well as the ongoing renewals. Customer is responsible for notifying Spök Support 30 days before the license is due to expire	1
8	S105-1001	Spök Console Site License	1
9	S105-1003	Spök Console Workstation License	4
10	S105-1005	Spök Console Administration License	1
11	S105-1007	Spök Console Paging Software License	1
12	S105-1008	Spök Console Park and Retrieve Software	1
13	S105-1012	Spök Console Directory Import/Export (EDIX)	1
14	S105-1020	Spök Console Voice with a Smile Administration Software - Recorder	1
15	S105-1021	Spök Console Voice with a Smile Software License	4
16	S110-1201	Spök Web - Site License	1
17	IF STAFFAS GEN	Staff Assignment Application for Spök Messenger - Basic (Vocera)	1
18	MS 2000 SITE	Spök Messenger - Site License - includes: Unlimited User Client Licenses Unlimited Recipient Licenses	1
19	IF PCDGL BEDS-C	Patient Care Device Gateway License for Spök Messenger System (>200 Monitored Beds)	1
20	IF SPACECEI	Patient Care Gateway Interface for Spök Messenger System - SpaceLabs CEI Server	1
21	IF EMAIL	SMTP/Email Interface for Spök Messenger system	1
22	IF STATS	Reporting Interface for Spök Messenger system	1
23	IF VOCERA	Vocera Wireless Telephone Interface for Spök Messenger System	1
24	IF STDNC	Nurse call system interface for Spök Messenger - Westcom	1
25	IF STDNC	Nurse call system interface for Spök Messenger - Rauland Borg	1
26	IF HL7WFA	Messenger HL7 Workflow Adapter - Unlimited connections - Vista	1
27	RTLS_EVENT	RTLS Events Interface for Messenger - Incoming location events processing - Stanley	1
28	IF PATIENT DATA	Secure EMR patient data integration (Messenger)	1
29	DBSYNCHRO	Pager database synchronization for Messenger and Spök Console	1

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30	MS-VM-HA	VM High Availability Solution for Messenger	1
31	SCI-TAY	Integrated Staff and Patient Communications System Professional Services	1
32	R5-SMA	Rauland/Alarm Management Platform Licensing and Maintenance - Base year.	1
33	Onsite Administrator	Professional Services: Onsite Administrator - Base Year	1
34	351205	VoIP Nurse Console V2	13
35	351310	VoIP Staff Terminal V2	178
36	352021	Domeless Controller v2	69
37	353100	Duty Station	69
38	352000	Corridor Light	231
39	350202	Enhanced Pillow Speaker	146
40	353001	Enhanced Single Patient Station	136
41	350022	Clear Button Cover For 353001	136
42	NCBED5	R5 Feature Bed Recep - 37 Pin	136
43	350302	Feature Bed Control Module	136
44	NCLV120	Low Volt Lt Control - 120V	136
45	354018	2-jack Station	216
46	354015	Staff Assist / Code Station	129
47	350008	Clear Station Cover	129
48	354000	Pull-cord Station With Audio	157
49	354001	Pull-cord Station	81
50	353101	Staff Station	24
51	350100	Call Cord W/tilt Release Din	43
52	350002	L-net T-tap Module	12
53	350003	L-net Term Resistor	12
54	350017	L-net T-tap Insulator	14
55	350018	8-pin Inline Connectors	32
56	8518	Pillow Speaker Strain Relief Kit	166
57	9598	Pillow Speaker Hanger Mount	166
58	7441	Presscall Specialty Call Cords	12
59	7351	Airpad Specialty Call Cords	12
60	7407	Mech Pad Specialty Call Cords	12
61	7402	Ezcall Specialty Call Cords	12
62	7380	Breathcall Specialty Call Cords	12
63	7396	Breathcall Replacement Straw Kits	12
64	BCCX	Universal Breakaway Cables	136

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65	AMHWI	Existing Headwall Insert Hardware	136
66	WPA-0005	TV Set Wall Plate	136
67	JU36-030	TV Set Control Jumper 3'	136
68	IPCPTD	Custom Back Plate Cover Dome	231
69	IPCPTP	Custom Back Plate Cover Patient Stations	136
70	STGSK062	Staff Terminal Gasket Seals	1
71	WP226	Responder 5 Power Cable	40
72	WP4246	Responder 5 Data Cable	74
73	202010J	Cat6 Connector Pack	3
74	DE4ECU2	Work Tent Liners	3
75	R5-ITTR	R5 Training Class Server IT	4
76	R5-CETR	R5 Training Class Clinical Eng	4
77	ECCONB	Conduit, Boxes, J-Hooks	1
78	FSONEMAX	Hilti Firestop FS One Max	3
79	MPSCON	Misc Install, Freight, Travel, Parking	1
80	RC1LBW	One (1) Year Labor Warranty	1
81	Shipping	Shipping	1
82	NC2828	Head-End Equipment Cabinet	10
83	351102	Wall Mounting Cabinet-head-end	18
84	351001	Branch Regional Controller V2	10
85	351003	Power Supply W/batt. Backup	78
86	351004	8 Port Ethernet Switch W/poe	30
87	351006	Fiber Optic Adapter Module	18
88	351205	VoIP Nurse Console V2	2
89	350018	8-pin Inline Connectors	2
90	355STG	TAP-SIP Gateway	1
91	355005	Responder SIP Server	1
92	355002	R5 License - Telephone	10
93	366102	R5 License - PC Console	10
94	366104	R5 License - Assignment Client	10
95	366200	R5 License - Reports Manager	10
96	366402	Interface-HL7(ADT)	10
97	366403	Interface-Resp Sync	10
98	369100	R5 SMA License	1
99	WP226	Responder 5 Power Cable	2
100	WP4246	Responder 5 Data Cable	4
101	WPR172B	Responder 5 Fiber Optic Cable	6
102	WPR4240	Responder 5 Fiber LC Fittings	76
103	WPR4270	Responder 5 Fiber Enclosure	12

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104	WPR8943	Responder 5 Fiber Kit	1
105	90-5000-2M	Fiber Optic LC Patch Cables	36
106	202010J	Cat6 Connector Pack	1
107	DE4ECU2	Work Tent Liners	1
108	ECCONB	Conduit, Boxes, J-Hooks	1
109	FSONEMAX	Hilti Firestop FS One Max	3
110	MPSCON	Misc Install, Freight, Travel, Parking	1
111	W-1RP-E-WX-00	Crystal Reports 11 Professional Edition	1
112	210-ABOJ-1	EqualLogic PS6210E, High Capacity 7.2K NL SAS 3.5" Drives	1
113	210-ABOJ-2	EqualLogic PS6210E, High Capacity 7.2K NL SAS 3.5" Drives	1
112	PRO-SERVE	Turnkey Installation Professional Services for Rauland and the virtual server environment	1

GENERAL REQUIREMENTS

ENTERPRISE AND IT FRAMEWORK

The Contractor shall support the VA enterprise management framework. In association with the framework, the Contractor shall comply with OI&T Technical Reference Model (One-VA TRM). One-VA TRM is one component within the overall Enterprise Architecture (EA) that establishes a common vocabulary and structure for describing the information technology used to develop, operate, and maintain enterprise applications. One-VA TRM includes the Standards Profile and Product List that collectively serves as a VA technology roadmap. Architecture, Strategy, and Design (ASD) has overall responsibility for the One-VA TRM.

The Contractor shall ensure Commercial Off-The-Shelf (COTS) product(s), software configuration and customization, and/or new software development is compliant with the VA Enterprise Technical Architecture (ETA), and specifically for compliance and integration with Identity and Access Management (IAM) requirements and IAM enterprise design and integration patterns,

http://www.techstrategies.oit.va.gov/docs_design_patterns.asp. The Contractor shall ensure all Contractor delivered applications and systems are compliant with VA Identity Management Policy (VAIQ# 7011145) and VA IAM enterprise identity management requirements (IAM Identity Management Business Requirements Guidance document, <https://www.voa.va.gov/>). The Contractor shall ensure all Contractor delivered applications and systems provide user authentication services compliant with NIST Special Publication 800-63-2 and VA IAM enterprise requirements for both direct and assertion based authentication. Direct authentication at a minimum must include PKI base authentication supportive of both Personal Identity Verification (PIV) and Common Access Card (CAC). Specific Identity and Access Management Personal Identity Verification (PIV) requirements as set forth in OMB Memoranda M-04-04 (<http://www.whitehouse.gov/sites/default/files/omb/memoranda/fy04/m04-04.pdf>), M-05-

24 (<http://www.whitehouse.gov/sites/default/files/omb/memoranda/fy2005/m05-24.pdf>), M-11-11 (<http://www.whitehouse.gov/sites/default/files/omb/memoranda/2011/m11-11.pdf>), National Institute of Standards and Technology (NIST) Federal Information Processing Standard (FIPS) 201-2, and supporting NIST Special Publications. Assertion authentication at a minimum must include SAML token authentication and authentication/account binding based on trusted headers.

The Contractor solution shall support the latest Internet Protocol Version 6 (IPv6) based upon the directives issued by the Office of Management and Budget (OMB) on August 2, 2005

(<http://www.whitehouse.gov/sites/default/files/omb/assets/omb/memoranda/fy2005/m05-22.pdf>) and September 28, 2010 (<https://cio.gov/wp-content/uploads/downloads/2012/09/Transition-to-IPv6.pdf>). IPv6 technology, in accordance with the USGv6 Profile (NIST Special Publication (SP) 500-267 <http://www.x.antd.nist.gov/usgv6/index.html>), the Technical Infrastructure for USGv6 Adoption (<http://www.nist.gov/itl/antd/usgv6.cfm>), and the NIST SP 800 series applicable compliance (<http://csrc.nist.gov/publications/PubsSPs.html>) shall be included in all IT infrastructures, application designs, application development, operational systems and sub-systems, and their integration. All public/external facing servers and services (e.g. web, email, DNS, ISP services, etc.) shall support native IPv6 users, and all internal infrastructure and applications shall communicate using native IPv6 operations. Information concerning IPv6 transition in addition to OMB/VA Memoranda can be found at <https://www.voa.va.gov/>.

The Contractor IT end user solution that is developed for use on standard VA computers shall be compatible with and be supported on the standard VA operating system, currently Windows 7 (64bit), Internet Explorer 9 and Microsoft Office 2010. In preparation for the future VA standard configuration update, end user solutions shall also be compatible with Internet Explorer 11, Office 2013, and Windows 8.1. However, Internet Explorer 11, Office 2013 and Windows 8.1 are not the VA standard yet and are currently not approved for use on the VA Network, but are in-process for future approval by OI&T. Upon the release approval of Internet Explorer 11, Office 2013, and Windows 8.1 individually as the VA standard, Internet Explorer 11, Office 2013, and Windows 8.1 will supersede Internet Explorer 9, Office 2010, and Windows 7 respectively. Applications delivered to the VA and intended to be deployed to Windows 7 workstation shall be delivered as a signed .msi package and updates shall be delivered in signed .msp file formats for easy deployment using System Center Configuration Manager (SCCM) VA's current desktop application deployment tool. Signing of the software code shall be through a vendor provide certificate that is trusted by the VA using a code signing authority such as Verizon/Cybertrust or Symantec/VeriSign. The Contractor shall also ensure and certify that their solution functions as expected when used from a standard VA computer, with non-admin,

standard user rights that have been configured using the United States Government Configuration Baseline (USGCB) specific to the particular client operating system being used.

POSITION/TASK RISK DESIGNATION LEVEL(S) AND CONTRACTOR PERSONNEL SECURITY REQUIREMENTS

POSITION/TASK RISK DESIGNATION LEVEL(S)

Position Sensitivity	Background Investigation (in accordance with Department of Veterans Affairs 0710 Handbook, "Personnel Security Suitability Program," Appendix A)
Low	National Agency Check with Written Inquiries (NACI) A NACI is conducted by OPM and covers a 5-year period. It consists of a review of records contained in the OPM Security Investigations Index (SII) and the DOD Defense Central Investigations Index (DCII), FBI name check, FBI fingerprint check, and written inquiries to previous employers and references listed on the application for employment. In VA it is used for Non-sensitive or Low Risk positions.
Moderate	Moderate Background Investigation (MBI) A MBI is conducted by OPM and covers a 5-year period. It consists of a review of National Agency Check (NAC) records [OPM Security Investigations Index (SII), DOD Defense Central Investigations Index (DCII), FBI name check, and a FBI fingerprint check], a credit report covering a period of 5 years, written inquiries to previous employers and references listed on the application for employment; an interview with the subject, law enforcement check; and a verification of the educational degree.
High	Background Investigation (BI) A BI is conducted by OPM and covers a 10-year period. It consists of a review of National Agency Check (NAC) records [OPM Security Investigations Index (SII), DOD Defense Central Investigations Index (DCII), FBI name check, and a FBI fingerprint check report], a credit report covering a period of 10 years, written inquiries to previous employers and references listed on the application for employment; an interview with the subject, spouse, neighbors, supervisor, co-workers; court records, law enforcement check, and a verification of the educational degree.

The position sensitivity and the level of background investigation commensurate with the required level of access for the following tasks within the Performance Work Statement are:

	Position Sensitivity and Background Investigation Requirements		
<u>Task Number</u>	<u>Low/NACI</u>	<u>Moderate/MBI</u>	<u>High/BI</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Tasks identified above and the resulting Position Sensitivity and Background Investigation requirements identify, in effect, the Background Investigation requirements for Contractor individuals, based upon the tasks the individual will be working. The submitted Contractor Staff Roster must indicate the required Background Investigation Level for each Contractor individual based upon the tasks the Contractor individual will be working, in accordance with their submitted proposal.

CONTRACTOR PERSONNEL SECURITY REQUIREMENTS

Contractor Responsibilities:

- a. The Contractor shall prescreen all personnel requiring access to the computer systems to ensure they maintain the appropriate Background Investigation, and are able to read, write, speak and understand the English language.
- b. The Contractor shall bear the expense of obtaining background investigations.
- c. Within 3 business days after award, the Contractor shall provide a roster of Contractor and Subcontractor employees to the COR to begin their background investigations. The roster shall contain the Contractor's Full Name, Full Social Security Number, Date of Birth, Place of Birth, and

- individual background investigation level requirement (based upon Section 6.2 Tasks).
- d. The Contractor should coordinate the location of the nearest VA fingerprinting office through the COR. Only electronic fingerprints are authorized.
 - e. For a Low-Risk designation, the following forms are required to be completed: 1. OF-306 and 2. DVA Memorandum – Electronic Fingerprints. For Moderate or High-Risk, the following forms are required to be completed: 1. VA Form 0710 and 2. DVA Memorandum – Electronic Fingerprints. These should be submitted to the COR within 5 business days after award.
 - f. The Contractor personnel will receive an email notification from the Security and Investigation Center (SIC), through the Electronics Questionnaire for Investigations Processes (e-QIP) identifying the website link that includes detailed instructions regarding completion of the investigation documents (SF85, SF85P, or SF 86). The Contractor personnel shall submit all required information related to their background investigations utilizing the Office of Personnel Management's (OPM) Electronic Questionnaire for Investigations Processing (e-QIP).
 - g. The Contractor is to certify and release the e-QIP document, print and sign the signature pages, and send them to the COR for electronic submission to the SIC. These should be submitted to the COR within 3 business days of receipt of the e-QIP notification email.
 - h. The Contractor shall be responsible for the actions of all personnel provided to work for VA under this contract. In the event that damages arise from work performed by Contractor provided personnel, under the auspices of this contract, the Contractor shall be responsible for all resources necessary to remedy the incident.
 - i. A Contractor may be granted unescorted access to VA facilities and/or access to VA Information Technology resources (network and/or protected data) with a favorably adjudicated Special Agreement Check (SAC) or "Closed, No Issues" (SAC) finger print results, training delineated in VA Handbook 6500.6 (Appendix C, Section 9), and, the signed "Contractor Rules of Behavior." However, the Contractor will be responsible for the actions of the Contractor personnel they provide to perform work for VA. The investigative history for Contractor personnel working under this contract must be maintained in the database of the Office of Personnel Management (OPM).
 - j. The Contractor, when notified of an unfavorably adjudicated background investigation on a Contractor employee as determined by the Government, shall withdraw the employee from consideration in working under the contract.
 - k. Failure to comply with the Contractor personnel security investigative requirements may result in termination of the contract for default.

METHOD AND DISTRIBUTION OF DELIVERABLES

The Contractor shall deliver documentation in electronic format, unless otherwise directed in Section B of the solicitation/contract. Acceptable electronic media include: MS Word 2000/2003/2007/2010, MS Excel 2000/2003/2007/2010, MS PowerPoint 2000/2003/2007/2010, MS Project 2000/2003/2007/2010, MS Access 2000/2003/2007/2010, MS Visio 2000/2002/2003/2007/2010, AutoCAD 2002/2004/2007/2010, and Adobe Postscript Data Format (PDF).

PERFORMANCE METRICS

The table below defines the Performance Standards and Acceptable Performance Levels for Objectives associated with this effort.

Performance Objective	Performance Standard	Acceptable Performance Levels
1. System Availability	Maintain System availability for patient use 24/7	99% Availability, measured on a monthly basis
2. Technical Needs	Shows understanding of requirements Efficient and effective in meeting requirements Meets technical needs and mission requirements Offers quality IPC services/products	Satisfactory or higher
3. Project Milestones and Schedule	Quick response capability Products completed, reviewed, delivered in timely manner Notifies customer in advance of potential problems Provides concise training and materials	Satisfactory or higher
4. Project Staffing	Currency of expertise Personnel possess necessary knowledge, skills and abilities to perform tasks Sufficient number of personnel to accomplish the mission	Satisfactory or higher

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Performance Objective	Performance Standard	Acceptable Performance Levels
5. Value Added	Provided valuable service to Government Services/products delivered were of desired quality	Satisfactory or higher
6. Communication and implementation team building	Facilitates set up of project/task teams that are able to function autonomously and meet deadlines with minimum involvement of trainer once task is begun.	95% of the time
7. Response to VA Query	Responses received within 4 business hours of request	98% of the time measured on a monthly basis
8. Accuracy of Data	Accuracy in tray ticket information	100% of the time

The Government will utilize a Quality Assurance Surveillance Plan (QASP) throughout the life of the contract to ensure that the Contractor is performing the services required by this PWS in an acceptable manner. The Government reserves the right to alter or change the surveillance methods in the QASP at its own discretion

FACILITY/RESOURCE PROVISIONS

The Government will provide office space, telephone service and system access when authorized contract staff work at a Government location as required in order to accomplish the Tasks associated with this PWS. All procedural guides, reference materials, and program documentation for the project and other Government applications will also be provided on an as-needed basis.

The Contractor shall request other Government documentation deemed pertinent to the work accomplishment directly from the Government officials with whom the Contractor has contact. The Contractor shall consider the COR as the final source for needed Government documentation when the Contractor fails to secure the documents by other means. The Contractor is expected to use common knowledge and resourcefulness in securing all other reference materials, standard industry publications, and related materials that are pertinent to the work.

VA will provide access to VA specific systems/network as required for execution of the task via remote access technology (e.g. Citrix Access Gateway (CAG), site-to-site VPN, or VA Remote Access Security Compliance Update Environment (RESCUE)). This remote access will provide access to VA specific software such as Veterans Health Information System and Technology Architecture (VistA), ClearQuest, ProPath, Primavera, and Remedy, including appropriate seat management and user licenses. The Contractor shall utilize Government-provided software development and test accounts, document and requirements repositories, etc. as required for the development, storage, maintenance and delivery of products within the scope of this effort. The Contractor shall not transmit, store or otherwise maintain sensitive data or products in Contractor systems (or media) within the VA firewall IAW VA Handbook 6500.6 dated March 12, 2010. All VA sensitive information shall be protected at all times in accordance with local security field office System Security Plans (SSP's) and Authority to Operate (ATO)'s for all systems/LANs accessed while performing the tasks detailed in this PWS. For detailed Security and Privacy Requirements refer to ADDENDUM A and ADDENDUM B.

GOVERNMENT FURNISHED PROPERTY

<Provide description/list as applicable OR indicate "Not applicable">

(This section should identify any Government-furnished property provided to the Contractor. This includes all Government-furnished property, such as Government-furnished material, equipment, or information. In the case of material (equipment), this involves a transfer of accountability until such material (equipment) is consumed or returned. If the list of property is extensive, this section should identify where that list can be found. Before offering to provide any property, make sure that it will be available when required, where required, and in the condition required by the contract. Failure to meet Government-furnished property requirements often lead to a Contractor claim for an equitable adjustment to contract price, delivery, or other requirements. See FAR 45 for specific requirements about providing Government-furnished property).

ADDENDUM A

A1.0 Cyber and Information Security Requirements for VA IT Services

The Contractor shall ensure adequate LAN/Internet, data, information, and system security in accordance with VA standard operating procedures and standard PWS language, conditions, laws, and regulations. The Contractor's firewall and web server shall meet or exceed VA minimum requirements for security. All VA data shall be protected behind an approved firewall. Any security violations or attempted violations shall be reported to the VA Program Manager and VA Information Security Officer as soon as possible. The Contractor shall follow all applicable VA policies and procedures governing information security, especially those that pertain to certification and accreditation.

Contractor supplied equipment, PCs of all types, equipment with hard drives, etc. for contract services must meet all security requirements that apply to Government Furnished Equipment (GFE) and Government Owned Equipment (GOE). Security Requirements include: a) VA Approved Encryption Software must be installed on all laptops or mobile devices before placed into operation, b) Bluetooth equipped devices are prohibited within VA; Bluetooth must be permanently disabled or removed from the device, c) VA approved anti-virus and firewall software, d) Equipment must meet all VA sanitization requirements and procedures before disposal. The COR, CO, the Project Manager, and the Information Security Officer (ISO) must be notified and verify all security requirements have been adhered to.

Each documented initiative under this contract incorporates VA Handbook 6500.6, "Contract Security," March 12, 2010 by reference as though fully set forth therein. The VA Handbook 6500.6, "Contract Security" shall also be included in every related agreement, contract or order. The VA Handbook 6500.6, Appendix C, is included in this document as Addendum B.

Training requirements: The Contractor shall complete all mandatory training courses on the current VA training site, the VA Talent Management System (TMS), and will be tracked therein. The TMS may be accessed at <https://www.tms.va.gov>. If you do not have a TMS profile, go to <https://www.tms.va.gov> and click on the "Create New User" link on the TMS to gain access.

Contractor employees shall complete a VA Systems Access Agreement if they are provided access privileges as an authorized user of the computer system of VA.

A2.0 VA Enterprise Architecture Compliance

The applications, supplies, and services furnished under this contract must comply with One-VA Enterprise Architecture (EA), available at <http://www.ea.oit.va.gov/index.asp> in force at the time of issuance of this contract, including the Program Management Plan

and VA's rules, standards, and guidelines in the Technical Reference Model/Standards Profile (TRMSP). VA reserves the right to assess contract deliverables for EA compliance prior to acceptance.

A2.1. VA Internet and Intranet Standards:

The Contractor shall adhere to and comply with VA Directive 6102 and VA Handbook 6102, Internet/Intranet Services, including applicable amendments and changes, if the Contractor's work includes managing, maintaining, establishing and presenting information on VA's Internet/Intranet Service Sites. This pertains, but is not limited to: creating announcements; collecting information; databases to be accessed, graphics and links to external sites.

Internet/Intranet Services Directive 6102 is posted at (copy and paste the following URL to browser): http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=409&FType=2

Internet/Intranet Services Handbook 6102 is posted at (copy and paste following URL to browser): http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=410&FType=2

A3.0 Notice of the Federal Accessibility Law Affecting All Electronic and Information Technology Procurements (Section 508)

On August 7, 1998, Section 508 of the Rehabilitation Act of 1973 was amended to require that when Federal departments or agencies develop, procure, maintain, or use Electronic and Information Technology, that they shall ensure it allows Federal employees with disabilities to have access to and use of information and data that is comparable to the access to and use of information and data by other Federal employees. Section 508 required the Architectural and Transportation Barriers Compliance Board (Access Board) to publish standards setting forth a definition of electronic and information technology and the technical and functional criteria for such technology to comply with Section 508. These standards have been developed and published with an effective date of December 21, 2000. Federal departments and agencies shall develop all Electronic and Information Technology requirements to comply with the standards found in 36 CFR 1194.

Section 508 – Electronic and Information Technology (EIT) Standards:

The Section 508 standards established by the Architectural and Transportation Barriers Compliance Board (Access Board) are incorporated into, and made part of all VA orders, solicitations and purchase orders developed to procure Electronic and Information Technology (EIT). These standards are found in their entirety at: <http://www.section508.gov> and <http://www.section508.gov/acquisition-regulations>. A

printed copy of the standards will be supplied upon request. The Contractor shall comply with the technical standards as marked:

- ☒ § 1194.21 Software applications and operating systems
- ☒ § 1194.22 Web-based intranet and internet information and applications
- ☒ § 1194.23 Telecommunications products
- ☒ § 1194.24 Video and multimedia products
- ☒ § 1194.25 Self-contained, closed products
- ☒ § 1194.26 Desktop and portable computers
- ☒ § 1194.31 Functional Performance Criteria
- ☒ § 1194.41 Information, Documentation, and Support

The standards do not require the installation of specific accessibility-related software or the attachment of an assistive technology device, but merely require that the EIT be compatible with such software and devices so that it can be made accessible if so required by the agency in the future.

A4.0 Physical Security & Safety Requirements:

The Contractor and their personnel shall follow all VA policies, standard operating procedures, applicable laws and regulations while on VA property. Violations of VA regulations and policies may result in citation and disciplinary measures for persons violating the law.

1. The Contractor and their personnel shall wear visible identification at all times while they are on the premises.
2. VA does not provide parking spaces at the work site; the Contractor must obtain parking at the work site if needed. It is the responsibility of the Contractor to park in the appropriate designated parking areas. VA will not invalidate or make reimbursement for parking violations of the Contractor under any conditions.
3. Smoking is prohibited inside/outside any building other than the designated smoking areas.
4. Possession of weapons is prohibited.
5. The Contractor shall obtain all necessary licenses and/or permits required to perform the work, with the exception of software licenses that need to be procured from a Contractor or vendor in accordance with the requirements document. The Contractor shall take all reasonable precautions necessary to protect persons and property from injury or damage during the performance of this contract.

A5.0 Confidentiality and Non-Disclosure

The Contractor shall follow all VA rules and regulations regarding information security to prevent disclosure of sensitive information to unauthorized individuals or organizations.

The Contractor may have access to Protected Health Information (PHI) and Electronic Protected Health Information (EPHI) that is subject to protection under the regulations issued by the Department of Health and Human Services, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA); 45 CFR Parts 160 and 164, Subparts A and E, the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"); and 45 CFR Parts 160 and 164, Subparts A and C, the Security Standard ("Security Rule"). Pursuant to the Privacy and Security Rules, the Contractor must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI and EPHI.

1. The Contractor will have access to some privileged and confidential materials of VA. These printed and electronic documents are for internal use only, are not to be copied or released without permission, and remain the sole property of VA. Some of these materials are protected by the Privacy Act of 1974 (revised by PL 93-5791) and Title 38. Unauthorized disclosure of Privacy Act or Title 38 covered materials is a criminal offense.
2. The VA Contracting Officer will be the sole authorized official to release in writing, any data, draft deliverables, final deliverables, or any other written or printed materials pertaining to this contract. The Contractor shall release no information. Any request for information relating to this contract presented to the Contractor shall be submitted to the VA Contracting Officer for response.
3. Contractor personnel recognize that in the performance of this effort, Contractor personnel may receive or have access to sensitive information, including information provided on a proprietary basis by carriers, equipment manufacturers and other private or public entities. Contractor personnel agree to safeguard such information and use the information exclusively in the performance of this contract. Contractor shall follow all VA rules and regulations regarding information security to prevent disclosure of sensitive information to unauthorized individuals or organizations as enumerated in this section and elsewhere in this Contract and its subparts and appendices.
4. Contractor shall limit access to the minimum number of personnel necessary for contract performance for all information considered sensitive or proprietary in nature. If the Contractor is uncertain of the sensitivity of any information obtained during the performance this contract, the Contractor has a responsibility to ask the VA Contracting Officer.
5. Contractor shall train all of their employees involved in the performance of this contract on their roles and responsibilities for proper handling and nondisclosure of sensitive VA or proprietary information. Contractor personnel shall not engage in any other action, venture or employment wherein sensitive information shall be used for the profit of any party other than those furnishing the information. The sensitive information transferred, generated, transmitted, or stored herein is for VA benefit and ownership alone.

6. Contractor shall maintain physical security at all facilities housing the activities performed under this contract, including any Contractor facilities according to VA-approved guidelines and directives. The Contractor shall ensure that security procedures are defined and enforced to ensure all personnel who are provided access to patient data must comply with published procedures to protect the privacy and confidentiality of such information as required by VA.
7. Contractor must adhere to the following:
 - a. The use of "thumb drives" or any other medium for transport of information is expressly prohibited.
 - b. Controlled access to system and security software and documentation.
 - c. Recording, monitoring, and control of passwords and privileges.
 - d. All terminated personnel are denied physical and electronic access to all data, program listings, data processing equipment and systems.
 - e. VA, as well as any Contractor (or Subcontractor) systems used to support development, provide the capability to cancel immediately all access privileges and authorizations upon employee termination.
 - f. Contractor PM and VA PM are informed within twenty-four (24) hours of any employee termination.
 - g. Acquisition sensitive information shall be marked "Acquisition Sensitive" and shall be handled as "For Official Use Only (FOUO)".
 - h. Contractor does not require access to classified data.
8. Regulatory standard of conduct governs all personnel directly and indirectly involved in procurements. All personnel engaged in procurement and related activities shall conduct business in a manner above reproach and, except as authorized by statute or regulation, with complete impartiality and with preferential treatment for none. The general rule is to strictly avoid any conflict of interest or even the appearance of a conflict of interest in VA/Contractor relationships.
9. VA Form 0752 shall be completed by all Contractor employees working on this contract, and shall be provided to the CO before any work is performed. In the case that Contractor personnel are replaced in the future, their replacements shall complete VA Form 0752 prior to beginning work.

ADDENDUM B

(Addendum B must be tailored according to the requirements of the effort. Use the “Crosswalk” section of the “Flowchart and Guide, 6500.6 Appendix C” (link to document on right side of site) for assistance in determining the required sections to be included in the PWS. Instructions in blue text before each section is general guidance, for more specific guidance, please refer to the “Flowchart and Guide, 6500.6. Appendix C”)

(Also, in Section B4, please complete the fill-in-the blank areas based upon the specific requirement for the current effort.)

APPLICABLE PARAGRAPHS TAILORED FROM: THE VA INFORMATION AND INFORMATION SYSTEM SECURITY/PRIVACY LANGUAGE, VA HANDBOOK 6500.6, APPENDIX C, MARCH 12, 2010

B1. GENERAL

Contractors, Contractor personnel, Subcontractors, and Subcontractor personnel shall be subject to the same Federal laws, regulations, standards, and VA Directives and Handbooks as VA and VA personnel regarding information and information system security.

B2. ACCESS TO VA INFORMATION AND VA INFORMATION SYSTEMS

(Include this section if any of the answers to Questions 4 or 5 or 6 or 7 from the Information Security Checklist are a yes)

a. A Contractor/Subcontractor shall request logical (technical) or physical access to VA information and VA information systems for their employees, Subcontractors, and affiliates only to the extent necessary to perform the services specified in the contract, agreement, or task order.

b. All Contractors, Subcontractors, and third-party servicers and associates working with VA information are subject to the same investigative requirements as those of VA appointees or employees who have access to the same types of information. The level and process of background security investigations for Contractors must be in accordance with VA Directive and Handbook 0710, *Personnel Suitability and Security Program*. The Office for Operations, Security, and Preparedness is responsible for these policies and procedures.

c. Contract personnel who require access to national security programs must have a valid security clearance. National Industrial Security Program (NISP) was established by Executive Order 12829 to ensure that cleared U.S. defense industry contract personnel safeguard the classified information in their possession while performing work on contracts, programs, bids, or research and development efforts. The Department of Veterans Affairs does not have a Memorandum of Agreement with Defense Security Service (DSS). Verification of a Security Clearance must be processed through the Special Security Officer located in the Planning and National Security Service within the Office of Operations, Security, and Preparedness.

d. Custom software development and outsourced operations must be located in the U.S. to the maximum extent practical. If such services are proposed to be performed abroad and are not disallowed by other VA policy or mandates, the Contractor/Subcontractor must state where all non-U.S. services are provided and detail a security plan, deemed to be acceptable by VA, specifically to address mitigation of the resulting problems of communication, control, data protection, and so forth. Location within the U.S. may be an evaluation factor.

e. The Contractor or Subcontractor must notify the Contracting Officer immediately when an employee working on a VA system or with access to VA information is reassigned or leaves the Contractor or Subcontractor's employ. The Contracting Officer must also be notified immediately by the Contractor or Subcontractor prior to an unfriendly termination.

B3. VA INFORMATION CUSTODIAL LANGUAGE

(Include this section if any of the answers to Questions 4 or 5 or 6 or 7 from the Information Security Checklist are a yes)

1. Information made available to the Contractor or Subcontractor by VA for the performance or administration of this contract or information developed by the Contractor/Subcontractor in performance or administration of the contract shall be used only for those purposes and shall not be used in any other way without the prior written agreement of VA. This clause expressly limits the Contractor/Subcontractor's rights to use data as described in Rights in Data - General, FAR 52.227-14(d) (1).

2. VA information should not be co-mingled, if possible, with any other data on the Contractors/Subcontractor's information systems or media storage systems in order to ensure VA requirements related to data protection and media sanitization can be met. If co-mingling must be allowed to meet the requirements of the business need, the Contractor must ensure that VA information is returned to VA or destroyed in accordance with VA's sanitization requirements. VA reserves the right to conduct onsite inspections of Contractor and Subcontractor IT resources to ensure data security

controls, separation of data and job duties, and destruction/media sanitization procedures are in compliance with VA directive requirements.

3. Prior to termination or completion of this contract, Contractor/Subcontractor must not destroy information received from VA, or gathered/created by the Contractor while performing this contract without prior written approval by VA. Any data destruction done on behalf of VA by a Contractor/Subcontractor must be done in accordance with National Archives and Records Administration (NARA) requirements as outlined in VA Directive 6300, *Records and Information Management* and its Handbook 6300.1 *Records Management Procedures*, applicable VA Records Control Schedules, and VA Handbook 6500.1, *Electronic Media Sanitization*. Self-certification by the Contractor that the data destruction requirements above have been met must be sent to the VA Contracting Officer within 30 days of termination of the contract.

4. The Contractor/Subcontractor must receive, gather, store, back up, maintain, use, disclose and dispose of VA information only in compliance with the terms of the contract and applicable Federal and VA information confidentiality and security laws, regulations and policies. If Federal or VA information confidentiality and security laws, regulations and policies become applicable to VA information or information systems after execution of the contract, or if NIST issues or updates applicable FIPS or Special Publications (SP) after execution of this contract, the parties agree to negotiate in good faith to implement the information confidentiality and security laws, regulations and policies in this contract.

5. The Contractor/Subcontractor shall not make copies of VA information except as authorized and necessary to perform the terms of the agreement or to preserve electronic information stored on Contractor/Subcontractor electronic storage media for restoration in case any electronic equipment or data used by the Contractor/Subcontractor needs to be restored to an operating state. If copies are made for restoration purposes, after the restoration is complete, the copies must be appropriately destroyed.

6. If VA determines that the Contractor has violated any of the information confidentiality, privacy, and security provisions of the contract, it shall be sufficient grounds for VA to withhold payment to the Contractor or third party or terminate the contract for default or terminate for cause under Federal Acquisition Regulation (FAR) part 12.

7. If a VHA contract is terminated for cause, the associated Business Associate Agreement (BAA) must also be terminated and appropriate actions taken in accordance with VHA Handbook 1600.01, *Business Associate Agreements*. Absent an agreement to use or disclose protected health information, there is no business associate relationship.

8. The Contractor/Subcontractor must store, transport, or transmit VA sensitive information in an encrypted form, using VA-approved encryption tools that are, at a minimum, FIPS 140-2 validated.

9. The Contractor/Subcontractor's firewall and Web services security controls, if applicable, shall meet or exceed VA minimum requirements. VA Configuration Guidelines are available upon request.

10. Except for uses and disclosures of VA information authorized by this contract for performance of the contract, the Contractor/Subcontractor may use and disclose VA information only in two other situations: (i) in response to a qualifying order of a court of competent jurisdiction, or (ii) with VA prior written approval. The Contractor/Subcontractor must refer all requests for, demands for production of, or inquiries about, VA information and information systems to the VA contracting officer for response.

11. Notwithstanding the provision above, the Contractor/Subcontractor shall not release VA records protected by Title 38 U.S.C. 5705, confidentiality of medical quality assurance records and/or Title 38 U.S.C. 7332, confidentiality of certain health records pertaining to drug addiction, sickle cell anemia, alcoholism or alcohol abuse, or infection with human immunodeficiency virus. If the Contractor/Subcontractor is in receipt of a court order or other requests for the above-mentioned information, that Contractor/Subcontractor shall immediately refer such court orders or other requests to the VA contracting officer for response.

12. For service that involves the storage, generating, transmitting, or exchanging of VA sensitive information but does not require C&A or a Memorandum of Understanding-Interconnection Service Agreement (MOU-ISA) for system interconnection, the Contractor/Subcontractor must complete a Contractor Security Control Assessment (CSCA) on a yearly basis and provide it to the COR.

B4. INFORMATION SYSTEM DESIGN AND DEVELOPMENT

1. Information systems that are designed or developed for or on behalf of VA at non-VA facilities shall comply with all VA directives developed in accordance with FISMA, HIPAA, NIST, and related VA security and privacy control requirements for Federal information systems. This includes standards for the protection of electronic PHI, outlined in 45 C.F.R. Part 164, Subpart C, information and system security categorization level designations in accordance with FIPS 199 and FIPS 200 with implementation of all baseline security controls commensurate with the FIPS 199 system security categorization (reference Appendix D of VA Handbook 6500, *VA Information Security Program*). During the development cycle a Privacy Impact

Assessment (PIA) must be completed, provided to the COR, and approved by the VA Privacy Service in accordance with Directive 6508, *VA Privacy Impact Assessment*.

2. The Contractor/Subcontractor shall certify to the COR that applications are fully functional and operate correctly as intended on systems using the VA Federal Desktop Core Configuration (FDCC), and the common security configuration guidelines provided by NIST or VA. This includes Internet Explorer 7 configured to operate on Windows XP and Vista (in Protected Mode on Vista) and future versions, as required.

3. The standard installation, operation, maintenance, updating, and patching of software shall not alter the configuration settings from the VA approved and FDCC configuration. Information technology staff must also use the Windows Installer Service for installation to the default "program files" directory and silently install and uninstall.

4. Applications designed for normal end users shall run in the standard user context without elevated system administration privileges.

5. The security controls must be designed, developed, approved by VA, and implemented in accordance with the provisions of VA security system development life cycle as outlined in NIST Special Publication 800-37, *Guide for Applying the Risk Management Framework to Federal Information Systems*, VA Handbook 6500, *Information Security Program* and VA Handbook 6500.5, *Incorporating Security and Privacy in System Development Lifecycle*.

6. The Contractor/Subcontractor is required to design, develop, or operate a System of Records Notice (SOR) on individuals to accomplish an agency function subject to the Privacy Act of 1974, (as amended), Public Law 93-579, December 31, 1974 (5 U.S.C. 552a) and applicable agency regulations. Violation of the Privacy Act may involve the imposition of criminal and civil penalties.

7. The Contractor/Subcontractor agrees to:

a. Comply with the Privacy Act of 1974 (the Act) and the agency rules and regulations issued under the Act in the design, development, or operation of any system of records on individuals to accomplish an agency function when the contract specifically identifies:

i. The Systems of Records (SOR); and

ii. The design, development, or operation work that the Contractor/Subcontractor is to perform;

b. Include the Privacy Act notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation, when the work statement in the proposed subcontract requires the redesign, development, or operation of a SOR on individuals that is subject to the Privacy Act; and

c. Include this Privacy Act clause, including this subparagraph (3), in all subcontracts awarded under this contract which requires the design, development, or operation of such a SOR

8. In the event of violations of the Act, a civil action may be brought against the agency involved when the violation concerns the design, development, or operation of a SOR on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency when the violation concerns the operation of a SOR on individuals to accomplish an agency function. For purposes of the Act, when the contract is for the operation of a SOR on individuals to accomplish an agency function, the Contractor/Subcontractor is considered to be an employee of the agency.

a. "Operation of a System of Records" means performance of any of the activities associated with maintaining the SOR, including the collection, use, maintenance, and dissemination of records.

b. "Record" means any item, collection, or grouping of information about an individual that is maintained by an agency, including, but not limited to, education, financial transactions, medical history, and criminal or employment history and contains the person's name, or identifying number, symbol, or any other identifying particular assigned to the individual, such as a fingerprint or voiceprint, or a photograph.

c. "System of Records" means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

9. The vendor shall ensure the security of all procured or developed systems and technologies, including their subcomponents (hereinafter referred to as "Systems"), throughout the life of this contract and any extension, warranty, or maintenance periods. This includes, but is not limited to workarounds, patches, hot fixes, upgrades, and any physical components (hereafter referred to as Security Fixes) which may be necessary to fix all security vulnerabilities published or known to the vendor anywhere in the Systems, including Operating Systems and firmware. The vendor shall ensure that Security Fixes shall not negatively impact the Systems.

10. The vendor shall notify VA within 24 hours of the discovery or disclosure of successful exploits of the vulnerability which can compromise the security of the Systems (including the confidentiality or integrity of its data and operations, or the availability of the system). Such issues shall be remediated as quickly as is practical, based upon the severity of the incident.

11. When the Security Fixes involve installing third party patches (such as Microsoft OS patches or Adobe Acrobat), the vendor will provide written notice to VA that the patch has been validated as not affecting the Systems within 10 working days. When the vendor is responsible for operations or maintenance of the Systems, they shall apply the Security Fixes based upon the requirements identified within the contract.

12. All other vulnerabilities shall be remediated as specified in this paragraph in a timely manner based on risk, but within 60 days of discovery or disclosure. Exceptions to this paragraph (e.g. for the convenience of VA) shall only be granted with approval of the contracting officer and the VA Assistant Secretary for Office of Information and Technology.

B5. INFORMATION SYSTEM HOSTING, OPERATION, MAINTENANCE, OR USE

a. For information systems that are hosted, operated, maintained, or used on behalf of VA at non-VA facilities, Contractors/Subcontractors are fully responsible and accountable for ensuring compliance with all HIPAA, Privacy Act, FISMA, NIST, FIPS, and VA security and privacy directives and handbooks. This includes conducting compliant risk assessments, routine vulnerability scanning, system patching and change management procedures, and the completion of an acceptable contingency plan for each system. The Contractor's security control procedures must be equivalent, to those procedures used to secure VA systems. A Privacy Impact Assessment (PIA) must also be provided to the COR and approved by VA Privacy Service prior to operational approval. All external Internet connections to VA network involving VA information must be reviewed and approved by VA prior to implementation.

b. Adequate security controls for collecting, processing, transmitting, and storing of Personally Identifiable Information (PII), as determined by the VA Privacy Service, must be in place, tested, and approved by VA prior to hosting, operation, maintenance, or use of the information system, or systems by or on behalf of VA. These security controls are to be assessed and stated within the PIA and if these controls are determined not to be in place, or inadequate, a Plan of Action and Milestones (POA&M) must be submitted and approved prior to the collection of PII.

c. Outsourcing (Contractor facility, Contractor equipment or Contractor staff) of systems or network operations, telecommunications services, or other managed

services requires certification and accreditation (authorization) (C&A) of the Contractor's systems in accordance with VA Handbook 6500.3, *Certification and Accreditation* and/or the VA OCS Certification Program Office. Government-owned (Government facility or Government equipment) Contractor-operated systems, third party or business partner networks require memorandums of understanding and interconnection agreements (MOU-ISA) which detail what data types are shared, who has access, and the appropriate level of security controls for all systems connected to VA networks.

d. The Contractor/Subcontractor's system must adhere to all FISMA, FIPS, and NIST standards related to the annual FISMA security controls assessment and review and update the PIA. Any deficiencies noted during this assessment must be provided to the VA contracting officer and the ISO for entry into the VA POA&M management process. The Contractor/Subcontractor must use the VA POA&M process to document planned remedial actions to address any deficiencies in information security policies, procedures, and practices, and the completion of those activities. Security deficiencies must be corrected within the timeframes approved by the Government. Contractor/Subcontractor procedures are subject to periodic, unannounced assessments by VA officials, including the VA Office of Inspector General. The physical security aspects associated with Contractor/Subcontractor activities must also be subject to such assessments. If major changes to the system occur that may affect the privacy or security of the data or the system, the C&A of the system may need to be reviewed, retested and re-authorized per VA Handbook 6500.3. This may require reviewing and updating all of the documentation (PIA, System Security Plan, and Contingency Plan). The Certification Program Office can provide guidance on whether a new C&A would be necessary.

e. The Contractor/Subcontractor must conduct an annual self-assessment on all systems and outsourced services as required. Both hard copy and electronic copies of the assessment must be provided to the COR. The Government reserves the right to conduct such an assessment using Government personnel or another Contractor/Subcontractor. The Contractor/Subcontractor must take appropriate and timely action (this can be specified in the contract) to correct or mitigate any weaknesses discovered during such testing, generally at no additional cost.

f. VA prohibits the installation and use of personally-owned or Contractor/Subcontractor owned equipment or software on the VA network. If non-VA owned equipment must be used to fulfill the requirements of a contract, it must be stated in the service agreement, SOW or contract. All of the security controls required for Government furnished equipment (GFE) must be utilized in approved other equipment (OE) and must be funded by the owner of the equipment. All remote systems must be equipped with, and use, a VA-approved antivirus (AV) software and a personal (host-based or enclave based) firewall that is configured with a VA approved configuration. Software must be kept current, including all critical updates and patches.

Owners of approved OE are responsible for providing and maintaining the anti-viral software and the firewall on the non-VA owned OE.

g. All electronic storage media used on non-VA leased or non-VA owned IT equipment that is used to store, process, or access VA information must be handled in adherence with VA Handbook 6500.1, *Electronic Media Sanitization* upon: (i) completion or termination of the contract or (ii) disposal or return of the IT equipment by the Contractor/Subcontractor or any person acting on behalf of the Contractor/Subcontractor, whichever is earlier. Media (hard drives, optical disks, CDs, back-up tapes, etc.) used by the Contractors/Subcontractors that contain VA information must be returned to VA for sanitization or destruction or the Contractor/Subcontractor must self-certify that the media has been disposed of per 6500.1 requirements. This must be completed within 30 days of termination of the contract.

h. Bio-Medical devices and other equipment or systems containing media (hard drives, optical disks, etc.) with VA sensitive information must not be returned to the vendor at the end of lease, for trade-in, or other purposes. The options are:

- 1) Vendor must accept the system without the drive;
- 2) VA's initial medical device purchase includes a spare drive which must be installed in place of the original drive at time of turn-in; or
- 3) VA must reimburse the company for media at a reasonable open market replacement cost at time of purchase.
- 4) Due to the highly specialized and sometimes proprietary hardware and software associated with medical equipment/systems, if it is not possible for VA to retain the hard drive, then;
 - a) The equipment vendor must have an existing BAA if the device being traded in has sensitive information stored on it and hard drive(s) from the system are being returned physically intact; and
 - b) Any fixed hard drive on the device must be non-destructively sanitized to the greatest extent possible without negatively impacting system operation. Selective clearing down to patient data folder level is recommended using VA approved and validated overwriting technologies/methods/tools. Applicable media sanitization specifications need to be preapproved and described in the purchase order or contract.

- c) A statement needs to be signed by the Director (System Owner) that states that the drive could not be removed and that (a) and (b) controls above are in place and completed. The ISO needs to maintain the documentation.

B6. SECURITY INCIDENT INVESTIGATION

a. The term “security incident” means an event that has, or could have, resulted in unauthorized access to, loss or damage to VA assets, or sensitive information, or an action that breaches VA security procedures. The Contractor/Subcontractor shall immediately notify the COR and simultaneously, the designated ISO and Privacy Officer for the contract of any known or suspected security/privacy incidents, or any unauthorized disclosure of sensitive information, including that contained in system(s) to which the Contractor/Subcontractor has access.

b. To the extent known by the Contractor/Subcontractor, the Contractor/Subcontractor’s notice to VA shall identify the information involved, the circumstances surrounding the incident (including to whom, how, when, and where the VA information or assets were placed at risk or compromised), and any other information that the Contractor/Subcontractor considers relevant.

c. With respect to unsecured protected health information, the business associate is deemed to have discovered a data breach when the business associate knew or should have known of a breach of such information. Upon discovery, the business associate must notify the covered entity of the breach. Notifications need to be made in accordance with the executed business associate agreement.

d. In instances of theft or break-in or other criminal activity, the Contractor/Subcontractor must concurrently report the incident to the appropriate law enforcement entity (or entities) of jurisdiction, including the VA OIG and Security and Law Enforcement. The Contractor, its employees, and its Subcontractors and their employees shall cooperate with VA and any law enforcement authority responsible for the investigation and prosecution of any possible criminal law violation(s) associated with any incident. The Contractor/Subcontractor shall cooperate with VA in any civil litigation to recover VA information, obtain monetary or other compensation from a third party for damages arising from any incident, or obtain injunctive relief against any third party arising from, or related to, the incident.

B7. LIQUIDATED DAMAGES FOR DATA BREACH

a. Consistent with the requirements of 38 U.S.C. §5725, a contract may require access to sensitive personal information. If so, the Contractor is liable to VA for liquidated damages in the event of a data breach or privacy incident involving any SPI the Contractor/Subcontractor processes or maintains under this contract.

b. The Contractor/Subcontractor shall provide notice to VA of a “security incident” as set forth in the Security Incident Investigation section above. Upon such notification, VA must secure from a non-Department entity or the VA Office of Inspector General an independent risk analysis of the data breach to determine the level of risk associated with the data breach for the potential misuse of any sensitive personal information involved in the data breach. The term 'data breach' means the loss, theft, or other unauthorized access, or any access other than that incidental to the scope of employment, to data containing sensitive personal information, in electronic or printed form, that results in the potential compromise of the confidentiality or integrity of the data. Contractor shall fully cooperate with the entity performing the risk analysis. Failure to cooperate may be deemed a material breach and grounds for contract termination.

c. Each risk analysis shall address all relevant information concerning the data breach, including the following:

- 1) Nature of the event (loss, theft, unauthorized access);
- 2) Description of the event, including:
 - a) date of occurrence;
 - b) data elements involved, including any PII, such as full name, social security number, date of birth, home address, account number, disability code;
- 3) Number of individuals affected or potentially affected;
- 4) Names of individuals or groups affected or potentially affected;
- 5) Ease of logical data access to the lost, stolen or improperly accessed data in light of the degree of protection for the data, e.g., unencrypted, plain text;
- 6) Amount of time the data has been out of VA control;
- 7) The likelihood that the sensitive personal information will or has been compromised (made accessible to and usable by unauthorized persons);
- 8) Known misuses of data containing sensitive personal information, if any;
- 9) Assessment of the potential harm to the affected individuals;
- 10) Data breach analysis as outlined in 6500.2 Handbook, *Management of Security and Privacy Incidents*, as appropriate; and

11) Whether credit protection services may assist record subjects in avoiding or mitigating the results of identity theft based on the sensitive personal information that may have been compromised.

d. Based on the determinations of the independent risk analysis, the Contractor shall be responsible for paying to VA liquidated damages in the amount of \$37.50 per affected individual to cover the cost of providing credit protection services to affected individuals consisting of the following:

- 1) Notification;
- 2) One year of credit monitoring services consisting of automatic daily monitoring of at least 3 relevant credit bureau reports;
- 3) Data breach analysis;
- 4) Fraud resolution services, including writing dispute letters, initiating fraud alerts and credit freezes, to assist affected individuals to bring matters to resolution;
- 5) One year of identity theft insurance with \$20,000.00 coverage at \$0 deductible; and
- 6) Necessary legal expenses the subjects may incur to repair falsified or damaged credit records, histories, or financial affairs.

B8. SECURITY CONTROLS COMPLIANCE TESTING

On a periodic basis, VA, including the Office of Inspector General, reserves the right to evaluate any or all of the security controls and privacy practices implemented by the Contractor under the clauses contained within the contract. With 10 working-days' notice, at the request of the Government, the Contractor must fully cooperate and assist in a Government-sponsored security controls assessment at each location wherein VA information is processed or stored, or information systems are developed, operated, maintained, or used on behalf of VA, including those initiated by the Office of Inspector General. The Government may conduct a security control assessment on shorter notice (to include unannounced assessments) as determined by VA in the event of a security incident or at any other time.

B9. TRAINING

a. All Contractor employees and Subcontractor employees requiring access to VA information and VA information systems shall complete the following before being granted access to VA information and its systems:

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- 1) Sign and acknowledge (either manually or electronically) understanding of and responsibilities for compliance with the *Contractor Rules of Behavior*, Appendix D relating to access to VA information and information systems;
- 2) Successfully complete the *VA Privacy and Information Security Awareness and Rules of Behavior* training and annually complete required security training;
- 3) Successfully complete *Privacy and HIPAA Training* if Contractor will have access to PHI;
- 4) Successfully complete the appropriate VA privacy training and annually complete required privacy training; and
- 5) Successfully complete any additional cyber security or privacy training, as required for VA personnel with equivalent information system access

b. The Contractor shall provide to the contracting officer and/or the COR a copy of the training certificates and certification of signing the Contractor Rules of Behavior for each applicable employee within 1 week of the initiation of the contract and annually thereafter, as required.

c. Failure to complete the mandatory annual training and sign the Rules of Behavior annually, within the timeframe required, is grounds for suspension or termination of all physical or electronic access privileges and removal from work on the contract until the training and documents are complete.

Notes to the Contracting Officer

TYPE OF CONTRACT(S)

- ☒ Firm Fixed Price
- ☐ Cost Reimbursement
- ☐ Labor-Hour
- ☐ Time-and-Materials
- ☐ Other _____

SCHEDULE FOR DELIVERABLES

Note: Days used in the table below refer to calendar days unless otherwise stated. Deliverables with due dates falling on a weekend or holiday shall be submitted the following Government work day after the weekend or holiday.

Task	Deliverable ID	Deliverable Description
??		

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[illegible]

INSPECTION and ACCEPTANCE / Free on board (FOB) for Shipped Deliverables

Inspection and acceptance shall be at Ralph H. Johnson VA Medical Center. Shipping address will be determined prior to shipping date.

Special Shipping Instructions:

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Prior to shipping, Contractor shall notify Site POCs, by phone followed by email, of all incoming deliveries including line-by-line details for review of requirements. Contractor shall not make any changes to the delivery schedule at the request of Site POC.

Contractors shall coordinate deliveries with Site POCs before shipment of hardware to ensure sites have adequate storage space.

All shipments, either single or multiple container deliveries, will bear the VA Purchase Order number on external shipping labels and associated manifests or packing lists. In the case of multiple container deliveries, a statement readable near the VA PO number shall indicate total number of containers for the complete shipment (i.e. "Package 1 of 2"), clearly readable on manifests and external shipping labels.

Packing Slips/Labels and Lists shall also include the following:

IFCAP PO #: _____ (i.e., 534 EE11234 (the IFCAP PO number is located in block #20 of the SF 1449))

Total number of Containers: Package ____ of _____. (i.e., Package 1 of 3)

POINTS OF CONTACT

VA Program Manager:

Name: Heidi L. Bennett
Address: 109 Bee Street Charleston SC 29401
Voice: (843) 303-3496
Email: Heidi.bennett@va.gov

Contracting Officer's Representative:

Name: Brandi Tellis
Address: 109 Bee Street Charleston SC 29401
Voice: (843)789-6620
Email: Brandi.tellis@va.gov

Contracting Officer:

Name:
Address:
Voice:
Email:

ADDITIONAL ITEMS

GOVERNMENT RESPONSIBILITIES

The following needs to be provided by the CO to the Contractor:

1. The Security Investigations Center will require the following forms from the Contractor or to the Contractor's personnel:
 - a. Within 3 business days after award, the Contractor shall provide a roster of Contractor and Subcontractor employees to the COR to begin their background investigations. The roster shall contain the Contractor's Full Name, Full Social Security Number, Date of Birth, Place of Birth, and individual background investigation level requirement (based upon Section 6.2 Tasks).
 - b. The Contractor should coordinate the location of the nearest VA fingerprinting office through the COR. Only electronic fingerprints are authorized.
 - c. For a Low-Risk designation, the following forms are required to be completed: 1. OF-306 and 2. DVA Memorandum – Electronic Fingerprints. For Moderate or High-Risk the following forms are required to be completed: 1. VA Form 0710 and 2. DVA Memorandum – Electronic Fingerprints. These should be submitted to the COR within 5 business days after award. (DVA Memorandum – Electronic Fingerprints is filled out by the VA Facility that took the electronic fingerprints)
 - d. The Contractor personnel will receive an email notification from the Security and Investigation Center (SIC), through the Electronics Questionnaire for Investigations Processes (e-QIP) identifying the website link that includes detailed instructions regarding completion of the investigation documents (SF85, SF85P, or SF 86). (The SF85 does not need to be uploaded because OPM is going paperless and the contractor will complete this questionnaire online when the e-QIP link is sent.) (DVA Memorandum – Electronic Fingerprints is filled out by the VA Facility that took the electronic fingerprints) (Please be advised that the contractor will need all the necessary information easily accessible as the website will time out and they can lose the information they inputted if they take too long to fill it in.) The Contractor personnel shall submit all required information related to their background investigations utilizing the Office of Personnel Management's (OPM) Electronic Questionnaire for Investigations Processing (e-QIP).
 - e. The Contractor is to certify and release the e-QIP document, print and sign the signature pages, and send them to the COR for electronic submission to the SIC. These should be submitted to the COR within 3 business days of receipt of the e-QIP notification email.

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- f. The SIC will then upload the e-QIP signature pages to e-QIP and release the case file to OPM for investigation.
- g. The SIC will notify the CO and Contractor after adjudicating the results of the background investigations received from OMB.

SPECIAL INSTRUCTIONS/REMARKS

All Contractors and Vendors must call Biomed before shipment of any equipment or deliverables to coordinate the delivery location. This will allow for HTM to ensure proper tracking and notify warehouse staff. Biomed can be reached via the contact information for Brandi Tellis listed above, the Biomed shop main line (843-789-7396), or by reaching Britton McCaskill, the Biomed Supervisor (843-789-6046).

SPECIAL CLAUSES, ETC. TO BE INCLUDED IN THE SOLICITATION

- ☐ Transition clause required?
(Insert FAR clause, Continuity of Services, FAR 52.237-3)
 - ☐ Intellectual Property/Technical Data Rights Clause required?
 - ☐ OCI Clause required?
 - ☒ Government Furnished Material/Equipment: CO should add a special clause to the contract citing the Title of the material/equipment, Identifier (Serial Number), Quantity, Purpose, and Date required by Contractor.
 - ☐ Other _____
 - ☐ Other _____
-

FOR TAC USE ONLY---SECURITY RELATED GUIDANCE

- ☒ **(Always Checked for Services)** Addendum B Security Requirement guidance to CO within Addendum B, Section B9 Training, Para. a) Sub Para. d,

Successfully complete any additional cyber security or privacy training, as required for VA personnel with equivalent information system access.

SECURITY CHECKLIST REQUIREMENTS--

- ☒ Yes ☐ No Question 4: Contracting Officials need to work with the Program Manager or (procurement requestor), COR, PO, and ISO to (IF YES):

- i. Include the appropriate risk designation of the Contractors based on the PDAT determination.

- ii. Incorporate the security clause (Appendix B) into the contract involved and the appropriate security/privacy language outlined in Appendix C into the solicitation.
- iii. Determine if protected health information is disclosed or accessed and if a BAA is required. *(CO to Provide BAA Assistance (Using Nov 2008 version of BAA (approved by OGC) and coordinate with BAA Manager)*

☒ Yes ☐ No Question 5: Incorporate the clause from Appendix B and the appropriate security/privacy language from Appendix C respectively into the solicitation and contract and initiate planning for the certification and accreditation of the Contractor system(s). Contracting Officials need to work with the COR and ISO to (IF YES):

- Determine the security impact of the IT system as High, Moderate, or Low per 6500 Handbook, *Information Security Program. (Covered in Contractor Personnel Security Requirements Section 0)*
- Ensure Contractor understanding of the IT security requirements for certification and accreditation (authorization) (C&A) of the Contractor system. See VA Handbook 6500.3, *Certification and Accreditation. (CO to notify COR of this responsibility in letter to COR)*
- Ensure that the proper VA Management Official is appointed by the Certification Program Office to formally authorize operation of the system in accordance with VA Handbook 6500 and 6500.3. *(CO to notify COR of this responsibility in letter to COR)*
- Enforce Contractor performance (timely submission of deliverables, compliance with personnel screening requirements, maintenance of secure system configurations and participation in annual IT Federal Information Security Management Act (FISMA) assessments to ensure compliance with FISMA requirements). *(CO to notify COR of this responsibility in letter to COR)*
- Ensure yearly FISMA assessments are completed and uploaded into SMART. *(CO to notify COR of this responsibility in letter to COR)*

☒ Yes ☐ No Question 6: Incorporate the security clause from Appendix B and the appropriate security/privacy language from Appendix C respectively into the solicitation and contract. Contracting Officials need to work with the COR and the ISO to (IF YES):

- Ensure Contractor understands and implements the IT security requirements for system interconnection documents required per the Memorandum of Understanding or Interconnection Agreement (MOU-ISA). The standard operating procedure (SOP) and a template for a MOU-ISA are located on the Information Protection Risk Management (IPRM) Portal and can be provided

- to the Contractor. (*CO to notify COR of this responsibility in letter to COR and supply MOU-ISA template*)
- Ensure Contractor understands their participation in IT security requirements for C&A of the VA system to which they connect (*CO to notify COR of this responsibility in letter to COR*)
 - Enforce Contractor performance (timely submission of deliverables, compliance with personnel screening requirements, and appropriate termination activity as appropriate). (*CO to notify COR of this responsibility in letter to COR*)

IF NO:

- Include a statement in PWS, immediately following the Security Clause Section that “The C&A Requirements do not apply and that a Security Accreditation Package is not required”.

☒ Yes ☐ No Question 7: Incorporate the security clause and the appropriate security language from Appendices B and C into the solicitation and contract. The COR needs to (IF YES):

- Ensure that a Contractor Security Control Assessment (CSCA) is completed within 30 days of contract approval and yearly on the renewal date of the contract. (*CO to notify COR of this responsibility in letter to COR and to supply CSCA Document-Self Assessment Questionnaire for Contract Service Providers*)
- Ensure that the CSCA is sent to the ISO and the OCS Certification Program Office for review to ensure that appropriate security controls are being implemented in service contracts. (*CO to notify COR of this responsibility in letter to COR*)
- Ensure a copy of the CSCA is maintained in the Security Management and Reporting Tool (SMART) database. COR will provide a copy of the completed CSCA to ISO for uploading into SMART database. (*CO to notify COR of this responsibility in letter to COR*)

☒ (**Always Checked for Services**) Contractor Rules of Behavior-Appendix D in Handbook 6500.6 – (*CO to add to solicitation, CO to ensure Contractor signs document*)

ADDITIONAL NOTES TO PREPARER

1. ***Run Spell Check and Grammar Check in document for final review. Simple and easy tool to utilize and benefit from.***

2. *When listing/itemizing points, keep the outline consistent (use appropriate number or letter, versus a bullet).*
3. *If deliverables need to be submitted in draft form, timeframes must be stated. Reference example provided in the table above.*
4. *Other submissions may be required but not held to draft/comment/final submissions. For example, monthly status reports are due 5 days after the conclusion of the reporting period (end of month).*
5. *Customer must identify which deliverables continue if option years are exercised. Not all deliverables would necessarily repeat. Certain deliverables are final in the base year.*
6. *Do not put due dates in “Deliverables:” section of task, rather include timeframes/due dates in “Schedule for Deliverables” table above. Also ensure customer deliverables are detailed in the narrative of the task to include format and content requirements.*
7. *Ensure deliverables in tasks match deliverables in table.*
8. *If PMAS applies, ensure deliverables are delivered in 6 month increments.*
9. *Deliverable due dates should be in terms of number of days after award or based on an event.*
10. *If for some reason the deliverable must be submitted in hard copy or on CD, be sure to specify the requirement within the line item. Also, in this case identify number of copies and mailing address.*
11. *Each deliverable line item must cite inspection and acceptance criteria; Inspection: Origin or Destination; Acceptance: Origin or Destination (most likely destination on both).*
12. *Update the Table of Contents by hitting F9.*