

Equipment Specifications

Digital Radiography

VISN1/VA Boston Healthcare System-Brockton campus]

[523-B81012]

A. REQUIREMENT OVERVIEW

This document highlights the requirements, technical specifications, and services being requested by VA Boston Healthcare System towards the purchase of a Radiographic table system that is used to perform routine diagnostic x-ray procedures. Contractor shall provide all labor, equipment, materials, parts, tools, software, project management and disposal necessary to furnish and install a fully functional Radiographic table system at 940 Belmont St. Brockton, MA, 02301.

| Facility | Quantity |
|--|----------|
| VA Boston Healthcare System- Brockton Campus | 1 |

B. TECHNICAL REQUIREMENTS

1. System configuration

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Wireless digital detector |
| <input checked="" type="checkbox"/> | b. Additional smaller wireless digital detector |

2. Additional specifications

| | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | a. Flat-panel wireless detector | |
| <input checked="" type="checkbox"/> | b. Charging station for wireless detector (as required by vendor) | |
| <input checked="" type="checkbox"/> | c. Grid attachments for wireless detector (as required by vendor) | |
| <input checked="" type="checkbox"/> | d. Table holder for wireless detector | |
| <input checked="" type="checkbox"/> | e. Tube mount | <input checked="" type="radio"/> Overhead <input type="radio"/> Floor-mounted |
| <input checked="" type="checkbox"/> | f. Bucky tracking for the table and wall stand | |
| <input checked="" type="checkbox"/> | g. Automatic tube crane, with protocol-based movement (option) | |
| <input checked="" type="checkbox"/> | h. In-room protocol adjustment via tube head or other in-room mounted system | |
| <input checked="" type="checkbox"/> | i. Ability to change between tabletop, upright bucky, or table bucky from tube head | |
| <input checked="" type="checkbox"/> | j. Free-floating manual tabletop | |
| <input checked="" type="checkbox"/> | k. LCD touchscreen control room monitor | |
| <input checked="" type="checkbox"/> | l. UPS for x-ray control/image recovery to bring the workstation down safely | |



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|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | m. Advanced graphics workstation(s) |
|-------------------------------------|-------------------------------------|

3. Software Requirements

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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Stitching – ability to stitch multiple long-axis images with options for automated and manual process |
| <input checked="" type="checkbox"/> | b. Bone suppression – ability to suppress overlaying bone such as ribs on chest images |
| <input checked="" type="checkbox"/> | c. Ability to apply multiple image processing algorithms both pre- and post-acquisition to allow for soft tissue and/or bone enhancement |
| <input checked="" type="checkbox"/> | d. Dose monitoring – the system must be able to supply a technology that allows for monitoring and tracking of radiation dose provided to a patient |
| <input checked="" type="checkbox"/> | e. Repeat rate – ability to track repeat/retake data to include such items as technologist (required unique identifier), reason for repeat, patient dose, exam type, etc. The data should be exportable to Excel or other databases for tracking, trending, and combining with data from other imaging sources within the facility. |
| <input checked="" type="checkbox"/> | f. Security – ability to protect sensitive patient data using unique user authentication |

4. Security/Connectivity Requirements

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. OEM-supported operating system |
| <input checked="" type="checkbox"/> | b. DICOM 3.0 print, store, commit, and modality worklist |
| <input checked="" type="checkbox"/> | c. HL7 integration (HIS/RIS) |
| <input checked="" type="checkbox"/> | d. Wireless connectivity to VA network – Compatible with 802.11b/g/n and FIPS 140-2 compliant |
| <input checked="" type="checkbox"/> | e. Encrypted hard drive |
| <input checked="" type="checkbox"/> | f. PACS compatibility – vendor neutral |

5. Added Value

Specifications listed below are not required, but preferred. Vendors who do not include the below specifications in the submitted offer will not be docked or excluded from consideration. Specifications listed below will be evaluated based on added value.

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Dual energy imaging |
| <input checked="" type="checkbox"/> | b. Linear tomography |
| <input checked="" type="checkbox"/> | c. Post-processing image enhancement for lines, soft tissue, etc. |
| <input checked="" type="checkbox"/> | d. Foot controls on each side of table |

C. TRAINING REQUIREMENTS



| Description | No. of Personnel |
|--|------------------|
| 1. On-site clinical applications training for technologists during go-live | 10 |
| 2. On-going on-line clinical applications training for technologists | 0 |
| 3. Biomedical technician training package (to include tuition) | 1 |

Biomedical technician training shall include any prerequisites required prior to the training and shall be equivalent to the training received by OEM field service representatives. Technicians shall be given all service manuals, schematics, diagrams, diagnostic software, other special tools, and keys equivalent to what OEM field service representatives have available to diagnose, troubleshoot, repair, and maintain the equipment.

Technologists who complete the clinical applications training shall receive continuing education credits (CMEs).

Off-site training will not be purchased at the time of award. Vendors must demonstrate that they can provide any required off-site training listed above, therefore off-site training should be quoted as an optional item. Travel for VA employees is not authorized under the HTME contracts. In no case should any training include expenses for travel or travel for VA personnel at no cost.

D. SERVICE REQUIREMENTS

1. VPN/Remote Access – The vendor shall provide, at no additional cost, any and all equipment service programs, such as remote diagnostics, during the warranty period. The vendor shall provide post-warranty remote diagnostic service program as an “Add Option” with the offer. The system shall provide vendor remote diagnostics via VPN. The vendor shall either utilize the VA national site-to-site VPN or work with the Office of Cyber and Information Security and the VAMC Information Systems Security Officer to establish a client-based VPN.
2. Service and Operator Manuals – The vendor shall provide the following documentation for the proposed systems:
 - a. Two (2) copies of operator instruction manuals (one (1) electronic and one (1) physical copy)
 - b. Two (2) copies of a system manager (super user) manual outlining back-up procedures, managing privilege group limits, routine tasks, etc.
3. Minimum Warranty – The system and accessories shall be covered under the manufacturer’s warranty and shall include all parts and labor for one year following acceptance by the VAMC. This warranty must include PMs as required by the manufacturer. The manufacturer’s factory-trained field service representatives shall perform installation and maintenance during the warranty period.

Vendors are encouraged to include any offerings for service, warranty, and training that may exceed the requirements with their proposals. Vendors who do not include any added value offerings for service, warranty, and training will not be docked or excluded from consideration. However, any such offerings will be evaluated based on added value.

E. OTHER INFORMATION/DOCUMENTATION REQUESTED

1. Product brochures
2. Technical specification sheets, to include dimensions and weight of the system
3. DICOM Conformance Statement



4. IHE integration statement
5. FIPS 140-2 certification
6. Completed pre-procurement assessment form (6550)
7. Completed MDS2 form
8. Detailed information about the curriculum and length of the biomedical technical training
9. Details on any off-site training offered for technologists
10. Information about your company's support structure during the warranty period
 - a. Describe on-line or telephonic applications support and availability (include third party coverage)
 - b. Provide a listing of field service engineer locations and availability
 - c. Provide a listing of part depots
11. Information about your company's support options following the warranty period, including a description of on-line or telephonic applications support and availability
12. Version/platform long-term plan
13. Two (2) copies of the product service manual (1 hard copy and 1 digital copy)

F. TRADE-IN

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| <input checked="checked" type="checkbox"/> | a. VA has no trade-in units to offer. |
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