

# Equipment Specifications

## Digital Radiography

### VISN 10 VA Northern Indiana Healthcare System

610-B94049

## A. REQUIREMENT OVERVIEW

The VA Northern Indiana Healthcare system is seeking one (1) digital radiographic system for general use in an outpatient clinic. System must include overhead mounted system and tilting wallstand.

Facility	Quantity
Peru Community Based Outpatient Clinic	1

## B. TECHNICAL REQUIREMENTS

### 1. Unit physical specifications

a. Minimum generator output power [kW]	80
b. Minimum generator voltage range [kV]	40-150
c. Maximum table patient weight limit [kg]	400
d. Minimum table height from floor [in]	20
e. Minimum table surface dimensions [in]	36 x 90
f. Minimum detector field of view [in x in]	13 x 16
g. Maximum pixel size [ $\mu\text{m}$ ]	100
h. Maximum time for fully processed image display [s]	8
i. Maximum detector weight [kg]	4
j. Vertical wallstand tilt range [degrees]	-20 to 90
k. Minimum weight bearing load on detectors (can be with an included cover) [kg]	500

### 2. Additional specifications

<input checked="" type="checkbox"/>	a. In-room protocol adjustment via tube head or other in-room mounted system
<input checked="" type="checkbox"/>	b. Bariatric table (option)
<input checked="" type="checkbox"/>	c. Motor-driven tabletop movement in the X and Y axis at stated maximum weight capacity
<input checked="" type="checkbox"/>	d. Second plate
<input checked="" type="checkbox"/>	e. Grids and grid caps in various foci and ratios
<input checked="" type="checkbox"/>	f. Advanced imaging software
<input checked="" type="checkbox"/>	g. Automatic collimation
<input checked="" type="checkbox"/>	h. Collimator manual override



<input checked="" type="checkbox"/>	i. Quantity of detectors
<input checked="" type="checkbox"/>	j. Phantom
<input checked="" type="checkbox"/>	k. 8 way table movement
<input checked="" type="checkbox"/>	l. Table lockout for patient safety
<input checked="" type="checkbox"/>	m. Rear foot pedal
<input checked="" type="checkbox"/>	n. Detector charging in bucky
<input checked="" type="checkbox"/>	o. Wall mounted grid holder
<input checked="" type="checkbox"/>	p. Detectors able to be teatherd or wireless
<input checked="" type="checkbox"/>	q. Console UPS
<input checked="" type="checkbox"/>	r. Grids Wallstand <ul style="list-style-type: none"> <li>• 70 lines/cm, 13:1 ratio, focus 180 cm (72 in) SID range 145 cm – 245 cm</li> <li>• 70 lines/cm,13:1 ratio, focus 100 cm (40 in) SID range 90 cm–118 cm</li> <li>• 70 lines/cm, 10:1 ratio, focus 130 cm (universal) SID range 90 cm–190 cm</li> </ul> Table <ul style="list-style-type: none"> <li>• 70 lines/cm,12:1 ratio, focus 100 cm (40 in), SID range 90 cm–120 cm</li> </ul> Detector
<input checked="" type="checkbox"/>	s. 6:1 grid
<input checked="" type="checkbox"/>	t. Power Distribution Unit and Circuit Breaker for Single Point Power Feed to Room Subsystems
<input checked="" type="checkbox"/>	• Detector battery charger
<input checked="" type="checkbox"/>	u. Extra detector battery

### 3. Software Requirements

<input checked="" type="checkbox"/>	a. 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"/>	b. 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"/>	c. Dose reduction – the system must have systems in place to facilitate regular protocol optimization and reduced radiation dose to the patient
<input checked="" type="checkbox"/>	d. 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.

### 4. Workstation Requirements



a. Minimum number of acquisition workstations	1
b. Minimum acquisition workstation monitor size [in]	24
c. Minimum acquisition workstation hard drive size [TB]	1

5. Security/Connectivity Requirements

<input checked="" type="checkbox"/>	a. OEM-supported operating system
<input checked="" type="checkbox"/>	b. Latest DICOM print, store, commit, radiation dose structured report (RDSR), and modality worklist
<input checked="" type="checkbox"/>	c. Encrypted hard drive
<input checked="" type="checkbox"/>	d. PACS compatibility – Philips Healthcare IntelliSpace PACS Enterprise 4.4.543.x

6. 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. Additional year(s) of warranty
<input checked="" type="checkbox"/>	b. Post-warranty remote diagnostic service program
<input checked="" type="checkbox"/>	c. Continued e-learning for clinicians
<input checked="" type="checkbox"/>	d. On-site follow-up clinical applications training for technologists once technologists have hands-on experience with the system

### C. TRAINING REQUIREMENTS

1. Clinical Training

<input checked="" type="checkbox"/>	a. Minimum of 4 days on-site clinical applications training for 3 technologists during go-live
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2. Biomedical Technician Training

**Please reference the “Instructions to Offers” section 2.8.g for further information about the type of information to provide by equipment type not by specific request. Please also reference the “Instructions to Offers” section 7.3.3. for response format.**

Technical training information to include detailed information about the curriculum and length of the biomedical technical training required for each equipment type.

Although the NAC will not award this training along with the equipment, it is imperative that the customer is informed that this training is available. Vendors must demonstrate that they can provide any required off-site training, therefore off-site training should be quoted as an optional item. Off-site training will be purchased at the time of need via a modification (if the original order remains open) or via a separate



order. No travel expenses for any VA employees will be included in any HTME equipment or training order.

## D. SERVICE REQUIREMENTS

1. VPN/Remote Access – The vendor shall provide 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 service manuals (one (1) electronic and one (1) physical copy)\*Vendors can include the physical copy as a priced line item in their quote as applicable.
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 minimum requirements, to include information on their service support structure during and after the warranty period. 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

**Please reference the “Instructions to Offers” section 2.8a-h for further information about the type of information to provide by equipment type not by specific request. Please also reference the “Instructions to Offers” section 7.3.3. for response format.**

1. Completed pre-procurement assessment form (6550 Appendix A)
2. Completed Manufacture Disclosure Statement for Medical Device Security (MDS2) form
3. Federal Information Processing Standard (FIPS) 140-2 certification
4. Product brochures
5. Technical specification sheets, to include dimensions and weight of the system
6. Typical drawings (pdf version of the CAD drawings)
7. Technical training- Biomedical: information to include detailed information about the curriculum and length of the biomedical technical training required for each equipment type.
  - Although the NAC will not award this training along with the equipment, it is imperative that the customer is informed that this training is available. Vendors must demonstrate that they can provide any required off-site training, therefore off-site training should be quoted as an optional item. Off-site training will be purchased at the time of need via a modification (if the original order remains open) or via a separate order. No travel expenses for any VA employees will be included in any HTME equipment or training order.
8. Support information to include your company’s support structure during and after the warranty period
  - On-line or telephonic applications support and availability (include third party coverage)



- A listing of field service engineer locations and availability
- A listing of part depots

## F. TRADE-IN

<input checked="" type="checkbox"/>	a. In instances where sanitization of ePHI compromises the OS and/or application software, or requires the removal of internal storage media, the vendor accepts the equipment “as is” and can elect at their own discretion to contract with the original equipment manufacturer (OEM) to restore the system.
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The following equipment is available for trade-in. Please reflect any credits provided for trade-in equipment in the proposal.

Station	610
Manufacturer	GE Healthcare
Model	Proteus
EE/Asset Number	EE41186
Serial Number	P5C654753V8

