

# Equipment Specifications

## Ultrasound

VISN 23/Minneapolis VA Healthcare System

618-B99007

### A. REQUIREMENT OVERVIEW

The Minneapolis VA Healthcare System is requesting to replace one ultrasound in urology. The Urology department uses the Ultrasound as a tool to perform diagnostic and interoperative multiservice for urology, general surgery, and neuro-surgery. Some examples clinicians use the ultrasound for is to visualize tumors in the kidneys and the liver or to record prostate measurements. Offerors under this proposal shall provide all equipment and accessories, installation services, training, and project management support.

| Facility                         | Quantity |
|----------------------------------|----------|
| Minneapolis VA Healthcare System | 1        |

### B. TECHNICAL REQUIREMENTS

#### 1. Unit physical specifications

|  |           |
|--|-----------|
| a. Minimum screen size [in]                  | 19 inches |
| b. Minimum number of split screens           | 2         |
| c. Ability to tilt screen                    | Yes       |
| d. Minimum number of active transducer ports | 2         |
| e. Image storage minimum (GB)                | 460       |
| f. Minimum battery life for ultrasound[min]  | 60        |
| g. Maximum Equipment weight [lb]             | 160       |

#### 2. Scanning modes

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Two-dimensional (2D)                       |
| <input checked="" type="checkbox"/> | b. Tissue Harmonic Imaging                    |
| <input checked="" type="checkbox"/> | c. M-Mode                                     |
| <input checked="" type="checkbox"/> | d. Simultaneous M-Mode                        |
| <input checked="" type="checkbox"/> | e. Pulsed Wave Doppler                        |
| <input checked="" type="checkbox"/> | f. Continuous Wave Doppler                    |
| <input checked="" type="checkbox"/> | g. Velocity Color Doppler – Check with vendor |
| <input checked="" type="checkbox"/> | h. Color Power Doppler                        |
| <input checked="" type="checkbox"/> | i. Tissue Doppler Imaging                     |
| <input checked="" type="checkbox"/> | j. Pulsed Wave Doppler                        |

#### 3. Doppler displays



|                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> | a. Frequency                         |
| <input checked="" type="checkbox"/> | b. Velocity                          |
| <input checked="" type="checkbox"/> | c. Power (microvascular/directorial) |
| <input checked="" type="checkbox"/> | d. Duplex                            |
| <input checked="" type="checkbox"/> | e. Triplex                           |

4. Control panel specifications

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | a. Physical keyboard or touchscreen keyboard |
| <input checked="" type="checkbox"/> | b. Touchscreen monitor                       |
| <input checked="" type="checkbox"/> | c. Keyboard on the touchscreen               |
| <input checked="" type="checkbox"/> | d. Black-and-white printer                   |

5. Additional specifications

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Image annotation   |
| <input checked="" type="checkbox"/> | b. One-button image optimization  |
| <input checked="" type="checkbox"/> | c. One-button Doppler optimization  |
| <input checked="" type="checkbox"/> | d. Programmable protocols   |
| <input checked="" type="checkbox"/> | e. Built-in, customizable PACS-compatible form                            |
| <input checked="" type="checkbox"/> | f. Ability to create patient worklist without order or network connection |
| <input checked="" type="checkbox"/> | g. Beam steering  |
| <input checked="" type="checkbox"/> | h. Ability to enter standby mode or sleep mode                            |
| <input checked="" type="checkbox"/> | i. Needle enhancement   |
| <input checked="" type="checkbox"/> | j. Digital calipers   |
| <input checked="" type="checkbox"/> | k. Ability to freeze, print, and store images from the transrectal probe  |

6. Security/Connectivity requirements

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. OEM-supported operating system   |
| <input checked="" type="checkbox"/> | b. Latest DICOM print, store, commit, and modality worklist                                   |
| <input checked="" type="checkbox"/> | c. Wireless connectivity to VA network – Compatible with 802.11b/g/n and FIPS 140-2 compliant |
| <input checked="" type="checkbox"/> | d. Encrypted hard drive   |
| <input checked="" type="checkbox"/> | e. PACS compatibility – [Visage]  |

7. Analysis packages

|                                     |                             |
|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | a. Procedural               |
| <input checked="" type="checkbox"/> | b. Abdominal                |
| <input checked="" type="checkbox"/> | c. Musculoskeletal Clinical |
| <input checked="" type="checkbox"/> | d. Small Parts              |



|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | e. Vascular – measurement and analysis of vessels |
| <input checked="" type="checkbox"/> | f. Pelvic   |
| <input checked="" type="checkbox"/> | g. Urology  |
| <input checked="" type="checkbox"/> | h. Breast   |

Vendors must include in their offers analysis packages that meet the criteria above. Please include all other analysis packages offered by your company in the optional section on the quotes.

## 8. Transducers

| Description                      | Qty | Frequency Range [MHz] |
|----------------------------------|-----|-----------------------|
| a. Linear                        | 1   | 6-15 MHz              |
| b. Curved                        | 1   | 1.8-6 MHz             |
| c. Transrectal Triplane          | 6   | 4-12 MHz              |
| d. Intraoperative (hockey stick) | 1   | 4-10 MHz              |
| e. Robotic Drop-In               | 1   | 5-12 MHz              |

Vendors must include in their offers transducers that meet the criteria above. Please include all other transducers offered by your company in the optional section on the quotes.

## 9. 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. Version/platform long-range plan            |
| <input checked="" type="checkbox"/> | c. OEM-supported operating system through 2022 |
| <input checked="" type="checkbox"/> | d. Compatible with Cerner EHR                  |
| <input checked="" type="checkbox"/> | e. Capable of using 8808e transrectal probes   |
| <input checked="" type="checkbox"/> | f. Fusion-Targeted Biopsy System               |
| <input checked="" type="checkbox"/> | g. Image Fusion Software                       |

# C. TRAINING REQUIREMENTS

## 1. Clinical Training

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. On-site clinical applications training for technologists during go-live – minimum of 24 hours                                  |
| <input checked="" type="checkbox"/> | b. On-site follow-up clinical applications training for technologists once technologists have hands-on experience with the system |
| <input checked="" type="checkbox"/> | c. On-site clinical applications training for physicians during go-live - minimum of 24 hours                                     |



|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | d. Technologists who complete the clinical applications training shall receive continuing education credits (CMEs).             |
| <input checked="" type="checkbox"/> | e. Vendors shall be responsible for accommodating different personnel shifts for clinical applications training during go-live. |

## 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. |
|-------------------------------------|--|

The following equipment is available for trade-in. Please reflect any credits provided for trade-in equipment in the proposal.

|                 |                |
|-----------------|----------------|
| Station         | 618            |
| Manufacturer    | BK             |
| Model           | Falcon 2101    |
| EE/Asset Number | 50365          |
| Serial Number   | 2000 - 1824099 |

