Our Hospital
Healthcare
Organization

Safe care
here at home

BUSINESS DEVELOPMENT STRATEGY REQUEST FOR PROPOSAL VENDOR SELECTION CRITERIA SAFECARE

(Software Acquisition for Effective Care and Reporting of Events)

May 16, 2010

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Very Nice Work.Your team consistently delivers thoughtful, organized and well written reports, with references.
All requirement elements included

Quick reality check: Hard to think you would actually find all your requirements in one system or at such a low price point.

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1   Vendor Selection

1.1   Initial Vendor Search

Project SAFECARE was designed to find a software vendor to help Our Hospital Healthcare Organization (OHHCO) to improve our performance in the areas of hospital acquired infections, adverse drug events, medication errors, falls and pressure ulcers. The selection team used the HIMSS website (http://onlinebuyersguide.himss.org/) to get a list of potential vendors. After utilizing the site search tool the list was narrowed to sixteen. Each potential vendor's website was reviewed to see if they advertised the functionality we were seeking. All positives (8) were then further searched to assess for all required functionality. The four best candidates were chosen as semi-finalists.

1.2   Criteria for Vendor Selection

A vendor selection tool was created to evaluate the criteria of potential vendors to consider for the Request for Proposal (RFP) for the SAFECARE project. The evaluation tool is located in Appendix 3. The tool focuses on four main categories: Vendor, Functionality, Reporting, and Technology. The evaluation criteria for each category were based on the final RFP that is to be sent. The evaluation criteria contain the minimum requirements needed for the SAFECARE project. Each criteria has a ranking of 1 to 5 (1 being low, 5 being high) on the potential vendors ability to meet the criteria. A comments field is also available for additional detail on how the vendor may or may not be able to meet the criteria. The evaluation tool will be filled out and reviewed for each vendor. The top 2 vendors will be selected to receive an RFP.

Information to fill out the evaluation tool was captured through browsing vendor websites and literature searches using the vendor and software name. After all vendors were evaluated, the Clinical team and IT team reviewed responses to narrow the list down to 2 vendors to move to the RFP process. Details about the role of each constituency can be found in Section 5, Role of Each Constituency.

2   Vendor Recommendation

After receipt and review of the RFP's from our four selected vendors, OHHCO recommends the purchase the Risk module and Infection Control module from RL Solutions. This conclusion was reached based on the clinical needs defined in the SOW, the RFP and using a defined scoring system which provided an unbiased rating of the systems that closest matched the organizational objectives.

2.1 Functionality Scoring

The top 2 vendors in the scoring were RL Solutions and Sentri7. For details on the scoring, please see Appendix 4. Good use of appendices

2.2 Summary of Vendors

Sentri7 Summary
Sentri7 scored 106 out of a possible 195 points resulting in a 54% match to our RFP requirements and our SOW.

The scope of the project concerned functionality in the areas of:
Infection Surveillance and Data Mining Application, Medication Delivery System, Patient Safety Monitoring System, Reporting by system:

Sentri7 met all these criteria using a scalable rules driven model. Their software as a service model using ASP web protocols allows flexibility and rapid deployment without the need for new hardware, as the functionality of the system rests in servers located at Sentri7's data center. Location of the data at their remote site also provides the advantage of data access even if local systems are experiencing downtime or other failures. Their capacity to pull data from disparate systems allows the integration of information from across the spectrum of hospital information systems and the rules engine allows customization even down to the user level while maintain the integrity of the data for in depth analysis.

In over 1300 deployed systems, Sentri7 has a proven track record in flexible scalable data analysis, customizable alerting, unparalleled access to its web based system and report generation required of a modern surveillance system. They are capable of producing all mandated federal reporting and can be configured for state and local reporting also.

This model of service was however rejected by our IT committee who prefers that we have a server based system residing in our data center.

Pricing model was the other area of difficulty as Sentri7's model is based on patient admissions and cannot be easily budgeted as a fixed line item. OHHCO's CFO was concerned about this model of pricing and did not give a favorable response to this pricing strategy

RL Solutions Summary
Based on scoring the information provided in the RFP response, RL solutions scored 143 out of a possible 195 points. This is a 73% match to the criteria defined in the SOW and RFP requests.

The Project Scope encompassed the implementation of an infection control and surveillance, medication delivery, and patient safety system. In comparing the features and functionality defined in the SOW with the information provided by RL Solutions RFP response, OHHCO believes that in addition to the key functions, they provide full integration with existing hospital information systems which will include laboratory, microbiology, radiology, pharmacy, and EMR including physician documentation and transcribed reports through key word identification. This integration will be direct code sharing through standard HL7 bidirectional interface transaction messages.

RL Solutions offers customized training options that include options such as 1:1 training as well as online and monthly seminars with focus on specific topics to ensure the organization is prepared to support their system along with the assistance provided by the vendor.

RL Solutions provides services to over 600 plus clients and is rapidly growing. In reviewing the list of clients provided, it was noted that clients that are rated nationally as the best in quality and patient safety (Vanderbilt, Brigham and Women's), had implemented RL solutions as their vendor of choice.

RL Solutions has partnerships with organizations such as the American Hospital Association (AHA) and Society for Healthcare Consumer Advocacy (SHCA). AHA has also endorsed RL Solutions as being a leader in meeting the operational needs of healthcare organizations by maintaining a collaborative relationship with executives, administrators, policy makers, consultants and advisory committees in identifying the needs and solutions in promoting healthcare excellence.

3   Vendor Elimination

Having identified critical issues surrounding infection control and surveillance, medication management, and patient safety relating to pressure ulcers and other defined parameters, OHHCO recognizes its obligation in defining a strategic plan toward resolution of these issues. In this regard, a robust statement of work (SOW) and request for proposal (RFP) document has been developed, thus positioning OHHCO to begin the process of vendor evaluation and selection for participation. A total of 16 vendors were reviewed and evaluated against defined selection criteria – include matrix), subsequently refining this to 4 vendors for a more detailed analysis against the defined criteria and objectives of the SOW. Having completed this analysis, the following 2 vendors have been eliminated from consideration based on the justifications listed below:

Elsevier

- Solid company history extending back to 1880 (providing medical textbooks and medical resources) with product use in 1,900 healthcare organizations nationally; however, it is a singular company with limited product lines. Focus on physician

decision support and resource management. Does not provide comprehensive clinical solutions. Concerns related to merger and acquisitions by larger entities are valid.
- Founded on clinical decision support models, resource tools, and quality data analytics – does not provide specific tools or software packages associated with infection control and surveillance or patient safety – key elements to the project objectives and scope.

TheraDoc

- Provides Adverse Drug Event monitoring and Antibiotic Assistant; however, does not have a comprehensive physician order entry nor integrated medication administration component – as noted above, these are key elements to the project objectives and scope.
- Additionally, provides a defined Patient Safety component; however, its focus is on alerts associated with resulting and physiological monitoring and trending of patient parameters. It does not provide assistive tools in monitoring patient's physical safety needs such as pressure ulcers and movement. Once again, these elements are key to the defined project objectives and scope.

4 Preliminary Budget

The vendors selected for the RFP process, RL Solutions and Sentri7, returned RFP's with limited detail budget information. RL Solutions quoted a fixed pricing schema of a $50,000 initial license fee with a recurring $8,000 software maintenance license in subsequent years. RL Solutions initial license fee and maintenance fees fall within the initial budget estimates set forth by the finance team during the SOW process. Sentri7 gave no detailed budget figures and only quoted an ROI of 300% to 1600%. In contrast, Sentri7 provided a variable rate pricing structure of a per patient fee model, although no per patient fee was quoted. While this model may be cost effective in the long run, budgeting for this type of model will be difficult as it is a non controllable fee structure dependent on patient numbers. Since both vendors failed to include detailed budget information, neither vendor will be eliminated solely for this reason.

The preliminary budget for the SAFECARE project will be $50,000 plus 35% implementation & customization for the first year. All subsequent years will be budgeted at $8,000 plus 25% miscellaneous fees. This budget will need to be further refined during the contracting process as there was little information given on the hardware and software required for the application.

5 Role of Each Constituency

Vendor Selection for RFP Process (based on Selection Criteria Matrix)

Step	Constituency	Role	Outcome
1a	Clinical	Reviewed the results for the Functionality and Reporting sections of the Selection Criteria Matrix. The scores were totaled and explanations reviewed.	Ranked list of vendors (from high to low) based on ability to meet criteria.
1b	IT	Reviewed the results for the Vendor and Technical section of the Selection Criteria Matrix. The scores were totaled and explanations reviewed.	Ranked list of vendors (from high to low) based on ability to meet criteria.
2	Clinical & IT	The ranked lists from Step 1a and Step 1b were compared. The vendors ranked #1 and #2 are the same (although not in the same order), these were the vendors recommended for RFP.	List of 2 vendors for the RFP. Justification for why these vendors were chosen and the other vendors were not.
3	Mgmt Team & Steering Comm	The management team and the steering committee for the SAFECARE project reviewed the Vendor Selection list (from Step 2) and gave their approval to move onto the RFP process with the selected vendors.	Approval of 2 vendors for RFP.
4	Legal	Legal pursued confidentiality agreements for the 2 vendors, allowing the RFP process and contract negotiations to occur in a timely manner. The confidentiality agreement was a bi-directional agreement so both parties are covered.	Signed confidentiality agreements.
5	Proj Mgr	Initiated the RFP process with selected vendors.	Returned RFPs.

Vendor Selection for Finalist (based on RFP, resumes, references, & budget)

Step	Team	Role	Outcome
1	Clinical, IT, & Steering Comm	Scheduled and performed site visit.	Ranked list of vendors (1, 2). Completed Vendor Attributes checklist
1a	Clinical	Reviewed the results for the Software and Reporting sections of the RFP. The scores were totaled and explanations reviewed. Any major gaps or show-stoppers were documented.	Ranked list of vendors (1, 2). List of gaps and show-stoppers for each vendor.
1b	IT	Reviewed the results for the Hardware & Warranty and Security & Access section of the RFP. The scores were totaled and explanations reviewed. Any major gaps or show-stoppers were documented. Reviewed the technical credentials, certifications, and prior implementations. This information was evaluated in parallel with the RFP evaluation and be included in the ranked listing.	Ranked list of vendors (1, 2) – based on both reviews. List of gaps and show-stoppers for each vendor.
1c	Clinical, IT,	Reviewed the results for the Training & Communication section of the RFP. The scores were	Ranked list of vendors (1, 2).

	Training	totaled and explanations reviewed. Any major gaps or show-stoppers were documented.	List of gaps and show-stoppers for each vendor.
1d	Financial	Reviewed the budget template. The budget template was combined with the hardware costs and other internal recurring costs to develop a Total Cost of Ownership. The TCO was compared to the available budget dollars. The total project costs are within (+/-) 20% of the planned costs, no further review was needed. Reviewed the submitted FY financial report and verified the vendors are financially viable.	Each vendor received an approved from Finance.
1e	Legal	Reviewed each vendor for pending legal action against the vendor and potential planned mergers and acquisitions (all to be obtained from publicly available sources). Reviewed the resumes submitted with RFP. Reviewed the list of references submitted with the RFP.	List of pending legal action or planned mergers for each vendor. List of concerns based on resumes and references submitted and list of follow-up items for the vendors.
2	Clinical & IT	Results from Step 1d and Step 1e were reviewed to see if either vendor is eliminated due to legal or financial reasons (neither were). Since both vendors are still viable options, the ranked lists from Step1, Step 1a, Step 1b, and Step 1c were compared. The vendors ranked #1 was not the same. Due to lack of agreement, the Clinical Team and the IT team must review the results and determined that a consensus could be reached.	Selected vendor. Justification for why this vendor was chosen over the other vendor.
3	Mgmt Team & Steering Comm	The management team and the steering committee for the SAFECARE project reviewed the Vendor selected (from Step 2) and give their approval to move onto contract negotiation and acquisition with the selected vendors.	Approval of vendor for contract negotiations and acquisition.

6 Size of Vendor

While there is no specific size for the vendor, the vendor selected must have a proven track record of successful implementations in other healthcare organizations of similar size. Vendor stability will play a key role in the selection of the vendor. When evaluating vendor stability the following attributes will be considered: vendor size, vendor financials (debt compared to income), years in business, number of clients, size of the implementation team (and if resources are currently available and allocated to the project), references, the client who has been on the system the longest in years, and current on-going installations.

The vendors selected for the RFP has the following attributes:

Attribute	Sentri7	RL Solutions	Minimum to be considered
Vendor Size (total employees)	70	50 - 400	50 employees
Financially Viable	Yes	Yes	Yes
Years in business	10	15	7
Number of clients	1300 HCOs	600+	300
Size of implementation team (company wide)	10	Customized to client	5
Longest client (in years)	10	9	5

7   Role of Acceptance Testing

Acceptance testing will be a requirement for the vendor to be considered and selected by OHHCO for the SAFECARE project.   Acceptance testing criteria will be defined during the contracting process and final payment will be dependent on the successful completion of acceptance testing. Acceptance testing will be based off of pre-defined cases with expected outcomes. Each outcome to be tested will either pass or fail. Acceptance testing will not be focused on ease of use of the system or performance; it will be based solely on expected results for each test case.

Acceptance testing will involve the customer and the vendor. Each major requirement as agreed to in the contract, will have a test case created with an expected result. Test cases should be written in such a format that a 3rd party can test the requirement. To properly conduct acceptance testing, OHHCO will be given the opportunity to prepare their own test data and test scripts. The acceptance testing will be conducted in the presence of the vendor so that instances of potential defects may be dealt with immediately, and if the tests are successful obtain the acceptance certificate immediately, as acceptance certificates are the precursor to payment. All defects given to the vendor must include what the expected result was, what the actual result was, categorization of the defect, and the impact of the defect on the overall system. Provision for retesting will be set out to allow a speedy process in the event that a genuine defect is identified during acceptance testing process.

During acceptance testing, each requirement will be tested for an expected outcome. If the testing results in the expected outcome, the test case passes. If the testing result is not the expected outcome, the test case fails. All failed test cases will be reviewed to determine if there is user error (such as data entry) or if there is a system failure. All failure will be categorized as follows: critical (bugs that put patient safety at risk), inconvenience (bugs with work around), future fix (known bug or new bug with no work around). Any critical bugs must be resolved prior to acceptance and before final payment will be made. Retesting will occur once the vendor supplies a software patch. All other bugs (inconvenience or future fix) must be ranked in order from 1 to x. Bugs will be reviewed with the vendor and an implementation plan will established and agreed to for the top 25 bugs.

Acceptance testing will begin 5 working days after installation. Any defect categorized as critical, will be reported to the vendor immediately and the vendor has 2 days to notify the customer when a software patch will be delivered with all the fixes.

If for some reason, acceptance cannot be reached the following options will be considered: rejection of deliverable and refund all fees paid, termination of the agreement, or require the remedy of the defects with no cost to the customer.

8   Acquisition Plan

OHHCO has consistently experienced higher than bench mark standards for infection rates, medication errors, and adverse events surrounding patient safety and pressure ulcers. These untoward events subsequently will result in higher costs associated with non reimbursable care, decreased reimbursement, and degradation of patient outcomes. Ultimately, this negative cascade cumulates its self in a decrease in public perception as an acceptable institution for health care.   This becomes cyclic in nature and, without question, is not a sustainable model moving into the future. Efforts toward staff education and process improvement have had little impact to outcomes as infection rates and adverse events remain constant. Objectively evaluating options and available research data, the need for clinical automation in support of managing these care parameters becomes obvious. Additionally, having previously acquired clinical information systems associated with other ancillary services and a foundation EMR, the acquisition of supporting clinical automation for managing these parameters is logical and meets the strategic objectives of OHHCO as a whole.

Through an exhaustive search of clinical information system vendors utilizing our defined selection criteria and matrix, OHHCO has determined RL Solutions should be our vendor of choice moving forward. Obtaining the highest total evaluation score of 143/195, RL Solutions affords the greatest potential for meeting the project objectives and scope as outlined in our SOW. Focusing on their Risk Management and Infection Control products, OHHCO hopes to leverage the advantages of these products in significantly reducing infection rates and overall medication errors and adverse events, thus having a direct impact to patient outcomes and the bottom line.

Technically, RL Solutions is founded on a server/client database structure, thus should be easy incorporate into OHHCO's existing infrastructure and IT strategy.

Acquisition costs are based on an initial $50,000 licensing fee with a recurring $8,000 annual license maintenance fee for subsequent years. Contractually, this is a fixed rate vendor contract with an additional 35% capitalizable budget margin for the first year associated with implementation and customization surrounding workflows. Additional budget dollars will be allocated annually at 25% to accommodate miscellaneous expenditures (software/hardware). Consequently, subsequent year budgeting will be reflective of a controlled cost structure optimizing abilities to enhance financial

performance. Total and ongoing costs are within the defined budgeting parameters as set forth by the finance team and outlined in the SOW.

RL Solutions Risk Management and Infection Control system sits on an independent database structure, obtaining system integration through defined interfaces and network connectivity. In this regard, defined HL7 bidirectional interface messaging will be required to the following existing Epic systems:

- Access – Registration
- Beaker Clinical Laboratory – Laboratory
- Beaker Clinical Laboratory – Microbiology
- Willow – Pharmacy
- Radiant – Radiology
- HIM – EMR

Interface validation and system compatibility will be a milestone of the project and considered essential for the project to continue. All testing and validation will be completed through the test environment. Successful completion of testing in this environment will subsequently be validated within the production database. In addition, based on the adverse patient outcomes OHHCO is currently experiencing, the implementation time line will be utilized to define milestones as outlined in the SOW. Finally, system performance will be required to meet OHHCO's defined service level agreements regarding response times, performance, and other defined parameters. This information will be provided to the vendor and set forth as an expectation with system implementation.

Minimal risk will be noted during this project implementation and scope. Due to the isolated nature of the defined clinical information system and its defined limitations, project failure and discontinuation will have little to no impact to other systems or patient care.

OHHCO is seeking a fixed rate comprehensive contract which will include acquisition, implementation, and ongoing support up to and including future software upgrades, patches, and fixes. This allows a controllable cost structure supporting budget practices and overall financial stability associated with product use. Although our desires are to move forward with RL Solutions as our vendor of choice, Sentri7 will be elicited for contract negotiations as well, thus providing leverage in seeking acceptable terms. Additionally, in light of Sentri7's selection criteria scoring, OHHCO is prepared to move forward with their product should contract negotiations favor such direction.

Contract negotiations will encompass a defined team from OHHCO which includes:

- Chief Information Officer
- Chief Infection Control Officer
- Legal Council
- Chief Financial Officer

In conjunction with the defined vendor teams from SL Solutions and Sentri7, contract negotiations will begin on or around May 16th with target contract completion on or around June 7th as outlined in the SOW. Independent negotiations will be conduct with both vendors in seeking an acceptable agreement moving forward; however, focus will be directed toward the selected vendor SL Solutions.

Upon execution of the contract, the Project Manager will assume control of the implementation strategy with focus toward meeting the defined milestones as outlined in the SOW. These milestones include:

- Project Plan Completed: June 8th – June 24th
- Implementation Strategy: June 8th – July 18th
- Hardware Installation: July 20th – September 27th
- Application Installation and Configuration: September 28th – October 18th
- Staff Training: October 21st – January 10th
- Go Live: February 7th 2011
- Implementation Review and Evaluation: March 10th 2011

Due to the critical nature associated with this project, priority shall be given to meeting these defined time frames. Failure to meet deadlines will require completion of an action plan outlining justification/rational for missing the defined milestone and a detailed corrective action plan for getting the project back on target. These milestones will encompass acceptance testing and validation as a component sign off and moving forward with subsequent project objectives

Essential logistical considerations supporting acquisition and implementation will be required. Upon completion of contract negotiations, a security risk assessment of the application will be required prior to official signatures. This will validate compliance with defined HIPAA parameters and facility specific security requirements. Engaged vendor support during the implementation phases will be required. Post implementation support will involve facility-based first line engagement with vendor escalation as required on a 24/7 basis. Subsequent vendor defined escalation parameters with 24 hour resolution requirements are essential. OHHCO will provide facility based personnel resources commensurate with vendor defined needs while the vendor will equally provide resources as needed. Physical space will provide for the implementation team with full engagement of supporting teams as needed to meet defined milestones. Vendor will provide documentation as outlined in the SOW which will include infrastructure manuals/drawings and training, Software release notes, pending upgrades/patches/fixes, end user training manuals, and other documents as needed and required throughout the acquisition and implementation.

OHHCO is fully engaged in moving forward with system acquisition and implementation. In acquiring a fully automated system surrounding infection control and patient safety, OHHCO will be well positioned to drastically improve patient care and outcomes.

9   Appendix 1 - References

While no specific references were made from the references below, these references did provide background information.

Selecting the Right Technology Vendor. *nPower Network*. Retrieved on May 5, 2010 from, http://www.npower.org/files/page/vendorguide.pdf.

Pym's Technology Orders. *Acceptance Testing*. (2010) Retrieved on May 5, 2010 from, http://www.aiia.biz/legal/consulting/acceptance-testing.

Enabling Swift and Safe Healthcare Worldwide. *Pharmacy OneSource.* (2010) Retrieved on May 3, 2010 from, www.pharmacyonesource.com.

RL Solutions – Software of safer healthcare. Retrieved on May 2, 2010 from, www.rl-solutions.com.

TheraDoc – A Hospira company. Retrieved on May 3, 2010 from , www.theradoc.com.

Knowledge for Advancing Healthcare. *Elsevier Clinical Decision Support*. (2010). Retrieved on May 2, 2010 from, www.clinicaldecisionsupport.com.

10 Appendix 2 – Vendor Listing

Quantros
www.quantos.com

Theradoc
www.theradoc.com

Carefusion
3750 Torrey View Court
San Diego, CA 92130
carefusion.com

Pharmacy OneSource, Inc.
Sentri7
3535 Factoria Blvd SE #440
Bellevue, WA 98006
www.pharmacyonesource.com

RL Solutions
77 Peter Street
Suite 300
Toronto, ON M5V 2G4
www.rl-solutions.com

Vecna Technologies, Inc.
6404 Ivy Lane
Suite 500
Greenbelt, MD 20770
www.vecnamedical.com

Elsevier Clinical Decision Support
1600 John F. Kennedy Blvd.
Suite 1800NO
Philadelphia, PA 19103
clinicaldecisionsupport.com

Humedica
http://www.humedica.com

GE Healthcare
www.gehealthcare.com

Keane, Inc.
5933 West Century Blvd
Suite 500
Los Angeles, CA 90045
www.keane.com/hsd

Meta Health IT Solutions
199 Jericho Turnpike LL2
Floral Park, NY 11001
US
www.metapharmacy.com

Omnicell
1201 Charleston Road
Mountain View, CA 94043
www.omnicell.com

Pervasive
www.pervasivedataintegration.com

314e Corporation
47102 Mission Falls Ct.
Suite 210
Fremont, CA 94539
www.314e.com

Alert Life Sciences Computing
www.alert-online.com

DSS, Inc.
 12575 US Hwy 1
Suite 200
Juno Beach, FL 33408
www.dssinc.com

11 Appendix 3 – Vendor Selection Matrix

REQUEST FOR PROPOSAL VENDOR SELECTION EVALUATION TOOL			
Subject:	Evaluation Criteria:	Rating Scale: 1 (Low) - 5 (High) Ability to meet criteria	Comments:
Vendor	Well defined business model - Currently not in discussions surrounding acquisition or merger	1 2 3 4 5	
	Has maintained an annual operating margin of at least 5% for the last 10 years	1 2 3 4 5	
	Current version of product is active in at least 500 different healthcare organizations with at least a 300 bed capacity	1 2 3 4 5	
	Single application solution	1 2 3 4 5	
	Product growth through development - not acquisition	1 2 3 4 5	
	Development based on integrated database configurations	1 2 3 4 5	
	User based product enhancements	1 2 3 4 5	
	Annual user defined upgrades	1 2 3 4 5	
	Defined processes for software issues resolution	1 2 3 4 5	
	Defined support structures with escalation criteria	1 2 3 4 5	

	Responsive to regulatory changes with off cycle updates	**1**	**2**	**3**	**4**	**5**	
	Uptime product upgrades with user defined time parameters	**1**	**2**	**3**	**4**	**5**	
	Product certification by CCHIT	**1**	**2**	**3**	**4**	**5**	
Functionality	Comprehensive automated software application encompassing Infection Control & Surveillance, Medication Administration, and Patient Safety	**1**	**2**	**3**	**4**	**5**	
	Standard HL7 discreet data element bidirectional data messaging	**1**	**2**	**3**	**4**	**5**	
	Web-based application with fully configurable role-based and location based security capabilities	**1**	**2**	**3**	**4**	**5**	
	Standard report structures with full configurability for custom reporting	**1**	**2**	**3**	**4**	**5**	
	Embedded best practice standards with associated reference links	**1**	**2**	**3**	**4**	**5**	
	User configurable data reviews and ad hoc reporting structures	**1**	**2**	**3**	**4**	**5**	
	Scan ability and paper-based integration	**1**	**2**	**3**	**4**	**5**	
	Fully configurable alert monitoring with multi-layered notification system utilizing multimedia	**1**	**2**	**3**	**4**	**5**	

	Automated directed custom reporting	1	2	3	4	5	
	Decision support order entry associated with medication regimens	1	2	3	4	5	
	Comprehensive medication system integration (orders/pharmacy/medication delivery)	1	2	3	4	5	
	Patient bar code patient identification and medication delivery	1	2	3	4	5	
	Adverse drug event monitoring and reporting	1	2	3	4	5	
	Fully configurable patient safety parameters	1	2	3	4	5	
	Skin pressure monitoring by pressure and time parameters	1	2	3	4	5	
	Hospital acquired infections monitoring	1	2	3	4	5	
Reporting	Advanced data analytics in support of data analysis	1	2	3	4	5	
	Utilizes standard SQL query language for custom data extracts	1	2	3	4	5	
	Detail audit trail for all work process transactions and user activity	1	2	3	4	5	

Technical	Facility based Server application	1	2	3	4	5	
	Defined system back up process	1	2	3	4	5	
	Fully functional productive and test environments	1	2	3	4	5	
	Segregated report database separate from the production environment	1	2	3	4	5	
	Active-Directory based user authentication	1	2	3	4	5	
	Upgrade supported hospital based customization	1	2	3	4	5	
	24/7 remote based vendor support via hardware VPN connection	1	2	3	4	5	

12 Appendix 4 – Sentri7 vs. RL Solutions Criteria Matrix Comparison

		REQUEST FOR PROPOSAL VENDOR SELECTION EVALUATION TOOL				
		Sentr7			RL Solutions	
Subject:	Evaluation Criteria:	Rating Scale: 1 (Low) - 5 (High) Ability to meet criteria	Comments:	Rating Scale: 1 (Low) - 5 (High) Ability to meet criteria	Comments:	
Vendor	Well defined business model - Currently not in discussions surrounding acquisition or merger	5	Stable company last merger 2005	5		
	Has maintained an annual operating margin of at least 5% for the last 10 years	1 2 3 4 5	????	5		
	Current version of product is active in at least 500 different healthcare organizations with at least a 300 bed capacity	5	yes	5		
	Single application solution	4	yes-although other integrated items may be useful in future	3		
	Product growth through development - not acquisition	5		5		
	Development based on integrated database configurations	1 2 3 4 5	SaaS model	5		
	User based product enhancements	5		5		
	Annual user defined upgrades	5		5		

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	Defined processes for software issues resolution	3		5	
	Defined support structures with escalation criteria	1 2 3 4 5	Not visible in website-states want you to call	5	
	Responsive to regulatory changes with off cycle updates	5		5	
	Uptime product upgrades with user defined time parameters	5		1 2 3 4 5	Not specified
	Product certification by CCHIT	1 2 3 4 5		1 2 3 4 5	Not specified
Functionality	Comprehensive automated software application encompassing Infection Control & Surveillance, Medication Administration, and Patient Safety	4	Preset rules and we define others	5	
	Standard HL7 discreet data element bidirectional data messaging	5		5	
	Web-based application with fully configurable role-based and location based security capabilities	5		5	
	Standard report structures with full configurability for custom reporting	5		5	

Embedded best practice standards with associated reference links	**1 2 3 4 5**	??	**1 2 3 4 5**	Best practice supported but unable to determine if reference links are embedded within software
User configurable data reviews and ad hoc reporting structures	5		5	
Scan ability and paper-based integration	**1 2 3 4 5**	not clear	5	
Fully configurable alert monitoring with multi-layered notification system utilizing multimedia	5		5	
Automated directed custom reporting	5		5	
Decision support order entry associated with medication regimens	5		**1 2 3 4 5**	Not specified
Comprehensive medication system integration (orders/pharmacy/medication delivery)	5		5	
Patient bar code patient identification and medication delivery	5		5	
Adverse drug event monitoring and reporting	5		5	
Fully configurable patient safety parameters	5		5	

Category	Requirement	Scale	Comment	Scale	Comment
	Skin pressure monitoring by pressure and time parameters	1 2 3 4 5	Not clear how we would configure but seems possible with this system	5	
	Hospital acquired infections monitoring	5		5	
Reporting	Advanced data analytics in support of data analysis	1 2 3 4 5		5	
	Utilizes standard SQL query language for custom data extracts	1 2 3 4 5		5	
	Detail audit trail for all work process transactions and user activity	1 2 3 4 5		1 2 3 4 5	Not specified
Technical	Facility based Server application	1 2 3 4 5	Data is aggregated on their server	5	
	Defined system back up process	1 2 3 4 5	Not specified	1 2 3 4 5	Not specified
	Fully functional productive and test environments	1 2 3 4 5	Not specified	1 2 3 4 5	Not specified
	Segregated report database separate from the production environment	1 2 3 4 5	On their server	1 2 3 4 5	Not specified
	Active-Directory based user authentication	1 2 3 4 5	Not specified but assumed	1 2 3 4 5	Not specified

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	Upgrade supported hospital based customization	**1**	**2**	**3**	**4**	**5**	Appears to since use their rules engine	**1**	**2**	**3**	**4**	**5**	Not specified
	24/7 remote based vendor support via hardware VPN connection			**5**						**5**			
	106/195 = 54%						143/195 = 73%						