ONE BROOKLYN HEALTH SYSTEM

BROOKDALE
UNIVERSITY HOSPITAL MEDICAL CENTER

Interfaith
Medical Center

KINGSBROOK
JEWISH MEDICAL CENTER

Request for Quotation

Electronic Health Record System

July 20, 2018

NOTICES

1. NO PRINTED COPIES OF YOUR PROPOSAL ARE REQUIRED.

2. A SHAREPOINT WEBSITE FOLDER WILL BE CREATED FOR EACH VENDOR TO UPLOAD THEIR RFQ RESPONSE MATERIALS. PLEASE UPLOAD ALL RFQ RESPONSE MATERIALS BEFORE THE DUE DATE/TIME AND SEND AN EMAIL TO TWebb@healthtechadvisors.com and ETarlow@bhmcny.org FOR NOTIFICATION OF COMPLETION.

3. ONE BROOKLYN HEALTH SYSTEM RESERVES THE RIGHT TO REJECT ANY AND ALL RESPONSES, AND TO WAIVE DEFECTS IN RESPONSES.

4. ONE BROOKLYN HEALTH SYSTEM SHALL BE THE SOLE JUDGE OF THE QUALITY OF THE RESPONSES, AND THE SOLE PARTY TO DETERMINE WHICH OF THE RESPONSES CONSTITUTES VIABLE BUSINESS SOLUTIONS.

5. TO MINIMIZE DISRUPTION TO DAILY OPERATIONS, AND TO PROTECT THE INTEGRITY OF THE PROCESS, VENDORS SHALL NOT CONTACT ANY STAFF MEMBER OF ONE BROOKLYN HEALTH SYSTEM, ITS HOSPITALS OR AFFILIATES. ANY ATTEMPT TO CONTACT ANY MEMBER OF OBHS STAFF REGARDING THIS RFQ WITHOUT FIRST RECEIVING PERMISSION FROM MR. ELI TARLOW OR MR. TIM WEBB WILL RESULT IN THE ELIMINATION OF THE VENDOR FROM FURTHER CONSIDERATION. THANK YOU IN ADVANCE FOR YOUR COOPERATION.

6. THE JUDGMENT OF ONE BROOKLYN HEALTH SYSTEM WITH REGARD TO ANY AND ALL PROPOSALS WILL BE FINAL AND NONAPPEALABLE.

Table of Contents

Electronic Health Record Selection Project

I.   PROJECT DESCRIPTION

1.0 ONE BROOKLYN HEALTH SYSTEM

One Brooklyn Health System, Inc. (OBHS) is a not-for-profit, tax-exempt corporation licensed under Article 28 of the Public Health Law. OBHS is the NYS Department of Health approved co-operator of Brookdale University Hospital Medical Center, Interfaith Medical Center and Kingsbrook Jewish Medical Center.

2.0 PROJECT PURPOSE

The OBHS vision focuses on a sustained commitment to improved health outcomes in quality, safety and service to community residents; embraces health prevention to creatively address the social determinants of health through innovative partnerships with government and community-based organizations; includes the latest advances in medicine; and provides care within a system that is more efficient and requires a significant expansion in access to primary and ambulatory care services to ensure the longer-term viability of these improved medical outcomes for the community.

OBHS seeks to preserve and enhance access to healthcare services in Brooklyn by coalescing the separate hospitals and their governed affiliates into a sustainable, quality integrated health system.

This project will be funded by grant monies provided by New York State under the Vital Brooklyn transformation initiative. The terms of this funding require OBHS and vendors receiving grant funds to comply with NYS Executive Law, Article 15-a. Respondents should familiarize themselves with the requirements of Art. 15-a prior to responding to this RFQ.

3.0 PROJECT OBJECTIVE(S)/ EXPECTED BENEFITS

Identification of a proven, integrated electronic health record (EHR) solution that supports the vision of One Brooklyn Health System.

The solution(s) will provide the following benefits:

- Support the mission and vision of One Brooklyn Health System to achieve its mandate to improve access and quality of care to the residents of Brooklyn while improving the efficiency of operations to reduce cost.
- Facilitate integrated operations for the three hospitals as a single care provider to the Brooklyn Community

- Increase the use of electronic health record technology across the three hospitals to improve the quality and coordination of care

- To maximize the utilization of minority and women-owned firms (MWBEs) in connection with the project and to take steps to promote and insure workforce diversity. These goals are applicable to all aspects of the project including, without limitation, product purchases, prime contractors, sub-contractors, installers, trainers or other professional services required to complete the project.

4.0 RFQ OVERVIEW

All existing inpatient clinical, ambulatory clinical, ambulatory practice management, and revenue cycle applications may be considered for replacement. Each vendor is encouraged to respond to as many or as few of the functional areas as possible. This RFQ is for software and required vendor support services only. A separate RFQ will be issued for third party implementation resources if and when a software vendor is selected.

This process does not commit One Brooklyn Health System to award a contract, to pay any costs incurred in the preparation of a document in response to this request, or for the expenses incurred to conduct on site product demonstrations. One Brooklyn Health System reserves the right to accept or reject in part, or in its entirety, any Proposals received as a result of this RFQ, if it is in the best interest of One Brooklyn Health System to do so.

This RFQ, supporting document and updates will be posted publicly on The New York State Contract Reporter https://www.nyscr.ny.gov/ and the One Brooklyn Health System website https://obhs.org/.

ANTICIPATED TIMELINE

Activity	Dates
Email RFQ to vendors electronically and posted on the NYS Contract Reporter website and OBHS website	July 20, 2018
Email due to TWebb@healthtechadvisors.com confirming receipt and intent to respond or not	July 25, 2018 by 5:00 PM EDT

Failure to file an Intent to Bid does not preclude firms from responding to the RFQ. However, doing so will ensure you receive timely communications and update about the process.	
Questions from Vendors – All questions to be submitted by email	July 20, 2018 to August 3, 2018 Questions provided on weekends will be responded to as soon as possible
Proposals may be turned in when completed to One Brooklyn Health System by upload to the OBHS provided SharePoint folder and email notification to the following* TWebb@Healthtechadvisors.com and ETarlow@BHSCNY.org	**Any time after July 21, 2018 but no later than August 3, 2018 by 5:00 PM EDT**
Review vendor proposals, OBHS to ask follow-up questions	As soon as they are received until August 8, 2018
Selection of Two Finalists – Vendors Notified	August 8, 2018
Demonstration information emailed to vendor finalists	August 8, 2018 by 5:00 PM EDT
Selected Vendor(s) conduct Demonstrations	Vendor 1 August 14-15 Vendor 2 August 21-22, 2018 (
Further Due Diligence with vendor finalists	Beginning Monday August 27, 2018

*   All proposals must be received by the bid due time and date. No
      exceptions will be made for late proposals. Any proposals received
      after the bid due time and date will be deemed to be non-responsive.

5.0 SCOPE

The following are the primary functions required by One Brooklyn Health System. Not included, but are presumed to be included, are foundational capabilities like "interface engine"

FUNCTIONS	"MODULES"
Patient Access	Patient registration Patient scheduling Admission, discharge, transfer Master patient index Patient portal
Revenue cycle	Hospital inpatient coding & billing Hospital outpatient coding & billing Hospital denial management Hospital contract management Hospital self-pay Ambulatory professional coding & billing Ambulatory contract management Ambulatory self-pay
Inpatient Clinical EHR	Clinical documentation CPOE Clinical workflow Care plans Case management Health information management (Medical records) HIM Release of Information (ROI)
Ambulatory clinical EHR	Ambulatory EHR
Outpatient Services	Scheduling Orders & Results Retail Pharmacy
Ancillary Functions	Emergency Department Pharmacy Critical care Laboratory Radiology Blood bank Clinical and anatomic pathology Orthopaedics Cardiology Surgery management Home health Behavioral health Long term care Dental

FUNCTIONS	"MODULES"
	Ophthalmology Rehabilitation Obstetrics
Reporting & Analytics	*Operational reporting* Quality and regulatory reporting Clinical data warehouse Executive dashboards
Population Health	Care Management (Support for value-based care, risk scoring, predictive analytics, dashboards, benchmarking, etc)

6.0 REQUIREMENTS

Please provide proposals for your EHR solutions where you believe your organization offers a solution of interest to One Brooklyn Health System. Due to the short turn-around time for proposals, we are not imposing a strict format for proposals. We have listed below the type of content we would like to see in each proposal that will allow One Brooklyn Health System to make an objective appraisal of your proposal.

Your response must include a detailed statement of your approach to address MWBE utilization and workforce diversity objectives. This may include, for instance, including software/programs developed by MWBE technology firms in your offering, if applicable. MWBE goal for this project is 30%.

II. RESPONSE INSTRUCTIONS

1.0 NATURE AND CONTENT OF PROPOSALS

One Brooklyn Health System's intent is to explore complete, integrated solutions; even if not all functionality is implemented day-one. Therefore, vendors are encouraged to provide information concerning any and all offerings that may be of interest and benefit to One Brooklyn Health System now and in the future.

One Brooklyn Health System requires vendors to certify pricing and not estimates.

2.0 ACKNOWLEDGEMENT

Vendors shall acknowledge receipt of this document by email within two (2) days of receiving it. By acknowledging receipt of this RFQ, the vendor accepts and agrees to be bound by the terms and conditions of this RFQ including the

confidentiality requirements. If vendor requires a separate NDA be signed, please send it with your acknowledgement. Acknowledgment should be submitted to:

Tim Webb at Twebb@healthtechadvisors.com and Etarlow@bhscny.org

Your acknowledgment should include:

- Vendor representative/contact including: name, title, email, and phone number
- Whether the vendor "intends to respond," or "declines to respond."
- Vendor's Non-Disclosure agreement

Sending an acknowledgement allows us to email you information about the process. Failure to acknowledge receipt does not preclude you from submitting a proposal.

3.0 PROPOSAL CONTENTS AND FORMAT

The proposal will consist of functionality covering: business & clinical; implementation services, and pricing information including one time and ongoing. You are free to "tell your story" using your preferred format, existing product descriptions, case studies, reference stories, value propositions, etc. Your response should contain a detailed description of the software offered. Any missing functionality "generally identified as required must be disclosed. Proposals should:

- Be organized in an easily readable format.
- Describe your corporate history, philosophy and vision.
- Describe the history/future of your products/services.
- Describe the current state of your products/services.
- Describe the value proposition of your offerings as experienced by other customers.
- Provide pricing information specific to One Brooklyn Health System's requirements and optional pricing so that One Brooklyn Health System may make a judgment as to the value versus benefit. Contractual pricing will be determined during the due diligence phase.).
- Provide case studies of references where you have successfully provided services. (Note: This is for reference only. No reference calls will be made without prior arrangements through the vendor)

The proposal should include the following:

A. Proposal letter. The proposal shall include a transmittal letter signed by a representative of the vendor authorized to make such an offer.

B. <u>RFQ response</u>.
- Vendor background.
- Product background.
- List of customer references in New York state with indication of the number of hospitals and licensed beds.
- Pricing and options (software, integration, related hardware, <u>EHR remote hosting</u>, one time and recurring costs).
- Response to key current issues that the organization is experiencing or must overcome in the future. Your responses do not need to be lengthy, but more importantly describe how you have solved this issue for other clients with your solution offering.
- An implementation plan identifying required client and third-party resources representative of an organization the size of OBHS, ideally that went through a merger during the implementation.
- Include an explanation on how your approach complies with the project's MWBE goals and workforce diversity objectives.
- Third party/partner solutions recommendations.
- Hardware requirements, including servers and workstations, network, etc.
- Standard Agreement.

Following is an additional example detail for each section mentioned above. This does not need to be completed in a particular format as long as the information is provided.

1. VENDOR BACKGROUND

The Proposal shall include the following information about the vendor:
- Company name.
- Home office address.
- Mission and vision statements and business strategies.
- Product strategy and direction.
- Company years of continuous service.
- Current year and latest period audited financial statements.
- Projected earnings and growth.
- Last three fiscal year-end audited financial statement summaries (or revenue and profitability if private).
- Investment % of revenue in R&D
- Company summary organization chart.
- Number of similar implementations (e.g. new health system forming from several standalone entities).
- Total number of customers.

- Total number and percentage of customers by version of software available.
- Number of staff by summary organizational function/dept. (See table).

Area	Number of Staff
Administration	
Sales	
Implementation	
Business Process Services	
Software support	
Technical support	
Research & Development	
Other	
TOTAL	

2. PRODUCT BACKGROUND

The proven performance and future of the proposed solutions will be a significant factor in our evaluation. Please describe the following:

- The factors that differentiate your solution from those offered by other vendors.
- Name of Solution.
- Date of first use and original version/release.
- Current version/release.
- Restrictions on the purpose for which the product may be used.
- Planned enhancements and related customer costs.
- Software languages and databases used.
- Third-party software required.
- Ownership or usage rights.
- Release version number proposed.
- Example system flow charts that differentiate your product (summary information flow to/from major functions).
- Average frequency of updates for new versions, releases, patches.

3. CUSTOMER REFERENCE LIST

One Brooklyn Health System reserves the right to contact current customers of the vendor to obtain additional information about their experience with the vendor's products and services.

Provide a list of three to five customers in New York state of similar size as OBHS or larger. The customer information should include:

- Customers that have your proposed product in production for more than three (3) years.
- A list of customers anywhere in the U.S. who in the past three (3) years have discontinued the use of the proposed products and why.
- User group chairperson name, company, title and phone number.
- Customer case study:
    - Name of customer.
    - Summary of organization.
    - Summary of solutions implemented.
    - Date system implemented.
    - Address.

5.0 PRICING AND OPTIONS

5.1 Pricing

Prices should include all charges relating to the implementation and support of the proposed EHR solution, such as software licensing, implementation, annual maintenance, remote EHR hosting (optional), training, software updates, software tools, taxes, etc.

In the price quote list, separate the one-time expenses from recurring costs for each module within the entire integrated EHR system, giving grand totals for each section. Include a description of the pricing model assumptions used (e.g., by named user, concurrent users, transaction, etc.):

- Detailed cost of solutions (Required and optional modules).
- Detailed costs, if applicable, of any related expenses (e.g., network) to meet our requirements.

- List the fees, including description and frequency, that must be incurred to install/and or maintain the application software. This includes items such as:

- o Initial installation support
- o Recurring fees
- o License
- o Maintenance (software and hardware)
- o Support
- o Warranty (length and cost)
- o Modification assistance (interfaces)
- o Release upgrades
- List of service rates by individual position.
- Training required by OBHS staff (IT staff certification).
- Standard payment terms (trigger events, amount and percent of total).

5.2 Pricing Scenarios

As outlined below, there are three scenarios for implementation that OBHS would like to explore. Over time these scenarios arrive at the same place, an integrated EHR system with a majority of patient access, clinical and revenue cycle functionality in the core EHR. The objective in exploring three scenarios is to explore the implications of different implementation approaches with regard to cost, benefit and timing.

Depending on the current installed product, each vendor may have different options and response to each scenario.   The dates provided are desired dates, however the vendor should provide time frames based on experience with similar implementations. Only provide pricing for vendor required resources. Provide estimates of client/third party implementation resources that may be required by scenario. Third party resource requirements will be addressed in a separate bid process later this year.

The three scenarios are:
Scenario 1 – Phased implementation – three implementations
Scenario 2 – Compressed implementation – two implementations
Scenario 3 – Single implementation – one implementation, staggered go lives

5.2.1 Scenario 1) Phased implementation

Scenario 1 assumes Kingsbrook is implemented first in order to address obsolescence issues with their current EMR. The next phase addresses Interfaith, and the final phase addresses Brookdale

PHASE	LOCATION	START	END
Phase 1	Kingsbrook EMR, Clinics	4th Qtr 2018	1st Qtr 2020
Phase 2	Interfaith	4th Qtr 2019	4th Qtr 2020
Phase 3	Brookdale, additional Clinics	4th Qtr 2020	4th Qtr 2021

5.2.2 Scenario 2) Compressed implementation

Scenario 2 assumes Kingsbrook is implemented first in order to address obsolescence issues with their current EMR. The next two locations are implemented together.

PHASE	LOCATION	START	END
Phase 1	Kingsbrook EMR, Clinics	4th Qtr 2018	1st Qtr 2020
Phase 2	Interfaith, Brookdale, additional Clinics	1st Qtr 2020	4th Qtr 2020

5.2.3 Scenario 3) Single implementation, staggered go lives

Scenario 1 assumes Kingsbrook is implemented first in order to address obsolescence issues with their current EMR. Then come back and address the other two locations, but implement as a single project

PHASE	LOCATION	START	END
	Kingsbrook EMR, Clinics	4th Qtr 2018	1st Qtr 2020
	Interfaith/Brookdale	4th Qtr 2018	2nd Qtr 2020

6. IMPLEMENTATION PLAN

Please provide example implementation plans aligned to the scenarios above tailored to One Brooklyn Health System.   We understand this is only an example. Prior to the selection of the vendor of choice, the vendor will have the opportunity to develop a specific plan for One Brooklyn Health System.

The plan should represent at a high level the basic steps in implementation including steps for conversions of data from the existing systems, interfaces, testing, training, etc.

Your plan should address to the extent possible the System's interest in supporting residents and businesses.

7. THIRD PARTY PURCHASE RECOMMENDATIONS

Please include any partner or third-party recommendations for services, software, hardware, etc. that One Brooklyn Health System should consider.

8. STANDARD AGREEMENT

Enclose copies of your standard form agreements governing one-time and on-going software (licenses & maintenance), hardware (purchase & maintenance) and services (training, implementation, integration, development).

4.0 QUESTIONS OR CLARIFICATIONS

One Brooklyn Health System is using the services of HealthTech Advisors, to assist in managing this project.

The contact information for Tim Webb is:

- Office telephone: 404.915.2869
- Email: TWebb@healthtechadvisors.com

Questions regarding this RFQ or other questions shall be submitted via email by the vendor to One Brooklyn Health System, care of Tim Webb and Eli Tarlow. One Brooklyn Health System may, at its option, answer any or all such questions. If One Brooklyn Health System answers a question, it may, at its option, provide such answer to other potential vendors or other parties.

Important: Any contact regarding the technical specifications and requirements of this RFQ should be conducted solely with either Mr. Tim Webb or Mr Eli Tarlow. However, all questions that require a response for clarification or modification of the requirements as stated herein must be submitted in writing by email. **Any attempt to contact any staff or member of One Brooklyn Health System, its Boards of Directors, executives or staff at any of its hospitals or clinics without first receiving permission from Mr. Webb or Mr Tarlow may result in the elimination of the vendor from further consideration.**

5.0 NONCONFORMING PROPOSALS

Any Proposal not submitted timely or in accordance with the format, terms and conditions of this RFQ may be deemed non-responsive.

6.0 SUBCONTRACTING

If applicable, vendors must give information in the proposal relating to the portions of work, if any, expected to be performed by subcontractors. Such subcontracts and the proposed subcontractors must be approved by One Brooklyn Health System prior to the effective date of any such subcontract. However, the prime contractor with One Brooklyn Health System will, in all instances, be the responding software vendor who, accordingly, will be responsible for the performance of all its contractual obligations and will not be

relieved of responsibility therefore in the event of nonperformance by its subcontractors.

Any subcontractors should address MWBE utilization and workforce diversity objectives.

7.0 EVALUATION AND AWARD OF PROPOSALS

Evaluation

A series of selection and evaluation committees will evaluate proposals in the sequence identified below. The evaluation team will analyze the details of each Proposal. During the evaluation process, Vendors may be required to provide clarifications to statements made in their Proposals. Each Proposal shall be evaluated separately against the requirements enumerated within the Requirement/Specification.

Submitted proposals will be evaluated to determine which vendors will be invited to participate in a two-day demonstration on-site at a One Brooklyn Health System facility. The initial presentations will not guarantee that a vendor has been selected for the final solution. Accordingly, vendors excluded from the initial presentation may still be considered for inclusion in the final plan.

Evaluation Sequence

a) Rating

The evaluation team will utilize specific evaluation criteria to rate various requirements for evaluation purposes. Ratings will be confidential, and no totals or scores of such ratings shall be released to any party.

b) Selection of finalists

Two vendors will be invited to conduct on-site product demonstrations and presentations to One Brooklyn Health System. Exclusion from being invited to demonstrate and present does NOT necessarily mean your solution has been eliminated from consideration.

c) Vendor demonstrations

The vendor finalists will conduct two days of product demonstrations for members of the executive, selection evaluation committees and other staff members that wish to attend. All participants will be given the opportunity to rate each demo and provide input to support the vendor of choice decision.

The vendor demo agenda is in process of being developed and finalized, however, OBHS would like to conduct three concurrent tracks across the two days that are focused on:

Clinician Experience	Patient Experience	Functional Experience
Overview Workflow Orders Documentation Templates …	Patient portal Patient registration Patient billing …	Radiology Laboratory Behavioral Health Pharmacy …

The executive overview session will be at the beginning of either the first or second day of demos, depending on which day will result in the best attendance.

d) Final Review

The evaluation committees will make recommendations to the selection committee. The selection committee will review this information, and combined with updated information from due diligence, make recommendations to the Executive Committee. The Executive Committee will review the recommendations and identify a preferred vendor for further due diligence and contract negotiation.

Evaluation Criteria

The following factors will be used in evaluating your proposals:

- Proven ability of the solution(s) to meet One Brooklyn Health System's mission and vision
- Total cost of ownership and minimal impact on cash flow.
- Ratings for product demonstrations.
- Ability of the vendor to be a partner of One Brooklyn Health System in developing and implementing an EHR across the healthcare system.
- Compliance with security, system high availability and disaster recovery requirements.
- Your approach to and plan for achieving the System's objective to maximize MWBE utilization and workforce diversity.

The general proposal requirements and format have been developed to enable One Brooklyn Health System staff and consultants to evaluate your proposals in accordance with the above criteria. One Brooklyn Health System reserves the right to purchase from any source, or sources in part, or in whole, any desired equipment or service.

Following the receipt of the proposals, and at One Brooklyn Health System's option, discussions may be scheduled with individual vendors to elaborate on or clarify its written submission. In narrowing the options to the most viable vendors, One Brooklyn Health System may be guided by the following:

- Strategic strength of the solution(s).
- Risks of solution.
- Investment value (Business case – total cost of ownership).
- Functional fit (RFQ & demo, including ease of use).
- Vendor strength (well-funded, growing, profitable, references).
- Proposed implementation timeframe.

Award

The result of the final evaluation process is an actionable plan that identifies a short list of vendors that One Brooklyn Health System will engage in formal contract discussions in the following weeks.

It is not the intent of One Brooklyn Health System to make an award solely based on the proposals it receives in response to this RFQ.

One Brooklyn Health System will determine at its sole discretion, which vendors best meet the future requirements for the best cost.

One Brooklyn Health System may make single or multiple awards, each for a specific portion of its requirements hereunder.

One Brooklyn Health System reserves the right to reject any and/or all proposals received and, at One Brooklyn Health System's option, to perform the work itself, or make no changes at all to its current environment.

The vendor waives any right to claim damages of any nature whatsoever based on the selection process, and any communications associated with the selection, and the final selection of the successful vendor.

This RFQ and corresponding vendor proposal, when viewed individually or together, in no way constitute an agreement by One Brooklyn Health System or the vendor submitting the proposal to acquire or provide the proposed EHR solution. The respective rights and obligations of One Brooklyn Health System and such vendor(s) remain to be defined in a formal contractual agreement

8.0 MEDIA AGREEMENT

Media Releases. No media releases, public announcements or public disclosures regarding the discussions with, or ultimate contract between the parties can be made unless approved in advance in writing by the CEO of One Brooklyn Health System and the appropriate vendor contact.

III. GENERAL INFORMATION

This General Information section does not require a response from the vendor but is informational.

1.0 INTRODUCTION

This RFQ is being publicly posted and any vendor may respond.

https://obhs.org/
https://www.nyscr.ny.gov/

2.0 COST OF PROPOSAL PREPARATION

One Brooklyn Health System accepts no obligation for costs incurred by prospective vendors in anticipation of receiving an award pursuant to this RFQ. The costs of developing and submitting a proposal are entirely the responsibility of the vendor. All proposals and other materials or information provided to One Brooklyn Health System by the vendor will become the property of One Brooklyn Health System. The costs of participating in on-site demonstrations will also be the responsibility of the vendor, including any expenses for travel.

3.0 AMENDMENT OF THIS RFQ

One Brooklyn Health System reserves the right to amend this RFQ prior to the due time and date of the proposal. If it becomes necessary to amend any part of this RFQ, an addendum will be provided to all potential vendors who have previously notified One Brooklyn Health System of their intention to submit a proposal. All vendors will include acknowledgement of all addenda, if any, as part of their proposal.

4.0 CONFIDENTIALITY

The vendor acknowledges that this RFQ and One Brooklyn Health System's process of evaluating the EHR solutions are a strictly confidential business matter. Vendors who participate in this RFQ process must keep all information provided by One Brooklyn Health System confidential. All information related to this RFQ process, whether written, verbal, observed, or in electronic form, is confidential. Failure to observe other specific requirements contained herein, will result at a minimum in disqualification from further consideration.

IV.   CURRENT ENVIROMENT/FUTURE REQUIREMENTS

1.0 ORGANIZATIONAL BACKGROUND

1.1 One Brooklyn Health System

One Brooklyn Health System, Inc. (OBHS) is a not-for-profit, tax-exempt corporation licensed under Article 28 of the Public Health Law. OBHS is the NYS Department of Health approved co-operator of Brookdale University Hospital Medical Center, Interfaith Medical Center and Kingsbrook Jewish Medical Center.

OBHS seeks to preserve and enhance access to healthcare services in Brooklyn by coalescing the separate hospitals and their governed affiliates into a sustainable, quality integrated health system. In April 2016, the NYS Department of Health commissioned a feasibility study (The Brooklyn Study: Reshaping the Future of Healthcare) which proposed a roadmap or "Plan" to transform the healthcare delivery system in central and northeastern Brooklyn. The Transformation Plan proposed in the study has been adopted by OBHS.

In January 2018, Governor Andrew Cuomo announced that OBHS was awarded $664 million in capital funding from the NYS Department of Health's Health Care Facilities Transformation Program: Kings County project. The award represents a significant part of the Governor's groundbreaking $1.4 billion "Vital Brooklyn" initiative that will address chronic social, economic and health disparities – and transform Central Brooklyn. The funding provides OBHS with approximately:
· $210 million to develop a 32-site ambulatory care network,
· $384 million for critical clinical and facility infrastructure improvements and
· $70 million to create an enterprise wide Health Information Technology Platform.
The OBHS mission, as adopted by its independent and unified Board of Trustees, is to provide greater access to high quality medical care and keep its communities healthy through an integrated care system that respects the diversity of our communities and addresses both the health needs and the unique factors that shape them.

OBHS is led by CEO, LaRay Brown. Ms. Brown also serves as President and CEO of Interfaith Medical Center. The COO of OBHS is Dominick Stanzione, who is also President and CEO, Brookdale Hospital Medical Center. The executive committee of the OBHS Board of Trustees for all three campuses includes:
· Alex Rovt, Ph.D., Board Chairperson
· Robert M. Waterman, D. Min, Board Vice Chairperson
· Henna White, Board Secretary/Treasurer

1.2 Brookdale University Medical Center

Brookdale, now one of the largest nonprofit voluntary teaching hospitals in Brooklyn, began as one small building rising amid the vacant fields and scattered farms where the towns of Brownsville, East New York and Canarsie come together.

Today, the hospital covers a 10-acre campus plus six Brookdale Family Care Centers, with buildings devoted to inpatient, ambulatory, long-term care, senior living and emergency medicine, and has the latest technology for service to our community. The original building has endured and so too has the spirit and philosophy of the men and women who struggled to build, equip and staff what they termed a haven of healing for all who needed it.

While it was "small change"--literally nickels, dimes and the occasional dollar--that the founders collected to build their hospital, there was nothing small about their vision. Members of the Jewish community wanted a hospital that served people of all races and creeds in a humanitarian manner.

1.3 Interfaith Medical Center

Interfaith Medical Center is a not-for-profit organization dedicated to providing quality healthcare to the residents of Kings County. The Hospital is dedicated to improving the health of the community it serves and to sustain an environment of excellence where medical, social and rehabilitative services are delivered proficiently, efficiently and effectively. Interfaith offers a range of preventive, diagnostic and treatment services, and educates its community to achieve optimal health outcomes and quality of life.

Annually, Interfaith provides a total of over 200, 000 outpatient clinic visits, over 50, 000 Emergency Department visits, and over 11, 000 discharges. Almost 15% of our outpatient services (over $10 million) are provided to uninsured individuals with no ability to pay for their care. Our Payer Mix is (33%) Medicare, (60%) Medicaid and Managed Medicaid, (2%) Commercial, (5%) Self-Pay.

Psychiatry is a major clinical service. Of the 287 beds in service, 120 beds are allocated for mental health services, 20 beds for drug detoxification and 20 beds for rehabilitation services. Behavioral health is a major service area on the outpatient side as well. During calendar year 2010 approximately 47% of outpatient visits were for mental health and/or chemical dependency services.

IMC operates residency training programs, training 120 residents in the specialties of Dentistry, Internal Medicine, Podiatry, and Ophthalmology.

Additionally, Interfaith has Fellowships in Cardiology, Pulmonary and Gastroenterology.

The Community of Central Brooklyn faces serious health care access issues. Interfaith is located in a primary medical care Health Professional Shortage Area as designated by the federal government. The shortage of primary care providers combined with the social problems that plague low income, high poverty communities have led to serious health status consequences for its residents. In Central Brooklyn, the death rate per 100,000 residents is higher by 30% for all causes compared to New York City as a whole.

Access to good medical care helps people prevent illnesses, identify health conditions early, and treat health problems. Some conditions can and should be managed regularly outside the hospital. Higher rates of these avoidable hospitalizations can indicate reduced access to health care in a community. Having a "medical home" - a personal doctor or other health care provider and a regular place of care other than the emergency department (ED) - is a critical component of good health care access. In the Central Brooklyn, residents are more likely to be without a regular doctor (29%) than those in Brooklyn (23%) and NYC overall (24%). Central Brooklyn residents are also more likely to go to the ED when they are sick or need health advice (13%) than those in Brooklyn and NYC overall (8%).

1.4 Kingsbrook

Kingsbrook Jewish Medical Center is a major teaching hospital, placed among the top hospitals in Brooklyn for our customer satisfaction scores. Additionally, Kingsbrook received the Gold Quality Achievement Award from the American Heart and American Stroke Associations. These awards reflect our institution's success in implementing a higher standard of excellent stroke care. Kingsbrook also earned the Silver Star Status from the City of New York for its institution-wide implementation of the healthy food initiative. Kingsbrook is a full-service acute care facility, providing an array of medical sub-specialty and surgical services including: Ambulatory Surgery, Cardiology, Critical Care Medicine, Emergency/Urgent Care Services, Gastroenterology, Pulmonary, Ventilator Dependent Unit, Wound Care including Hyperbaric Treatments, and an Outpatient Specialty Center including Radiology, offering MRI & CT services, primary care, and over 20 additional medical/surgical specialties.

Our Centers of Excellence include: the Kingsbrook Rehabilitation Institute, treating the most complicated neurological and orthopedic conditions, including Brooklyn's only New York State-approved Brain Injury & Coma Recovery Unit; a Comprehensive Behavioral Health Center, Brooklyn's only dedicated inpatient division with access to outpatient continuing care services; Orthopedics, offering joint replacement, sports medicine, foot/ankle

and upper extremity services; a Neurosciences Institute, including spine care; and a Bone & Joint Center, offering treatment for hip fractures, arthritis, sports injuries and more.

In addition, Kingsbrook offers a continuum of care that includes a long-term care division, Rutland Nursing Home. Rutland is an adult and pediatric long-term care facility that provides dialysis care, ventilator dependent treatment, and subacute rehab, to name a few. Rutland is also home to a culturally-sensitive adult day care program that enables the physically challenged and frail elderly to remain in the community. Kingsbrook and Rutland Nursing Home are JCAHO-certified, and both are not-for-profit members of the Greater New York Hospital Association and the Healthcare Association of New York State.

2.0 GENERAL STATISTICS

See attachment 1 for information about current patient and encounter volumes, employee counts, etc.   If there is information the vendor needs that has not been provided in order to prepare the pricing or implementation proposal, please contact Twebb@healthTechadvisors.com and Etarlow@BHSCNY.org

3.0 CURRENT APPLICATIONS

Attachment 2 is a summary of the current clinical and revenue cycle applications in production at the three OBHS hospitals, including modules installed, and ancillary systems that may require interfaces to the new EHR.

ATTACHMENT 1 – CURRENT STATISTICS

One Brooklyn Health System				
Hospital/s Name:	Brookdale Hospital & Medical Center, Kingsbrook Jewish Medical Center & Interfaith Medical Center			
Encounter Type / Visit Description	Volume			Additional Information
	BHMC	KJMC	IFMC	Grand Total	
Number of Staffed Beds:	340	198	243	781	
Number of Licensed Beds:	530	303	287	1,120	
Number of Annual Admissions:	14781	8686	9,666	33,133	
Inpatient Days (in a given calendar year)	97506	70236	73,578	241,320	
Same Day Stays (in a given calendar year)	694	1248	2,732	4,674	
Long Term Acute Care Days (in a given calendar year)	154334	174713	NA	329,047	
ED Visits (in a given calendar year)	99841	39680	50,202	189,723	
Number of Lab Orders (in a given calendar year)	1246573	569231	626,889	2,442,693	
Number of Rad Orders (in a given calenar year)	117567	98099	52,969	268,635	
Ambulatory Clinic Visits (in a given calendar year)	346509	17982	191,403	555,894	
Hospital Outpatient Department (HOD) Visits	150439	2926	NA	153,365	
Outpatient Prescription Dispenses			NA		
Home Care Visits			NA		
Specialty Visits		38913	NA	38,913	
Dental Visits	23034	4215	14,734	41,983	
Cardiology Visits		1030	7,837	8,867	
Oncology Visits	6174	2120	NA	8,294	
Ophthalmology Visits	7500	4780	3,144	15,424	
Orthopaedic Visits	7000	1117	1,456	9,573	
Nephrology Visits	1370	17787	NA	19,157	KJMC - Includes Dialysis + Clinics
Radiology Visits	117036	28413	47,335	192,784	
Appointments (Amb Visits)	294377	107540	2,732	404,649	
Child Births	1077	N/A	NA	1,077	
Transplants	NA	N/A	NA		
Total # of IT Staff		31	16	47	
Number of Non Clinical Users		300		300	
Number of Providers-affiliated					
Number of Providers-employed	746	400	380	1,526	
Number of Nurses	1500	1007	350	2,857	
Number of Interface Requirements		140	24		IFMC - Not finalized
Number of Pharmacies	1	2	1	4	
Number of Ambulatory Rx Dispensed		32,500		32,500	
Number of Inpatient Rx Dispensed		3,867,175		0	KJMC - Total ePrecscriptions written 93296 IP Acute - 8726; ED - 15273; OP (Amb Clinics) - 69297
Number of Operating Rooms	12	5	4	21	
Total Surgeries	4986	2869	2,703	10,558	
Inpatient Surgeries	2066	1383	781	4,230	
Ambulatory Surgeries	3019	1486	1,706	6,211	
Total Estimated Concurrent EHR Users	1165	823	700	2,688	Assumes 35% of named users
Total Named Users (For System Sizing Configuration Estimates)	3329	2350	2000	7,679	

ATTACHMENT 2 – CURRENT APPLICATIONS

Departments Identified	Epic modules	Meditech modules	
	Brookdale Epic + Lawson	Interfaith Meditech	Kingsbrook Invision + Lawson
EHR & Clinical Apps			
Abstracting - Reporting	Clarity	Meditech NPR	RAS/MarketExpert/DataPearl/Easytrieve
Admissions	Prelude / Grand Central	Meditech ADM	Eagle
Analytics & Clinical Intelligence	Cogito EIS	Meditech BCA	DSS/SQM
Anesthesia	Anesthesia	Paper Based	Paper Based
Behavioral Health	-----	-----	-----
Blood Bank / Transfusion	Soft (SCC)	-----	-----
Cardiology - Specialty Practice	Cardiology Muse	GE-CCW / EKG	Syngo Cardiology / GE Muse
Case Management	Allscripts	Meditech	
Charting	EpicCare Inpatient	FORMFAST	Paper Based
Clinical Analytics	Cogito EIS	Meditech MIS DB	eCW
Clinical Case Management	Clinical Case Mgmt	Meditech PCM/PWM	InterQual
Clinicals, Inpatient	EpicCare Inpatient	Meditech Utilization Review (Abstract)	InVision
Clinician Mobility	Canto / Haiku		M2 Info Systems Microblogging
Core EHR	EpicCare - see comment	Meditech EMRT	InVision
Dental	Dentrix	Dentrix / Dexis Dental Radiology / I-CAT	Dexis Dental Radiology
Dictation - General	Nuance Dragon 10.1	Nuance Dragon 10.1	-----
Dictation - Radiology	Nuance PowerScribe 360	-----	Nuance - Powerscribe (RIS)
Emergency Dept	ASAP	Meditech EDM	WellSoft
Enterprise Document Management	-----	Meditech Scanning & Archiving	-----
Enterprise Master Person Index	Identity EMPI	Meditech MRI	Eagle
eScripts	???	Dr. First	EPCS
Health Information Management	Health Information Mgmt	Meditech HIM	-----
Home Health	-----	-----	-----
Incident & Risk Management	RL Solutions - RL6	Meditech Quality Management	-----
Infection Control	Infection Control	Meditech IP Module	-----
Lab	Soft Lab	Meditech LIS	SunQuest
Long Term Care	Various - See comment	-----	Reliable Charts
Nurse Documentation	EpicCare Inpatient / ECIN (Case Mgt)	Meditech PCS	Paper Based + MAK
Nurse Triage (Call Center)	-----	-----	-----
Nutrition / Dietary	CBORD	CBORD	CBORD
Obstetrics	Stork	-----	
Oncology	Beacon Oncology (not in production)	-----	eCW (Infusion Center)
OR Periop Management	Picis / OpTime	Meditech	Abacus / Centricity
OR Supplies Management	Surgiware	Meditech	Abacus
Orders/Results	Epic (Keane OC?)	Meditech	Cerner Invision
Orthopaedics	-----	-----	-----
Ophthalmology	-----	-----	-----
PACS	GE Centricity PACS	Merge PACS	Siemens / Dell-VTech
Patient Discharge Education	Truven	Meditech ADM / Truven	Truven + ECHO
Patient Engagement	MyChart, Lucy, Welcome Kiosk	Truven	-----
Perinatal	Perigen	-----	-----
Pharmacy	Willow Inpatient Pharmacy / WORx	Meditech PHM/PHA	QS1 (LTC) / Cerner Pharmacy (IP)
Pharmacy, Retail	QS1	-----	Cerner
Physician Documentation	EpicCare Inpatient	Meditech PCM/PWM	Paper Based
Population Health Management	Healthy Planet (not in production)	Meditech BCA/ESS	-----
Practice EHR	EpicCare Ambulatory	Meditech MPM	eCW
Quality (AE Reporting)	Hanys	Meditech BCA/ESS	Crimson MA
Radiology	Radiant	Meditech RIS	Siemens - Syngo Workflow
Recreational Therapy	Mature Solutions - Proactivity	-----	-----
Rehabilitation	-----	-----	Mediware MediLinks / eCW
Respiratory Therapy	Mediserve MediLinks	-----	-----
Rx Formulary	Micromedics	FDB	FDB
Scheduling	Cadence	Meditech SCH	SCH/ORM
Sleep Studies	Carefusion SomnoStar v9.1D	-----	-----
Trauma Registry	Lancet - TraumaOne	-----	-----
Wound Care	-----	-----	Net Health Wound Expert

ATTACHMENT 2 – CURRENT APPLICATIONS

	Brookdale Epic + Lawson	Interfaith Meditech	Kingsbrook Invision + Lawson
Business Applications (Applicable to EHR)			
Accounts Payable	Lawson	Meditech AP	Lawson
Accounts Receivable	Resolute Hospital Billing	Meditech AR	Cerner Eagle
Charge Master Management	CraneWare ChargeMaster Toolkit	-----	-----
Claims Scrubber	ePremis	ePremis	ePremis (Relay Health)
CMS Submission Tool	-----	-----	UDS-Rehab reporting
Coding	3M	3M	3M
HIE - Health Information Exchange	RHIO Participation	-----	RHIO Participation
Hospital Patient Billing	Resolute Hospital Billing (Keane)	Meditech BAR	Cerner Eagle
Insurance Verification	ePaces	Emdeon / ePaces	Eagle/HDX embedded/HDX standalone
Interface Engine	CloverLeaf	CloverLeaf	OpenLink
Materials Management	Lawson	Meditech MM	Lawson
Medicare / Medicaid Verification	ePaces	Emdeon / ePaces	Cerner Eagle
Medicare Billing	Ivans Lime Portal	OmniPro / ePremise	Cerner Eagle
Performance Reporting	Hanys (Regulatory reporting)	-----	ABCO Crimson Market Advantage
Professional Billing	Athenahealth	Meditech	eTransMedia (Formative Health)