



UNIVERSITY OF KENTUCKY

Purchasing Division

Written Questions and Answers

Infant Protection Software Solution

RFP UK-2331-23

Closing Date: 04/06/2023

Today's Date: 03/16/2023

No.	Question	Answer
1	The timeline for submission of the RFP response (3/28/2023) is very short. In order to develop a thorough and thoughtful RFP response, and also account for the production of hard copies, we respectfully request a 3-week extension.	Please see Addendum #1 to the RFP.
2	Are there any off-site monitoring requirements (e.g., clinics, mobile, additional sites)?	No
3	Does University of Kentucky have iOS and/or Android devices?	iOS
4	How many staff members at each facility will require training?	1 facility; 150 employees
5	<p>For the Primary Criteria listed in Section 5.0 – Evaluation Criteria Process, please weight each item below:</p> <p>Offeror Qualifications Services Defined Financial Proposal Evidence of Successful Performance and Implementation</p> <p>What are the Secondary Criteria – “Other Additional Services” referenced?</p>	<p>Please see Section 5.0 Evaluation Criteria Process for how the University will evaluate the responses.</p> <p>“Other Additional Services” accounts for any other services listed in the RFP and Offerors response.</p>

6.	<p>Who is your Wi-Fi infrastructure vendor?</p> <p>If Cisco:</p> <ul style="list-style-type: none"> • What version of MSEs and/or CMX do you have? • Are there plans to upgrade any sites to Cisco DNA Spaces? If so, what is the timeframe? • What version of Cisco controllers do you have? • What are the model #'s of your Access Points (APs)? • Please provide maps illustrating the current AP layout with NO RSSI/heat map coverage illustration • Does University of Kentucky utilize Flexible Radio Assignment? If so, will University of Kentucky agree to turn it off? <p>If Aruba:</p> <ul style="list-style-type: none"> • Wireless Controller make/model • Wireless Access Point (AP) make/model • Maps illustrating the current AP layout with NO RSSI/heat map coverage illustration 	<p>We have Cisco wireless controllers and wireless access points (APs).</p> <p>The first two questions seem related to location-based services. We have implemented Cisco Spaces and are currently in the process of upgrading that service.</p> <p>We have Cisco 9800-80 controllers.</p> <p>We have 9,130 access points.</p> <p>Maps would take some time to generate (we have thousands of APs in UKHC). Might need more details from wireless group here but changing current wireless policy/standards would be a rigorous process as many systems in UKHC depend on wireless performance and there's significant governance/change management around that standard.</p>
7.	<p>If not Cisco or Aruba, please provide Model and firmware of AP's, as well as Controllers if applicable and number of sites.</p>	<p>We use Cisco infrastructure.</p>
8.	<p>Is your Wi-Fi network Location Ready? If not, is University of Kentucky willing to upgrade?</p>	<p>We have implemented Cisco Spaces (formerly named DNA Spaces) and currently in the process of upgrading that service.</p>
9.	<p>Please provide maps of each Protected Unit with all highlighted Doors/Stairwells that need to be monitored/protected (elevators are not in scope).</p>	<p>Please see attachments 1 & 2 to the Q & A as separate documents.</p>
10.	<p>Please provide maps of each Protected Units with Access Point locations, to</p>	<p>See Question #9.</p>

	include floors above and below each Protected Unit.	
11.	What is the maximum # of Infants that need to be protected at full capacity?	27 on OB 12 in NACU
12.	Is there a pediatric patient population aside from L&D, Mother-baby, post-partum, etc.?	Yes Neonatal Abstinence Care Unit (NACU)
13.	How many infants are delivered in given year/month/week at each of the facilities?	200
14.	Total number of licensed beds in the protected area.	See Question #11.
15.	Will you be providing floor plans showing the monitored doors and protected space?	See Question #9.
16.	4.6 -1 – g What are the options to integrate to Epic Rover? What protocols do they accept	Integration would occur through Connexall.
17.	4.6 – 4 – Do you require an icon on the floor plan to show the location of the infant? a. Will you accept an indication that the tag is in the protected space and present?	Yes
18.	4.6 – 6 Single sign on using what method?	ADFS, Imprivata used for fingerprint sign-on.
19.	4.6 – 10 – What are the options to integrate to Imprivata? a. What type of integration are you looking for?	Use of Imprivata from the application to login.
20.	Can you please provide the floor plans for the floors and departments being covered by the current system? This allows us to be much more precise in our quoting. While the number of exits is helpful, understanding the total square footage and location of all devices is also advantageous. If possible, could we please get the floor plans in CAD or in a clean pdf.	See Question #9.
21.	Could we please get blank/clean floor plans of all the areas being covered in	See Question #9.

	CAD format (preferred) or in a clean pdf format.	
22.	The RFP mentions "the scope or deployment will include more departments than the current implementation" - please let us know what additional areas are to be covered and please supply floor plans of those areas (as mentioned above including documentation of any existing areas and clean floor plans) and also please mark exits that require protection.	UK Chandler only; L3 and L6 east. Diagrams will detail this out.
23.	Is it only UK Chandler Hospital in scope or is King's Daughters Medical Center, Good Samaritan Hospital, or are other UK facilities also in scope? If so, please provide floor plans and defined perimeters for each site as well as associated numbers for tags and training. If there are additional facilities being covered, are they to be priced each separately?	See Question #22.
24.	Section 2.2 provides specifications for items 1 and 5, but not 2 – 4. Can this data be provided? **How many infant or pediatric or adult tags are needed per Unit/facility being protected? Please divide out by unit & facility if more than one. **How many staff need to be trained per unit/facility? Please divide by unit & facility	30 OB 15 NACU
25.	What is the UKHC annual birth census?	2300
26.	Our company will be bidding our Infant Security System, which operates on the hospital's existing system deployment. Many of those existing system parts may be re-used with the Infant Security application, potentially saving the hospital financially. Can you please provide us with floor plans of any of the protected units/ areas that show where the current	See Question #9.

	system infrastructure is deployed so that we can exclude those parts from our bid.	
27.	Section 3.6 - Proposal Submission & Deadline - states that we are required to send 2 copies on a USB device and 2 printed copies. Will email or dropbox submission be acceptable instead?	No
28.	Do you have a system that you would like to use for alarm notifications from the Infant Security system?	No
29.	Would you like to integrate or interface the Infant Security system with you Security Camera system? If yes, please indicate location of cameras, as well as information on type of cameras being used.	No
30.	Is it Ok if we quote installing any Low Voltage wiring or do you have a preferred vendor that must do it?	UK Facilities does all wiring.
31.	Are HEPA infection control tents required for work done above the ceiling?	Yes
32.	What is the total square footage of the OB Unit?	L6 NACU – 3,881 gsf L3 LDR, Mother/Baby – 34,372 gsf
33.	Is the OB Unit the only area in scope?	No
34.	Can you please provide floorplans with legible room names for all floors that are in scope for the project?	UKHC floor plans do not include room names. Plans have been included.
35.	Is there currently any CenTrak installed on this unit?	Yes
36.	We hereby request an extension that will provide 4 weeks to work on the RFP from the time that responses to the questions and floorplans are released. We will use this time to incorporate the released information into our designs/pricing.	Please see Addendum #1 to the RFP.
37.	Average number of babies born yearly?	See Question #25.

38.	Do you use umbilical or ankle tags currently?	ankle
39.	Number of infant tags to include on initial quote?	50
40.	Number of mother tags to include on initial quote (if applicable)?	50
41.	Mother baby matching? Mom and baby have tags that show green light when baby brought to mom, red when mismatched	Yes if applicable
42.	How many workstations?	5
43.	How many staff to train?	150
44.	Can you provide maps that indicate all areas that will require infant security and that denotes any doors or elevators that will need to be secured?	See Question #9.
45.	Section 4.4 #6 what is a diverse individual?	Diverse is listed in the charts below 4.4 #6. Please complete the charts identifying your diverse business.
46.	Section 4.6 Criteria 2 Section #1g. Will Offeror need to provide integration to Vocera as well as Epic Rover?	No Vocera
47.	Section 7.1 Mandatory Services How many clinical staff members will require training?	TBD
48.	Section 7.1 Mandatory Services Please provide floor plan drawings of the unit(s) that require protection.	See Question #9.
49.	Is the current system still the HUGS Legacy system (aka HUGS LonWorks)?	Yes
50.	Are drawings available in PDF and/or DWG formats? If yes, please provide as soon as possible.	See Question #9.
51.	Please describe the workflow in terms of when infant monitoring (i.e., infant banding) begins and include unit names	Infant banded at birth; last name, sex, room number

	and location descriptions (i.e., in L&D rooms, in LDR rooms, in LDRP rooms, in Nursery, in NICU, etc.) and typical movement of monitored infants and mothers from one location to the next.	
52.	Referencing Section 2.2, Background Information, Current Specification: a. Are the specified 43 rooms all private patient rooms or a mix of different room types? If a mix, please specify or describe the mix of rooms. b. How many licensed beds are in the OB unit? c. What is the max number of infant tags needed? d. What is the total number of staff using the system? e. Of the specified 8 protected exits, how many are: i. Single-hinged doors? ii. Double-hinged doors? iii. Elevator car doors? iv. Hallway (virtual) boundaries without a physical door?	No private and semi-private
53.	Are infant <u>ankle</u> transmitters desired? If yes, how many should the proposal include?	No
54.	Are infant <u>umbilical cord</u> transmitters desired? If yes, how many should the proposal include?	No
55.	Are pediatric transmitters desired? If yes, how many should the proposal include?	No
56.	Are adult wander management transmitters desired? If yes, how many should the proposal include?	No
57.	Are mom-baby matching transmitters required to help prevent mismatches? If yes, how many should the proposal include?	No required
58.	For which UK hospital location does this RFP apply (hospital name, address)?	Albert B. Chandler Hospital, 800 Rose St, Lexington, KY 40536
59.	Page 9 of RFP states "Solutions will need to coordinate with requirements from the	ITS provides all networking services. If new or additional networking is

	UK Information Technology Services (ITS) department outside of UK HealthCare for additional requirements.” What are those requirements?	required, then estimates and installation will need to be obtained from them.
60.	What is UK’s preferred type of Server for the Infant Protection Software Solution (e.g., UK-provided Virtual Server, Offeror-provided Desktop Server, Offeror-provided Rack-Mounted Server)?	Virtual server.
61.	Should Offeror’s proposal assume that any and all Client PC Workstations running the Infant Protection Software Solution be provided by UK?	Yes
62.	What level of ICRA dust containment applies to the entire project (e.g., Level I, Level II, or Level III)? If the level of ICRA dust containment varies from one unit to the next, please specify the ICRA level by unit.	Class III for all areas at a minimum would apply. An ICRA will need to be produced for all work in all areas, and will be done with the assistance of the UKHC Safety and Infection Prevention departments.
63.	What type of ceiling(s) are in the patient rooms (e.g., smooth/hard ceilings, suspended ceiling tiles, other)?	Drop ceilings
64.	What type of ceiling(s) are in the hallways/corridors (e.g., smooth/hard ceilings, suspended ceiling tiles, other) (e.g., smooth/hard ceilings, suspended ceiling tiles, other)?	Drop ceilings
65.	What type of ceiling(s) are in the C-Section OR (e.g., smooth/hard ceilings, suspended ceiling tiles, other)?	Drop ceilings
66.	Must the proposal include removal of existing infant protection system equipment? If yes, please specify which types of equipment and/or wire: a. Keypads? Please provide floor plan diagram of existing keypad locations. b. Exciters? Please provide floor plan diagram of existing equipment locations. c. LARs? Please provide floor plan diagram of existing equipment locations.	No

	d. Wire? Please provide wiring diagram of existing system. e. Other? Please specify.	
67.	Should Offeror's proposal assume all wire and wire installation labor for the new Infant Protection Software Solution be provided by Offeror (including Offeror's subcontractor, if applicable) or provided by one of UK's preferred 3 rd party preferred providers?	UK Facilities will install all wiring.
68.	What make and model Nurse Call System is installed in the area(s) where the Infant Protection Software Solution is required?	Baxter Voalte Nurse Call 4.0.3.01
69.	Should the system reside on the hospital's network or on a private/standalone network exclusively for the Infant Protection Software Solution?	Regular hospital network
70.	Is Vizient the Primary GPO for UK Healthcare?	Yes
71.	Would infant banding ever take place within the C-Section OR?	Yes
72.	From which locations on the nursing units (e.g., nurse stations) will the Infant Protection Software Solution be accessed from dedicated Client PC Workstation(s)?	MBU LDR NBN NACU Security
73.	Would <u>clinical staff</u> desire to access the Infant Protection Software Solution from: a. Mobile laptop carts (aka Workstations on Wheels or WOWs)? If yes, please specify how many. b. Staff computers located in patient room(s)? If yes, please specify from how many patient rooms. c. iOS iPhones and/or iPads? If yes, please specify from how many of each type of device. d. Android smartphones and/or tablets? If yes, please specify from how many of each type of device.	A No B No C No D No
74.	What other staff and/or departments would be required to access the Infant Protection Software Solution (e.g., for	Security and IT

	alarm annunciation/visibility, for running reports, etc.)? Please specify (e.g., Security Office, Security Command Center, IT, Emergency Department, PBX Office, Nurse Director's/Manager's office, etc.).	
75.	<p>Will the Infant Protection Software Solution be required to integrate with:</p> <ul style="list-style-type: none"> a. Card Access Control System? b. Elevator Controls to signal elevator deactivation? c. SMS/SMTP for alarm messaging via email? d. Active Directory for user management? e. Hospital's own SQL Server? f. IP Surveillance Cameras? g. EMR system? h. Fire Alarm System (only if locks provided by Offeror)? i. Telephony Interface (Vocera, Cisco, Spectralink, Ascom, Paging, other)? Please specify. j. Other Systems? Please specify. 	<ul style="list-style-type: none"> A. No B. No C. Maybe D. Yes E. Yes F. No G. Maybe H. No I. Connexall
76.	<p>Would UK Healthcare be interested in receiving separate pricing for other hospital applications that can leverage the same software platform as the Infant Protection Software Solution (e.g., for Asset Management applications and/or Staff Protection)?</p> <ul style="list-style-type: none"> a. If yes, please specify which other modules and provide floor plans for all areas of the hospital in which UK Healthcare would be interested in using these other modules. <ul style="list-style-type: none"> i. Asset Management (Equipment Locating) ii. Staff Protection (Panic Buttons) b. How many BLE Equipment Locating tags? c. How many BLE Staff Panic Buttons? 	No