



**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA PRISON HEALTH CARE SERVICES  
STATE OF CALIFORNIA**

**REQUEST FOR QUOTATION  
GOODS AND SERVICES**

**RFQ#11-016-ITS**

March 23, 2011

The California Department of Corrections and Rehabilitation (CDCR), California Prison Health Care Services (CPHCS), is requesting quotes for goods (i.e., software) and services to procure an enterprise Picture Archiving and Communication System ("PACS").

- "PACS" is the diagnostic radiology record for patient-inmates receiving medical treatment from CDCR radiologists and/or physicians.

By submitting a quote, bidder agrees to the terms and conditions stated in this Request for Quotation (RFQ), bidder's response, and applicable provisions of the State Contracting Manual (SCM), Volume 3, which will be made part of CPHCS' Purchase Order and procurement file.

Bids are due by 2:00 p.m., April 14, 2011. **Bids and any requested documents must be submitted by electronic mail (i.e., e-mail) and clearly labeled to the Department contact noted below:**

**Department Contact:**

California Department of Corrections and Rehabilitation  
Attention: LINDSAY MENDONCA  
(916) 324-6383 (telephone)  
[Lindsay.Mendonca@cdcr.ca.gov](mailto:Lindsay.Mendonca@cdcr.ca.gov)

## RESPONSE GUIDELINES

This RFQ, bidder's response, and applicable provisions of State Contracting Manual, Volume 3 (Information Technology Acquisitions), will be made part of CPHCS' Purchase Order and procurement file.

Bids must be submitted electronically to the Department contact e-mail address noted above. Bids sent to any other CPHCS e-mail address will not be considered. To be considered, all pages of the bid that are received on or before bid due date will be considered "the complete bid". CPHCS assumes no responsibility if supplier cannot transmit their bid electronically to the e-mail address provided above and/or if the entire bid is not received prior to bid due date.

The delivery of any bid via U.S. mail, private delivery service, and/or by personal service shall not be accepted by CPHCS. In the event of such delivery, CPHCS shall consider the bid as non-responsive.

Bids submitted in response to this RFQ must include all of the following information:

1. A complete Request for Quotation Form;
2. Complete responses and submittal of requested documentation to each requirement listed within the Statement of Work (SOW);
3. Bidder Declaration Form (GSPD-05-105) – (Attachment 1);
  - Suppliers must complete the Bidder Declaration and include it with response. When completing the declaration, Bidders must identify all subcontractors proposed for contract participation. Bidders awarded a contract are obligated to use the subcontractors for the requested services unless CPHCS agrees to a substitution via formal amendment.
4. Contractor's Small Business Certification, if applicable;
5. PACS DICOM Conformance Statement;
6. A copy of FDA approval letter or certification for use of Mammography diagnosis;
7. A copy of 510(k) clearance for diagnostic PACS application;
8. Completed Payee Data Record (STD 204) - (Attachment 2);
9. Seller's Permit
  - Please note that ensuing award will be conditional on awardee providing Seller's Permit prior to execution of the Purchase Order (STD 65); and
10. Special Provisions for Warranty Agreement (if applicable).

Interested bidders may submit questions and/or requests for clarification, via e-mail, to [Lindsay.Mendonca@cdcr.ca.gov](mailto:Lindsay.Mendonca@cdcr.ca.gov). CDCR responses to bidder questions that provide new and/or additional information will be provided to all vendors.

**AWARD OF CONTRACT**

Award, if made, will be in accordance with RFQ information to a responsible bidder who complies with all requirements of the RFQ and any addenda thereto, except for such immaterial defects as may be waived by CPHCS. Award, if made, will be made within forty-five (45) days after the five (5) day Notice of Intent to Award; however, a bidder may extend the offer beyond 45-days in the event of delay of contract award. "Days" means calendar days unless otherwise specified.

CPHCS reserves the right to determine the successful bidder either on the basis of individual items or on the basis of all items included in this RFQ, unless otherwise specified herein. Unless the bidder specifies otherwise in its bid, CPHCS may accept any item or group of items of any bid. The CPHCS reserves the right to reject any and/or all quotes submitted and/or modify or cancel, in whole or in-part, this RFQ.

The awarded Contractor will be obligated to provide goods and services at the cost submitted on the Request for Quotation Form.

**PROTEST PROVISIONS**

Bidder's issue(s) must be dealt with in good faith and attempts must be made by CPHCS and Bidder to resolve any potential bid disputes informally before a formal protest may be submitted. Resolution of Bidder's issue(s) must first be attempted through the departmental contact person. If Bidder's issue(s) result in a protest, the protest will be submitted to DGS Procurement Division Deputy Director, or designee, to hear and resolve issues, and whose decision will be final.

If Bidder has submitted a bid believed to be totally responsive to RFQ requirements and he/she believes bid should have been selected for award according to lowest net cost meeting all other bid specifications, Bidder may submit a formal protest as noted below. Protests regarding selection of award may be heard and resolved by the Victim Compensation and Government Claims Board.

All protests of award must be made in writing within the five (5) day Notice of Intent to Award period, signed by an individual authorized to bind Bidder contractually and financially, and contain a statement of reason(s) for protest; citing the law, rule, regulation or procedure on which the protest is based. The protester must provide facts and evidence to support the claim. Protests must be mailed or delivered to:

DEPUTY DIRECTOR  
California Department of General Services  
Procurement Division  
707 Third Street, Second Floor South  
West Sacramento, CA 95605  
Facsimile Number: (916) 375-4611

All RFQ protests or protests concerning selection of award or other aspects of the process must be received by DGS Procurement Division Deputy Director as promptly as possible, but not later than the date indicated in the Notice of Intent to Award. Certified or registered mail must be used unless delivered in person, in which case the protester should obtain a receipt of delivery.

Request For Quotation Form  
(Goods and Services)

<b>QUOTE DUE DATE:</b> <b>QUOTE OPENING:</b>	<b>Responses must be electronically delivered to:</b> Lindsay.Mendonca@cdcr.ca.gov  <b>On or before time 2:00 p.m., Thursday, April 14, 2011.</b>	<b>Delivery Date</b>  _____ <b># Days ARO</b>
<b>Supplier name and address:</b>   <b>Supplier Contact:</b>  <b>Phone:</b> _____ <b>Fax:</b> _____	<b>SOLICITATION NO:</b>  <b>RFQ #11-016-ITS</b> <b>DATE: March 23, 2011</b>  <b>For further information contact:</b>  <b>Lindsay Mendonca</b> <b>(916) 324-6383 or</b> <b>Lindsay.Mendonca@cdcr.ca.gov</b>  <b>Ship To:</b>  <b>CPHCS Allied Health Services</b> <b>501 J Street, Suite 600</b> <b>Sacramento, CA 95814</b>	<b>REQUISITION OR CONTROL #</b>  _____  <b>ARE YOU CLAIMING PREFERENCE: AS A SMALL BUSINESS:</b> YES _____ NO _____  <b>IF YES, MANUFACTURER?</b> YES _____ NO _____  <b>ARE YOU A NON-SMALL BUSINESS CLAIMING AT LEAST 25% SMALL BUSINESS SUBCONTRACTOR PREFERENCE?</b> YES _____ NO _____  \$ _____
<b>Name (Print):</b> ▶ _____ <b>Title:</b> ▶ _____ <b>Signature:</b> ▶ _____ <b>Date:</b> _____ <b>Federal Employer Identification Number:</b> ▶ _____	<b>Return quote to:</b>  <b>California Department of Corrections and Rehabilitation:</b>  Lindsay.Mendonca@cdcr.ca.gov	<b>SECTION 14838 ET SEQ. OF THE CALIFORNIA GOVERNMENT CODE REQUIRES THAT A 5% PREFERENCE BE GIVEN TO BIDDERS WHO QUALIFY AS A SMALL BUSINESS AS A NON-SMALL BUSINESS CLAIMING AT LEAST 25% CALIFORNIA CERTIFIED SMALL BUSINESS PARTICIPATION FOR REQUIREMENTS SEE TITLE 2, CALIFORNIA CODE OF REGULATIONS SECTION 1896 ET SEQ. THE REQUIREMENTS FOR NONPROFIT VETERAN SERVICE AGENCIES QUALIFYING AS A SMALL BUSINESS ARE CONTAINED IN SECTION 999.50 ET. SEQ. OF THE MILITARY AND VETERANS CODE.</b>

Bidder offers and agrees if this response is accepted within 45 calendar days following the date response is due to furnish all items upon which prices are quoted, at the prices set opposite each item, delivered at the designated point(s) by the method of delivery and within the times specified and subject to the attached General Provisions. DELCARATIONS UNDER PENALTY OF PERJURY; By signing above, with inclusion of the date of signature, the above signed bidder DECLARES UNDER PENALTY OF PERJURY under the laws of the State of California as follows: (1) (STATEMENT OF COMPLIANCE). The above signed as complied with the non-discrimination program requirements of Government Code 12990 and Title 2, California Administrative Code Section 8103, and such declaration is true and correct. (2) The National Labor Relations Board declaration set forth in Paragraph 48 of the General Provisions is true and correct. (3) If a claim is made for the Small Business or Disabled Veterans Business preference, the information set forth within is true and correct.

**QUOTE FOR PICTURE ARCHIVING AND COMMUNICATION SYSTEM**

ITEM NO.	QTY	UNIT	COMMODITY/PRODUCT CODE	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	EA		PACS Software (See Statement of Work [SOW], Technical and Clinical Requirements)		
2	1	EA		PACS Installation and Implementation Services (See SOW, Item 3, Implementation and Installation Services)		
3	1	EA		PACS Training (See SOW, Item 4, Training)		
4	1	EA		PACS Service and Support (See SOW, Item 5, Service and Support)		
Total Proposed Price <sup>1</sup> \$ _____						

<sup>1</sup> Bidders shall also include a separate itemized quote to reflect all required goods and services listed in the SOW.

## Bid Requirements

In addition to the response requirements specified in RFQ #11-016-ITS, page 2, all of the following quote information is required:

1. **Delivery:** Final delivery, inspection and acceptance of goods and services shall be at CPHCS Allied Health Services, 501 J Street, Suite 400, Sacramento, CA, 95814.
2. **Quotation:** For purposes of this RFQ, bidders will provide quotes for goods and services on the basis of “All” or “None”. Bidder’s quote shall include an itemized description of all specifications as required in the SOW. All quotes must be valid for a minimum of one-hundred and twenty (120) calendar days from RFQ submittal date.
3. **Cash Discounts:** Cash discounts will not be considered when evaluating bid responses for award purposes. However, cash discounts may be offered and accepted by CDCR when processing invoices within the timeframe specified.
4. **Shipment:** For purposes of this solicitation, only bid responses quoting F.O.B Destination will be accepted.
5. **Inquiries/questions:** Written questions must be received by Tuesday, April 5, 2011.
6. **Bidder’s Instructions and General Provisions:** The attached Bidder’s Instructions and General Provisions have recently been revised. Please read carefully.

IT General Provisions: <http://www.documents.dgs.ca.gov/pd/modellang/GPIT060810.pdf>

Bidder Instructions: <http://www.documents.dgs.ca.gov/pd/modellang/BidderInstructions070110.pdf#search=GSPD-451&view=FitH&pagemode=none>

7. **Quotation attachments:** Bid responses that reference a supplier’s own terms and/or conditions or any other provisions will be considered non-responsive and may be rejected.
8. **Important Note:** Only bids quoted on the State’s Quotation Form will be considered. Bids shall be submitted electronically with the solicitation number, bid due date, and time clearly marked. All quotes must be valid for a minimum of one-hundred and twenty (120) calendar days from RFQ submittal date.
9. **Warranty Information:** Special provisions for any Warranty on goods quoted.

**Responsible Bidder:** The CDCR may require bidder(s) to submit evidence of their qualifications at such times and under conditions as it may deem necessary. The question of whether a particular bidder is responsible may involve an evaluation of bidder’s experience, type of facility, expertise or financial resources regarding the particular items requested in this RFQ. If a bidder has been determined to be non-responsible, the bid shall be rejected.

**New Equipment:** All equipment to be provided in response to this RFQ shall be new and latest model in current production.

**Payee Data Record:** The successful bidder will submit a Payee Data Record, STD. Form 204 listing their Taxpayer Identification Number.

### **Seller’s Permit**

Please note that award will be conditional on providing the following document prior to award:

You must provide your company’s California retailer’s seller’s permit or certification of registration and, if applicable, the permit or certification of all participating affiliates, issued by California’s State Board of Equalization (BOE), pursuant to the California State Board of Equalization (BOE), pursuant to all requirements set forth in Revenue and Taxation Code Sections 6452.1, 6487, 6487.3, 7101, and 18510, and Section 10295.1 of the Public Contract Code (PCC). To verify validity of the permit, provide the BOE permit number in the space provided below and attach a copy of the permit with your bid.

Retailer’s Seller’s Permit Number: \_\_\_\_\_

**Small Business Regulations:** The Small Business regulations, located in the California Code of Regulations (Title 2, Division 2, Chapter 3, Subchapter 8, Section 1896 et. seq.), concerning the application and calculation of the small business preference, small business certification, responsibilities of small business, department certification, and appeals are revised, effective 09/09/04. The new regulations can be viewed at ([www.pd.dgs.ca.gov/smbus](http://www.pd.dgs.ca.gov/smbus)). Access the regulations by Clicking on “Small Business Regulations” in the right sidebar. For those without Internet access, a copy of the regulations can be obtained by calling the Office of Small Business and DVBE Services at (916) 375-4940.

**Non-Small Business Subcontractor Preference:** A 5% bid preference is now available to a non-small business claiming 25% California certified small business subcontractor participation. If applicable, claim the preference in the box on the right hand side of the first page of this solicitation.

**Attachment with bid required if claiming the Small Business Preference:** All bidders must complete and include the Bidder Declaration form GSPD-05-105. If claiming the non-small business subcontractor preference, the form must list all of the California certified small businesses with which you commit to subcontract in an amount of at least twenty-five percent (25%) of the net bid price. All certified small businesses must perform a “commercially useful function” in the performance of the contract as defined in Government Code Section 14837(d)(4).

**Small Business Certification:** Bidders claiming the small business preference must be certified by California as a small business or must commit to subcontract at least 25% of the net bid price with one or more California certified small businesses. Completed certification applications and required support documents must be submitted to the Office of Small Business and DVBE Services (OSDS) no later than 5:00 p.m. on the bid due date, and the OSDS must be able to approve the application as submitted.

Questions regarding certification should be directed to the OSDS at (916) 375-4940.

**Declaration Forms:** All bidders must complete the Bidder Declaration GSPD-05-105 and include it with bid response. When completing the declaration, bidders must identify all subcontractors proposed for participation in the contract. Bidders awarded a contract are contractually obligated to use the subcontractors for the corresponding work identified unless CPHCS agrees to a substitution and it is incorporated by amendment to the contract.

At the State's option prior to award, bidders may be required to submit additional written clarifying information. Failure to submit the required written information as specified may be grounds for bid rejection.

#### **Attachments**

The following documents are considered part of this solicitation and must be returned with the bid response or the bid may be considered invalid and be rejected:

1. Cover Letter;
2. Request for Quotation Form;
3. Bidder Declaration form GSPD-05-105 (Attachment 1);
4. Contractor Small Business Certification (if applicable);
5. Payee Data Record (Attachment 2);
6. Seller's Permit; and
7. Special Provisions for Warranty Agreement (if applicable).

## **CDCR SPECIAL PROVISIONS**

### **1. SUBCONTRACTOR/CONSULTANT INFORMATION**

Contractor is required to identify all subcontractors who will perform labor or render services in the performance of the Agreement. Additionally, the Contractor shall notify the CPHCS within ten (10) calendar days, of any changes to the subcontractor and/or consultant information.

### **2. EMPLOYMENT OF EX-OFFENDERS**

a. Contractor cannot and will not either directly, or via a subcontracted consultant and/or firm, employ in connection with this Agreement:

- (1) Ex-Offenders on active parole or probation;
- (2) Ex-Offenders at any time if they are required to register as a sex offender pursuant to Penal Code Section 290 or if such ex-offender has an offense history involving a “violent felony” as defined in subparagraph (c) of Penal Code Section 667.5; or
- (3) Any ex-felon in a position which provides direct supervision of parolees.

b. Ex-Offenders who can provide written evidence of having satisfactorily completed parole or probation may be considered for employment by the Contractor subject to the following limitations:

- (1) Contractor shall obtain the prior written approval to employ any such ex-offender from the Authorized Administrator; and
- (2) Any ex-offender whose assigned duties are to involve administrative or policy decision-making; accounting, procurement, cashiering, auditing, or any other business-related administrative function shall be fully bonded to cover any potential loss to the State of California.

### **3. LICENSES AND PERMITS**

The Contractor shall be an individual or firm licensed to do business in California and shall obtain at Contractor’s expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this Agreement.

In the event any license(s) and/or permit(s) expire at any time during the term of this Agreement, Contractor agrees to provide the CPHCS with a copy of the renewed license(s) and/or permit(s) within thirty (30) days following the expiration date. In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to any other remedies it may have, terminate this Agreement upon occurrence of such event.

### **4. DISCLOSURE**

Neither the State nor any State employee will be liable to the Contractor or its staff for injuries inflicted by inmates or parolees of the State. The State agrees to disclose to the Contractor any statement(s) known to State staff made by any inmate or parolee which

indicates violence may result in any specific situation, and the same responsibility will be shared by the Contractor in disclosing such statement(s) to the State.

#### **5. SECURITY CLEARANCE/FINGERPRINTING**

The State reserves the right to conduct fingerprinting and/or security clearance through the California Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employees' access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined.

#### **6. NOTIFICATION OF PERSONNEL CHANGES**

Contractor must notify the State, in writing, of any changes of those personnel allowed access to State premises for the purpose of providing services under this Agreement. In addition, Contractor must recover and return any State-issued identification card provided to Contractor's employee(s) upon their departure or termination.

#### **7. NON ELIGIBLE ALIEN CERTIFICATION**

By signing this Agreement Contractor certifies, under penalty of perjury, that Contractor, if a sole proprietor, is not a nonqualified alien as that term is defined by the United States Code (U.S.C.) Title 8, Chapter 14, Section 1621 et seq.

***The following provisions apply to services provided on departmental and/or institution grounds:***

#### **8. BLOODBORNE PATHOGENS**

Provider shall adhere to California Division of Occupational Safety and Health (CAL-OSHA) regulations and guidelines pertaining to bloodborne pathogens.

#### **9. PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES**

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates.

By signing this contract, the Contractor agrees that if the provisions of the contract require the Contractor to enter an institution/facility or camp, the Contractor and any employee(s) and/or subcontractor(s) shall be made aware of and shall abide by the following laws, rules and regulations governing conduct in associating with prison inmates:

- a. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.

*SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3285 and 3415*

- b. CDCR does not recognize hostages for bargaining purposes. CDCR has a “NO HOSTAGE” policy and all prison inmates, visitors, and employees shall be made aware of this.

*SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304*

- c. All persons entering onto institution/facility or camp grounds consent to search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property, or vehicle may be cause for denial of access to the premises.

*SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177, and 3288*

- d. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Director, Warden, and/or Regional Parole Administrator.

*SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a)*

- e. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

*SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289*

- f. Encouraging and/or assisting prison inmates to escape are a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

*SOURCE: PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574*

- g. It is illegal to give or take letters from inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

*SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425*

- h. In an emergency situation the visiting program and other program activities may be suspended.

*SOURCE: PC Section 2601; CCR, Title 15, Section 3383*

- i. For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

*SOURCE: CCR, Title 15, Section 3171 (b) (3)*

- j. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

*SOURCE: CCR, Title 15, Sections 3261.5, 3315 (3) (W), and 3177*

## **10. CLOTHING RESTRICTIONS**

While on institution grounds, Contractor and all its agents, employees, and/or representatives shall be professionally and appropriately dressed in clothing distinct from that worn by inmates at the institution. Specifically, blue denim pants and blue chambray shirts, orange/red/yellow/white/chartreuse jumpsuits and/or yellow rainwear shall not be worn onto institution grounds, as this is inmate attire. The Contractor should contact the institution regarding clothing restrictions prior to requiring access to the institution to assure the Contractor and their employees are in compliance.

## **11. TOBACCO-FREE ENVIRONMENT**

Pursuant to Penal Code Section 5030.1, the use of tobacco products by any person on the grounds of any institution or facility under the jurisdiction of the Department of Corrections and Rehabilitation is prohibited.

## **12. SECURITY REGULATIONS**

- a. Unless otherwise directed by the entrance gate officer and/or Contract Manager, the Contractor, Contractor's employees and subcontractors shall enter the institution through the main entrance gate and park private and nonessential vehicles in the designated visitor's parking lot. Contractor, Contractor's employees and subcontractors shall remove the keys from the ignition when outside the vehicle and all unattended vehicles shall be locked and secured while on institution grounds.
- b. Any State- and Contractor-owned equipment used by the Contractor for the provision of contract services, shall be rendered temporarily inoperative by the Contractor when not in use, by locking or other means unless specified otherwise.
- c. In order to maintain institution safety and security, periodic fire prevention inspections and site searches may become necessary and Contractor must furnish keys to institutional authorities to access all locked areas on the worksite. The State shall in no way be responsible for Contractor's loss due to fire.
- d. Due to security procedures, the Contractor, Contractor's employees and subcontractors may be delayed at the institution vehicle/pedestrian gates and sally ports. Any loss of time checking in and out of the institution gates and sally ports shall be borne by the Contractor.
- e. Contractor, Contractor's employees and subcontractors shall observe all security rules and regulations and comply with all instructions given by institutional authorities.
- f. Electronic and communicative devices such as pagers, cell phones and cameras/microcameras are not permitted on institution grounds.

- g. Contractor, Contractor's employees and subcontractors shall not cause undue interference with the operations of the institution.
- h. No picketing is allowed on State property.

### **13. GATE CLEARANCE**

Contractor and Contractor's employee(s) and/or subcontractors(s) must be cleared prior to providing services. The Contractor will be required to complete a Request for Gate Clearance for all persons entering the facility a minimum of ten (10) working days prior to commencement of service. The Request for Gate Clearance must include the person's name, social security number, valid state driver's license number or state identification card number and date of birth. Information shall be submitted to the Contract Liaison or his/her designee. CDCR uses the Request for Gate Clearance to run a California Law Enforcement Telecommunications System (CLETS) check. The check will include a California Department of Motor Vehicles check, Wants and Warrants check, and Criminal History check.

Gate clearance may be denied for the following reasons: Individual's presence in the institution presents a serious threat to security, individual has been charged with a serious crime committed on institution property, inadequate information is available to establish positive identity of prospective individual, and/or individual has deliberately falsified his/her identity.

All persons entering the facilities must have a valid state driver's license or photo identification card on their person.

**ATTACHMENT 1  
BIDDER DECLARATION**

The Bidder Declaration Form can be located at the link below:

<http://www.documents.dgs.ca.gov/pd/delegations/GSPD105.pdf>

**ATTACHMENT 2**  
**PAYEE DATA RECORD (STD 204)**

The Payee Data Record (STD 204) can be located at the link below:

<http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf>



**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA PRISON HEALTH CARE SERVICES  
STATE OF CALIFORNIA**

**STATEMENT OF WORK  
PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS)**

This Statement of Work (SOW) includes all software and service requirements for procurement of a Picture Archiving and Communication System (“PACS”) for California Prison Health Care Services (CPHCS), and all adult institutions within the enterprise of the California Department of Corrections and Rehabilitation (CDCR). Descriptions herein describe the minimum PACS requirements to be provided by Contractor, which if properly configured and installed, shall create, track and maintain the diagnostic radiology imaging record for the CDCR patient-inmate population. The PACS shall be utilized by qualified radiology personnel, certified radiologists and referring physicians.

PACS implementation will occur in parallel with Radiology Information System (“RIS”) implementation. Contractor shall meet all requirements and provide all requested deliverables. RIS and PACS implementation initially will occur within a single data center until a secondary Disaster Recovery (DR) data center is connected

Please view Schedule A for annual modality breakdown and Schedule B for number of modalities across the enterprise.

Contractor shall provide a response and requested documentation for each listed goods and services requirement.

Schedule A

Modality	Estimated number of Exams, 2010	Percent Exam Distribution
CR	112,738	82.04%
CT	5,327	3.88%
MR	6,688	4.87%
RF	1,282	.93%
US	8,885	6.47%
Mammography	2,491	1.81%
<b>Enterprise Estimated Total</b>	<b>137,411</b>	

Schedule B

Number of Modalities	Number of MWL SCU	Number of C-Store Devices	Number of Devices for MPPS	Number of Facility Room Locations
250	250	250	~40	44

## 1.0 Technical Requirements

Contractor shall provide all of the following:

### 1.1 System Architecture

The proposed PACS solution must:

1. Be certified to run in a virtual environment if requested;
2. Be configured for disaster recovery;
3. Provide High Availability Disaster Recovery options;
4. Be a single non-distributed PACS Database able to support 33+ facilities and 250 Modalities;
5. Be able to scale to accommodate 250 current modalities;
6. Scale to accommodate 1 million Exams / Year with current volumes of 250,000 exams/year;
7. Provide system architecture drawings (Non Marketing Material) of proposed PACS architecture spanning single and DR data center (**provide this documentation with RFQ response**);
8. Provide a diagram of internal dataflow and database triggers that move the exam through prescribed workflow from order receipt to image archive and image retrieved from 3rd party DICOM archive (**provide this documentation with RFQ response**); and
9. Provide DICOM modality worklist service for 250+ active modalities.

### 1.2 General Network/Connectivity Requirements

The proposed PACS solution must:

1. Provide real-time response for retrieval from short-term storage;
2. Provide the ability for remote connectivity to Contractor's proposed solution;
3. Function within a VLAN and WAN environment without degradation to performance of the application;
4. Provide all internal and external ports and communication protocols used for communication for CPHCS' central servers; and
5. Provide estimated WAN impact based on exam volumes and standard exam sizes.

#### 1.2.1 Desktop-Hardware Standards

The proposed PACS solution must:

1. Provide recommended specifications for desktop configurations for radiologists, technologists, and referring physicians (**provide this documentation with RFQ response**).

#### 1.2.2 Desktop-Software Configuration

The proposed PACS solution must:

1. Be thin and run utilizing the latest version+1 of Internet Explorer;
2. Perform a current version check and update, if needed remotely;
3. Have the ability to install remotely;
4. Maintain diagnostic, technologist and referring physician's application configurations at an enterprise level with minimal local desktop configuration;
5. Allow user profile to follow user upon login and not be workstation based; and
6. Integrate via API to a Java-based Web portal. Portal will pass user authentication, MRN, accession and SIUID.

#### 1.2.3 Network Transport & Protocols

The proposed PACS solution must:

1. Support TCP/IP Wide Area Network (WAN) protocols between facilities;
2. Support standard network management protocols to include TCP/IP; and
3. Function on wireless infrastructure as needed.

#### 1.2.4 Bandwidth

The proposed PACS solution must:

1. Allow for simultaneous transmission of multiple imaging studies across the network;
2. Display an online study at any internal workstation within two (2) seconds, if adequate network and desktop hardware is provided.
  - There is an OC3 WAN with 1000MG LAN network in place. The exceptions are Mammography images;
3. Transfer images to archive and all other DICOM systems in full, non-proprietary DICOM format; and
4. Disclose compression types from internal compression and format to compression between server and client.

### 1.3 Interfaces

The proposed PACS solution must:

1. Utilize HL7 or direct database connection to accept inbound messages from RIS;
2. Be able to accept an MPI and MRN to create a single patient Jacket. Both patient identifiers must be stored and exportable in PACS;
3. Be able to send a Study Content Notification (SCN) message outbound in HL7 or XML format containing at minimum the following exam data elements: SIUID, MRN, accession number, patient name, DOB, and number of images, exam status;
4. Be able to receive at minimum ADT, ORU, and ORM message types;
5. Provide a PACS Interface engine or service that continues modality worklist service if PACS database is in a down state to minimize manual entry;
6. Be able to review inbound messages and retry failed messages, if needed;
7. Be able to review inbound and outbound interface queue;
8. Provide the ability for CPHCS to manage translation tables utilized for the interface, if needed;
9. Be able to customize modality worklist by site, modality, or create a combination of filters;
10. Provide interface capabilities both inbound and outbound (**provide this documentation with RFQ response**);
11. Be prepared to integrate to Oracle's HTB system as an interface engine, if needed; and
12. Provide ability to successfully configure MPPS interfaces, if necessary for MPPS modalities.

### 1.4 Desktop Integration

The proposed PACS solution must:

1. Provide an API that does not utilize command line integration to pass user authentication, full patient context (i.e., allows 3rd party application to remain in sync), MRN, accession number or SIUID to launch either the patient jacket or direct images for review within the diagnostic PACS application;
2. Provide API specifications for image launch review and 3rd party dictation systems (**provide this documentation with RFQ response**);

3. Allow for secure API URL launch from third party portal application into the PACS viewing application;
4. Provide ability to launch PACS application without use of a middleware application running locally on client; and
5. Provide a list of VR / Dictation vendors that the proposed PACS system currently has certified integrations and roadmap with future integrations (**provide this documentation with RFQ response**).

### 1.5 DICOM

The proposed PACS solution must:

1. Accept and store Non Proprietary DICOM presentation states.

### 1.6 Inbound Associations

The proposed PACS solution must:

1. Accept multiple DICOM associations to support 250 modalities; and
2. Be able to block or reject duplicate SUID's, if already existing within PACS or exam is closed.

### 1.7 Standards Support

The proposed PACS solution must:

1. Provide support for MPPS;
2. Be DICOM 3.0 compliant;
3. Accept DICOM 6000 and CAD;
4. Support DICOM presentation states (non-proprietary); and
5. Support the following DICOM features:
  - a. Query Retrieve;
  - b. C-Store;
  - c. C-Print;
  - d. C-Move;
  - e. C-Find;
  - f. Storage Commit;
  - g. MPPS; and
  - h. MWL.

### 1.8 Outbound Associations

The proposed PACS solution must:

1. Provide all saved annotation and measurements in DICOM using presentation states (non-proprietary) or screen capture; and
2. Provide multiple outbound threads to third party DICOM clients.

#### 1.9 Processing Hardware/Software

The proposed PACS solution or Contractor must:

1. Provide recommended server specifications for both Dell and HP (**provide this documentation with RFQ response**);
2. Support multiple (33) facilities in a single database configuration, not distributed;
3. Provide 3rd party Information Technologies Department with OS update methodology and mechanism for approved updates (**provide this documentation with RFQ response**);
4. Provide a detailed hardware architecture diagram of Contractor's proposed solution including all server equipment required for each site (**provide this documentation with RFQ response**);
5. Fully support Virtual Private Networks (VPN);
6. Provide SAN or DAS recommendations and configurations for short term storage that would cache two (2) years of online images (reference Schedule A for details).
  - Storage solution must provide ability for mirroring and increase size at a later date (**provide this documentation with RFQ response**);
7. Provide all third party software and licensing required to configure and install proposed PACS solution (**provide this documentation with RFQ response**);
8. Provide specifications and configurations for all hardware and storage items required to implement the proposed PACS solution (**provide this documentation with RFQ response**); and
9. Provide short term storage recommendation that allows near instant image retrieval from cache (**provide this documentation with RFQ response**).

#### 1.10 Long-term Archive

The proposed PACS solution must:

1. Provide CPHCS storage capacity for long term storage based on estimated numbers for ten (10) years of exams - reference Schedule A for details (**provide this documentation with RFQ response**);
2. Be able to fully utilize a third party Vendor Neutral Archive solution (VNA).

- This solution will be an EMC Open Archive solution utilizing Documentum;
3. Remember the archive location in order to perform all pre-fetch procedures from the third party archive back onto online cache;
  4. Provide an explanation diagram of archive workflow (**provide this documentation with RFQ response**);
  5. Be capable of archiving in full, non-proprietary DICOM format as sent to the system by the modalities;
  6. Be capable of storing in full, text, annotation and measurements in non-proprietary DICOM format to the third party DICOM Archive;
  7. Update the DICOM archive by SIUID after each modification is performed on the study;
  8. Fit into the proposed disaster recovery model (Archive Servers);
  9. Provide all compression settings used when sending images to the centralized long-term archive (**provide this documentation with RFQ response**); and
  10. Provide available definable pre-fetch algorithms to move exams from archive to online cache based on ORM availability (**provide this documentation with RFQ response**).

#### 1.11 Security – Authentication Features

The proposed PACS solution must:

1. Support LDAP and /or AD.

#### 1.12 Security – CPHCS Information Security Requirements

The proposed PACS solution must:

1. Comply with all applicable federal laws and regulatory requirements for protection of health information including, but not limited to, HIPAA and HITECH;
2. Comply with all applicable state laws and regulatory requirements for protection of health-related and other confidential information including, but not limited to, Confidentiality of Medical Information Act, Information Practices Act of 1977, Assembly Bill 211, Assembly Bill 1298, Assembly Bill 1950, Senate Bill 1386, Civil Code Sections 1798.14 -1798.23;
3. Comply with all California State information security policy including, but not limited, to CA State Administrative Manual (SAM) 5300, CA Technology Agency IT Policy Letters, the CA Statewide Information Management Manual (SIMM);

4. Comply with all Agency information security and information technology policies per CDCR Department Operating Manual (DOM) including, but not limited to, Chapter 4, Article 45 “Information Security.”
5. Ensure assignment of security accountability to the appropriate state employee:
  - a. Identify Contractor’s security official who is responsible for the development and implementation of the security controls;
6. Ensure system (server, storage device, network device) time synchronization with the enterprise authoritative time server;
7. Adhere to CPHCS Access Control Principles:
  - a. Least Privilege Principle:
    - i. Implicit deny/explicit permit.
  - b. Establish appropriate Separation of Duties; and
  - c. Require unique user identification:
    - i. Assign a unique name and/or number for identifying and tracking user identity.
  - d. Establish an emergency access procedure:
    - i. Establish (and implement as needed) procedures for obtaining necessary electronic protected health information during an emergency.
  - e. Enforce Session Timeout or Automatic logoff:
    - i. Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity.
  - f. Support Role Based Access Control (RBAC):
    - i. Define roles and associated privileges/rights;
    - ii. Define use of ID directory or repository;
    - iii. Define use of user ID(s);
    - iv. Define use of security group(s); and
    - v. Define use of roles.

- g. Establish procedures for granting access to electronic protected health information, for example, through access to a workstation, transaction, program, process, or other mechanism;
  - h. Establish security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network;
  - i. Establish security measures to ensure that electronically transmitted electronic protected health information is not improperly modified without detection until disposed of;
  - j. Establish electronic mechanisms to corroborate that electronic protected health information has not been altered or destroyed in an unauthorized manner;
  - k. Establish procedures to verify that a person or entity seeking access to electronic protected health information is the person claimed to be; and
  - l. Establish mechanism(s) to encrypt electronic protected health information whenever deemed appropriate whether in storage or in transit.
8. Establish and document an appropriate AAA framework (authorization, authentication, accounting):
- a. Authorization:
    - i. Establish procedures for the authorization of workforce members who work with electronic protected health information or in locations where it might be accessed;
    - ii. Establish procedures to determine that the access of a workforce member to electronic protected health information is appropriate;
    - iii. Establish procedures for terminating access to electronic protected health information when employment of a workforce member ends;
    - iv. Must identify appropriate data owners;
    - v. Must identify appropriate system owners;
    - vi. Access authorization must include formal authorization from data owner; and

- vii. Access authorization must include formal authorization from the requester’s “report to” manager.
- b. Authentication:
- i. Establish appropriate authentication types (single versus multiple factor authentication);
  - ii. Establish authentication password and/or token solution:
    - 1. Something you know (e.g. PIN/password);
    - 2. Something you have (e.g. digital certificate); and
    - 3. Something you are (biometric ID).
  - iii. Establish when authentication will occur:
    - 1. Define purpose for timing of authentication (e.g., during login, when using privileged access, etc).
  - iv. Establish what type of authentication password and/or token will be used in what context
- c. Accounting (Auditing):
- i. Events to log:
    - a. Successful user/session logins;
    - b. Unsuccessful user/session logins;
    - c. User/session logouts;
    - d. Use of privileges - privileges assigned to account;
    - e. Use of system utilities;
    - f. Changes to system configurations;
    - g. Files accessed -Images or records reviewed; and
    - h. Records modified or deleted.
  - ii. Details to capture within log entry:
    - a. Date of event;
    - b. Time of event;
    - c. Type of event (system, security, application);
    - d. Username;
    - e. If provided, Source IP address, source terminal identity, or some type of unique source identifier;
    - f. If provided, File access to include: type of access: read, write, delete;
    - g. If provided, file operations to include: create, modify, delete, copy, put, get;
    - h. If provided, directory access to include: type of access: read, write, delete;
    - i. If provided, directory operations to include: create, modify, delete, copy, put, get;
    - j. Dates/times/details of events; and
    - k. If provided, network addresses and protocol.

- d. Protection of log information:
    - i. Establish preventative measures to ensure log integrity;
    - ii. Establish preventative measures to ensure log availability;
    - iii. Establish short term log retention strategy (0-72 hours); and
    - iv. Establish long term log retention strategy (72 hours - 90 days, some logs may require longer term retention strategies to address regulatory requirements).
  - e. System maintenance records:
    - i. Establish procedures detailing how physical systems maintenance will be managed, monitored, and recorded.
9. System monitoring:
- a. Establish how solution components will be monitored for health.
10. System Backup and Disaster Recovery:
- a. Establish system(s) back up strategy:
    - i. Establish what system(s) be backed up;
    - ii. Establish the frequency that systems will be backed up;
    - iii. Establish the type of system backup techniques will be employed (system, state, configuration, full, incremental, partial, etc.); and
    - iv. Establish Hierarchical Storage Management solution if required/applicable.
  - b. Describe Disaster Recovery Strategy:
    - i. Establish recovery strategy for OS corruption;
    - ii. Establish recovery strategy for application corruption;
    - iii. Establish recovery strategy for transactional data corruption;
    - iv. Establish recovery strategy for database corruption;
    - v. Establish recovery strategy for hardware failure; and
    - vi. Establish recovery strategy for catastrophic event such as a natural disaster.

- c. Emergency mode operation plan:
  - i. Establish procedures to enable continuation of those critical business processes dependent on the proposed solution.

### 1.13 Integrity Features

The proposed PACS solution must:

1. Provide the following security functionality:
  - a. Ability to store all rejected transactions along with a reason for rejection;
  - b. Protection from unauthorized access via Internet through use of firewalls, cryptography and authentication devices; and
  - c. Provide mechanism for controlling simultaneous updates to its database(s).

### 1.14 Disaster Prevention/Recovery Features

The proposed PACS solution must:

1. Provide the following Disaster Prevention/Recovery functionality:
  - a. PACS is supported by a backup process that can be performed in a dynamic mode so that the application can be operational 24 hours per day;
  - b. Data file backup procedures are provided;
  - c. Provides a data archiving process based on application administrator criteria (e.g., time, data type, discharge, and disposition);
  - d. Integrated into the organizations overall disaster recovery procedures; and
  - e. Supports or is supported by disk mirroring or shadowing for security downtime processing, error recovery, etc.
2. Support Trend Micro and McAfee for virus protection solutions.

### 1.15 System Documentation

The Contractor must:

1. Provide multiple sets of service manuals for each PACS system component type. A softcopy version is also highly desirable;
2. Provide complete manuals covering the operation, installation and maintenance of all PACS system components, and explaining the operational concept of the PACS system as a whole. A softcopy version is also highly desirable;
3. Provide QC procedures in hard copy and soft copy required to maintain operation (hardware and procedural);
4. Allow centralized soft-copy access to manuals; and

5. Provide all manuals appropriately updated to reflect each new software release and implementation phase.

## 2.0 Clinical Requirements

### 2.1 DICOM

The proposed PACS solution must:

1. Prefetch all like studies that are located on other DICOM Compliant Archives to bring relevant priors online for immediate review display; and
2. Provide for and store **all** of the following as DICOM objects:
  - a. Alphanumeric image overlays;
  - b. Graphical image overlays;
  - c. Parametric measurements;
  - d. Text messages (Key Image Notes) associated with the study;
  - e. Grayscale softcopy presentation states of the image; and
  - f. Template or other free text reports (not formal radiologist report).

### 2.2 Technologist/Clerical Support Staff

The proposed PACS solution must:

1. Provide a solution in which DICOM header information (patient demographics, etc) can be modified;
2. Provide a method by which the user can easily reassign the images if images are erroneously sent into the wrong patient file;
3. Be able to close the exam for acquisition in PACS to prevent entry of additional images once the study is available for the Radiologist's interpretation;
4. Notify the user and disallow reading when another user has the exam open for interpretation;
5. Provide a Technologist Application that can run on existing hardware along with other client desktop applications. e.g., HIS, RIS, Outlook;
6. Provide Technologists and Radiologists the ability to mark key images;
7. Be able to upload foreign comparisons (CD; Hard-film, Paper) allowing support staff to perform this function.
  - Contractor must provide the workflow needed for the exams to be seen as a proper comparison;
8. Print true-size images;
9. Be able to print film from any workstation;

10. Be able to send or route images to outside DICOM destinations configured on PACS; and
11. Provide scalable outbound DICOM send destination nodes by adding additional servers or licenses.

### 2.3 Diagnostic Display Functionality

The proposed PACS solution must:

1. Allow the radiologist to build customized hanging protocols from their workstation;
2. Provide the reading radiologist diagnostic workstation user a complete view of the entire database as well as filtered views that are customizable by a combination of any of the fields in the database (worklists);
3. Provide the radiologist diagnostic workstation ability to display “broken” studies with historical studies if the exam profiled to the patient level on an all exams worklist;
4. Support single, dual, triple, and quad monitor configurations;
5. Support grayscale and color;
6. Automatically refresh and provide adjustable worklists;
7. Allow user to toggle the display of image identification text on and off;
8. Provide a way to visually identify which exam is being viewed when all image identification is disabled;
9. Display a visual marker of which series was viewed by the radiologist (MRI, Mammo);
10. Clearly identify prior images that are displayed concurrently with current studies;
11. Provide an Application that is FDA approved for mammography, CT, CR, US, MR, XA, RF, PT, NM modalities (**provide FDA approval letter with RFQ response**);
12. Have mammography specific tools and mammography specific hanging protocols with true size;
13. Be 510K, FDA approved and ACR certified for Mammography interpretation (**provide FDA approval and certification letters with RFQ response**);
14. Be able to **not** compress mammography images;

15. Be able to acquire mammography images in Premium View, High Digital View or Enhanced View;
16. Have step based mammography hanging protocol;
17. Provide a thumbnail or view position on the Mammo module as a quick access functional button or drag and drop;
18. Provide at minimum all of the following Mammo Tools required in Diagnostic PACS application:
  - a. Quadrant zoom;
  - b. Magnifying glass built in;
  - c. Pan functionality;
  - d. Zoom;
  - e. ROI;
  - f. Arrow;
  - g. Annotation;
  - h. Window and Level;
  - i. CAD activator;
  - j. Image overlay activator;
  - k. Should have a Go dark feature or a GUI that minimizes white light during viewing process;
  - l. ACR and Reverse ACR hanging functionality; and
  - m. Unviewed image notification at dictation end or exam closure.
19. Provide all of the following **Diagnostic Workstation** functionality:
  - a. Window/Level via mouse movement and menu;
  - b. Zoom and Pan;
  - c. Mammo Tools;
  - d. Flip/Rotate;
  - e. Inverse (grayscale reversal of entire image or selected region);
  - f. Edge enhancement;
  - g. Length and angle measurements;
  - h. Measurements (point-to-point for both DICOM and captured images);
  - i. Mean and standard deviation of pixel values;
  - j. Length;
  - k. Area;
  - l. Spine labeling;
  - m. Preset window and level parameters;
  - n. Angle;
  - o. COB angle;
  - p. ROI;
  - q. Mammography tools, FFDM;
  - r. Ability to map Mammo specified mouse to Mammo inherent functions;
  - s. Key object selection;
  - t. Hounsfield units for CT;
  - u. Selected ROI including ellipses and irregular outlines;
  - v. Free text and graphic annotation (with customizable font size);
  - w. Customized clinical notes (by user);
  - x. Multi Planar cross referencing (for multi planar localization comparison);
  - y. Simultaneous display of different anatomical regions by user selection;

- z. Scout reference selection (with correct level displayed);
  - aa. Toggle on and off overlay, same for DICOM 6000 annotations;
  - bb. Preference on user interface;
  - cc. Magnifying glass (with real time variable size, magnification);
  - dd. Cine (auto and manual);
  - ee. Stacked review;
  - ff. Linked stacked review (for linked review of comparisons);
  - gg. Ability to combine complete or edited image subsets within the same patient folder; and
  - hh. API for Volume rendering applications if function is not embedded within your product.
20. Provide ability to create an exception list (broken study list);
21. Prevent multiple radiologists from interpreting the same study at the same time;
22. Allow for viewing of a study by another user while it is being interpreted by a radiologist in a read only state;
23. Archive all key objects and images to the 3rd party DICOM archive;
24. Have the ability to display real time cine loops for studies acquired at 30 frames per second within the diagnostic application;
25. Display multiple cine loops simultaneously on a single monitor within the diagnostic application;
26. Display multiple cine loops simultaneously on multiple monitors within the diagnostic application;
27. Support the ability to create and display (1) Softcopy presentation states, (2) Key image notes on all workstations;
28. Include time/date stamp and author in Key Image Notes (KIN);
29. Store and communicate all DICOM features (presentation states, key image notes) as a non-proprietary DICOM objects; and
30. Provide an easy access online user help guide available on the GUI.

#### 2.4 Clinical, WEB Display Functionality and Review

The proposed PACS solution must:

1. Provide all of the following functionality for Clinical Review:
  - a) Window leveling;
  - b) Zoom/Pan;
  - c) Flip/ Rotate;
  - d) Inversion;
  - e) Magnification;
  - f) Length and angle measurements;

- g) ROI;
  - h) Cobb angle;
  - i) Hounsfield units;
  - j) Free text and annotation;
  - k) Canned notes;
  - l) Voice clips;
  - m) Cine (auto & manual);
  - n) Stacked review (including linking);
  - o) Printing to paper (image and report);
  - p) Optional advanced processing such as MPR; and
  - q) API for URL launch via third party application.
2. Retain the diagnostic report within the PACS system for radiologist and referring physician to review while using the system;
  3. Support Individual user worklists within the clinical/Web application by patient location, facility, ordering physician or modality type; and
  4. Support at a minimum 1600 x 1280 display resolution using the web product application.

### 3.0 Implementation and Installation Services

Implementation and installation services shall include, but are not limited to, the minimum requirements listed below:

#### 3.1 Installation Services

The proposed PACS Contractor must:

1. Collaborate with CPHCS staff and contractors to provide communication and change management for implementation and installation services;
2. Disclose all installation partners and/or subcontractors to CPHCS;
3. Allow CPHCS' representatives to approve the Contractor's acceptance testing methodology;
4. Establish warranty/support initiation no sooner than first clinical use;
5. Provide a testing plan that allows PACS to be tested fully with developed testing scripts with all integrated systems before entering a live environment;
6. Provide the escalation procedures as they relate to installation services; and
7. Work directly with Allied Health representatives and members of CPHCS.

#### 3.2 Workflow Analysis

The proposed PACS Contractor must:

1. Utilize Allied Health representatives' workflow analysis in implementation of the design and configuration of each site; and
2. Provide dataflow design of 3rd party application interactions (i.e., digital dictation/voice recognition, Java-based Web portal for image launch). **(Provide this documentation with RFQ response)**

### 3.3 Project Management

1. Contractor shall provide a project manager to collaborate with CPHCS staff and other contractors to provide coordination for system implementation and installation services.

## 4.0 Training

The purpose of this section is to understand the supplemental Contractor Training Program fees throughout this engagement. The training audience shall include Radiology Technologists, contracted Radiologists, and supporting imaging staff within the institutions. CDCR seeks the costs of onsite training that follows the initial equipment install, in addition to the supplemental training required during major equipment component upgrades. Other training options that may be considered include distance learning, Computer-Based Training, and/or Web meetings.

Contractor training programs shall include all of the following minimum requirements:

### 4.1 Training

The proposed PACS Contractor must:

1. Provide CPHCS or Allied Health assigned individuals all end user training components (I.e. Training Plan);
2. Provide comprehensive training to the CPHCS deployment team utilizing a "Train the Trainer" approach;
3. Provide both a hard copy and soft copy user guide provided for each delivered PACS system component;
4. Provide updated manuals (hard copy and soft copy) to accompany all software updates, upgrades, or releases at no additional cost;
5. Provide the roles and responsibilities of training specialist for a single site implementation including scope of training, coordination, and hours/week on site;
6. Train workflow as provided by Allied Health Services Representatives;
7. Include all training costs for the PACS Administrator and Master Trainers including tuition, transportation, and housing;
8. Provide all cheat sheets and job aids provided for each user group;

9. Provide Job Aids specific to CPHCS and accommodate site-specific workflow and terminology;
10. Provide on-site training in a test system prior to activation;
11. Proposed quote will include all training expenses including transportation, hotel and meals;
12. Provide a summary of all advance off-site course content for each course offered and all users that are associated with the courses in matrix form; and
13. Measure learner competencies to be certain learning was successful and report results back to CPHCS.

## 5.0 Service and Support

Along with all requirements listed above, Bidder's quote must also include all service repairs and preventive maintenance to maintain optimal level of performance for the PACS system. The service and maintenance requirements listed below in "Service and Support" shall apply to all core and peripheral components of the system (e.g. software, etc.). Contractor's services shall include, but not limited to, all of the following:

### 5.1 Service & Support

CPHCS is interested in securing support and service levels that meet the needs of the entire enterprise.

1. Bidder's organization will commit an Account Executive/Client Advocate to CPHCS. This means an executive level with the authority to make legally binding decisions on behalf of their organization. This individual is the person of final resort and escalation resolution. Experience with Oracle HTB is preferred
  - (This executive/advocate must not be a sales representative);
2. The nature of imaging services and operations require that the system be available at all times. CPHCS is interested in a Contractor that can demonstrate a minimum 99.99% contractually guaranteed uptime on their core components and offer a fully functional PACS solution. Uptime is defined by CPHCS as "all delivered functionality for the performance of distribution, interpretation, and retrieval of images with sub-two second performance";
3. CPHCS requires 6am-6pm /365 support in the Pacific Time Zone. Contractor's support model must be structured to meet this requirement;
4. For critical system hard down support, CPHCS requires return phone call within 15 minutes and on-site support within 2 hours to the datacenter.
  - Contractor's organization must have the ability and commitment to this requirement;

5. All service calls must be logged and tracked. Contractor will provide quarterly reports of service calls and issue status;
6. Provide Contractor's service escalation process. Contractor must be very specific as to the steps and level of authority at each step to resolve problems;
7. Contractor must provide required maintenance schedule for the PACS application. Contractor shall list and define which areas of maintenance are Contractor's responsibility, and which are CPHCS' obligations. Delineate by areas such as: IT, Bio/Clinical Engineering, PACS Administrator;
8. CPHCS requires Contractor to have a permanent service team located in Southern, Central, and Northern California that understands networking, acquisition devices, and DICOM interfacing;
9. Contractor must have extensive experience in Remote Service and System management with active monitoring, 24x7; and
10. Contractor must provide validated released PATCH management for maintenance support model for the product's operating system.

## 6.0 Technical Options

### 6.1 General Technical Options

The proposed PACS System should:

1. Allow for individual configurable compression by modality type (i.e., not compress Mammo exams);
2. Provide a discrepancies workflow function between physicians and radiologists;
3. Provide ability for technologists to leave the radiologist an exam note.
  - This solution should not be annotating on the image;
4. Support canned notes and or reporting templates for standardization (Dictation);
5. Be able to create a DICOM CD with a lite viewer from PACS. This should be a privileged-based tool. This final CD must be encrypted to abide by State Requirements; and
6. IHE Support:
  - KIN-Key Image notes;
  - Scheduled Workflow; and
  - CT- Consistent Time.

## 6.1 DICOM

1. The proposed PACS System should have the ability to log incoming connections for modality integration trouble shooting.

## 6.2 Inbound Associations

1. The proposed PACS System should provide ability to modify inbound DICOM header elements, if needed.

## 6.3 Modality Worklist SCP

The proposed PACS System should:

1. Provide ability to configure MWL filter by facility and modality so that modality only sees specific exam types assigned to it;
2. Provide ability to send RIS SIUID and reason for exam if provided by RIS;
3. Provide ability to customize populated active fields in outbound associations; and
4. Provide ability to LOG modality associations for trouble shooting exercise.

## 6.4 Standards Support

1. The proposed PACS System should support GSPS or on future roadmap.

## 6.5 Processing Hardware/Software

The proposed PACS System should:

1. Allow 3rd party IT service to manage database backups and system maintenance;
2. Support clustering or replication for High Availability DR options. This includes Web servers (load balancing), application servers, database servers, and archive servers;
3. Support VMware or Microsoft Virtualization to reduce hardware footprint. If unable, Contractor shall provide alternative roadmap; and
4. Provide system alerts, e.g., interface down, etc., in either email or text format.

## 6.6 Long-term Archive

1. The proposed PACS System should be capable of receiving an SCN message or flat file from the archive for exams that have been deleted based on purging rules.
2. The PACS system should be able to update the PACS database table to zero out storage location and image count.

- If this is not possible, Contractor shall provide a feature availability release date.

#### 6.7 Technologist/ Clerical Support Staff

The proposed PACS System should:

1. Be able to change or add information to the folder file header information;
2. Allow technologists/support staff to merge images of the same study over a period of time even after the image folder was sent to the archive. The Archive should be updated with this change; and
3. Print to all Vendors film printers located throughout the enterprise.

#### 6.8 Diagnostic Display Functionality

1. The proposed PACS System should provide the ability to copy hanging protocols from user to user.

#### 6.9 Clinical, WEB Display Functionality and Review

The proposed PACS System should:

1. Clinical/Web product should display (same patient) separate studies in a side by side split screen format; and
2. Provide a web product capable of allowing users to choose different compression options without the administrator involvement.