The Health Sciences Center

BIDS & AWARDS COMMITTEE 1 (BAC 1)

Proj. Ref. No.: <u>PUR22-06-0501</u>

End-User: <u>INFORMATION TECHNOLOGY OFFICE</u>

Project: <u>SUPPLY, DELIVERY, INSTALLATION, TESTING AND</u>

COMMISSIONING OF A LABORATORY

INFORMATION SYSTEM (LIS) FOR THE PHILIPPINE

GENERAL HOSPITAL (PGH)

Contract: SINGLE BID

Item	Qty.	UOM	Item Description	Unit Cost	Quota (all taxes i	
No.			-		in figures	in words
1	1	lot	LABORATORY INFORMATION SYSTEM (LIS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)	11,000,000.00		
			Technical Specifications: 1) INTERCONNECTED LIS SOFTWARE, with: • General Laboratory Module • Informatics/Statistics Module • Surgical Pathology Module • Blood Bank Module • Microbiology Module • Molecular Laboratory Module 2) SUPPORT FOR DATA MIGRATION OF OLD DATABASE/S TO NEW DATABASE/S 3) TRAINING FOR LOCAL USERS / SUPERUSERS AND BASIC MAINTENANCE 4) 24/7 TECHNICAL SUPPORT 5) INCLUSIVE OF INITIAL CONNECTION FEE FOR CURRENT MACHINES			
			General Requirements (applies to all sections): Provide access to the LIS for at least 50 simultaneous users/workstations Simultaneous users is defined as workstations running the client end of the LIS system. These include areas such as lab reception and divisions			

Approved by:

Dean CHARLOTTE M. CHIONG, MD, PhD *Chairperson*

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No.		•		in figures	in words
		doing the processing. At least 200 User accounts (ie. username-passwords). Good Connectivity Open, up-to-date software standards that allow for interoperability Uses latest or most relevant software specifications and standards as recommended by IT experts Machine and/or Instrument Manager Connectivity Compatible connection type Instrument Identification and Mapping Support for Point-of-Care Machines Hospital Information System (HIS) connectivity Able to interface with the UP-PGH ecosystem (currently openMRS, openERP and RADISH) Value-added support for any substitutions or additions to the hospital information environment Two-way connectivity for results and patient-data o Linkage/retrieval of patient demographic			

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No.			-		in figures	in words
			○ Receiving of laboratory			
			requests			
			⊙Sending of laboratory			
			results			
			o Ideally capable of			
			printing specimen			
			barcodes at point-of-			
			care, if with HIS			
			support.			
			■ Direct Patient/Client			
			Management			
			Ability to add new			
			patients/clients and			
			their demographic data			
			o New clients may be			
			siloed separately			
			from HIS, if clients			
			are from another			
			institution			
			oAbility to enter			
			anonymized/coded			
			Patients and			
			Samples			
			Ability to "connect" or			
			"link" a previously LIS-			
			only record to an			
			HIS/EMR record			
			 Option to "unlink" 			
			specific entries from			
			HIS			
			Ability to edit/change			
			demographic data in			
			patient entries			
			 Laboratory Request Management 			

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Item Qty	UOM	Item Description	Unit Cost	Quota (all taxes i	
No.				in figures	in words
		■ Linkage of existing EMR/Electronic Tests and Ordering (ETOR) system to laboratory request module ■ Support for pre-scheduled test (ex. Due for extraction at set time) ■ Priority Management for requests (ex. Stat vs Routine) ○ May have customized higher priority/flags (ie. "super stat") such as (Stat - Brain Attack Protocol) or (Stat - Heart Attack Protocol) ■ Capability to directly create laboratory requests within the LIS ■ Capability to edit, update, or cancel laboratory requests ■ Ideally, clinicians, via the EMR/HIS, can forward requests to edit/add to previous lab requests prior to a specific process status (ex. Anything before "completed") ■ Ideally, laboratorians should be able to flag lab requests for review by the clinician, which will be forwarded to the EMR/HIS for their review.			

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No.			•		in figures	in words
			Able to order for "packages" of			
			lab requests			
			 End users should be able 			
			to add, remove, enable			
			and/ or disable			
			"packages"			
			• (Ex. Entering "Chem-7" in			
			the request module will			
			request for 7 different			
			exams under clinical			
			chemistry)			
			Flagging of any requests with			
			tests marked as			
			"unavailable", prior to final			
			acceptance			
			 Ex. Reagents out of stock, 			
			machine under repair			
			Customizable Dashboard per			
			division/department			
			(including phlebotomy) that			
			can display/monitor:			
			 Pending work, 			
			organized/filtered by:			
			⊙Division-in-Charge			
			∘ Request Status			
			Multi-stage from			
			"requested" to			
			"completed			
			o Patient Location			
			o Patient Name			
			o Pre-scheduled			
			extractions			
			 Displayed only 			
			when near due			

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Item	()fv 11()N		Item Description	Unit Cost		Quotations (all taxes included)	
No.			-		in figures	in words	
			time Dashboard should be able to group requested tests by certain criteria, such as: division-in-charge, machine/s used. Sidebar/marquee with any tests flagged as temporarily unavailable Relevant to division in charge Phlebotomy / Lab Information users should be able to view all unavailable tests Sample/Specimen Management Linkage from requesting module to sample/specimen management module Uses a barcode system or similar machine-readable system for specimen accession/tracking Supports reading & printing Capability to track location and status of specimens Acceptance of specimens from the receiving counter Pre-analytic processing of specimens Actual analysis				

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No.		-		in figures	in words
		 Loading of specimens to automated analyzers (bar code reading) Capability to order reruns Capability to accept data from specimens analyzed using manual methods or from analyzers that cannot be connected to the LIS directly Capability to generate an audit trail/chain of custody for the specimen Capability to generate additional labels for secondary tubes Ex. tube is aliquoted for another machine or for sending out Results Management Appropriate linkage to machines, specimen/request management systems, and HIS/EMR Can include both conventional and SI units for the results Able to display reference/normal ranges Reference ranges based 		in figures	in words

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No.				in figures	in words	
			other parameters			
			where appropriate			
			Support for manual entry and			
			editing for results			
			■ Result Validation			
			 Support for rule-based 			
			validation			
			 Able to parse and 			
			display error warnings			
			sent by automated			
			analyzers			
			 Support for delta 			
			checking / viewing of			
			previous results			
			■ Flags abnormal results using			
			user-defined rules			
			Authorized users can			
			electronically sign out the			
			reports			
			■ Can append comments to			
			results			
			Alert system for critical values			
			Adjustable critical tests			
			and ranges			
			Direct Report Generation			
			 Report should follow 			
			PGH-prescribed format			
			Can directly print out a			
			hard copy of a report			
			Can export results for e-			
			mail, or non-EMR linked			
			electronic release			
			⊙Ideally can be handled			
			in system for direct			

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No.			<u>-</u>		in figures	in words
			e-mail			
			⊙If not, then a PDF or			
			image file is ideal.			
			Result searching/viewing			
			 Can restrict viewing of 			
			certain test results to			
			certain users/groups			
			(ex. HIV testing results,			
			blood donor screening			
			results)			
			 Laboratory Information 			
			Management			
			 Census & Report Generation 			
			Overall Census with			
			multiple views, filtered			
			and/or organized by:			
			o Patient Detail			
			(ward/location, by			
			department, by class			
			payment, by age			
			group, by sex)			
			o Test Details (tests			
			ordered, tests run			
			(including re-runs),			
			test results			
			generated,			
			specimens rejected,			
			etc.)			
			∘Time-Based (per shift,			
			per month, per year,			
			etc.)			
			oPrioritization Based			
			(stat, routine)			

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NO.					in figures	in words
No.	Qiy.	UOM	o Capability to "mix" criteria (ex. All tests in ER, organized by stat) ■ Report Generation (and preferably, dashboards) for: ■ Quality Control ○ Levey-Jennings Charts ○ Support for Westgard Rules (preferable) ○ Traceability of specific sets of patient results to applicable Quality Controls (preferable) ■ Turn-Around time (TAT) ○ Can be organized like census ■ Backup ■ Capability to create backups, preferably automatically ■ Ability to export data into XLS, CSV, XML or similar standardized format. ■ Ability to archive past	Onit Cost	-	_
			results for a predetermined period of time, at least 5 years. o Inventory and supply management • Two-way communication with			

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Item	Qty.	UOM	Item Description	Unit Cost	Quota (all taxes i	
No.			•		in figures	in words
			machine inventory/supply			
			management systems			
			 Assuming machine has 			
			on board inventory			
			system			
			■ Ability to			
			add/modify/withdraw			
			stocks			
			 Ability to track reagent and 			
			supply consumption			
			■ Generate reports about the			
			stock on hand			
			 Including lot numbers 			
			and dates of expiry			
			Provide warnings when the			
			reorder point is reached			
			 Ability to modify stock 			
			parameters			
			 Security 			
			Maintain list of authorized			
			laboratory personnel and			
			their permissions			
			 Require authorization 			
			by way of username			
			log-in and password			
			 Ideally with possible 			
			support for RFID or			
			biometrics-based login			
			(optional)			
			Able to maintain			
			confidentiality and			
			restrict viewing of			
			certain test results to			
			certain users/groups			

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No.			-		in figures	in words
			(ex. HIV testing results,			
			blood donor screening			
			results)			
			■ Audit Trail / Tracking of all			
			user activities			
			 Able to track changes 			
			done to the LIS and the			
			database			
			■ Provide industry level security			
			for confidential information			
			at all stages			
			Secure the integrity of the data			
			(results cannot be			
			tampered/edited after an			
			institution-described period			
			of time)			
			 Permanently archived 			
			version of any "original"			
			results prior to edits			
			 Capability to "lock 			
			results"			
			■ Provide updated anti-			
			virus/anti-malware			
			software for all			
			workstations, if applicable			
			Specific Requirements for			
			specialized modules/divisions			
			o Blood Bank			
			Ability to accept requests,			
			track the process, and			
			release results for:			
			 Blood typing 			

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No.			<u>-</u>		in figures	in words
			 Crossmatching Antibody screening Antibody identification Antiglobulin tests Ability to accept and process blood donor related data for whole blood donation and plasmapheresis Demographics Interview answers Physical exam findings Screening specimen and results ABO and Rh Typing Specific RBC phenotype (antigens/antibodies) Hemoglobin Transfusion Transmissible Infections HIV HBSAg and HCV Malaria Treponemal based assays for syphilis Others Ability to accept, retrieve, and process patient data Demographics 		in figures	in words
			Blood TypingPrevious tests done			

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No.			·		in figures	in words
			(antibody			
			screening/identification			
)			
			Previous transfusions			
			 Pending requests and 			
			units to be transfused			
			Ability to track blood unit			
			inventory (including			
			component preparations			
			(aliquots))			
			Ability to register and			
			track individual blood			
			bags			
			• Supports pack			
			return/returning of unused blood units			
			Ability to generate appropriate and reports on			
			censuses and reports on blood bank indicators			
			including indicators			
			being monitored by the			
			DOH and other agencies			
			• Ability to track transfusion			
			reactions and investigations			
			Ability to communicate with			
			analyzers in the blood bank			
			 Surgical Pathology 			
			Linkage to EMR/HIS, as			
			applicable, with specific			
			request form (different from			
			standard laboratory			
			request)			
			Can receive short			

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NO.					in figures	in words
Item No.	Qty.	UOM	clinical history/abstract Ideally can support/link to other relevant laboratory/imaging entries Additional Capabilities in the Reporting Interface: Supports free text entry with rich text formatting Indentations, font size/formatting, tables Ideally with capability for automatic spell checking (optional) Ideally supports inclusion of images and diagrams (optional) Support for multiple base report templates Areas of template supports dropdown selections / autocomplete Ex. Can load template for Pap Smear result or Thyroid result	Unit Cost		1
			Supports implementation of a standardized synoptic system such as that recommended by the College of American			

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No.			-		in figures	in words
			Pathologists (CAP) • Ideally be able to export data in a database/spreadshe et compatible format, such as XLS, CSV, XML or similar. (optional) • Additional Capabilities to the General Interface: • Capability to search by patient, by diagnosis, or by keywords • Ideally, capability to search by diagnosis/keywords with anonymized patient identifiers (optional)			
			 Molecular Laboratory Module Support for COVID testing module Patient tracking/management (with CIF forms) Support for nonCOVID results Microbiology 			
			 Can either directly interface with WHONET, or export required data in a WHONet compatible 			

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Unit Cost	(all taxes i	ncluded)
	in figures	in words
	in figures	in words

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Dean CHARLOTTE M. CHIONG, MD, PhD Chairperson

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No.			-		in figures	in words
			specimen, location, patient Antibiotic resistance reporting OTHERS			
			• 24/7 technical support • Vendor should be able to provide the following response and resolution time in case of service interruption involving their machine analyzer, including a service engineer, if necessary, and depending on the defined "Severity Level". • "Severity level 1: Complete loss of all services of the product and the situation is an emergency. The vendor will acknowledge within 30 minutes from the time that the call was logged with the vendor and shall remedy defects and / or provide a workaround within 1 hour of notification of the problem, with a permanent solution within an agreed time frame. • Response Time: 0.5 hour, • Resolution Time: 1 hour			

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BIDS & AWARDS COMMITTEE 1 (BAC 1)

Proj. Ref. No.: <u>PUR22-06-0501</u>

End-User: <u>INFORMATION TECHNOLOGY OFFICE</u>

Project: <u>SUPPLY, DELIVERY, INSTALLATION, TESTING AND</u>

COMMISSIONING OF A LABORATORY

INFORMATION SYSTEM (LIS) FOR THE PHILIPPINE

GENERAL HOSPITAL (PGH)

Contract: SINGLE BID

Approved by:

Dean CHARLOTTE M. CHIONG, MD, PhD *Chairperson*

Opening of Bids: 09 December 2022

ABC: PHP**11,000,000.00**

(Signature over Printed Name of President / Gen. Manager)

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Item	Qty.	UOM	Item Description	Unit Cost	Quotations (all taxes included)	
No.	Q 0,				in figures	in words
			time of implementation,			
			depending on timing. This serves			
			as a guide for how many and			
			what type of machines are			
			present.			
			Hospital-Owned:			
			1 x Biomerieux Vitek MS			
			1 x Biomerieux Vitek XL			
			1 x Biofire Filmarray Torch			
			■ 1 x BDMax (for COVID)			
			1 x Cepheid GeneXpert GX4			
			1 x Cepheid GeneXpert GX16			
			1 x Cepheid GeneXpert			
			■ 4 x Biorad CFX96			
			■ 3 x Panamax 48			
			2 x Thermo Fisher KingFisher			
			Flex			
			■ 1 x Qiagen QIACube			
			 Under reagent tie-up: 			
			3 x OCD Ortho Vision Max			
			1 x Terumo Spectra Optia +			
			Trima			
			1 x Fresenius Kabi Com.Tec			
			■ 2 x OCD Vitros 3600			
			■ 2 x OCD Vitros 4600			
			■ 1 x OCD Vitros 5600			
			■ 1 x OCD Vitros XT 7600			
			1 x Sebia Minicap Flex			
			■ 1 x Sebia Capillarys Octa 3			
			■ 1 x Opti Medical Opti CCA-TS2			
			■ 2 x Standard Diagnostics			
			Urometer 720			
			3 x 77 Elektronika Urised 3Pro			
			+ Labumat2			

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Item No.	Qty.	UOM	Item Description	Unit Cost	Quota (all taxes i	
NO.					in figures	in words
			■ 2 x Stago STA Compact Max 3			
			1 x Abbott Architect i2000SR			
			1 x Biomerieux Vidas			
			2 x Biomerieux Vitek 2			
			Compact			
			■ 1 x BDMax (for TB)			
			1 x Bactec Fx			
			2 x Bactec MGIT 960			
			1 x Thermo Scientific Sensitire			
			5 x Beckman Coulter DxH 900			
			2 x Stago STA Compact Max 2			
			■ 3 x Biosite GEM3500			
			■ 1 x Sysmex XN-1000			
			1 x Biomerieux BAC T Alert			
			1 x Thermo Fisher Phadia			
			100/200			
			1 x BioTek Elisa Microreader			
			ELX800			
			1 x BD FACSVia			
			1 x Beckman Coulter Access 2			
			■ 1 x Lifotronic eCL800			
			1 x Optilite Binding Site			
			■ 1 x Sysmex CS-2100i			
			1 x Roche COBAS E411			
			1 x Roche COBAS Integra 400			
			Plus			
			1 x Medica EasyLyte			
			 Support for transfer of patient and 			
			results database from current			
			laboratory information system/s to			
			new system			
			 Current systems are as follows: 			
			Marsman LMS 3.1 (Central			
			Lab)			

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NO.	lo. Qty. OOM		-		in figures	in words
			 Sysmex HCLab v1.28 (MRL system) TripodLink LIS (ABG unit/s) Document stating standard connection fee/s to be expected for any new machinery Detailed limit/s of adjusting any APIs if the hospital is to implement any new/different systems that will directly link to the HIS Ex. Data can be forwarded to HIS in a specific format, but HIS must take charge of transmission of data to any other module Ex2. Data can be forwarded directly to any available EMR / Billing / etc module using a standard HL7 or FHIR-compatible language List of compatible equipment and papers 			
	To	otal Ap	proved Budget for the Contract:	Php11,000,000.00		

TERMS AND CONDITIONS:

- 1. Delivery Period: within Ninety (90) working days upon receipt of Purchase Order (PO) working days upon receipt of Purchase Order (PO) / Notice of Award (NOA) to be delivered at the IT Office.
- 2. Three (3) years warranty on service for the LIS & one (1) year on parts (if hardware is included) after commissioning and acceptance.
- 3. On-site training at PGH (approx.. 1 week) for up to 200++ employees (lab and IT staff)

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Dean CHARLOTTE M. CHIONG, MD, PhD	_
Chairperson	

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- On-site training by a certified and trained application specialist for:
 - a. Basic use, for all end users; at least half a day
 - b. Supervisory/ report generation functions and basic maintenance/troubleshooting; at least half a day
 - c. Basic maintenance & troubleshooting for non-coding staff; at least 1 day
 - d. PGH IT staff and recommended lab personnel, for more advanced maintenance and troubleshooting; at least 5 days, or as identified by supplier

Follow up training sessions as needed, for software updates, new employees, and similar.

- 4. 24/7 technical support with response and resolution time depending on "Severity Level" as defined above by end user
- 5. Other Documentary Requirements:
 - a. Document stating standard connection fee/s to be expected for any new machinery, and recurring fees for existing machinery
 - b. Document describing protocols and limits of adjusting the system if the hospital is to implement any changes to the HIS ecosystem.
 - c. Certificate of Proof of Good Service (Signed endorsement from any existing installation/s that the provider gives quick/rapid response to any concerns or issues raised)
 - d. Required Licenses or Certification (if applicable)
 - e. Certificate of Distributorship (if applicable)
- 6. Requirements if declared as Lowest/Single Calculated Bid (as applicable):
 - a. Presentation of Technical data sheet and/or presentation of a prototype equipment within seven (7) calendar days after receipt of Notice of Lowest/Single Calculated Bid

	Approved by:
	Dean CHARLOTTE M. CHIONG, MD, PhD Chairperson
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- 7. Other Requirement/s if awarded the contract:
 - a. Required Manuals (as applicable)
 - b. Post Qualification and/or Acceptance Parameters (may be limited to visual and functional inspection and testing)
 - c. Project Schedule and Implementation work plan (described below)

Project Schedule and Implementation Work Plan

A project schedule (relative to the Notice to Proceed) shall be furnished by the Proposer showing the personnel engaged in each task, the deliverables, and the significant completion dates (days after contract start, not specific dates) for the major tasks of the project. Appropriate review periods should be indicated. An overview of the project schedule should be illustrated in a Gantt chart.

Include any anticipated risks, negative or positive, and proposed response strategies. Include the Proposer's perception of the degree of PGH participation required to complete the tasks in the Scope of Work, and when each task involving PGH participants should be completed.

The Implementation Work plan should be a task-based elaboration that is fully represented as the Scope of Services and Schedule, to include, at a minimum:

- 1. Project management coordination, resource planning, assignment of roles and responsibilities, etc.
 - a. Assistance with change management,
 - b. Schedule deviations and cost (due to downtime or transition) should be clearly communicated to PGH.
- 2. Interface planning and development for instruments and systems including connection to existing hospital information systems such as RADISH, OpenMRS and OpenERP.
- 3. Data migration and connection activities.

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- 4. System configuration and stakeholder reviews.
- 5. User and System Acceptance Test planning, including Final System Acceptance signoff followed by a ninety 90-day warranty period.
- 6. Report development
- 7. Planning for parallel operation during the warranty period, if applicable.
- 8. Training of Laboratory personnel
- 9. Go-Live assistance
- 10. Support during warranty period

Please note: In preparation of the project work plan, schedule, and resource commitments, a practical approach and realistic projection of timing is of primary importance. In addition, clearly identify where each work activity will take place (e.g., on/off-site, via remote connection, etc.)

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Chairperson	

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