

Request for Proposal (RFP)

of

Network Infrastructure Procurement

for

Northwestern Pennsylvania Telemedicine  
Initiative

01/06/2009

RURAL HEALTHCARE PILOT PROJECT  
FUNDING YEAR 2008

RFP# 00

Northwestern Pennsylvania Telemedicine Initiative  
201 State Street  
Erie, PA 16550-0001  
Attn: Val Jackson, Associate Project Director

## **i. General Information**

i.1. Introduction. The Northwestern Pennsylvania Telemedicine Initiative is requesting high bandwidth WAN connectivity via optical transport to the following rural Pennsylvania Hospitals and certain Medical Center locations (partners):

### **Main Termination Site:**

Hamot Health Foundation/Hamot Medical Center (HHF)  
Telecom Facility  
201 State Street  
Erie, PA 16550

### **Partner Locations:**

Bradford Regional Medical Center (BRMC)  
116 Interstate Parkway  
Bradford, PA 16701

Charles Cole Memorial Hospital (CCMH)  
1001 East Second Street  
Coudersport, PA 16915

Kane Community Hospital (KCH)  
4372 Route 6  
Kane, PA 16735

Kane Medical Park  
225 South St.  
Ridgway, PA 15853

Johnsonburg Health Center  
81 Clarion Road  
Johnsonburg, PA 15845

Sheffield Area Medical Center  
511 South Main St  
Sheffield, Pa 16347

i.2. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will construct a robust, secure, sustainable, WAN network that links partners in the aforementioned communities. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will utilize funding provided by the Federal Communications Commission ('FCC') under the Commission's order 07-198 ('Rural Healthcare Support Mechanism') of 19 November 2007, selecting participants for the Rural Healthcare Pilot Program, as well as matching and participatory funds as defined in the Order and provided by the Partners and their member sites and organizations.

i.3. Overview. The "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" FY08 project is designed to augment and enhance the existing wide-area networks of the Partners. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" is soliciting bids from

vendors, suppliers and service providers to provide the connectivity (carrier-based broadband transport and dedicated fiber optic cable installations).

i.4. Bidders are asked to provide proposals based on the accompanying site, routing, and technical information. Thus, "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will entertain one type of bid under this RFP:

i.5. Consolidated – One inclusive price to provide connectivity, equipment, and services for any or all of the sites, areas, or regions according to the specifications set forth in this RFP.

i.6. The RFP process will allow "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" to receive competitive offers for network development from independent telephone companies, local exchange carriers, cable operators, cabling and construction contractors, and others. These competitive offers will be judged by "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" according to the criteria set forth in Section 2.0 of this document.

## 1.0 Administrative and Procedural Information

1.1. The Rural Health Care Pilot Program ('RHCPP') of the Universal Service Fund, which is administered by the Universal Service Administrative Company (USAC), is a support program authorized by Congress and designed by the Federal Communications Commission (FCC) to encourage the development of rural broadband networks to provide advanced healthcare telecommunications capabilities and services to rural health care providers (HCPs).

1.2. **Notice:** *This project is subject to the USAC procurement rules. Vendors must meet all USAC requirements, including obtaining a Service Provider Identification Number (SPIN). "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will submit a USAC Form 465 and supporting documents to USAC who will review the documentation and will post the RFP on the USAC website. More information on bidding and posting rules can be found at <http://www.usac.org/rhc - pilot - program/vendors>.*

### 1.3. The following considerations apply to the proposal submission / review process:

1.3.1. As a convenience to the bidders, the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will accept questions regarding this RFP via email. Email is the sole means by which queries from bidders will be accepted. Questions to individual staff members via telephone, facsimile, or postal mail will not be entertained.

Responses to all questions submitted to the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" email account will be reviewed and replies will be provided within five (5) working days of receipt, and will constitute official communications from the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" project.

Any communications with "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" staff members other than via the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" provided email account should not be considered authoritative, are not binding on "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE", and may be disavowed without notice or explanation.

Please forward all questions regarding the RFP to the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" e-mail account [nwpti@hamot.org](mailto:nwpti@hamot.org). Other general questions, separate from the RFP, may also be directed to the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE," at [nwpti@hamot.org](mailto:nwpti@hamot.org) and they will be forwarded to the appropriate individual(s).

1.3.2. In the event it becomes necessary for "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" to amend, add to or delete any part of this RFP, the amendment will be posted on the USAC web site, as required by the Order and by the USAC-mandated bidding procedures.

1.3.3. Bid proposals must be received at the “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” office no later than 16:00 EDT on the USAC assigned ‘Allowable Contract Date’, as published on the USAC Web site at <http://www.usac.org/rhc-pilot-program/tools/search-postings.aspx>. *This receipt deadline requirement is a mandatory requirement and is not subject to waiver by* “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE”.

Accordingly, no bid proposals will be accepted after the date and time specified. A late bid proposal will be returned unopened to the bidder.

1.3.4. No bid proposal will be accepted by telephone, electronic mail or facsimile. The proposal receipt deadline is for actual receipt in the “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” office as identified below. Delivery, whether via postal mail or other service, must be arranged to assure arrival before the deadline set forth above.

1.3.5. Bid proposals must be mailed or otherwise physically delivered to the following address:

**NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE**  
**Hamot Health Foundation**  
**201 State Street**  
**Erie, PA 16550**  
**Attn: Hamot Information Systems**

It is strongly suggested that certified delivery services be used to verify the receipt of bids by “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE”.

1.3.6. Bid proposal packages will be opened at 09:00 EDT on the first working day following the USAC-assigned ‘Allowable Contract Date’, as published on the USAC Web site at <http://www.usac.org/rhc-pilot-program/tools/search-postings.aspx>.

“NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” reserves the right to alter the bid opening date to accommodate staff scheduling requirements or other situations that, at the sole discretion of “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE”, necessitate a change in the opening date. In no circumstance will bids be opened before the bid proposal delivery receipt deadline set forth in section 1.3.3 of this RFP.

1.3.7. The bid proposals and the evaluation documents created by “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” will remain confidential until “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” has evaluated all of the compliant bid proposals submitted in response to this RFP and the selection process is complete.

All Bidders should provide a centralized point of contact and detailed contact information in order to facilitate communications with the “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE”.

Once the evaluation and selection process is complete, the bid proposals submitted and the evaluation documents created by the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will be made available for inspection by the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" via email to the respective bidders.

#### **1.4. Bid Proposal General Requirements**

1.4.1. Failure to comply with or supply any and all information requested to accompany bid proposals may be cause for rejection of the proposal as non-compliant.

1.4.2. All bid proposals must be valid for a period of 60 days from the date of submission.

1.4.3. By submitting a bid proposal the vendor agrees to the terms and conditions contained within this RFP.

## **2.0 Proposal Evaluation**

### **2.1. Proposal and Contract Terms**

2.1.1. Vendor's response to the RFP demonstrates a clear and complete understanding of the goals of the overall project.

2.1.2. Bidder's proposition for providing the consolidated project needs – i.e., proposals that combine connectivity, hardware, and services. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" may, at its discretion, choose to acquire and to maintain its own routing and switching hardware. Bids should be itemized in such a way that proposed hardware costs can easily be identified.

2.1.3. Implementation timeline must begin no later than 15 days after the allowable contract date. Bid proposals must include a project plan and timeline detailing milestones and overall schedule. Critical path items and potential delay circumstances must be clearly identified.

2.1.4. Connectivity services – recurring service duration of up to 5 years depending upon funding availability.

2.1.5. Service Level Agreements and/or Performance guarantees, including uptime and response time guarantees. Please provide detailed SLA information in the Service Level Metrics Questionnaire section located in Appendix 1.

2.1.6. Proposed system testing and acceptance provisions will be required on all bid proposals. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" reserves the right to work in concert with vendors to develop appropriate testing and acceptance criteria for specific installations or configurations, to be defined and accepted by both parties prior to contract initiation.

2.1.7. Any contract resulting from this RFP will contain specific deliverable item acceptance provisions.

2.1.8. Bid proposals will contain acknowledgement of, and provisions for providing, USAC invoicing requirements and formats. Bidder will conform to invoicing procedures and processes as promulgated by USAC.

2.1.9. Bidder agrees to provide a project manager or other individual who will be the primary contact for all dealings with "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE".

## **2.2.1. Design Compatibility**

### **2.2.1. Connectivity Services**

2.2.1.1. Bidder's proposal accounts for existing network design within the Partner network(s) to which its bid applies, and does not require re-grooming or reconfiguration of circuits or transports not directly impacted by the project.

2.2.1.2. Bid proposals for redundant / resilient site connections will be evaluated on a cost-effectiveness basis for the specific site(s) involved, and may be accepted for a single-circuit connection on that basis. Preference will be given to solutions providing diverse laterals or multi-path facility entrance and egress.

2.2.1.3. Preference will be awarded to potential vendors who can provide the broadest flexibility in bandwidth selection and growth in the future. Additional preference will be awarded to the vendor's ability to provide rapid response to bandwidth increases or decreases.

2.2.1.4. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will consider the Service Level Agreements (SLAs) presented by the vendor and will reward SLAs that provide a higher level of performance.

2.2.1.5. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will consider the security capabilities of the proposed networking services. Vendors will be awarded for systems with perceived security strengths.

2.2.1.6. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" requires that technical and billing support is available to answer questions and resolve billing and support issues. The support does not need to be local as long as the bidder guarantees the service level meets "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" requirements.

Vendor will be required to identify and maintain dedicated contact persons readily accessible during normal business hours for NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE. Their responsibilities will include but not be limited to billing problem resolution, coordination of service orders, facility identification and problem coordination, engineering and support, as necessary to assure effective delivery of the service to NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE.

### **2.2.2. Hardware Components**

2.2.2.1. Bidder's proposal for hardware meets the stated requirements of the RFP in all respects without substitution or alteration of required functionality.

2.2.2.2. Bidder's proposal accounts for existing hardware components and network logical and physical topology, and does not impose restrictions or reconfiguration requirements to accommodate specifications of proposed equipment that do not meet RFP requirements.

2.2.2.3. Bidder's proposal includes all maintenance and support.

2.2.2.4. Bidder shall staff a trouble reporting and repair facility 24 hours a day, 365 days a year. Bidder shall provide with the RFP response a description of its trouble tracking system, and a detailed explanation of its escalation procedures.

2.2.2.5. The bidder shall provide a guarantee that all critical components in the proposed network are redundant such that normal operations cannot be interrupted by a failure of a single component.

2.2.2.6. Bidder's proposal includes only those installation and configuration services specifically requested in the RFP.

### **2.3. Provider / Vendor Qualifications**

2.3.1. Bidder possesses the ability to provide proposed services or products in the manner and within the timeline(s) specified in the RFP, as determined by "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE", based on:

2.3.1.1. References provided;

2.3.1.2. Reputation in the industry;

2.3.1.3. Past performance in the experience of one or more of the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" partners;

2.3.1.4. Objective qualifications of key staff and proposed project personnel;

2.3.1.5. Bidder's proposal includes only those installation and configuration services specifically requested in the RFP.

2.3.1.6. Bidder agrees to provide customer references in suitable form that meets, at a minimum, the format included in the Bidder References and Qualifications Form located in Appendix 2.

2.3.1.7. Bidder agrees to provide detailed answers to the Bidder RFP Questionnaire located in Appendix 3.

### **2.4. Cost**

2.4.1. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will select the most cost effective bid or bids presented, whether that is a consolidated bid for all sites in the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" consortium, as defined herein, all sites within a Partner's region, or site-by-site bids for connectivity.

2.4.2. Bid proposals must identify all costs associated with the proposed solution, including design, installation, configuration, maintenance, and monthly recurring costs.

2.4.2.1. Implementation fees, including one-time connection or provisioning charges, hardware costs.

2.4.2.2. Monthly recurring charges amortized over the period of the proposed contract, for transmission at the proposed bandwidth, port charges, transport charges, taxes, fees, and assessments.

2.4.2.3. Contract termination provisions, including specific penalties, if any, for early termination by "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE".

2.4.2.4. Purchase price for each unit. Bundled pricing may be cited, but individual components must be identified and detailed pricing provided.

2.4.2.5. Shipping costs for each unit or shipment.

2.4.2.6. Design, engineering, configuration and installation charges.

2.4.2.7. Taxes, permits, fees, licenses.

2.4.2.8. Maintenance and/or support charges for the proposed contract period.

2.4.3. All costs may not qualify for RHCPP funding, so it is critical that accurate, detailed cost information be provided for all portions of the bid proposal.

## **2.5. Evaluation and Decision**

2.5.1. The selection will be based on all factors indicated in this chapter, and may not go to the lowest bidder if cost is outweighed by a combination of other features in the winning vendor's bid.

2.5.2. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" reserves the right to select bid proposals which, in the sole judgment of "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE", most nearly conforms to the specifications set forth herein, will best serve the needs of "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" and its Partners and participants, and provides the most cost-effective means for producing those results.

2.5.3. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" reserves the right to waive any and all issues of form or presentation in considering bid presentations for acceptance or rejection, if, in the sole opinion of "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE", such waiver is in the best interests of the project.

2.5.4. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" is not responsible for any costs incurred by a vendor related to the preparation or delivery of the bid proposal, or any other activities carried out by the vendor as it relates to this RFP.

2.5.5. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" is not obligated to accept any proposal received in response to this RFP. In particular, "NORTHWESTERN

PENNSYLVANIA TELEMEDICINE INITIATIVE” may accept received proposals in whole or in part, or it may reject all proposals received.

2.5.6. Changes in applicable laws and rules may affect the award process or any resulting contracts. Vendors are responsible for ascertaining pertinent legal requirements and restrictions. Vendors are encouraged to visit the official Federal websites pertaining to the Pilot Project, at <http://www.lifelinesupport.org/rhc-pilot-program/> and <http://www.fcc.gov/cgb/rural/rhcp.html>.

2.5.7. The selection decisions made by “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” and reported to USAC under this RFP are final, and appeals or re-submissions will not be considered.

### 3.0 Technical Site Information, Routing, Work Performance

3.1. The “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” project consists of the addition of WAN connectivity and necessary hardware to “7” sites in “Pennsylvania”, in support of the project’s selection as a participant on the FCC Rural Healthcare Pilot Program.

3.2. Bidders are cautioned that some sites are currently utilizing circuits funded in part by the Rural Health Care Program, administered by USAC. All connectivity bids solicited under this RFP are for newly-provisioned circuits. No bid may include any change, updating, or “re-grooming” of any circuit currently being funded by the Rural Health Care Program. Bids failing to meet these requirements will be rejected without further consideration.

3.3. Vendors are being asked to provide the *most feasible and cost-effective solution for providing secure and high speed connectivity* to each location specified. Vendor is asked to leverage existing infrastructure where possible. At a minimum, we are seeking 50mbps bandwidth to each regional location and at least 100mbps to the main demarcation at Hamot Medical Center.

3.3.1. End-to-end fiber optic cable installation between the facility-designated telecommunications demarcation point in both sites of each site pair is desired but not required. If internet delivery is proposed, it should provide symmetrical bandwidth and specify all necessary hardware and software to secure the connections. Please also provide the name of the core backbone provider and the respective IP type of service. Any routing and installation particulars are to be determined by the bidder in accordance with the specifications below, and must be described in the bid proposal.

3.3.2. Dedicated fiber installation bids are to include all labor and materials needed for the installation of the specified fiber connectivity, including site survey, engineering, fiber installation, and termination.

3.3.3. The vendor will obtain permits from departments and/or agencies of cities, state, county, and federal government, railroads, or other entities which provide for the placement of facilities within their respective rights of way.

3.3.4. The vendor will provide easements for construction on private lands, as needed. Any and all easements must be approved by “NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE” prior to implementation. It is preferred that all easements be one time, advance payments with no recurring charges.

3.3.5. The preferred method of external fiber installation will be of cable-in-duct construction, using single-mode fiber optic cable. Installation bids specifying direct-buried cables and/or multi-mode fiber, while not preferred, will be considered on a case by case basis. The installation method must be specified in the bid.

3.3.6. All fiber installation will be installed and tested in accordance with industry-standard practices, including but not limited to the standards promulgated in the National Electrical Safety

Code IEEE C-2, NFPA 70, TIA-590-A, and TIA-758-A, all as amended. Installation will meet all local building and electrical codes.

3.3.7. One hundred percent (100%) of all fiber optic media must be tested in accordance with TIA/EIA-568-B.1, TIA/EIA-568-B.3, and TIA-526-7 (single mode). OTDR instrument must be calibrated to show anomalies of .02dB minimum, with photographic or digitized traces provided to the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" site contact.

3.3.8. The desired means of service delivery will be optical fiber. Wide area network handoff will be an RJ45, twisted pair connection (Category 6 media-GIG Ethernet over copper) or 1000Base-SX optical fiber. Intercity transport must be provided via redundant optical rings with lateral terminations. Diverse lateral entry will be considered favorable. The selected vendor will provide documented confirmation of the redundant network transport portion(s).

3.3.9. Over the life of the contract term, it is likely that locations will need to increase the bandwidth available for data communications. Vendors providing the greatest flexibility in upgrading services will be ranked favorably.

3.3.10. Each location will have the fiber terminated at the Telco demarcation point or the local Information Technology computer room at the discretion of the site coordinator. Site visits will not be permitted at this time. Estimates for onsite facility installation must be a "not to exceed estimate" based on an average internal 1000 ft cabling path. The final vendor(s) selected will be encouraged to make site visits to finalize their facility cable costs.

3.3.11. Procurement, installation, and maintenance of Network Hardware/software and any qualifying monthly recurring fees at each site specified by the NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE proposal should be included.

Hardware and software may include but are not limited to:

- 1) Costs for switches, routers, and UPS's at each site.
- 2) Costs of any maintenance contracts or monthly recurring fees.
- 3) Network Security and Firewall Solutions

3.3.12. Separate prices for each location termination, including monthly service costs, will be provided by the vendor.

### **3.4. Hardware Requirements**

3.4.1. Vendor equipment installed at each site must have the ability to support the hand off of multiple physical ports.

3.4.2. Vendor equipment must be compatible with existing network hardware in the "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" region on a functional, configuration, and physical level.

3.4.3. Monthly hardware and maintenance costs should be itemized separately from the monthly recurring costs for the proposed services.

3.4.4. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" reserves the right to select and maintain its own routing/switching equipment for the proposed network solution. Bidder should prepare bids in such a way as to itemize any recurring costs specifically for hardware acquisition and on-going hardware maintenance fees. "NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE" will make the final determination as to whether the hardware will be part of proposed solution or not.

## **3.5. Site Requirements**

### **3.5.1. Environmental**

3.5.1.1 The Contractor shall be responsible for materials and substances brought to the job site. The Contractor will be responsible for hazardous waste management in accordance with the Resource Conservation and Recovery Act (RCRA) and hazardous materials management in accordance with the Toxic Substance Control Act (TSCA).

3.5.1.2. All contractors, subcontractors, and sub-subcontractors and their employees performing work for NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE must comply with state and federal regulations. These guidelines included here are representative, and not all inclusive.

### **3.5.2. NEC & NFPA**

3.5.2.1. Communication bonding and grounding shall be in accordance with the NEC and NFPA. All terminating equipment including Fiber optic terminating enclosures must be grounded whether wall mounted or rack mounted.

3.5.2.2. All communications cabling used throughout this project shall comply with the requirements as outlined in the National Electric Code (NEC) article 760 and the appropriate local codes. All cabling shall bear CMP (Plenum Rated), CM/CMR (Riser Rated) and/or appropriate markings for the environment in which they are installed. All fiber optic cabling shall meet/exceed Gigabit Ethernet standards as set forth in IEEE 802.3z.

3.5.2.3. Sealing of openings between floors, through rated fire and smoke walls, existing or created by the contractor for cable pass through shall be the responsibility of the contractor. Sealing material and application of this material shall be accomplished in such a manner, which is acceptable to the local fire and building authorities having jurisdiction over this work. Creation of such openings as are necessary for cable passage between locations shall be the responsibility of the contractor's work. Any openings created by or for the contractor and left unused shall also be sealed as part of this work.

### **3.5.3. Infection Control**

3.5.3.1. The selected vendor will participate in an Infection Control Risk Assessment (ICRA) at each facility. While the ICRA is the responsibility of the facility owner complete, input from the design and construction professionals is critical for an effective assessment. The ICRA is used to determine the potential risks of transmission and infection of various agents caused by the new construction.

3.5.3.2. The ICRA is to be initiated in design and planning phases of construction projects, continuing through the actual construction and renovation of the health care construction project, to minimize conditions that may be hazardous to patients located in nearby areas.

### **3.5.4. Contractor Site Operations**

3.5.4.1. The contractor shall be responsible for damage to any surfaces or work disrupted as a result of his work. Repair of surfaces, including painting, shall be included as necessary. Damaged ceiling tiles shall be replaced with identical materials.

3.5.4.2. Construction operations and staging is limited to areas identified by NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE or local hospital project coordinator.

3.5.4.3. Time restrictions may limit conduct of noisy work to the hours established by the local hospital. The Contractor may conduct on-site activities that do not involve loud or disruptive operations during day light work hours. Coordinate extended hours of work with the Local Project Coordinator. (The PC will notify Hospital Security & Facility Maintenance of Contractor working hours.)

3.5.4.4. From the commencement of work and until final acceptance by NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE of any work specified, Contractor will be required to initiate and maintain measures which shall be proper and adequate to protect the building and its contents against damage by the elements. At no time shall the Contractor leave the building exposed.

3.5.4.5. The contractor will maintain areas free of waste materials, debris, and rubbish. Maintain site in a clean and orderly condition. Additionally, the contractor will remove debris and rubbish from pipe chases, plenums, attics, crawl spaces, and other closed or remote spaces, prior to enclosing the space.

3.5.4.6. The contractor will assure broom cleaning once per day in exterior locations and vacuum clean of interior areas with HEPA filtered equipment during work to eliminate dust. Any longer term activities will include the collect and remove all non-hazardous waste materials, debris, and rubbish from site at least once per week and dispose off-site.

3.5.4.7. The contractor will comply with any unique requirements of the local hospital to assure patient safety appropriate employee work environments.

## Appendix 1 - Service Level Metrics Questionnaire

This Questionnaire details minimum service level agreement (SLA) metrics that NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE expects the selected Vendor to meet or exceed for network services.

Some of the responses may vary based on the type of implementation and support options quoted.

Description	Metric	Target Levels	Response (Y/N)	Vendor Comments
Availability & Performance				
	End-to-End network availability measured at the end of each month	>99.995%		
	End-to-End Round Trip propagation delay (maximum), between MAN active electronics	<15ms		
Management and Prioritization				
	Average monthly packet loss rate	<.05%		
	Delay variation	NTE 5%		
	Mean time to restore service (depending on options quoted)	2 hours		
Backup & Recovery				
	Restoration of failed hardware and software (depends on SLA)	100%		
	Backups of all configurations on a monthly basis (depends on SLA)	100%		
Capacity Planning				
	Provide circuit utilization on a periodic basis. Information should show, by hour on a 24-hour basis, peak and average utilization of each circuit. The following information will be required on each circuit: <ul style="list-style-type: none"> <li>- Peak and average utilization</li> <li>- Frequency and duration of congestion</li> <li>- Remote site activity by socket type during congestion period</li> <li>- PE Packet Loss Ratio</li> <li>- CE Packet Loss Ratio</li> <li>- Active electronics CPU Utilization (24 hr peak and avg utilization)</li> </ul>	100%		
	Time to implement increased/enhanced bandwidth as required/requested by NORTHWESTERN PENNSYLVANIA	< 1 Month		

	TELEMEDICINE INITIATIVE			
Change Management				
	Ensure that technical changes are assessed for risk to NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE	100%		
	Provide NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE with at least two weeks notice of proposed network maintenance that has the potential of interruption of service	100%		
	In partnership with NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE, maintain change control procedures for all hardware and software.	100%		
Disaster Recovery				
	In partnership with NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE, develop, maintain, and test disaster recovery and contingency plans for MAN services	100%		
	Assess the viability of the plan and update once per annum.	100%		
Security				
	In partnership with NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE, set up access control and security procedures	100%		
	Provide monitoring and reporting services for unauthorized access attempts.	100%		
	Review security policies and procedures with NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE at least once per annum.	100%		
Network Operations/Support				
	Provide 7x24 hours end-to-end monitoring and management capability.	100%		
	Provide proactive planning engineering support for NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE	100%		

	technical staff.			
	Work with NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE technical staff and other vendors to provide problem resolution.	100%		
	Provide technical management representative to attend periodic Service Level reviews with NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE technical staff.	100%		
	Provide ongoing training to NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE on the support and maintenance of the network.	100%		
	Develop a network troubleshooting guide, and update as needed.	100%		
<b>Network Tools</b>				
	Provide/Maintain end-to-end real-time network management and administration toolset.	100%		
	Inform NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE of all new capabilities, functionalities, and enhancements to Network Management Toolsets	100%		
<b>Escalation and Notification</b>				
	Notify NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE of catastrophic failure immediately	100%		
	Notify NORTHWESTERN PENNSYLVANIA TELEMEDICINE INITIATIVE of individual site/link down immediately	100%		
	Provide 24x7 contact/help desk for network issues	100%		

## **Appendix 2 - Bidder References and Qualifications Form**

Provide two references of similar scope. Include reference name, initial service date, address, telephone number, and contact name. These are to be references of the Bidder, not an agent or reseller. In the event sub-Bidders are named in this project, like references are required for each sub-Bidder.

Basic guidelines: References must be for customers with at least two (2) locations receiving services similar to the scope and nature of the services called for in this RFP.

Return this form with an authorized signature acknowledging the above criteria.

### **Required Reference 1**

**Name:**

**Address:**

**City, State, Zip:**

**Contact Name:**

**Contact Phone Number:**

**Initial Service Date:**

Description of the services provided to referenced client:

### **Required Reference 2**

**Name:**

**Address:**

**City, State, Zip:**

**Contact Name:**

**Contact Phone Number:**

**Initial Service Date:**

Description of the services provided to referenced client:

### **Optional Reference 3**

**Name:**

**Address:**

**City, State, Zip:**

**Contact Name:**

**Contact Phone Number:**

**Initial Service Date:**

Description of the services provided to referenced client:

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Authorized Signature

---

Printed Name

---

Date

### Appendix 3 - Bidder RFP Questionnaire

Bidders shall provide a written answer for each question in this section. Do not skip questions. If using supplemental pages, reference the section number being addressed.

Question	Vendor Response
1. What is your primary support and maintenance model?	
2. Do any of the installation and support options we are requesting not fit into your business model?	
3. What is your primary implementation model (End to end ownership or 3 <sup>rd</sup> party/last mile partnerships)?	
4. How many installations of similar design have you installed?	
5. How many years has your company been offering these types of services?	
6. Do you have any industry partners that are part of your solution?	
7. Do you offer Network performance monitoring and trending data to your customers?	
8. How much of the work will be performed by your company, and how much by subcontractors?	
9. Describe in detail how your company will provide service to Hamot Health Foundation. Include details on how the account team will be organized, the responsibilities of each team member and who the local single point of contact will be. Describe the escalation process that Hamot Health Foundation can use if the account team is not meeting the business requirements.	
10. Can you provide a demonstration network or tour of existing installation?	
11. What speeds (real) will be realized on each link?	
12. What amount of network overhead can be expected?	
13. How can new sites be added (plan and costing)?	
14. How can this solution be upgraded over time?	
15. How will you ensure the network is running per specification and is integrated with existing components?	
16. Is this a proprietary solution?	
17. What other services beyond what has been requested can you provide (explain)?	
18. Will you be utilizing the installed infrastructure in any way for use other than with Hamot Medical Center?	
19. Do you provide for a discount for long-term contracts?	
20. How do you enable QOS throughout this solution?	
21. Is this 100% compatible with a Cisco network?	
22. Do you support 802.1Q trunking?	
23. What protocols does this infrastructure support?	
24. Describe your security scheme.	