

**Lee County Board Of County Commissioners  
Agenda Item Summary**

**Blue Sheet No. 20020206**

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Approve the award of Formal Proposal P-010573, The Purchase of an Electronic Data Collection System, for the Lee County Division of Public Safety, to the low proposer meeting all specification requirements, HealthWare Solutions, for a grand total amount of \$384,632.00. Also approve the award of Options A, B, C, and D at the prices listed/circled on the attached Lee County Tabulation Sheet. Authority is also requested to expend the funds necessary for the annual maintenance and support costs for the life of the system (at current prices, annual maintenance costs would be approximately \$15,600.00).

**WHY ACTION IS NECESSARY:** According to Section 9.4.1 of the Lee County Purchasing & Payment Procedures Manual, approved by the Board on 3/21/00, purchases over \$50,000.00 must be approved by the Board.

**WHAT ACTION ACCOMPLISHES:** Enables Lee County EMS to remain in compliance with Bureau of EMS matching grant program guidelines. Will also improve productivity by enabling paramedic crews to capture patient data at the point of service using handheld computers.

**2. DEPARTMENTAL CATEGORY:  
COMMISSION DISTRICT #**

*C7A*

**3. MEETING DATE:**

*03-12-2002*

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:  
(Specify)**

- STATUTE
- ORDINANCE
- ADMIN. AC-4-1
- CODE
- OTHER

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER \_\_\_\_\_
- B. DEPARTMENT \_\_\_\_\_
- C. DIVISION Public Safety

BY: John Wilson, Director *JW*

**7. BACKGROUND:**

--BACKGROUND BEGINS ON PAGE TWO--

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>[Signature]</i> 2/28/02	<i>[Signature]</i> 2-27-02	<i>N/A</i>	<i>N/A</i>	<i>[Signature]</i> 2/28/02	OA <i>[Signature]</i> 2/28/02	OM <i>[Signature]</i> 2/28/02	Risk <i>[Signature]</i> 2/28/02	GC <i>[Signature]</i> 2-28-02	<i>[Signature]</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

REC'D.  
by CO. ATTY.  
*2/28/02*  
*[Signature]*  
CO. ATTY.  
FORWARDED TO:  
*[Signature]*  
*2/28/02 2:15 PM*

REC'D.  
CO. ATTY.  
*2/28 200*  
COUNTY ADMIN.  
FORWARDED TO:  
*2/28 430*

--BACKGROUND CONTINUED FROM PAGE ONE--

On December 6, 2001, the Division of Purchasing received a request from the Lee County Division of Public Safety to initiate the process to solicit proposals for the procurement of an electronic data collection system. The anticipated cost and complexity of this procurement required the use of the two-step formal proposal procedure.

This request to initiate the process came about as a result of the following:

\*The Board initially approved and accepted EMS Matching Grant funds in the amount of \$176,946.41 to purchase an electronic data collection system at the July 24, 2001 meeting.

\*An electronic data collection system will assist EMS in the collection and management of patient data collected in the pre-hospital environment. The benefits of such a system include:

- \*Improved accuracy and completeness of data through field capture.
- \*Assistance in the measurement of protocol compliance.
- \*Assistance in the measurement of patient outcome.
- \*Creation and maintenance of a centralized repository of call and patient data.
- \*Reduced clerical delay and data entry.
- \*Increased productivity at all levels in the organization.

\*Such a system provides error checking and data validation in the field to ensure higher quality reporting and significantly reducing errors. It captures complete patient and call data; including patient demographics, medical history, vital signs, scene details, billing information, assessments, treatments provided, etc. The software provides the means to capture and manage information from the handheld computers for use in ad hoc reporting and transfer to other sections in EMS such as billing and quality improvement/assurance.

Sealed two-step proposals were received by the Division of Purchasing on February 5, 2002. On that date, seven (7) responses were received, of which four (4) were "No Bids". It should be noted that only the packages marked "Step One" were opened on February 5<sup>th</sup>. The Step One packages opened were from HealthWare Solutions; Pen-Age Technologies; and Med Media. (It was necessary to disqualify Med Media at this point due to the fact that they failed to acknowledge Addendums #1 and #2 which materially affected the content and pricing of the project.)

An evaluation committee consisting of representatives from Public Safety, ITG, and Purchasing met on February 11, 2002 to review the Step One proposal packages from HealthWare Solutions and Pen-Age Technologies. Both of these firms were deemed qualified to proceed to step two of the process where pricing would be revealed and award would be made to the vendor offering the lowest grand total price for a turn-key system.

The Step Two packages from HealthWare Solutions and Pen-Age Technologies were opened on February 19, 2002. The results of this opening have been thoroughly reviewed, and a recommendation is being made to award the proposal to the overall low proposer meeting specifications, Healthware Solutions, per the prices on the attached Lee County tabulation sheet.

Funding is available as follows: 12064513816.503460 – Data Processing; 14064500100.503460 – Data Processing; 12064513816.506410 – Furniture & Equipment; 14064500100.506410 – Furniture & Equipment; KF5260100100.506410 – Furniture & Equipment.

PLEASE SEE ATTACHMENTS:

- (1) Tabulation Sheet – Step 1: Qualifications
- (2) Tabulation Sheet – Step 2: Pricing
- (3) Division's Request for Proposals
- (4) Specifications – Step 1: Qualifications
- (5) Specifications – Step 2: Pricing
- (6) HealthWare Solutions' Proposal – Step 1: Qualifications
- (7) HealthWare Solutions' Proposal – Step 2: Pricing
- (8) Division's Recommendation of Award



FORMAL PROPOSAL #P-010573		LEE COUNTY, FLORIDA TABULATION SHEET	
OPENING DATE: 2/19/02		FOR	
BUYER: BOB FRANCESCHINI		AN ELECTRONIC DATA COLLECTION SYSTEM FOR LEE COUNTY EMS - STEP TWO: PRICING	
VENDORS			
	HEALTH WARE SOLUTIONS	PEN-AGE TECHNOLOGIES, INC.	
TOTAL COST OF THE SOFTWARE AS SPECIFIED IN STEP ONE:	\$ 87,120.00	\$ 97,642.00	
TOTAL COST OF THE HARDWARE AS SPECIFIED IN STEP ONE:	\$ 281,920.00	\$ 277,195.00	
ANNUAL COST FOR MAINTENANCE & SUPPORT (ONE YEAR) AS SPECIFIED IN STEP 1:	\$ 15,592.00	\$ 14,667.00	
GRAND TOTAL COST FOR SOFTWARE, HARDWARE, & ANNUAL MAINTENANCE & SUPPORT AS SPECIFIED IN STEP ONE:	\$ 384,632.00	\$ 389,504.00	
OPTION - A: ADDITIONAL FIELD UNIT PACKAGES - COST PER PACKAGE:	\$ 7,837.00	\$ 8,304.00	
PACKAGE PRICING IS FIRM FOR WHAT NUMBER OF YEARS?	ONE (1)	ONE (1)	
OPTION - B: TWO (2) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS-THREE (3) YEARS TOTAL - COST PER UNIT FOR TWO(2) YEAR EXTENDED WARRANTY	\$ 475.00	\$ 500.00	
OPTION - C: ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS-FOUR (4) YEARS TOTAL - COST PER UNIT FOR ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY:	\$ 250.00	\$ 250.00	
OPTION - D: ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS- FIVE (5) YEARS TOTAL- COST PER UNIT FOR ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY:	\$ 250.00	\$ 300.00	
DELIVERED WITHIN HOW MANY CALENDAR DAYS?	NINETY (90)	SIXTY (60)	
DELIVER WITH OWN VEHICLES?	NO	NO	
MODIFICATIONS:	NO	NO	
QUOTE SIGNED:	YES	YES	
ADDENDUM #1 ACKNOWLEDGED?	YES	YES	
ADDENDUM #2 ACKNOWLEDGED?	YES	YES	

**ATTACHMENT # 3**

**From:** John Wilson  
**To:** RFranceschini.LEEPO01.LEEDOM1  
**Date:** 12/6/01 7:03AM  
**Subject:** EMS Paperless Run Report

Bob,

Please consider this email the go ahead from Public Safety to initiate the bidding process for a paperless run report system for Lee County EMS.

Thank you for all your help on this project.

John Wilson, Director, Lee County Public Safety

**CC:** CHRISH.LEEPO01.LEEDOM1,WAYNEL.LEEPO01.LEEDOM1



# ATTACHMENT #4

PROJECT NO.: P-010573

OPEN DATE: JANUARY 15, 2002

AND TIME: 2:30 P.M.

PRE-PROPOSAL MEETING:

DATE: JANUARY 3, 2002

TIME: 10:00 A.M.

LOCATION: 3434 HANCOCK BRIDGE  
PKWY, 3<sup>RD</sup> FL, N. FT. MYERS, FL

## REQUEST FOR PROPOSALS (STEP ONE – QUALIFICATIONS)

### TITLE:

ELECTRONIC DATA COLLECTION SYSTEM FOR LEE  
COUNTY EMS

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
DIVISION OF PURCHASING  
3434 HANCOCK BRIDGE PKWY., 3<sup>RD</sup> FLOOR  
P.O. BOX 398  
FORT MYERS, FL 33902-0398

BUYER: BOB FRANCESCHINI, C.P.M., CPPB  
PURCHASING AGENT  
PHONE NO.: (941) 689-7385



LEE COUNTY  
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: \_\_\_\_\_

Bob Janes  
District One

Douglas R. St. Cerny     January 3, 2002  
District Two

Ray Judah  
District Three

Proposal No.: P-010573

Andrew W. Coy  
District Four

John E. Albion  
District Five

Donald D. Stilwell  
County Manager

James G. Yaeger  
County Attorney

Diana M. Parker  
County Hearing  
Examiner

LEE COUNTY ADDENDUM NUMBER ONE  
TO THE SPECIFICATIONS FOR AN  
ELECTRONIC DATA COLLECTION SYSTEM FOR LEE COUNTY EMS

QUOTERS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL PRICE FORM (PAGE 8 IN STEP ONE & PAGE 8 IN STEP TWO).

The original specifications and other contract documents are amended as noted below:

It has been brought to Lee County's attention that two pages were inadvertently left out of Attachment #6.

The two missing pages are attached for vendor reference and inclusion in the specifications.

If there are any questions regarding this addendum, please contact Bob Franceschini at (941) 689-7385.

DIVISION OF PURCHASING SERVICES

Robert D. Franceschini, C.P.M., CPPB  
Purchasing Agent

cc:     Chris Hansen/Lee County Public Safety  
       Lisa Pierce/Clerk's Office Minutes

BLS TREATMENT				ALS TREATMENT				MEDICATIONS				CREW MEMBER #1			CREW MEMBER #2			CREW MEMBER #3					
Primary Survey	CM1	CM2	CM3	Blood Drawn	CM1	CM2	CM3	Adenosine	CM1	CM2	CM3												
Secondary Survey	CM1	CM2	CM3	Glucose Test	CM1	CM2	CM3	Aminophylline	CM1	CM2	CM3												
Monitor Vitals	CM1	CM2	CM3	Cardiac Pacing	CM1	CM2	CM3	Atropine	CM1	CM2	CM3												
Oxygen	CM1	CM2	CM3	Cardiac Monitor	CM1	CM2	CM3	Bicarb	CM1	CM2	CM3	E	0	0	0	0	0	0	0	0	0		
Abdom/Chest Thrust	CM1	CM2	CM3	Cardioversion	CM1	CM2	CM3	Bretylium	CM1	CM2	CM3	P	1	1	1	1	1	1	1	1	1		
Airway - Manual	CM1	CM2	CM3	Chest Decomprsn	CM1	CM2	CM3	Calcium	CM1	CM2	CM3	FL	2	2	2	2	2	2	2	2	2		
Airway - Oral/Nasal	CM1	CM2	CM3	Cricothyrotomy	CM1	CM2	CM3	Charcoal	CM1	CM2	CM3	TR	3	3	3	3	3	3	3	3	3		
Bandage/Hem. Control	CM1	CM2	CM3	Defibrillation	CM1	CM2	CM3	Dextrose 50%	CM1	CM2	CM3	S	4	4	4	4	4	4	4	4	4		
Burn Sheet	CM1	CM2	CM3	ECG/A	CM1	CM2	CM3	Diphenhydramine	CM1	CM2	CM3	AD	5	5	5	5	5	5	5	5	5		
Chest Dressing	CM1	CM2	CM3	EOA	CM1	CM2	CM3	Dopamine	CM1	CM2	CM3	ST	6	6	6	6	6	6	6	6	6		
Chest Splint	CM1	CM2	CM3	ETCO2 Monitor	CM1	CM2	CM3	Epi 1:1000	CM1	CM2	CM3		7	7	7	7	7	7	7	7	7		
CPR	CM1	CM2	CM3	Injection IM/SQ	CM1	CM2	CM3	Epi 1:10000	CM1	CM2	CM3		8	8	8	8	8	8	8	8	8		
Mech. CPR	CM1	CM2	CM3	Intub-Biluminal	CM1	CM2	CM3	Furosemide	CM1	CM2	CM3	RF	9	9	9	9	9	9	9	9	9		
SAED	CM1	CM2	CM3	Intubation - Nasal	CM1	CM2	CM3	Ipecac	CM1	CM2	CM3												
Extrication	CM1	CM2	CM3	Intubation - Oral	CM1	CM2	CM3	Lidocaine/Bolus	CM1	CM2	CM3												
Irrigation	CM1	CM2	CM3	IV - Monitor	CM1	CM2	CM3	Lidocaine/Inf.	CM1	CM2	CM3	Airway OP/NP	1	2	3	4							
MAST - Appld/Infltd	CM1	CM2	CM3	IV - Central	CM1	CM2	CM3	Mag. Sulfate	CM1	CM2	CM3	Chest Decompression	1	2	3	4							
OB Delivery	CM1	CM2	CM3	IV - Peripheral	CM1	CM2	CM3	Morphine	CM1	CM2	CM3	EOA	1	2	3	4							
Restraints	CM1	CM2	CM3	IV - Umbilical	CM1	CM2	CM3	Naloxone	CM1	CM2	CM3	Intubation-Nasal	1	2	3	4	CM1	CM2	Mask, Clear Face	0	0	0	0
Armboard	CM1	CM2	CM3	IV - Intraosseous	CM1	CM2	CM3	Nifedipine	CM1	CM2	CM3	Intubation-Oral	1	2	3	4	CM1	CM2	Mask, Non-Rebreather	1	1	1	1
Backboard	CM1	CM2	CM3	Medication Admin	CM1	CM2	CM3	Nitroglycerin	CM1	CM2	CM3	IV-Central	1	2	3	4	CM1	CM2	Mask, Venturi	2	2	2	2
C-Collar	CM1	CM2	CM3	NG Tube	CM1	CM2	CM3	Other Cardiac	CM1	CM2	CM3	IV-Peripheral	1	2	3	4	CM1	CM2	Mouth	3	3	3	3
HID	CM1	CM2	CM3	Pulse Oximetry	CM1	CM2	CM3	Proventil	CM1	CM2	CM3	IV-Umbilical	1	2	3	4	CM1	CM2	Nasal Cannula	4	4	4	4
KED	CM1	CM2	CM3	Tracheotomy	CM1	CM2	CM3	Saline/MDV	CM1	CM2	CM3	IV-Intraosseous	1	2	3	4	CM1	CM2	Ventilator	5	5	5	5
Manual Immob.	CM1	CM2	CM3	Urinary Catheter	CM1	CM2	CM3	Thiamine	CM1	CM2	CM3	Cricothyrotomy	S	U	CM1	CM2	CM3	BVM	6	6	6	6	
Straps	CM1	CM2	CM3	Vagal Maneuver	CM1	CM2	CM3	Thrombolytic	CM1	CM2	CM3	Cardioversion	S	U	CM1	CM2	CM3	Nebulizer	7	7	7	7	
Splint - Rigid/Air	CM1	CM2	CM3	Other ALS	CM1	CM2	CM3	Valium	CM1	CM2	CM3	Defibrillation	S	U									
Splint Traction	CM1	CM2	CM3					Verapamil	CM1	CM2	CM3	Pacing	S	U									
Suction	CM1	CM2	CM3					Other	CM1	CM2	CM3	SAED	S	U									
Other BLS	CM1	CM2	CM3																				

PATIENT TRANSPORTED TO/PATIENT TRANSPORTED FROM			PATIENT TRANSPORTED BY		
<input type="checkbox"/> All Children's Hospital <input type="checkbox"/> Bay Pines VA Hospital <input type="checkbox"/> Beacon-Donagan Manor <input type="checkbox"/> Calusa Harbour Hlth Cntr. <input type="checkbox"/> Cape Coral Hospital <input type="checkbox"/> Cape Coral Nurs. Pavilion <input type="checkbox"/> Charter Glade Hospital <input type="checkbox"/> Coral Trace Manor <input type="checkbox"/> Cross Key Manor <input type="checkbox"/> Cypress Manor <input type="checkbox"/> East Pointe Hospital	<input type="checkbox"/> Englewood Hospital <input type="checkbox"/> Fawcett Memorial Hospital <input type="checkbox"/> Ft. Myers Care Center <input type="checkbox"/> Gulf Coast Hospital <input type="checkbox"/> Gulf Coast Vill. Care Center <input type="checkbox"/> Heartland Hlth Center <input type="checkbox"/> Lee Conv. Center <input type="checkbox"/> Lee Memorial Health Park <input type="checkbox"/> Lee Memorial Hospital <input type="checkbox"/> Medical Center Hospital <input type="checkbox"/> Naples Comm. Hospital	<input type="checkbox"/> North Collier Hospital <input type="checkbox"/> Pines Vill. Care Center <input type="checkbox"/> Sarasota Memorial Hosp. <input type="checkbox"/> Shady Rest Nurs. Home <input type="checkbox"/> Shands Hospital <input type="checkbox"/> Shell Point Nurs. Pavilion <input type="checkbox"/> St. Josephs Hospital <input type="checkbox"/> SWFRMC <input type="checkbox"/> Tampa General Hospital <input type="checkbox"/> Venice Hospital	<input type="checkbox"/> Private <input type="checkbox"/> Ambulance <input type="checkbox"/> Other Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Water <input type="checkbox"/> Other	<input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police <input type="checkbox"/> Fire/Police	<input type="checkbox"/> Private <input type="checkbox"/> Ambulance <input type="checkbox"/> Other Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Water <input type="checkbox"/> Other

MEDICATIONS USED																							
Adenosine	1	2	3	4	5	Diphenhydramine	1	2	3	4	5	Mag. Sulfate	1	2	3	4	5	Thiamine	1	2	3	4	5
Aminophylline	1	2	3	4	5	Dopamine	1	2	3	4	5	Morphine	1	2	3	4	5	Thrombolytic	1	2	3	4	5
Atropine	1	2	3	4	5	Epi 1:1000	1	2	3	4	5	Naloxone	1	2	3	4	5	Valium	1	2	3	4	5
Bicarb	1	2	3	4	5	Epi 1:10000	1	2	3	4	5	Nifedipine	1	2	3	4	5	Verapamil	1	2	3	4	5
Bretylium	1	2	3	4	5	Furosemide	1	2	3	4	5	Nitroglycerin	1	2	3	4	5	Other	1	2	3	4	5
Calcium	1	2	3	4	5	Ipecac	1	2	3	4	5	Other Cardiac	1	2	3	4	5						
Charcoal	1	2	3	4	5	Lidocaine/Bolus	1	2	3	4	5	Proventil	1	2	3	4	5						
Dextrose 50%	1	2	3	4	5	Lidocaine/Inf.	1	2	3	4	5	Saline/MDV	1	2	3	4	5						

FIRE RESCUE			RESEARCH CODE #1		RESEARCH CODE #2	
Alva Fire Department	AFD	100				
Bayshore Fire Department	BFD	101				
Boca Grande Fire Department	BGFD	102				
Bonita Springs Fire Department	BSFD	103				
Cape Coral Fire Department	CCFD	104				
Captiva Fire Department	CFD	105				
Charlotte Co. Fire Department	CHACOFD	106				
Collier Co. Fire Department	COLCOFD	107				
Crash Fire Rescue - Port Authority	CFR	108				
Division Of Forestry	DOF	109				
Eestero Fire Department	EFD	110				
Ft. Myers Fire Department	FMYD	111				
Ft. Myers Beach Fire Department	FMBFD	112				
Ft. Myers Shores Fire Department	FMSFD	113				
Glades Co. Fire Department	GCFD	114				
Hendry Co. Fire Department	HENCOFD	115				
Iona - McGregor Fire Department	IMFD	116				
Lehigh Acres Fire Department	LAFD	117				
N. Fort Myers Fire Department	NFMFD	118				
Pine Island Fire Department	PIFD	119				
San Carlos Park Fire Department	SCPFD	120				
Sanibel Fire Department	SFD	121				
South Trail Fire Department	STFD	122				
Tice Fire Department	TFD	123				
Upper Captiva Fire Department	UCFD	124				
Useppa Fire Department	UFD	125				
Other		999				

LICENSED EMS SERVICES		
Name	Initials	State ID #
Collier County EMS	COLCOEMS	1102
Charlotte County Fire - EMS	CHACOEMS	0803
Fort Myers Beach FD	FMBFD	3601
Glades County EMS	GCEMS	2201
Hendry County Fire - EMS	HCFEMS	2601
Lee County EMS	LCEMS	3602
Lehigh Acres Fire Dept.	LAFD	3604
LMH - Neonatal Transport	LMHNT	3603
North Port Fire Rescue	NPFR	5802
Ambitrans Ambulance	AMTRN	0802
Venice Ambulance	VNAMB	5806
Safe Care Medical Transport	SCMT	2602



**PATIENT REFUSING ASSISTANCE/TRANSPORTATION AGAINST ADVICE**

**RELEASE** I hereby refuse treatment at scene/transport to a medical facility and I acknowledge that such treatment was advised by Emergency Medical Service personnel. I hereby release such persons from liability for respecting and following my express wishes and directions.

- Against Medical Advice
- Will Provide My Own Transportation
- Do Not Feel I Require Hospital Care
- Treated On Scene
- No Transport Required
- No Obvious Injuries
- Patient Refuses Service But Will Not Sign Release
- Other \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ WITNESS: \_\_\_\_\_

**RENUNCIA:** Yo rehuso tratamiento o transporte a una facultad médica. Yo entiendo que tal tratamiento ha sido aconsejado por el personal de Servicios de Emergencias Medicas. Yo no haré responsables a tal personas de ningun daño por respetar y seguir mis deseos expresivos e instrucciones.

FIRMADO: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ WITNESS: \_\_\_\_\_

**EKG STRIP(S)**

TIME INTERPRETATION LEAD BP PULSE

TIME INTERPRETATION LEAD BP PULSE

TIME INTERPRETATION LEAD BP PULSE



LEE COUNTY  
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: \_\_\_\_\_

Bob Janes  
District One

Douglas R. St. Cerny January 16, 2002  
District Two

Ray Judah  
District Three Proposal No.: P-010573

Andrew W. Coy  
District Four

John E. Albion  
District Five

Donald D. Stilwell  
County Manager

James G. Yaeger  
County Attorney

Diana M. Parker  
County Hearing  
Examiner

LEE COUNTY ADDENDUM NUMBER TWO  
TO THE SPECIFICATIONS FOR AN  
ELECTRONIC DATA COLLECTION SYSTEM FOR LEE COUNTY EMS

QUOTERS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL PRICE FORM  
(PAGE 8 IN STEP ONE & PAGE 8A IN STEP TWO).

**NOTE: THE OPENING DATE AND TIME FOR THIS PROPOSAL HAS BEEN CHANGED TO  
FEBRUARY 5, 2002 @ 2:30 P.M.**

It was brought to Lee County's attention that several revisions would be necessary to the specifications in order to allow vendors to offer product presently available in the marketplace. Lee County was made aware of this fact in a timeframe that made it impossible to issue Addendum #2 prior to the originally scheduled opening date of 1/15/02. If you submitted a proposal package on 1/15/02; it is being returned to you, unopened, along with this addendum. You are requested to re-submit your proposal by the revised opening date and time stated above; following the instructions included in this addendum. If you did not submit a proposal on 1/15/02; you are invited to respond by the revised opening date and time stated above; following the instructions included in this addendum.

The original specifications and other contract documents are amended as noted below:

STEP ONE:

Please replace pages 21, 22, and 23 with pages 21A, 22A, and 23A (attached to this Addendum). Several revisions/additions have been made to Section VIII – Mobile Computer Hardware Specifications.

STEP TWO:

Please replace pages 8, 9, 10, and 11 with pages 8A, 9A, 10A, and 11A (attached to this Addendum). Several revisions/additions have been made to the Proposal Price Form and the Detailed Specifications.

If there are any questions regarding this addendum, please contact Bob Franceschini at (941) 689-7385.

DIVISION OF PURCHASING SERVICES

Robert D. Franceschini, C.P.M., CPPB  
Purchasing Agent

cc: Chris Hansen/Lec County Public Safety  
Lisa Pierce/Clerk's Office Minutes

Attachments

**Please explain how your product complies with this.**

Support

Transaction response times for testing purposes will be measured from the last instruction on the requesting screen to the point which the requested information is displayed or completed. System responsiveness shall be measured by actual benchmarks, computer simulation, or random testing as deemed appropriate by Lee County. Under no circumstances shall the transaction response time be greater than ten (10) seconds.

**Please explain how your product complies with this.**

Security

The software must have a modular design with restricted access to each module by security level. The software must also permit further restricted access within each module that is user-definable. The security methodology used must meet or exceed all applicable HIPAA standards; and be the latest and best presently available in the industry (i.e., 128 bit encryption, etc.).

**Please explain how your product complies with this.**

Software and Licenses

The awarded vendor shall provide software and licenses as required for all software.

**Please explain how your product complies with this.**

VIII. Mobile Computer Hardware Specifications

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING COMPUTER HARDWARE AND MEET THE FOLLOWING MINIMUM SPECIFICATIONS.**

Does your proposed system meet all of the following requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

The following specifications will be the minimum specifications acceptable for the mobile computer hardware to be proposed. The specifications may be exceeded but all sections must meet the minimums stated. Specifications that exceed in one area will not excuse failure to meet specifications in any other area.

Environmental and Durability Requirements

The mobile computer hardware proposed must meet or exceed MIL-STD 810E or comparable standardized testing procedures for the following areas:

- \*Vibration – 17 GRMS (random vibration on 6 axis).
- \*Water Resistance – Enclosure sealed against rain and dust. Submersible 6” for five (5) minutes with no permanent damage.
- \*Humidity – 0 to 100% condensing humidity, plus compatible with IP65 standards (blowing rain).
- \*Temperature – Operating: 0 degrees C to 55 degrees C; Storage: -40 degrees C to 70 degrees C
- \*Shock – Shock: 100 G, 2 ms; 3’ drop with rotating drive in case.

**Please explain how your product complies with this.**

Hardware Performance, Capacity and Capability Requirements

The mobile computer hardware proposed must meet or exceed the following specifications. The specifications may be exceeded but all sections must meet the minimums stated. Specifications that exceed in one area will not excuse failure to meet specifications in any other area.

- \***Software** – BIOS and all system firmware user-upgradeable with failsafe
- \***Display** – Minimum 10.4" active matrix TFT color display; 800 x 600 resolution; viewable in all lighting conditions – including indoor/outdoor and direct sunlight.
- \***Processor** – 400 MHz Intel Mobile Pentium III processor
- \***RAM** – 256MB RAM
- \***Video RAM** – 2MB dedicated video memory
- \***Hard Disk** – 20GB rotating internal hard disk with shock mounting. Shall be easily removable for maintenance.
- \***Cache** – 256Kb L2 Cache
- \***Housing** – Machined from 7075T6 aircraft-grade aluminum.
- \***Weight** – Shall not exceed 5 lbs. (including the battery).
- \***Size** – Form factor shall not exceed 11.25 x 8 x 1.5 inches.
- \***Operating System and Access Ports** – Windows 2000, Handwriting Recognition, IrDA (4Mbps) port, 1 Type III or 2 Type II PCMCIA slots. IrDA port must be integral with the mobile computer and non-dependant on port replication for operation. Docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard, and 1 power connection. Ports will be accessible through docking station and port replication.
- \***Battery Life** – Dual, hot-swappable Li-Ion batteries; external battery charger available (see below); battery life will be 3 hours minimum measured from maximum charge.
- \***Pen-Based Computer** – Shall have an active pen technology with electromagnetic digitizer for accuracy. Pen should have right and left mouse functionality.
- \***Warranty** – The mobile computer shall come with a one (1) year all-inclusive parts and labor warranty (depot repair.)

**Please explain how your product complies with this.**

Mobile Computer Hardware Carrying Case

A carrying case will be provided with each mobile computer. The case will allow docking to port replication or vehicle docking without the need to remove the case from the mobile computer. The case should allow the user of the mobile computer hardware to be able to stand and use the computer without dependence on a table or other surface on which to place the mobile computer. The case will provide for increased protection from environmental hazards above that of which the mobile computer can withstand. The case will not be used to aid in the unit meeting or exceeding the previously stated environmental and durability requirements.

**Please explain how your product complies with this.**

Desktop Docking Stations

Desktop docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard and 1 power connection that will provide battery charging capability to the mobile computer hardware. Must provide connection to server via telephone line. Must have USB, Ethernet and fax/modem capabilities.

**Please explain how your product complies with this.**

Vehicle Chargers

Vehicle chargers will provide battery charging capability from the vehicle's 12 volt electrical system to the mobile computer hardware battery. The charger must have a quick disconnect ability.

**Please explain how your product complies with this.**

AC Chargers

The charger will provide the capability to charge the mobile computer hardware battery from 110 volt AC power supply.

**Please explain how your product complies with this.**

External Battery Charger

The charger will provide the capability to charge the mobile computer hardware battery independent of the computer via a standard AC power source.

**Please explain how your product complies with this.**

Portable Printers

The printer provided will be capable of the following:

**\*Connectivity and Communication** – Connectivity and communication will be from the IrDA port on the mobile computer hardware to the printer without use of any other connection between the mobile data computer and the printer.

**\*Power Supply** – The power supply for the printer will be supplied from the 12 volt electrical system of the vehicle.

**\*Mounting System** – A mounting system will be provided that will allow the printer to be securely mounted in the vehicle. The mounting will not interfere with the operation of the printer or mobile computer hardware. The printer will be 100% functional in the mounted position.

**Please explain how your product complies with this.**

X. Installation Service

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING INSTALLATION SERVICES.**

Does your proposed system meet all of the following requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Equipment Installation:**

-The awarded vendor will complete all computer diagnostic tests suggested or required by the manufacturer to certify that the computers and system peripherals are fully operational.

-The awarded vendor will perform the required system generation or configuration.

**Please explain how your product complies with this.**

**\*Software Installation:**

LEE COUNTY, FLORIDA  
PROPOSAL PRICE FORM  
FOR THE PURCHASE OF AN  
ELECTRONIC DATA COLLECTION SYSTEM  
FOR LEE COUNTY EMS

DATE SUBMITTED: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

TO: The Board of County Commissioners  
Lee County  
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: \_\_\_\_\_

NOTE: GRAND TOTAL PRICE SHALL INCLUDE INSIDE DELIVERY - F.O.B. FT. MYERS, FL; AS WELL AS ALL INSTALLATION AND TRAINING AS SPECIFIED IN STEP ONE OF THIS PROPOSAL.

SOFTWARE:

TOTAL COST OF THE SOFTWARE  
AS SPECIFIED IN STEP ONE: \$ \_\_\_\_\_

HARDWARE:

TOTAL COST OF THE HARDWARE  
AS SPECIFIED IN STEP ONE: \$ \_\_\_\_\_

HARDWARE/SOFTWARE MAINTENANCE & SUPPORT:

ANNUAL COST FOR MAINTENANCE  
& SUPPORT (ONE YEAR)  
AS SPECIFIED IN  
STEP ONE: \$ \_\_\_\_\_

GRAND TOTAL COST FOR SOFTWARE, HARDWARE, AND ANNUAL MAINTENANCE & SUPPORT  
AS SPECIFIED IN STEP ONE OF THIS PROPOSAL:

\$ \_\_\_\_\_

OPTION A - ADDITIONAL FIELD UNIT PACKAGES

COST PER PACKAGE FOR  
ADDITIONAL FIELD UNITS: \$ \_\_\_\_\_

THIS PACKAGE PRICING IS FIRM FOR: \_\_\_\_\_ YEAR(S)  
(NOTE: PRICING MUST BE FIRM FOR  
A MINIMUM OF ONE (1) YEAR FROM  
DATE OF AWARD.)

OPTION B - TWO (2) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 3 YEARS TOTAL

COST PER UNIT FOR TWO (2)  
YEAR EXTENDED WARRANTY: \$ \_\_\_\_\_

OPTION C - ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 4 YEARS TOTAL

COST PER UNIT FOR ADDITIONAL  
1 YEAR EXTENDED WARRANTY: \$ \_\_\_\_\_

OPTION D – ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 5 YEARS TOTAL

COST PER UNIT FOR ADDITIONAL  
1 YEAR EXTENDED WARRANTY: \$ \_\_\_\_\_

TO BE DELIVERED WITHIN \_\_\_\_\_ CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES \_\_\_\_\_ NO \_\_\_\_\_

Proposers should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the proposal may be grounds to reject the proposal.

Are there any modifications to the proposal or specifications?

Yes \_\_\_\_\_ No \_\_\_\_\_

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the proposer being declared nonresponsive or to have the award of the proposal rescinded by the County.

MODIFICATIONS:

Proposer shall submit his/her proposal on the County's Proposal Price Form, including the firm name and authorized signature. Any blank spaces on the Proposal Price Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on Lee County's Form may result in the Proposer/Proposal being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

**THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.**

FIRM NAME \_\_\_\_\_

BY (Printed): \_\_\_\_\_

BY (Signature): \_\_\_\_\_

TITLE: \_\_\_\_\_

FEDERAL ID # OR S.S.# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

CELLULAR PHONE/PAGER NO.: \_\_\_\_\_

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LEE COUNTY, FLORIDA  
DETAILED SPECIFICATIONS FOR  
AN ELECTRONIC DATA COLLECTION SYSTEM  
FOR LEE COUNTY EMS

SCOPE

This Request For Proposals (RFP) is issued by Lee County, Florida ("County") to request sealed proposals from vendors interested in providing an electronic data collection system for use by Lee County EMS.

REQUIRED PRODUCTS

The specifications for the software, hardware and annual maintenance and support services required were detailed in Step One of this proposal.

Quantities are as follows:

\*Software – One (1) complete system as specified in Step One;

\*Installation – As specified in Step One;

\*Training – As specified in Step One;

\*Hardware – As specified in Step One – quantities of each follow:

-Database servers – Quantity: 2 units

-Mobile Computer Units – Quantity: 35 units

-Mobile Computer Hardware Carrying Case – Quantity: 35 units

-Desktop Docking Stations – Quantity: 40 units

-Vehicle Chargers – Quantity: 35 units

-AC Chargers – Quantity: 10 units

-Portable Printers – Quantity: 35 units

-External Battery Chargers – Quantity: 30 units

\*Annual Hardware/Software Maintenance Support – As specified in Step One (after expiration of initial warranty)

DELIVERY REQUIREMENTS

The total cost quoted shall include INSIDE DELIVERY, (F.O.B. Ft. Myers, FL) of the equipment, etc. as directed to Lee County.

BASIS OF AWARD

The basis of award for this proposal will be the overall low proposer (lowest grand total cost) meet specifications.

OPTION A – ADDITIONAL FIELD UNITS

Lee County (or other agencies) may wish to purchase additional field unit packages. This package would consist of one (1) each of the following components (which would be identical – or the latest version - to those furnished originally under this proposal – as specified above and in Step One): mobile computer unit; mobile computer hardware carrying case; desktop docking station; vehicle charger; AC charger; portable printer; external battery charger; and software. This pricing shall be firm for a minimum of one (1) year from the date of award of this proposal. Please indicate your pricing for this option in the space provided on the Proposal Price Form.

OPTION B – TWO (2) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 3 YEARS TOTAL

Lee County may wish to purchase an extended warranty on the mobile computer units. In the space provided on the Proposal Price Form, please indicate the cost per unit for a two (2) year all-inclusive parts and labor warranty (depot repair). This would bring to total warranty coverage to three (3) years.

OPTION C – ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 4 YEARS TOTAL

Lee County may wish to purchase an additional 1 year extended warranty on the mobile computer units. In the space provided on the Proposal Price Form, please indicate the cost per unit for a one (1) year all-inclusive parts and labor warranty (depot repair). This would bring to total warranty coverage to four (4) years.



ADDENDUM #2/FORMAL PROPOSAL NO.: P-010573

OPTION D – ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 5 YEARS TOTAL

Lee County may wish to purchase an additional 1 year extended warranty on the mobile computer units. In the space provided on the Proposal Price Form, please indicate the cost per unit for a one (1) year all-inclusive parts and labor warranty (depot repair). This would bring to total warranty coverage to five (5) years.

**INTRODUCTION**

**OVERVIEW**

The Lee County Board of County Commissioners is accepting qualifications from companies interested in providing an electronic data collection system to Lee County EMS.

**TWO-STEP PROPOSAL PROCESS**

**NOTE:** PLEASE SUBMIT STEPS 1 AND 2 TOGETHER ON THE PROJECT OPENING DATE.  
PLEASE USE SEPARATE SEALED ENVELOPES MARKED "STEP 1" & "STEP 2".

Lee County is utilizing a two-step process to evaluate the qualifications of proposers and allow only qualified companies to have their pricing opened and considered under Step Two.

\*Step One will require interested vendors to submit the qualifications of their company.

\*In Step Two, only those companies qualified in Step One will be eligible to have their pricing opened and considered.

**STEP ONE – REQUEST FOR QUALIFICATIONS**

In Step One, please submit all requested information to Lee County Purchasing Services, 3434 Hancock Bridge Parkway, 3<sup>rd</sup> Floor, North Fort Myers, FL 33903, before the deadline given on the cover of this solicitation. Qualifications received after this date and time will not be accepted.

All of the qualifications received will then be reviewed and evaluated by County staff, and a decision made as to which companies are qualified and which are not. Each company submitting qualifications will receive a letter stating whether they are qualified or not. Only those companies found to be qualified will be allowed to proceed to Step Two.

In order for a company to be considered responsive in Step One, it should submit all information requested, including appropriate signatures. Failure to meet these requirements may cause your company to be declared non-responsive.

**STEP TWO – REQUEST FOR PROPOSALS – PRICES**

Firms found to be qualified in Step One will be eligible to have their pricing opened and considered. This information must be completed and returned to Lee County Purchasing Services, 3434 Hancock Bridge Parkway, North Fort Myers, FL 33903, before the given deadline. Pricing information received after this date and time will not be accepted.

**GENERAL CONDITIONS**

Sealed Quotations will be received by the DIVISION OF PURCHASING, until 2:30pm on the date specified on the cover sheet of this "Request for Proposals", and opened immediately thereafter by the Purchasing Director or designee.

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (941) 689-7385.

**1. SUBMISSION OF PROPOSAL:**

- a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:
  1. Marked with the words "Sealed Proposal"
  2. Name of the firm submitting the quotation
  3. Title of the proposal
  4. Proposal number
- b. The Proposal shall be submitted in triplicate as follows:
  1. The original consisting of the Lee County proposals forms completed and signed.
  2. A copy of the original proposal forms for the Purchasing Director.
  3. A second copy of the original proposal forms for use by the requesting department.
- c. The following should be submitted along with the proposal in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Proposal", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.
  1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your proposal; i.e., required submittals, literature, technical data, financial statements.
  2. Warranties and guarantees against defective materials and workmanship.
- d. **ALTERNATE PROPOSAL:** If the vendor elects to submit more than one proposal, then the proposals should be submitted in separate envelopes and marked as indicated above. The second, or alternate proposal should be marked as "Alternate".
- e. **PROPOSALS RECEIVED LATE:** It is the proposer's responsibility to ensure that his proposal is received by the Division of Purchasing Services prior to the opening date and time specified. Any proposal received after the opening date and time will be promptly returned to the proposer unopened. Lee County will not be responsible for proposals received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.
- f. **PROPOSAL CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.
- g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).
- h. **WITHDRAWAL OF PROPOSAL:** No proposal may be withdrawn for a period of 90 days after the scheduled time for receiving proposals. A proposal may be withdrawn prior to the proposal-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.
- i. **COUNTY RESERVES THE RIGHT:** The County reserves the right to waive minor informalities in any proposal; to reject any or all proposals with or without cause; and/or to accept the proposal that in its judgment will be in the best interest of the County of Lee.

- j. **EXECUTION OF PROPOSAL:** All proposals shall contain the signature of an authorized representative of the proposer in the space provided on the proposal form. All proposals shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the proposal shall be initialed.

2. **ACCEPTANCE**

The materials and/or services delivered under the proposal shall remain the property of the seller until a physical inspection and actual usage of these materials and/or services is accepted to the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. **SUBSTITUTIONS**

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is proposal, it is the vendor's responsibility to name such product with his proposal and to prove to the County that said product is equal to the product specified. Lee County shall be the sole judge as to whether a product being offered by the proposer is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.

4. **RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES**

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

- a. Occupational License – Vendor shall submit within 10 calendar days after request.
- b. Specialty License(s) – Vendor shall possess at the time of the opening of the proposal all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. **RECYCLED PRODUCTS**

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. **WARRANTY/GUARANTY** (unless otherwise specified)

All materials and/or services furnished under this proposal shall be warranted by the vendor to be free from defects and fit for the intended use.

7. **PRE-BID CONFERENCE**

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a proposal attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the proposer to ensure that they are represented at the pre-bid. Only those proposers who attend the pre-bid conference will be allowed to proposal on this project.

8. **BIDDERS LIST MAINTENANCE**

A bidder should respond to "Request for Quotations" in order to be kept on the Bidder's List. Failure to respond to three different "request for quotations" may result in the vendor being removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

- a. Submission of a quotation prior to the proposal receipt deadline.
- b. Submission of a "no bid" notice prior to the proposal receipt deadline.

9. **LEE COUNTY PAYMENT PROCEDURES**

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department  
Post Office Box 2238  
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this proposal.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, proposer, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or proposers should include in their proposal all sales or use taxes, which they will pay when making purchases of material or subcontractor's services.

10. **PUBLIC ENTITY CRIME**

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of \$15,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

11. **QUALIFICATION OF PROPOSERS** (unless otherwise noted)

Proposals will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Proposers shall have adequate organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine ability to perform is satisfactory, and reserves the right to reject proposals where evidence submitted or investigation and evaluation indicates an inability of the proposer to perform.

12. **MATERIAL SAFETY DATA SHEETS**

In accordance with Chapter 443 of the Florida Statutes, it is the vendor's responsibility to provide Lee County with Materials Safety Data Sheets on proposed materials, as may apply to this procurement.

13. **MISCELLANEOUS**

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

14. **WAIVER OF CLAIMS**

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

15. **AUTHORITY TO PIGGYBACK**

It is hereby made a precondition of any proposal and a part of these specifications that the submission of any proposal in response to this request constitutes a proposal made under the same conditions, for the same price, and for the same effective period as this proposal, to any other governmental entity.

16. **COUNTY RESERVES THE RIGHT**

a) **State Contract**

If applicable, the County reserves the right to purchase any of the items in this proposal from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) **Any Single Large Project**

The County, in its sole discretion, reserves the right to separately proposal any project that is outside the scope of this proposal, whether through size, complexity, or dollar value.

c) **Disadvantaged Business Enterprises**

The County, in its sole discretion, reserves the right to purchase any of the items in this proposal from Disadvantage Business Enterprise vendor if the prices are determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

The County further reserves the right to purchase any of the items in this proposal from DBE's to fulfill the County's state policy toward DBE's as outlined in County Ordinance 88-45 and 90-04, as amended.

d) **Anti-Discrimination**

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.

Where any information required of the vendor is in the exclusive possession of another who fails or refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.

The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union of worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

17. **AUDITABLE RECORDS**

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statutes.

18. **DRUG FREE WORKPLACE**

Whenever two or more proposals/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a proposal/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

19. **REQUIRED SUBMITTALS**

Any submittals requested should be returned with the proposal response. This information may be accepted after opening, but no later than 10 calendar days after request.

20. **TERMINATION**

Any agreement as a result of this proposal may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this proposal for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal proposal/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

21. CONFIDENTIALITY

Vendors should be aware that all submittals (including financial statements) provided with a proposal/proposal are subject to public disclosure and will not be afforded confidentiality.

22. ANTI-LOBBYING CLAUSE

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are *not* to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

23. INSURANCE (AS APPLICABLE)

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.



LEE COUNTY, FLORIDA  
PROPOSAL PRICE FORM  
FOR AN ELECTRONIC DATA COLLECTION  
SYSTEM FOR LEE COUNTY EMS

DATE SUBMITTED: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

TO: The Board of County Commissioners  
Lee County  
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: \_\_\_\_\_

ANTI- COLLUSION STATEMENT

**THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.**

FIRM NAME \_\_\_\_\_

BY (Printed): \_\_\_\_\_

BY (Signature): \_\_\_\_\_

TITLE: \_\_\_\_\_

FEDERAL ID # OR S.S.# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

CELLULAR PHONE/PAGER NO.: \_\_\_\_\_

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## PROJECT OVERVIEW

### SCOPE

Data acquisition is an essential element in the provision of quality Out-Of-Hospital Emergency Medical Care. Accurate data provides an invaluable tool for planning future requirements in training, protocol development, growth management, unit placement and staffing, quality assurance, and customer satisfaction. For the field provider of emergency care, the data collection process must be user friendly, uncomplicated and logical with multiple means of input. It is preferred that data be entered at the time of delivery of care by the on-scene provider through a pen or voice activated system. An abbreviated report must be delivered with the patient to the receiving hospital prior to the crew leaving the facility. The complete report must be delivered within 24 hours. Finally, the application must interface with current CAD and Billing applications to take advantage of shared information and streamline processes.

The objective of this procurement is to acquire a complete EMS reporting system. Lee County requires that one vendor provide all components of this project. The selected vendor will be responsible for the acquisition, delivery, and testing of all necessary equipment, and for the development of, and training in the use of, the computer system, along with all operational instructions. The contractor will provide, install, document, train technical and operational personnel, and test a complete turn-key system.

This Request For Proposals (RFP) is being issued to establish prices and award a contract for the following deliverables in accordance with the technical specifications:

\*Computer Equipment

\*Application Software

\*Training Services

**VENDOR QUALIFICATIONS**

To qualify for consideration for selection as a qualified Vendor, a Vendor must meet certain designated minimum experience and qualifications. These minimum qualifications are outlined in the following sections. A vendor must also demonstrate that he/she is financially qualified.

**NOTE: IN ORDER TO QUALIFY TO PROCEED TO STEP TWO AS A QUALIFIED VENDOR; A "PASS" MUST BE OBTAINED FOR ALL OF THE EVALUATION CRITERIA – SEE "SAMPLE A – EVALUATION SHEETS FOR REQUEST FOR QUALIFICATIONS".**

REQUIRED SUBMITTALS FOR THIS RFP ARE AS FOLLOWS:

**I. EXPERIENCE**

Companies submitting this prequalification request shall have demonstrable, professional experience and background in the field of development of pen-based systems. Further, all companies submitting a prequalification request shall provide a minimum of five (5) references listing customer names, addresses, telephone numbers and contact person of locations where systems have been installed and are currently in use.

**Describe experience in narrative form, no longer than two (2) 8-1/2" x 11" pages and include references.**

**II. FINANCIAL QUALIFICATIONS (MINIMUM)****Worker's Compensation**

Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Individual employees may be exempted per State Law. Employees liability will have minimum limits of:

\$100,000 per accident  
\$500,000 disease limit  
\$100,000 disease limit per employee

**Commercial General Liability**

Coverage shall apply to premised and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:

\$100,000 bodily injury per person (BI)  
\$300,000 bodily injury per occurrence (BI)  
\$100,000 property damage (PD) or  
\$300,000 combined single limit (CSL) of BI and PD

**Business Automobile Liability**

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles and employee non-ownership use with minimum limits of:

\$100,000 bodily injury per person (BI)  
\$300,000 bodily injury per occurrence (BI)  
\$100,000 property damage (PD) or  
\$300,000 combined single limit (CSL) of BI and PD

**Please include copies of current Certificates of Insurance or a letter from your insurance company evidencing the ability of your company to be insured for the amounts required under this RFP.**

OTHER SPECIAL CRITERIA - QUESTIONS

III. General Requirements

\*The EMS software (or "System") must use the principles of a Customer Relationship Model (CRM) approach with a goal to allow (as determined by Lee County) for user-friendly/user-driven interfaces/intuitive data entry to improve the speed and efficiency of the paramedic.

Does your software/system allow/accomplish this?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Please explain how your product accomplishes this.**

\*Data collected must match the requirements of the agency purchasing the software.

Does your software/system allow/accomplish this?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Please explain how your product accomplishes this.**

\*Data collected must include all data elements required by any regulatory agencies presiding.

Does your software/system allow/accomplish this?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Please explain how your product accomplishes this.**

IV. Operating System

\*Vendor must have a Field Data Collection System that has a Windows Graphical User Interface. The Windows-based field system must have been working for a minimum of two (2) years, with installation in at least two (2) similar EMS systems.

Does your software/system comply with this?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Please explain how your product accomplishes this. Please provide the names of at least two (2) other installations where this has been working for at least two (2) years.**

\*Vendor must have a minimum of 500 end users using their Windows Graphical User Interface Field Data Collection Systems.

Does your software/system comply with this?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Please explain how your product complies with this.**

\*The RDBMS databases must be either Oracle or MS SQL and allow for access via user written reports using Crystal Reports, the Lee County standard.

Does your software/system comply with this?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Please explain how your product complies with this.**

V. In-Field Patient Data Software Requirements

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST BE CAPABLE OF PERFORMING ALL OF THE FOLLOWING FUNCTIONS, ETC.**

Does your proposed system meet all of the following requirements?    Yes \_\_\_\_\_    No \_\_\_\_\_

\*Collect patient and call information at the point of service on a hand-held pen-computer (see hardware specifications) utilizing an easy-to-use Windows graphical user interface written in an industry standard Visual Development Environment.

**Please explain how your product complies with this.**

\*Consolidate all patient and call information for the organization into a central repository.

**Please explain how your product complies with this.**

\*Capture all data that is presently being captured on existing patient care report, plus at least 15 other points that are not allocated. This is to allow for field research as the Department may consider in the future. (See Attachment: LCEMS PCR).

**Please explain how your product complies with this.**

\*Improve the accuracy and completeness of data through field capture.

**Please explain how your product complies with this.**

\*Provide pick-lists wherever possible to minimize the need for pen handwriting recognition while still allowing use of pen recognition for input of non-listed items.

**Please explain how your product complies with this.**

\*Use code tables in all areas of data input to minimize the use of hand written notes and allow for standardized reporting.

**Please explain how your product complies with this.**

\*Provide user defined field labels to allow customization of the system to suit a client's unique operating environment.

**Please explain how your product complies with this.**

\*Provide the ability to access a "pop-up" electronic keyboard on all fields.

**Please explain how your product complies with this.**

\*Provide an integrated zip code-driven address book which auto-fills the city/state data elements and, at a minimum, performs the following function: user fills in the zip code and the system automatically fills in the matching city and state. This feature must be easily updated and upgraded by the Lee County end-user.

**Please explain how your product complies with this.**

\*Capture at least two (2) run numbers. To allow for future expansion, both of these fields must be at least 15 numeric characters in length.

**Please explain how your product complies with this.**

\*Provide a screen that displays a complete summary of the call and which displays all information entered for the call “at a glance”, and must be able to do a procedure sort by time.

**Please explain how your product complies with this.**

\*Have an icon to jump from the current screen to any other screen in the application with two (2) pen taps.

**Please explain how your product complies with this.**

\*The ability to display any screen outside of the current screen with a maximum of two (2) pen taps.

**Please explain how your product complies with this.**

\*Provide the ability to easily enter, via pen entry, alternative selections on the same screen when none of the items on a list are appropriate.

**Please explain how your product complies with this.**

\*Be able to handle a minimum of ten (10) patients per call, multiple calls per shift, and the ability to easily switch between any existing call or patient.

**Please explain how your product complies with this.**

\*Allow the ability to easily store all patient, billing and patient history information from any previous call (“round trips”).

**Please explain how your product complies with this.**

\*Allow the ability to store, retrieve and display all patient, billing and patient history, membership, and demographic information in the EMS/Ambulance Services operating area; and allow for the ability to obtain this data “on the fly” (i.e., in the field) by the in-field user during the patient care event.

**Please explain how your product complies with this.**

\*Have the ability to automatically update a “Frequent Flyer” database when a new patient is encountered for the first time.

**Please explain how your product complies with this.**

\*Use an intuitive “Trip Wizard” to help the medic build a new call.

**Please explain how your product complies with this.**

\*Allow the ability to easily copy any address in the call to any other address in the call. The system must also be able to copy similar addresses from other calls in the system.

**Please explain how your product complies with this.**

\*Include crew sign-on information including information such as crew names, crew identification numbers, vehicle numbers, unit numbers, shift information and region. This information must carry through on all reports entered. The system should allow the user to change this information for one or all calls documented by that crew.

**Please explain how your product complies with this.**

\*Have a sign in using a minimum of five (5) character user code password.

**Please explain how your product complies with this.**

\*Allow at least five (5) crew members to be documented.

**Please explain how your product complies with this.**

\*Capture and print crew signatures.

**Please explain how your product complies with this.**

\*Capture acceptance and refusal signatures for treatment, transport, billing and receiving hospitals. All signature screens must utilize user-defined text and have the ability to display the text in multiple languages. (English, Spanish, German, and others as necessary.)

**Please explain how your product complies with this.**

\*Be able to capture 15 other user-defined signatures complete with user-defined text.

**Please explain how your product complies with this.**

\*Allow automatic interfaces to other systems including billing systems, government reporting agencies and quality assurance systems.

**Please explain how your product complies with this.**

\*Allow interface to the CAS Vital Signs monitor Model 9002. Must capture all vital signs data, blood pressure, pulse, and blood oxygen saturation.

**Please explain how your product complies with this.**

\*Have complete integration to the Medtronic Physio Control LifePak 12 or other monitor/defibrillator that Lee County may buy, with similar data collection ability.

**Please explain how your product complies with this.**

\*Provide at least 30 pre-defined quality assurance and operations reports and the option to create customized reports.

**Please explain how your product complies with this.**

\*Be able to print a copy of a run report, or any portion of that report, at any time using cables or infrared.

**Please explain how your product complies with this.**

\*Be able to transmit selected data from one (1) pen computer to another in dual response situations. This exchange must be via IR.

**Please explain how your product complies with this.**

\*Provide multiple level of trip validation and cross trip validation.

**Please explain how your product complies with this.**

\*Provide the ability to define the rules that ensure data is complete before a call may be closed.

**Please explain how your product complies with this.**

\*Have the ability to sort all information in a chronological order.

**Please explain how your product complies with this.**

\*A rotating 3-dimensional anatomical body that zooms in and out and allows for differential documentation between medical and trauma emergencies.

**Please explain how your product complies with this.**

\*Provide the ability to answer two-tier questions (Medicare) that relate to medical necessity of the patient.

**Please explain how your product complies with this.**

\*Must have an MDQ page to assist the medic in the justification of medical necessity for patient transportation.

**Please explain how your product complies with this.**

\*Must provide the ability to perform and save at least two (2) daily inventory forms to replace the present ALS and BLS inventories forms which are performed a minimum of once daily. (See Attachments: ALS Checklist and BLS Checklist).

**Please explain how your product complies with this.**

\*Must provide separate checklists to replace the present "Cardiac Alert", "Adult and Pediatric Trauma Alert" and "Stroke Alert" forms presently being used. (See Attachments: Cardiac Alert, Adult Trauma Alert, Pediatric Trauma Alert, and Stroke Alert).

**Please explain how your product complies with this.**

\*Must contain a "Medical Spellcheck".

**Please explain how your product complies with this.**

\*Must comply with all HIPAA standards regarding the security, privacy, collection and maintenance of all medical records. (Including those adopted as of April 14, 2001.)

**Please explain how your product complies with this.**

\*Must have user-definable business or logic rules, including:

1. Multi-levels or trip validation based on the call type. For example, emergency vs. non-emergency.
2. Cross-field validation. For example, APGAR score only required and allowed if patient is  $\leq$  1 day.

**Please explain how your product complies with this.**



VI. Data Transfer from Pen Computer to Repository

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST BE CAPABLE OF PERFORMING ALL OF THE FOLLOWING FUNCTIONS, ETC.**

Does your proposed system meet all of the following requirements?    Yes \_\_\_\_\_    No \_\_\_\_\_

\*Transfer patient and trip information from the pen computer to the repository.

**Please explain how your product complies with this.**

\*Allow software updates (including files that are in use and the registering of files that need to be registered) as well as frequent patient updates from the repository to the pen computer.

**Please explain how your product complies with this.**

\***SECURELY** transfer all information by landline modem or by LAN or WAN. Must also be able to **SECURELY** transfer and upload all data via an Internet or Intranet connection using a TCP/IP protocol.

**Please explain how your product complies with this.**

\*Allow for data transfers to take place with minimal user interaction and/or without user interaction.

**Please explain how your product complies with this.**

\*Have complete "roll back"/"roll-forward" functionality to automatically handle communication interruptions.

**Please explain how your product complies with this.**

\*Have complete logging of **ALL** data transfer activities; i.e., the time it was downloaded; the editing time; time and date stamps; unit number identification; vehicle/device identification; and all repository connections.

**Please explain how your product complies with this.**

VII. Host/Enterprise Server Requirements

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST BE CAPABLE OF PERFORMING ALL OF THE FOLLOWING FUNCTIONS, ETC.**

Does your proposed system meet all of the following requirements?    Yes \_\_\_\_\_    No \_\_\_\_\_

The back end of the software must support the following functions:

\*Have a database that is an industry standard Visual Development Environment.

**Please explain how your product complies with this.**

\*Store all current "Frequent Flyer" information. Must be able to have a storage of new patients and changed data on current patients. This is so the system manager can compare incoming data against currently stored data; this prevents good data from being overwritten.

**Please explain how your product complies with this.**

\*Allow an Enterprise Manager to easily maintain supporting lists for the data elements documented above.

**Please explain how your product complies with this.**

\*Allow all data to reside on a LAN or WAN and allow connection to that data from multiple workstations through a web browser. For example, all of the data transfer activities as specified; including transfer connections, all repository connections must be logged/tracked, etc.

**Please explain how your product complies with this.**

\*Allow data to be easily archived, retrieved and combined.

**Please explain how your product complies with this.**

\*Allow the ability to generate a minimum of 30 standard QA and operations reports provided by the vendor.

**Please explain how your product complies with this.**

\*Provide the ability to perform ad-hoc reporting.

**Please explain how your product complies with this.**

\*Provide the ability to maintain all code and system tables.

**Please explain how your product complies with this.**

\*Provide the ability to easily generate flat file extracts for regulatory agencies, accounts receivable or billing systems. (See attached requirements for present billing system.)

**Please explain how your product complies with this.**

\*Provide the ability to easily import data from the Computer Aided Dispatch program used by Lee County EMS and the Department of Telecommunications (Printtracks System). NOTE: If the data is imported from CAD directly into server, any information that overrides existing data must be subject to approval by administrator. Preferably, this can be done with as little manual input by setting limits that are acceptable. For example, if an existing time is different from one being imported by as little as one minute, the overwrite could be automatic. Limitations on accepted data shall be determined by the administrator. All times must be reported in minutes and seconds. Any changes in data must leave an audit trail; for example, discrepancies between "raw" and "scrubbed" data must be accounted for.

**Please explain how your product complies with this.**

\*Provide the ability to easily query for and batch print multiple run reports.

**Please explain how your product complies with this.**

\*Provide the ability to e-mail secured and non-secured reports from the repository.

**Please explain how your product complies with this.**

\*Provide the ability to add an addendum through a web browser to any incident that has been uploaded to the repository.

**Please explain how your product complies with this.**

\*Provide for the repository server computer to be maintained and supported at the purchaser's site. Vendor to also provide off-site data back-up.

**Please explain how your product complies with this.**

\*Provide access (user-based security) to the "canned" reports and the addendum through a secure (SSL) internet/intranet connection.

**Please explain how your product complies with this.**

\*Automatically update any field computer with any necessary files without user intervention.

**Please explain how your product complies with this.**

\*Support report sorting and querying by each of and combination of:

- \*Date/Date range
- \*Time/Time range
- \*Incident type
- \*Injury cause
- \*Incident location and Zip Code
- \*Patient name/Social Security Number
- \*Patient sex/age
- \*Vehicle
- \*Attendant (service provider) name
- \*Destination Hospital
- \*Patient refusals

**Please explain how your product complies with this.**

The following are maintenance and support requirements.....

\*The Host/enterprise server must reside, be secured, and be maintained at the purchaser's location. This server will be housed in a temperature-controlled room/environment which is equipped with the latest industry standard fire suppression equipment/technology.

**Please explain how your product complies with this.**

\*Any servers specified by the vendor must meet Lee County's approval and be capable of retaining at least two (2) years of data that is accessible in a manner that is user-friendly as defined by Lee County.

**Please explain how your product complies with this.**

\*A Compaq Proliant server will be specified by the vendor and meet Lee County's approval.

**Please explain how your product complies with this.**

\*A second server will be maintained at a "Purchaser" selected site which will mirror the Lee County primary server; and which can be immediately accessed and used without a break in operation in the case of a catastrophic failure of the primary server at Lee County's site. (This server must be housed in a temperature-controlled room/environment which is equipped with the latest industry standard fire suppression equipment/technology. Vendor will provide for contingencies for seamless service in the event that the server(s) suffer a catastrophic failure).

**Please explain how your product complies with this.**

What security rationale and procedures will be used by the vendor to insure that the County's data network will remain secure with the secondary server "on-line".

**Please explain how your product complies with this.**

\*Vendor must provide initial on-site support during training phase.

**Please explain how your product complies with this.**

\*Vendor must provide remote support for six (6) months after initial training. Subsequent maintenance and support must be available under an annual contract

**Please explain how your product complies with this.**

\*Support hours must be at a minimum 9:00EST to 5:00EST, Monday through Friday, excluding holidays.

**Please explain how your product complies with this.**

The following are interfaces requirements....

\*The system must provide the ability to extract data for use by a regulatory agency such as a State or County agency.

**Please explain how your product complies with this.**

\*The system must provide the ability to extract data for use by a billing company.

**Please explain how your product complies with this.**

\*The vendor must provide evidence of a current interface to the CAS Vital Signs Monitor Model 9002.

**Please explain how your product complies with this.**

\*The vendor must provide evidence of a current interface to the Medtronic Physio Control LifePak 12 or other monitor/defibrillators capable of similar data collection.

**Please explain how your product complies with this.**

\*The vendor must provide an interface with the CAD system presently used by Lee County EMS to extract such data as, but not limited to, all times used in the present data collection system, mileage, incident location zip code, call location and call types.

**Please explain how your product complies with this.**

\*Host computer to maintain a database to track personnel demographics. (Maintain list and dates of certifications to flag personnel when certifications expire.)

**Please explain how your product complies with this.**

VIII. Technical Support & Service Requirements

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST MEET THE FOLLOWING TECHNICAL SUPPORT & SERVICE REQUIREMENTS.**

Does your proposed system meet all of the following requirements?      Yes \_\_\_\_\_      No \_\_\_\_\_

The following vendor support and services are required....

\*Software shall be provided via software distribution through an automatic transfer process. Software shall not be provided via CD's or disks.

**Please explain how your product complies with this.**

\*Training shall be provided by the vendor, with a "train the trainer" focus. Training shall include both desktop and handheld instruction on the software. End user training sessions shall include entering, editing, deleting, updating, uploading, downloading text, data, pick lists, help screens, collision diagrams, developing queries/reports, and printing.

**Please explain how your product complies with this.**

\*Hardware maintenance and repairs shall be provided by the awarded vendor for twelve (12) months after final approval and installation of each system. The service shall be limited to correction of functional failures and difficulties, and shall not include configuration changes requested due to a changing preference on the part of Lee County.

**Please explain how your product complies with this.**

\*Software maintenance shall be provided by the vendor through an annual software maintenance agreement after the initial one (1) year of support. The vendor shall have qualified technical service personnel available to respond to the service call within two (2) hours after notification by the user during normal business hours.

**Please explain how your product complies with this.**

\*Proposers shall state all charges associated with maintenance of hardware and software after the warranty period, software upgrades and enhancements, and license fees in their proposal.

**Please explain how your product complies with this.**

The following system warranty terms and agreement are required.....

\*The vendor warrants that all goods, systems, designs, and work covered by this contract shall be satisfactory for its intended purpose; shall conform to and perform as called for in the contract requirements and specifications; and shall be free from all defects and faulty materials and workmanship. Any goods, supplies, systems, equipment, design, and work found to be defective with the time specified below shall be repaired, remedied or replaced, hereinafter called "corrective work" by the vendor.

**Please explain how your product complies with this.**

In the event that the vendor ceases operation, an exit strategy must be provided that ensures a continuous operation. (Purchaser will own all data, hardware, and source code.)

**Please explain how your product complies with this.**

\*The warranty period for all goods and supplies, and systems shall be twelve (12) months after final installation and acceptance. The vendor shall agree to provide free upgrades of software enhancements designed for operation of their system for a one-year period after system acceptance.

**Please explain how your product complies with this.**

Support

Transaction response times for testing purposes will be measured from the last instruction on the requesting screen to the point which the requested information is displayed or completed. System responsiveness shall be measured by actual benchmarks, computer simulation, or random testing as deemed appropriate by Lee County. Under no circumstances shall the transaction response time be greater than ten (10) seconds.

**Please explain how your product complies with this.**

Security

The software must have a modular design with restricted access to each module by security level. The software must also permit further restricted access within each module that is user-definable. The security methodology used must meet or exceed all applicable HIPAA standards; and be the latest and best presently available in the industry (i.e., 128 bit encryption, etc.).

**Please explain how your product complies with this.**

Software and Licenses

The awarded vendor shall provide software and licenses as required for all software.

**Please explain how your product complies with this.**

VIII. Mobile Computer Hardware Specifications

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING COMPUTER HARDWARE AND MEET THE FOLLOWING MINIMUM SPECIFICATIONS.**

Does your proposed system meet all of the following requirements?    Yes \_\_\_\_\_    No \_\_\_\_\_

The following specifications will be the minimum specifications acceptable for the mobile computer hardware to be proposed. The specifications may be exceeded but all sections must meet the minimums stated. Specifications that exceed in one area will not excuse failure to meet specifications in any other area.

Environmental and Durability Requirements

The mobile computer hardware proposed must meet or exceed MIL-STD 810E or comparable standardized testing procedures for the following areas:

- \***Vibration** – MIL-STD 810E, method 514.4, Procedure I, Category 6 (Helicopter) and MIL-STD 810C Method 514, Procedure VIII (Ground Mobile) or comparable.
- \***Water Resistance** – MIL-STD 810E, Method 506.3, Procedure I, or comparable.
- \***Humidity** – MIL-STD 810E, Method 507.3, Procedure III, or comparable.
- \***Salt Fog** – MIL-STD 810E, Method 509, or comparable.

**\*High Temperature** – MIL-STD 810E, Method 501.3 Procedure I (Storage) and Procedure II (Operational), or comparable.

**\*Low Temperature** – MIL-STD 810E, method 502.3 Procedure I (Storage) and Procedure II (Operational), or comparable.

**\*Shock** – MIL-STD 810E, Method 516.4 Procedure I (Functional Drop), Procedure IV (Transit Drop) and Procedure V (Crash Test), or comparable.

**Please explain how your product complies with this.**

Hardware Performance, Capacity and Capability Requirements

The mobile computer hardware proposed must meet or exceed the following specifications. The specifications may be exceeded but all sections must meet the minimums stated. Specifications that exceed in one area will not excuse failure to meet specifications in any other area.

**\*Display** – Ten-inch color display

**\*Processor** – 700 MHz Intel Pentium III processor

**\*RAM** – 256MB RAM

**\*Video RAM** – 8MB dedicated video memory

**\*Hard Disk** – 30GB Hard Disk Drive

**\*Cache** – 256Kb L2 Cache

**\*Operating System and Access Ports** – Windows 2000, or NT, Handwriting Recognition, IrDA (4Mbps) port, 1 Type III or 2 Type II PCMCIA slots. The IrDA port must be integral with the mobile computer and non-dependant on port replication for operation. Docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard, and 1 power connection. Ports will be accessible through docking station and port replication.

**\*Battery Life** – Battery life will 3 hours minimum measured from maximum charge.

**\*Pen-Based Computer** – The computer quoted will have touch screen pen based user input utilizing pen Services 2.0 or higher.

**Please explain how your product complies with this.**

Mobile Computer Hardware Carrying Case

A carrying case will be provided with each mobile computer. The case will allow docking to port replication or vehicle docking without the need to remove the case from the mobile computer. The case should allow the user of the mobile computer hardware to be able to stand and use the computer without dependence on a table or other surface on which to place the mobile computer. The case will provide for increased protection from environmental hazards above that of which the mobile computer can withstand. The case will not be used to aid in the unit meeting or exceeding the previously stated environmental and durability requirements.

**Please explain how your product complies with this.**

Desktop Docking Stations

Desktop docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard and 1 power connection that will provide battery charging capability to the mobile computer hardware. Must provide connection to server via telephone line.

**Please explain how your product complies with this.**

Vehicle Chargers

Vehicle chargers will provide battery charging capability from the vehicle's 12 volt electrical system to the mobile computer hardware battery. The charger must have a quick disconnect ability.

**Please explain how your product complies with this.**

AC Chargers

The charger will provide the capability to charge the mobile computer hardware battery from 110 volt AC power supply.

**Please explain how your product complies with this.**

Portable Printers

The printer provided will be capable of the following:

- \***Connectivity and Communication** – Connectivity and communication will be from the IrDA port on the mobile computer hardware to the printer without use of any other connection between the mobile data computer and the printer.
- \***Power Supply** – The power supply for the printer will be supplied from the 12 volt electrical system of the vehicle.
- \***Mounting System** – A mounting system will be provided that will allow the printer to be securely mounted in the vehicle. The mounting will not interfere with the operation of the printer or mobile computer hardware. The printer will be 100% functional in the mounted position.

**Please explain how your product complies with this.**

X. Installation Service

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING INSTALLATION SERVICES.**

Does your proposed system meet all of the following requirements?    Yes \_\_\_\_\_    No \_\_\_\_\_

**\*Equipment Installation:**

- The awarded vendor will complete all computer diagnostic tests suggested or required by the manufacturer to certify that the computers and system peripherals are fully operational.
- The awarded vendor will perform the required system generation or configuration.

**Please explain how your product complies with this.**

**\*Software Installation:**



-The awarded vendor will install all software to be used on the system and will test the use of all peripherals with the specific software to be used.

**Please explain how your product complies with this.**

**\*Other Installation Requirements**

-Installation of all required elements of both the hardware and software, including the building of the database code tables, must be included in base cost proposed. Proposer shall state all additional installation costs in his/her proposal (see Step Two).

**Please explain how your product complies with this.**

XI. Training Services

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING TRAINING SERVICES (PERFORMED AT LEE COUNTY'S SITE WITH ALL OF THE NECESSARY TRAINING MATERIALS PROVIDED BY THE VENDOR).**

Does your proposed system meet all of the following requirements?    Yes \_\_\_\_\_    No \_\_\_\_\_

\*The awarded vendor shall provide sufficient training to familiarize Department employees with the computer system operation. "Train the Trainer" focus, conducted at the individual agency level, shall include:

- System Manager – Full training in the operation of the portable data collection computers
- Paramedic Manager – Orientation to managers covering fundamentals of system operation. Training shall be sufficient in duration and content to bring attendees to an "instructor" level of system operation.

**Please explain how your product complies with this.**

Lee County will own all of the training materials (i.e., PowerPoint presentations, written documentation, etc.).

**Please explain how your product complies with this.**

\*All required training must be included in base cost proposed. Proposer shall state all training costs in his/her proposal (see Step Two).

**Please explain how your product complies with this.**

XII. Attachments #1 - 8

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST MEET THE REQUIREMENTS OF ATTACHMENT #1 AND REPLACE THE FORMS SHOWN AS ATTACHMENTS #2 - #8.**

Does your proposed system meet all of the following requirements?    Yes \_\_\_\_\_    No \_\_\_\_\_

\*Attachment #1 – This is a sample of the record extract format required by ADP for billing data and run report information. The system being proposed must provide data in such a way that meets the requirements of this format.

**Please explain how your product complies with this.**

\*Attachments #2 - #8 – The system your firm is proposing must eliminate/replace the paper forms presently in use which are represented by Attachments #2 - #8.

**Please explain how your product complies with this.**

CONTRACTS/LICENSING AGREEMENTS

If your firm will require Lee County to sign any type of contract and/or licensing agreement as part of this purchase; please include a copy of these documents with Step One of the proposal.

SAMPLE A

**EVALUATION SHEETS FOR  
REQUEST FOR QUALIFICATIONS**

\*\*\*\*\*

Project Name: Electronic Data Collection System for Lee County EMS

Proposal No.: P-010573

Committee Evaluation Date/Time: \_\_\_\_\_

\*\*\*\*\*

I. EXPERIENCE

Companies submitting this prequalification request shall have demonstrable, professional experience and background in the field of development of pen-based systems. Was the narrative describing this provided and are the qualifications acceptable?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

All companies submitting a prequalification request shall provide a minimum of five (5) references listing customer names, addresses, telephone numbers and contact person of locations where systems have been installed and are currently in use. Were the references and accompanying information provided? Were the reference checks acceptable?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

II. FINANCIAL QUALIFICATIONS

Were current Certificates of Insurance or letter from insurance company evidencing the Vendor's ability to obtain insurance provided and acceptable?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

III. GENERAL REQUIREMENTS

Could this firm answer "Yes" to all of the questions under "General Requirements"? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

IV. OPERATING SYSTEM

Could this firm answer "Yes" to all of the questions under "Operating System"? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

V. IN-FIELD PATIENT DATA SOFTWARE REQUIREMENTS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VI. DATA TRANSFER FROM PEN COMPUTER TO REPOSITORY

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VII. HOST/ENTERPRISE SERVER REQUIREMENTS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VIII. TECHNICAL SUPPORT & SERVICE REQUIREMENTS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VIII. MOBILE COMPUTER HARDWARE SPECIFICATIONS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

X. INSTALLATION SERVICE

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

XI. TRAINING SERVICES

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

XII. ATTACHMENTS #1 - 8

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS

\_\_\_\_\_ FAIL

SAMPLE B

REFERENCE CHECK FORM

PROJECT: ELECTRONIC DATA COLLECTION SYSTEM FOR LEE COUNTY EMS

PROPOSAL NO.: P-010573

\*\*\*\*\*

1. Has this company provided a data collection system similar to that being proposed to Lee County to your firm/entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. How long has this company been working with your firm/entity with this data collection system?

Length of time: \_\_\_\_\_

3. How is their response time to your requests?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

4. How is the availability of their managerial and support staff?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

5. Would you recommend employment of this company?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

OVERALL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

REFERENCE CALLED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

CHECKER'S SIGNATURE: \_\_\_\_\_

LEE COUNTY PURCHASING SERVICES - BIDDERS CHECK LIST

**IMPORTANT:** Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.
- 11. The mailing envelope has been addressed to:
 

Lee County Purchasing Services	or	Lee County Purchasing
P.O. Box 398		3434 Hancock Bridge Pkwy 3 <sup>rd</sup> FL
Ft. Myers, FL 33902-0398		N. Ft. Myers, FL 33903
- 12. The mailing envelope **MUST** be sealed and marked with:
  - Quote Number
  - Opening Date and/or Receiving Date
- 13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 14. If submitting a "NO BID" please write quote number here \_\_\_\_\_ and check one of the following:
  - Do not offer this product  Insufficient time to respond.
  - Unable to meet specifications (why)
  - Unable to meet bond or insurance requirement.
  - Other: \_\_\_\_\_

Company Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

# ATTACHMENT #1

• Page 1 INCIDENT DATA EXTRACT - Record Format

December 19, 2000

## Advanced Data Processing

**Advanced Data Processing** Phone 305 945 2280  
 520 NW 165 Street Road  
 Suite 201  
 Miami, FL 33169 Fax 305 945 6692  
 Email ADPadv@aol.com



December 19, 2000

### Subject: Extract Format for EMS

The attached is a set of record formats for extracting required billing data and run report information.

Billing Data  
 Record Record  
 Length = 375  
 Character Position

1  
 2-11  
 12-41  
 42-61  
 62-81  
 82-101  
 102-106  
 107-116  
 117-124  
 125-136  
 137-144  
 145  
 146-154  
 155-189  
 190  
 191-195  
 196-215  
 216  
 217-221  
 222-231  
 232-236

Program Label	Field Description	Format	Length	ONE RECORD PER INCIDENT
RECOD	Record Code "1"	'A'	1	Record Code = "1"
ACTNR	Incident Number	N	10	
ANAME	Patient Name	A	30	"John Smith"
LINE2	Address Line 2	A	20	1-20
LINE3	Address Line 3	A	20	21-40
LINE4	Address Line 4	A	20	City State
ZIPCD	Zip Code	N	5	
PHONE	Patient Phone #	N	10	
IDATE	Incident Date	N	8	MMDDCCCC
UNIT	Unit Number	A	12	Left Justified
VDOB	Patient DOB	A	8	MMDDCCCC
VSEX	Patient Sex	A	1	M/F
SSNR	Patient Social Sec #	N	9	
IADDR	Incident Address	A	35	
BLS/ALS	Transport Service	A	1	"B" or "A"
HOSP#	ER/Hosp Patient Taken (Number)	A	5	
HOSP NAME	ER/Hosp Patient Taken (Name)	A	20	
OXYFLG	Oxygen use (flag code)	Y/N	1	
MIMILE	Total Miles	N	5.0	Right Justified
BPHONE	Patient Business Phone	N	10	
START	Start Time	A	5	Example 0121P or 0250A



• Page 2 INCIDENT DATA EXTRACT - Record Format

December 19, 2000

237-241	STOP	Stop Time	A	5	Example 0121P or 0250A
242	HELICOP	Helicopter Standby	Y/N	1	
243	SPECHDLG	Special Handling	Y/N	1	
244-255	MEDICARE	Medicare ID	A	12	Left Justified
256-267	MEDICAID	Medicaid ID	A	12	"
268-287	INSNAME1	Patient Insurance #1	A	20	"
288-302	INSID1	Insurance #1 ID	A	15	"
303-322	INSNAME2	Patient Insurance #2	A	20	"
322-337	INSID2	Insurance #2 ID	A	15	"
338	WORKREL	Work Related Injury	Y/N	1	
339-343	PICKUPZIP	Pick-up Zip Code		5	
344	ALS2	ALS2=2		1	
345-349	MILESBYND	Mileage Beyond		5	xxxx.x

● Page 3 INCIDENT DATA EXTRACT - Record Format

December 19, 2000

Impressions  
Record Length = 375

Character Position

1  
2-11  
12

Program Label	Field Description	Format	Length	POSSIBLE RECORDS	MULTIPLE
RECOD	Record Code "2"	'A'	1	Record Code = "2"	
ACTNR	Incident Number	N	10		
IMPRES	Impressions	A	280		

Interventions Record  
Record Length = 375

Character Position

1  
2-11  
12

Program Label	Field Description	Format	Length	POSSIBLE RECORDS	MULTIPLE
RECOD	Record Code "3"	'A'	1	Record Code = "3"	
ACTNR	Incident Number	N	10		
INTERV		A	280	IV, MEDS, etc.	

Run Report Record  
Record Length = 375

Character Position

1  
2-11  
12

Program Label	Field Description	Format	Length	POSSIBLE RECORDS	MULTIPLE
RECOD	Record Code "4"	'A'	1	Record Code = "4"	
ACTNR	Incident Number	N	10		
RUNRPT	Actual Run Report Text	A	280		

# PARAMEDIC CARDIAC ASSESSMENT CHECKLIST

PERFORM 12 LEAD ECG Per Protocol:		THROMBOLYSIS CHECKLISTS RELATED TO: Potential Inclusion Criteria:		Potential Exclusion Criteria:	
Indication for ECG (1-11): _____ Time Symptoms Began: _____ Dispatch Time: _____ Patient Arrival Time: _____ Dispatch #: _____	BP: Lt. _____ / _____ Rt. _____ / _____ ECG Time Taken: _____ Departure Time to ER: _____ ER Arrival Time: _____	Ongoing chest pain and/or symptoms of AMI < 12 hrs. Yes No QRS width < .12 sec. Yes No If greater, DO NOT read ST changes Yes No ST elevation ≥ 1 mm. in 2 or more related leads (except V2 ≥ 2mm.) Yes No II, III, AVF Yes No V1, V2, V3, V4, V5, V6 Yes No I, AVL Yes No If answer is yes in 2 or more areas, consider pericarditis Yes No	Altered consciousness, uncooperative Yes No Active internal bleeding or known bleeding problems Yes No Stroke, TIA, brain and spinal surgery Yes No Takes oral anticoagulants Yes No Pregnancy Yes No Blood pressure > 180/110 Yes No Suspected aortic dissection, pericarditis or SBE Yes No Previous Thrombolytic agent allergy Yes No Surgery, biopsy, trauma within 6 weeks (including traumatic CPR) Yes No		
<b>CHEST PAIN HISTORY</b> (Circle All Appropriate Descriptions)		<b>Additional ECG Information (Not Inclusion Criteria)</b>			
<b>Location/Radiation:</b> Substernal Jaw Left/Right Chest Shoulder(s) Epigastrium Arm(s) Neck/Throat Back Other: _____		ST depression/T wave inversion in 2 or more related leads Yes No II, III, AVF Yes No V1, V2, V3, V4, V5, V6 Yes No I, AVL Yes No Q waves ≥ .04 sec. wide or ≥ 1/3 R wave height Yes No II, III, AVF Yes No V1, V2, V3, V4, V5, V6 Yes No I, AVL Yes No			
<b>Relieved By:</b> Lying Vomiting Sitting Resting Leaning Walking Belching Nothing Other: _____		<b>Aggravated By:</b> Breathing Lying Moving Sitting Site Pressure Exertion Swallowing Nothing Other: _____			
<b>Description (Character):</b> Dull/Aching Burning Heaviness Indigestion/Nausea Pressure Sharp Tightness/Squeezing Tearing Other: _____		<b>FIELD INTERVENTIONS</b>			
<b>RESPONSE TO NTG</b> No Relief Partial Relief Complete Relief If ECG done prior to chest pain relief, REPEAT 12 LEAD ECG		2 IV lines placed (e.g., double lumen #16) and blood drawn Yes No Nitroglycerin given Yes No Morphine Sulfate given Yes No			
<b>COMMENTS:</b>					

ATTACHMENT #2

# Paramedic Stroke Assessment **ATTACHMENT #3**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ PCR #: \_\_\_\_\_

<b>MODIFIED RANKIN SCALE (PRE EVENT STATUS)</b>	
Numeric Score	Symptoms (circle appropriate level)
0	No symptoms at all
1	No significant disability despite symptoms; able to carry out all usual duties and activities
2	Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance.
3	Moderate disability; requiring some help, but able to walk without assistance
4	Moderately severe disability; unable to walk without assistance, and unable to attend to own bodily needs without assistance.
5	Severe disability; bedridden, incontinent, and requiring constant nursing care and attention

<b>TIMES</b>	
	Time Symptoms Began:
	Last Time Patient Seen at Baseline:
	Dispatch Time:
	Patient Arrival Time:
	Departure Time to ER:
	Arrival at ER:
Abbreviated Stroke Scale (check all that apply)	
	Arm weakness
	Facial Droop
	Slurred/Inappropriate Speech
Prior CVA (check all that apply)	
	Non-hemorrhagic
	Hemorrhagic
	Weakness R/L
	Speech Disturbance
	Vision Disturbance R/L
Co-Morbidities (check all that apply)	
	Coronary Artery Disease
	High Blood Pressure
	Diabetes Mellitus
	Cancer
	Renal Failure

<b>T-PA CONTRAINDICATIONS (EXCLUSION CRITERIA)</b>		
Criteria	Yes	No
Altered consciousness, uncooperative		
Active internal bleeding or known bleeding problems		
Stroke, T1A, brain and spinal surgery		
Takes oral anticoagulants		
Pregnancy		
Blood pressure > 180 / 100		
Suspected aortic dissection, pericarditis or SBE		
Previous thrombolytic agent allergy		
Surgery, biopsy, trauma within 6 weeks (including traumatic CPR)		

**Lee County EMS  
Adult Trauma Scorecard Methodology**

**ATTACHMENT #4**

Name: \_\_\_\_\_ PCR# \_\_\_\_\_

The EMT or Paramedic will assess the conditions of those injured persons with anatomical and physiological characteristics of a person sixteen (16) years of age or older for the presence of at least one of the following four (4) criteria to determine whether to transport as a trauma alert. These four criteria are to be applied in the order listed, and once any one criterion is met that identifies the patient as a trauma alert, no further assessment is required to determine the transport destination.

**Criteria:**

1. Meets color-coded triage system (see below):

**Component**

Airway	Respiratory Rate > 30 <input type="checkbox"/> B	Active Airway Assistance (1) <input type="checkbox"/> R
Circulation	Sustained HR > 120 <input type="checkbox"/> B	Lack of Radial Pulse with Sustained HR > 120 or BP < 90 mmHg <input type="checkbox"/> R
Best Motor Response	BMR = 5 <input type="checkbox"/> B	BMR < 4 or Presence of Paralysis or Suspicion of Spinal Cord Injury or Loss of Sensation <input type="checkbox"/> R
Cutaneous	Soft Tissue Loss (2) or GSW to the the Extremities <input type="checkbox"/> B	2° or 3° Burns > 15% TBSA or Amputation Proximal to the Wrist or Ankle or Any Penetrating Injury to Head, Neck or Torso (3) <input type="checkbox"/> R
Longbone Fracture (4)	Single FX, Site Due to MVA or Fall > 10 ft. <input type="checkbox"/> B	Fractures of > 2 Longbones <input type="checkbox"/> R
Age	> 55 Years <input type="checkbox"/> B	
Mechanism of Injury	Ejection from Vehicle (5) or Deformed Steering Wheel (6) <input type="checkbox"/> B	

■ R = RED, any one (1) - transport as a trauma alert.    ■ B = BLUE, any two (2) - transport as a trauma alert

- 2. GCS < 12 (Patient must be evaluated via GCS if not identified as a trauma alert after the application of criteria 1).
- 3. Meets local criteria (specify): Traumatocally injured OB patient with the potential of fetal distress.
- 4. Patient does not meet any of the trauma criteria listed above but, in the judgement of the EMT or paramedic, should be transported as a trauma alert (document).

- 1. Airway assistance beyond administration of oxygen.
- 2. Major degloving injuries, or major flap avulsion (> 5 in.)
- 3. Excluding superficial wounds in which the depth of the wound can be determined.
- 4. Longbone include the humerus, (radius/ulna), femur, (tibia/fibula).
- 5. Excluding motorcycle, moped, all terrain vehicle, bicycle or open body of pickup truck.
- 6. Only applies to the driver of vehicle.

# Lee County EMS

## Pediatric Trauma Scorecard Methodology

# ATTACHMENT #5

The EMT or Paramedic shall assess the conditions of those injured individuals with anatomical and physical characteristics of a person fifteen (15) years of age or younger, for the presence of one or more of the following three (3) criteria to determine the transport destination per 64E-2.001, Florida Administrative Code, (F.A.C.):

### CRITERIA:

- 1) Pediatric Trauma Triage Checklist: The individual is assessed based on each of the six (6) physiologic components listed below (left column). The single, most appropriate criterion for each of the components is selected (along the row to the right). Refer to the color-coding of each criterion and the legend below to determine the transport destination:

#### COMPONENT

<b>SIZE</b>	>20 Kg (44+ lbs.) <input type="checkbox"/> G	12-20 Kg (22-43 lbs.) <input type="checkbox"/> G	WEIGHT ≤ 11 Kg or LENGTH ≤ 33 INCHES ON A PEDIATRIC LENGTH AND WEIGHT EMERGENCY TAPE <input type="checkbox"/> B
<b>AIRWAY</b>	NORMAL <input type="checkbox"/> G	SUPPLEMENTED O <sub>2</sub> <input type="checkbox"/> G	ASSISTED or INTUBATED (1) <input type="checkbox"/> R
<b>CONSCIOUSNESS</b>	AWAKE <input type="checkbox"/> G	AMNESIA or LOSS OF CONSCIOUSNESS <input type="checkbox"/> B	ALTERED MENTAL STATUS (2) or COMA or PRESENCE OF PARALYSIS or SUSPICION OF SPINAL CORD INJURY or LOSS OF SENSATION <input type="checkbox"/> R
<b>CIRCULATION</b>	GOOD PERIPHERAL PULSES; SBP > 90 mmHg <input type="checkbox"/> G	CAROTID OR FEMORAL PULSES PALPABLE, BUT THE RADIAL OR PEDAL PULSE NOT PALPABLE or SBP < 90 mmHg <input type="checkbox"/> B	FAINT OR NON-PALPABLE CAROTID OR FEMORAL PULSE or SBP < 50 mmHg <input type="checkbox"/> R
<b>FRACTURE</b>	NONE SEEN or SUSPECTED <input type="checkbox"/> G	SINGLE CLOSED LONG BONE (3) FRACTURE (4) <input type="checkbox"/> B	OPEN LONG BONE (3) FRACTURE (5) or MULTIPLE FRACTURE SITES or MULTIPLE DISLOCATIONS (5) <input type="checkbox"/> R
<b>CUTANEOUS</b>	NO VISIBLE INJURY <input type="checkbox"/> G	CONTUSION or ABRASION <input type="checkbox"/> G	MAJOR SOFT TISSUE DISRUPTION (6) or MAJOR FLAP AVULSION or 2 <sup>0</sup> OR 3 <sup>0</sup> BURNS TO ≥ 10% TBSA or AMPUTATION (7) or ANY PENETRATING INJURY TO HEAD, NECK, or TORSO (8) <input type="checkbox"/> R

R = RED, any one (1) – transport as a trauma alert     B = BLUE, any two (2) – transport as a trauma alert     G = GREEN, follow local protocols

- 2) Meets local criteria (specify):
- 3) Patient does not meet any of the trauma criteria listed above, but the EMT or Paramedic can call a "Trauma Alert" if, in his or her judgement, the trauma patient's condition warrants such action. Must be documented on run report pursuant to 64E-2.013, (F.A.C.):

1. Airway assistance includes manual jaw thrust, single or multiple suctioning, or use of other adjuncts to assist ventilatory efforts.
2. Altered mental status includes drowsiness, lethargy, inability to follow commands, unresponsiveness to voice, totally unresponsive.
3. Longbones include the humerus, (radius/ulna), femur, (tibia/fibula).
4. Longbone fractures do not include isolated wrist or ankle fractures.
5. Longbone fractures do not include isolated wrist or ankle fractures or dislocations.
6. Includes major degloving injury.
7. Amputation proximal to wrist or ankle.
8. Excluding superficial wounds where the depth of the wound can be determined.









# LEE COUNTY EMERGENCY MEDICAL SERVICES - BLS CHECKLIST



# ATTACHMENT #7

Date: \_\_\_\_\_ Property Control Number: \_\_\_\_\_ Crew: (1) \_\_\_\_\_  
 Station/SSU: \_\_\_\_\_ Mileage: \_\_\_\_\_ (2) \_\_\_\_\_  
 Time: \_\_\_\_\_ Fuel: #1 \_\_\_\_\_ #2 \_\_\_\_\_ (3) \_\_\_\_\_

### AIRWAY/O<sub>2</sub>/SUCTION

- 6] BVM with reservoir (Adult)
- 3] BVM with reservoir (Ped)
- 3] Clear Face Mask (A,C,I)
- 12] Nasal Cannulas
- 2] Ped Nasal Cannulas
- 10] Nasopharyngeal Airways  
12,14,16,18,20,22,24,26,28 & 30 Fr
- 12] Non-Rebreathers (Ad)
- 6] Non-Rebreathers (Ped)
- 3] O<sub>2</sub> Masks (Infant)
- 6] O<sub>2</sub> Tubing
- 7] Oropharyngeal Airways 0-6 (ea)
- 2] Oxygen (D) Tank
- 1] Oxygen (M) Tank (500 min)
- 1] Oxygen (M) Tank Extra PSI \_\_\_\_\_
- 1] Suction (Portable)
- 1] Suction (Unit/bags)
- 3] Suction Tubing
- 2] Suction Caths 6, 8, 10, 12 & 14 (ea)
- 4] Yankauer Tip Caths

### BANDAGING/SPLINTING

- 6] Ace Bandage
- 1] Air Splints (1ea/6)
- Bx] Band-aids
- 2] Burn Sheets
- 1] Hare Traction Splint (Ad)
- 1] Hare Traction Splint (Ped)
- 12] Kling Assort. 2"/4"
- 6] Ladder Splints
- 2] PASG (Ad) with Pump
- 1] PASG (Ped) with Pump
- 2] Multi-Trauma Dressings
- 1] Scoop Stretcher
- 6] Tape 1" Clear
- 6] Tape 1" Adhesive
- 6] Tape 2" Adhesive
- 8] Triangular Bandages
- 1] Unsterile Pads (pkg)
- 4] Vaseline Gauze
- Bx] 4x4s (pkg)
- Bx] 5x9s (pkg)

### IMMOBILIZATION

- 3] HID-All Backboards
- 3] Backboards (long)
- 2] KED/Straps/Pad
- 2] Immobilization Collars (sets)
- 8] Straps

### PATIENT TRANSPORT

- Chair Stretcher
- Portable Stretcher
- Stretcher & 3 Straps
- Extra Stretcher Straps (3)
- Air 4 Board \*
- Ped Immobilization Board
- Pedi Pal Safety Seat

### MISC ITEMS

- Dictionary
- State of FL Comm Book
- Memo Book (Reviewed)
- Extra Trip Sheets
- Clipboard & Paperwork
- Code Book

Vehicle Damage  
*Note any new vehicle damage in vehicle notes below.*

### MISC SUPPLIES

- 8] Ammonia Capsules
- 4] Basins (large)
- 1] Bed Pan/Urinal
- 2] Bite Sticks
- 3] Blankets - Disp. Thermal
- 4] BP Cuffs - 1ea (Infant,Ped,Adult,Thigh)
- 6] Cold Packs
- 2] Face Shields
- 6] Surgical Masks
- 2] Hepa Filter Masks ea (S,M,L)
- 1] Gloves (box - S,M,L,XL)
- 2] OB Kit
- 1] Newborn Kit
- 1] Bulb Syringe (Separate from OB)
- 1] Penlight
- 2] Pillows
- 12] Pillow Cases
- 24] Sheets
- 4] Plastic Bio Bags (Red, Yellow)
- 2] Needle Disposal Box (S,L)
- 2] Ipecac & Charcoal (ea)
- 2] Bottled Water
- 1] Restraints (set)
- 1] Scissors
- 1] Thermometer/Sheaths
- 2] Hearing Protectors
- 1] Stethoscope (Adult)
- 1] Stethoscope (Ped)
- 2] Teddy Bears
- 1] MCI Kit

### TRAUMA BOX

- 6] Alcohol Preps
- 2] Ace Bandage
- 4] Ammonia Capsules
- 6] Band-Aids
- 1] BP Cuff (Adult)
- 1] BVM with reservoir (Adult)
- 1] Constricting Band
- 2] Cold Pack
- 3] Gloves (unsterile/pair)
- 4] Kling Assort.(ea 2"/4")
- 1] Multi-Trauma Dressing
- 1] Oropharyngeal Airways(ea)
- 1] Penlight
- 1] Peroxide
- 1] Scissors
- 1] Stethoscope (Adult)
- 1] Small Sharps Container
- 1] Tape 1" Clear
- 1] Tape 1" Adhesive
- 1] Tape 2" Adhesive
- 2] Triangular Bandage
- 1] IV Admin Set - Reg
- 2] IV Caths (18,16,14)
- 1] Lactated Ringers
- 1] Syringe (20cc)
- 2] Needles
- 2] Vacutainer Tubes
- 2] Vacutainer Needles
- 1] Vacutainer, Hub
- 2] Vaseline Gauze
- 6] 4x4's
- 6] 5x9's

### VEHICLE CHECK

- Unit Keys
  - Batteries
  - Battery Charger
  - Jumper Cables
  - Brake Fluid
  - Engine Oil(added \_\_\_\_\_)
  - Extra Oil (2)
  - Extension Cord \*
  - Belts
  - Flashlights (2)
  - Extra "D" Batteries (2)
  - Fire Extinguishers (2)
  - Gas Cards (Tech 21 & Shell)
  - Gas Keys (G & F)
  - Garage Door Opener \*
  - Station Key \*
  - Power Steering
  - Radiator (added \_\_\_\_\_)
  - Radio (Unit)
  - Radio (Portable)
  - Safety Reflectors Kit (4)
  - Siren & Horn
  - Tire Gauge
- Proper tire pressure will vary by unit and can be found in each vehicle.*

LF \_\_\_ RF \_\_\_ RR \_\_\_ IRR \_\_\_ LR \_\_\_ ILR \_\_\_

- Air Added
- Air Shocks 32lb. \*
- Tool Box
- Windshield Wipers
- Pry-Axe
- Gloves
- Goggles
- Window Punch

### LIGHTS

- Back Up & Alarm
- Brake
- Emergency
- Headlights Low/High
- Interior/Map Light
- Tail Lights
- Turn Signals

### UNIT CLEANING SUPPLIES

- Ajax
- Alcohol Gel
- Broom
- Disinfectant Spray
- Paper Towels
- Towels
- Unicide/Virex
- Wash & Wax
- Wax
- Window Cleaner
- Peroxide (2)
- Wash Brushes/Handles (2) \*
- Stardust Absorbent Powder

### MAPS

- Bonita Springs \*
- Cape Coral \*
- Ft Myers \*
- Iona-McGregor \*
- Northeast Lee County \*
- Pine Island \*
- Sanibel \*
- Rand McNally Map Book
- Zone Books

Vehicle Notes: \_\_\_\_\_

Signature: \_\_\_\_\_

+ Use maintenance request form for vehicle repairs needed.



# EMS



The following are lists of kits found on the units and the contents they contain.

### New Born Kit

- 1 - Foil Bunting
- 1 - Blanket
- 1 - Towel
- 1 - Stockinette Cap

### MCI Kit

- 1 - Command Vest
- 1 - MCI Report Sheet
- 1 - MCI System card
- 20 - Triage Tags

### Tools Box

- 2 - Blade Fuses ea (5-30 amp)
- 2 - Buss Fuses (20 amp for siren)
- 2 - Bulbs #1157
- 1 - Bulb #1156
- 2 - Bulbs # 194
- 2 - Bulbs #1895
- 1 - Set Wrenches
- 1 - Roll Electrical Tape
- 1 - Pair Pliers
- 2 - Screwdrivers (flat)
- 2 - Screwdrivers (Phillips)

### Haz-Mat Bag

- 1 - Apron
- 1 - Emergency Response Guide
- 1 - Pair Goggles
- 1 - Limited Exposure Kit
- 1 - Red Bio Bag
- 1 - Yellow Bio Bag
- 2 - Pair Rubber Gloves

The items below are provided for review and reference purposes:

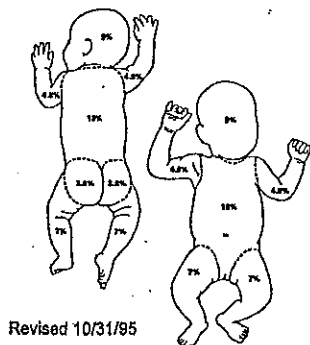
## LEE MEMORIAL HOSPITAL TRAUMA ALERT PROTOCOL

- ▶ Systolic BP less than 90
- ▶ Respiratory Rate less than 10 or greater than 29
- ▶ Glasgow Coma Score equal or less than 12
- ▶ Peds Trauma Score less than 9 (15 y/o or younger)
- ▶ 2/3 degree burns greater than 15% BSA
- ▶ Paralysis
- ▶ Amputation proximal to wrist or ankle
- ▶ Penetrating injury head, neck, trunk
- ▶ Ejection from motor vehicle
- ▶ OB patients w/potential for fetal distress

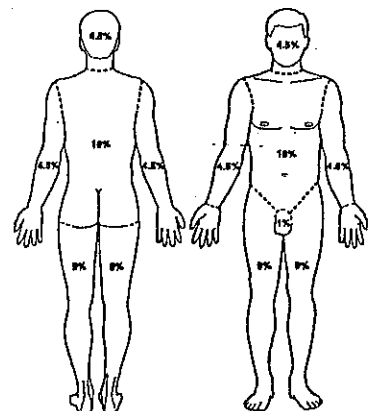
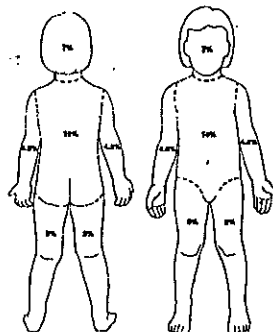
\* Take time to access patients properly, TA does not have to be called immediately upon arrival on the scene.

Components	Points			Score
	+2	+1	-1	
<b>Weight</b>	>20 kg (44lb) Child/adolescent	10-20 kg (22-44 lb) Toddler	<10 kg (<22 lb) Infant	-----
<b>Airway</b>	Patent Normal	Maintainable Assisted: O <sub>2</sub> , mask cannula	Unmaintainable Intubated: ETT/OLA, Cricothyrotomy	-----
<b>CNS</b>	Awake	Obtunded Lost consciousness	Coma Unresponsive	-----
<b>Systolic BP</b>	>90 mmHg Good peripheral pulses, perfusion	50-90 mmHg Good peripheral pulses palpable	<50 mmHg Weak or no pulse	-----
<b>Open Wound</b>	None No visible injury	Minor Contusion, abrasion Laceration <1 cm, Not through fascia	Major Tissue loss, any OS/W/ab through fascia	-----
<b>Skeletal Injuries</b>	None None seen or suspected	Closed Fracture Single closed fracture anywhere	Open or Multi Fracture	-----
			<b>TOTAL =</b>	-----

Glasgow Coma Scale		
<b>Eye opening</b>	Spontaneous	4
	To voices	3
	To pain	2
	None	1
<b>Verbal response</b>	Oriented	5
	Confused	4
	Inappropriate words	3
	Incomprehensible words	2
	None	1
<b>Motor response</b>	Obeys commands	6
	Purposeful movement (pain)	5
	Withdrawal (pain)	4
	Flexion (pain)	3
	Extension (pain)	2
	None	1
<b>GCS SUB TOTAL (3-15)</b>		
<b>TRAUMA SCORE</b>		
<b>GCS Total from above</b>	14 - 15	5
	11 - 13	4
	8 - 10	3
	5 - 7	2
	3 - 4	1
<b>Respiratory rate</b>	10 - 24 /min	4
	25 - 35 /min	3
	36 or > /min	2
	1 - 9 /min	1
	None	0
<b>Respiratory expansion</b>	Normal	1
	Retractive / none	0
<b>Systolic BP</b>	90 mmHg or >	4
	70 - 89 mmHg	3
	50 - 69 mmHg	2
	0 - 49 mmHg	1
<b>Capillary refill</b>	Normal	2
	Delayed	1
	None	0
<b>TOTAL TRAUMA SCORE</b>		



Revised 10/31/95





# MANUAL DEFIBRILLATORS: OPERATOR'S SHIFT CHECKLIST

Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Station/PLU \_\_\_\_\_

Mfr/Model No: \_\_\_\_\_ Serial Number: \_\_\_\_\_



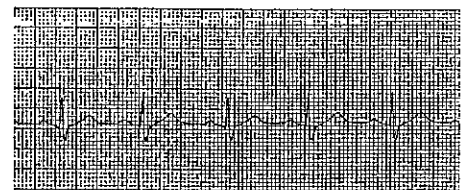
At the beginning of each shift, inspect the unit. Indicate whether all requirements have been met. Note any corrective actions taken.

LP10	OK	Hewlett Packard	OK
1. Defibrillator Unit Clean, no spills, case intact.	<input checked="" type="checkbox"/>	1. Defibrillator Unit Clean, no spills, case intact.	<input checked="" type="checkbox"/>
2. Paddles b. Clean, not pitted. c. Release from housing easily. d. Fast Patch adapter tray intact. e. Pediatric adapters.	<input type="checkbox"/>	2. Paddles a. Clean, not pitted. b. Pediatric adapters.	<input type="checkbox"/>
3. Cables/Connectors a. Inspect for cracks, broken wire or damage. b. Connectors engage securely.	<input type="checkbox"/>	3. Cables/Connectors a. Inspect for cracks, broken wire or damage. b. Connectors engage securely.	<input type="checkbox"/>
4. Supplies a. 2 sets of Fast-Patch pads in sealed pkgs, within exp date, 5 sets on unit. b. 2 sets of Quick-Pace pads in sealed pkgs, within exp date. 5 sets on unit c. 3 sets of monitor electrodes. 8 sets on unit. d. 1 Spare ECG paper. 3 rolls on unit. e. Spare charged battery. f. 12 lead electrodes (1 set). g. 1 razor. h. 2 sets defib pads. 5 on unit.	<input type="checkbox"/>	4. Supplies a. 3 sets of monitor electrodes & 10 sets on unit. b. 1 Spare ECG paper & 3 rolls on unit. c. 1 Spare charged battery & 1 spare battery at station. d. 12 lead electrodes (1 set): e. 1 razor. f. Adult pads for defib./pacer/mon. g. Peds pads for defib./pacer/mon.	<input type="checkbox"/>
5. Power Supply a. Verify fully charged batteries in place. b. Follow appropriate battery rotation schedule per manufacture's recommendations.	<input type="checkbox"/>	5. Power Supply a. Verify fully charged batteries in place. b. Follow appropriate battery rotation schedule per manufacture's recommendations.	<input type="checkbox"/>
6. Indicators/ECG Display a. Power-on display. * b. Self test OK. * c. Monitor display functional. d. "Service" message display off. * e. Battery charging, low battery light off. * f. Correct time displayed, set with dispatch. *	<input type="checkbox"/>	6. Indicators/ECG Display a. Power-on display. b. Self test OK. * c. Monitor display functional. d. Correct time displayed, set with dispatch. *	<input type="checkbox"/>
7. ECG Recorder a. Adequate paper. b. Recorder prints.	<input type="checkbox"/>	7. ECG Recorder a. Adequate paper. b. Recorder prints.	<input type="checkbox"/>
8. Charge/Display Cycle for Paddle or Adhesive Pad Defibrillation a. Charge to manufacture's recommended test energy level. b. Charge indicators working. c. Discharge per manufacture's instructions. d. Test defib cables with Quick Check. *	<input type="checkbox"/>	8. Defibrillator/Pacemaker/PulseOximeter Test a. Test module attached. b. Charge to manufacture's recommended test energy level. c. Charge indicators working. d. Discharge per manufacture's instructions. e. Pacer output cable intact. f. Check pacer function per manufacture's guidelines. g. Pulse oximeter function.	<input type="checkbox"/>
9. Pacemaker * a. Pacer output cable intact. b. Check with Pace Mate per manufacture's guidelines.	<input type="checkbox"/>		<input type="checkbox"/>

Major problem(s) identified (OUT OF SERVICE).

☆ Attach Code Summary to Checklist.

\* Applicable only if the unit has this supply or capability.



Signature: \_\_\_\_\_  
(For front and back)



**LEE COUNTY**  
SOUTHWEST FLORIDA

# ATTACHMENT #5

PROJECT NO.: P-010573

OPEN DATE: JANUARY 15, 2002

AND TIME: 2:30 P.M.

PRE-PROPOSAL MEETING:

DATE: JANUARY 3, 2002

TIME: 10:00 A.M.

LOCATION: 3434 HANCOCK BRIDGE  
PKWY, 3<sup>RD</sup> FL, N. FT. MYERS, FL

# REQUEST FOR PROPOSALS

(STEP TWO - PRICING)

**TITLE:**

**ELECTRONIC DATA COLLECTION SYSTEM FOR LEE  
COUNTY EMS**

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
DIVISION OF PURCHASING  
3434 HANCOCK BRIDGE PKWY., 3<sup>RD</sup> FLOOR  
P.O. BOX 398  
FORT MYERS, FL 33902-0398

BUYER: BOB FRANCESCHINI, C.P.M., CPPB  
PURCHASING AGENT  
PHONE NO.: (941) 689-7385

**GENERAL CONDITIONS**

Sealed Quotations will be received by the DIVISION OF PURCHASING, until 2:30pm on the date specified on the cover sheet of this "Request for Proposals", and opened immediately thereafter by the Purchasing Director or designee.

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (941) 689-7385.

**1. SUBMISSION OF PROPOSAL:**

- a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:
  - 1. Marked with the words "Sealed Proposal"
  - 2. Name of the firm submitting the quotation
  - 3. Title of the proposal
  - 4. Proposal number
  
- b. The Proposal shall be submitted in triplicate as follows:
  - 1. The original consisting of the Lee County proposals forms completed and signed.
  - 2. A copy of the original proposal forms for the Purchasing Director.
  - 3. A second copy of the original proposal forms for use by the requesting department.
  
- c. The following should be submitted along with the proposal in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Proposal", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.
  - 1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your proposal; i.e., required submittals, literature, technical data, financial statements.
  - 2. Warranties and guarantees against defective materials and workmanship.
  
- d. **ALTERNATE PROPOSAL:** If the vendor elects to submit more than one proposal, then the proposals should be submitted in separate envelopes and marked as indicated above. The second, or alternate proposal should be marked as "Alternate".
  
- e. **PROPOSALS RECEIVED LATE:** It is the proposer's responsibility to ensure that his proposal is received by the Division of Purchasing Services prior to the opening date and time specified. Any proposal received after the opening date and time will be promptly returned to the proposer unopened. Lee County will not be responsible for proposals received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.
  
- f. **PROPOSAL CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.
  
- g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).
  
- h. **WITHDRAWAL OF PROPOSAL:** No proposal may be withdrawn for a period of 90 days after the scheduled time for receiving proposals. A proposal may be withdrawn prior to the proposal-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.
  
- i. **COUNTY RESERVES THE RIGHT:** The County reserves the right to waive minor informalities in any proposal; to reject any or all proposals with or without cause; and/or to accept the proposal that in its judgment will be in the best interest of the County of Lee.

- j. **EXECUTION OF PROPOSAL:** All proposals shall contain the signature of an authorized representative of the proposer in the space provided on the proposal form. All proposals shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the proposal shall be initialed.

2. **ACCEPTANCE**

The materials and/or services delivered under the proposal shall remain the property of the seller until a physical inspection and actual usage of these materials and/or services is accepted to the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. **SUBSTITUTIONS**

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is proposal, it is the vendor's responsibility to name such product with his proposal and to prove to the County that said product is equal to the product specified. Lee County shall be the sole judge as to whether a product being offered by the proposer is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.

4. **RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES**

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

- a. Occupational License – Vendor shall submit within 10 calendar days after request.
- b. Specialty License(s) – Vendor shall possess at the time of the opening of the proposal all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. **RECYCLED PRODUCTS**

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. **WARRANTY/GUARANTY** (unless otherwise specified)

All materials and/or services furnished under this proposal shall be warranted by the vendor to be free from defects and fit for the intended use.

7. **PRE-BID CONFERENCE**

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a proposal attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the proposer to ensure that they are represented at the pre-bid. Only those proposers who attend the pre-bid conference will be allowed to proposal on this project.

8. **BIDDERS LIST MAINTENANCE**

A bidder should respond to "Request for Quotations" in order to be kept on the Bidder's List. Failure to respond to three different "request for quotations" may result in the vendor being removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

- a. Submission of a quotation prior to the proposal receipt deadline.
- b. Submission of a "no bid" notice prior to the proposal receipt deadline.

9. **LEE COUNTY PAYMENT PROCEDURES**

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department  
Post Office Box 2238  
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this proposal.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, proposer, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or proposers should include in their proposal all sales or use taxes, which they will pay when making purchases of material or subcontractor's services.

10. **LEE COUNTY BID PROTEST PROCEDURE**

Any contractor/vendor/firm that has submitted a formal bid/proposal/proposal to Lee County, and who is adversely affected by an intended decision with respect to the award of the formal bid/proposal/proposal, shall file with the County's Purchasing Director or Public Works Director a written "Notice of Intent to File a Protest" not later than seventy-two (72) hours (excluding Saturdays, Sundays and Legal Holidays) after receipt of a "Notice of Intended Decision" from the County with respect to the proposed award of the formal bid/proposal/proposal.

The "Notice of Intent to File a Protest" is one of two documents necessary to perfect Protest. The second document is the "Formal Written Protest", both documents are described below.

The "Notice of Intent to File a Protest" document shall state all grounds claimed for the Protest, and clearly indicate it as the "Notice of Intent to File a Protest". Failure to clearly indicate the Intent to file the Protest shall constitute a waiver of all rights to seek any further remedies provided for under this Protest Procedure.

The "Notice of Intent to File a Protest" shall be received ("stamped in") by the Purchasing Director or Public Works Director not later than Four o'clock (4:00) PM on the third working day following the day of receipt of the County's Notice of Intended Decision.

The affected party shall then file its Formal Written Protest within ten (10) calendar days after the time for the filing of the Notice of Intent to File a Protest has expired. Except as provided for in the paragraph below, upon filing of the Formal Written Protest, the contractor/vendor/firm shall post a bond, payable to the Lee County Board of County Commissioners in an amount equal to five percent (5%) of the total bid/proposal/proposal, or Ten Thousand Dollars (\$10,000.00), whichever is less. Said bond shall be designated and held for payment of any costs that may be levied against the protesting contractor/vendor/firm by the Board of County Commissioners, as the result of a frivolous Protest.

A clean, Irrevocable Letter of Credit or other form of approved security, payable to the County, may be accepted. Failure to submit a bond, letter of credit, or other approved security simultaneously with the Formal Written Protest shall invalidate the



protest, at which time the County may continue its procurement process as if the original "Notice of Intent to File a Protest" had never been filed.

Any contractor/vendor/firm submitting the County's standard bond form (CSD: 514), along with the bid/proposal/proposal, shall not be required to submit an additional bond with the filing of the Formal Written Protest.

The Formal Written Protest shall contain the following:

- County bid/proposal/proposal identification number and title.
- Name and address of the affected party, and the title or position of the person submitting the Protest.
- A statement of disputed issues of material fact. If there are no disputed material facts, the Formal Protest must so indicate.
- A concise statement of the facts alleged, and of the rules, regulations, statutes, or constitutional provisions, which entitle the affected party to relief.
- All information, documents, other materials, calculations, and any statutory or case law authority in support of the grounds for the Protest.
- A statement indicating the relief sought by the affected (protesting) party.
- Any other relevant information that the affected party deems to be material to Protest.

Upon receipt of a timely filed "Notice of Intent to File a Protest", the Purchasing Director or Public Works Director (as appropriate) may abate the award of the formal bid/proposal/proposal as appropriate, until the Protest is heard pursuant to the informal hearing process as further outlined below, except and unless the County Manager shall find and set forth in writing, particular facts and circumstances that would require an immediate award of the formal bid/proposal/proposal for the purpose of avoiding a danger to the public health, safety, or welfare. Upon such written finding by the County Manager, the County Manager may authorize an expedited Protest hearing procedure. The expedited Protest hearing shall be held within ninety-six (96) hours of the action giving rise to the contractor/vendor/firm's Protest, or as soon as may be practicable for all parties. The "Notice of Intent to File a Protest" shall serve as the grounds for the affected party's presentation and the requirements for the submittal of a formal, written Protest under these procedures, to include the requirement for a bond, shall not apply.

The Dispute Committee shall conduct an informal hearing with the protesting contractor/vendor/firm to attempt to resolve the Protest, within seven working days (excluding Saturdays, Sundays and legal holidays) from receipt of the Formal Written Protest. The Chairman of the Dispute Committee shall ensure that all affected parties may make presentations and rebuttals, subject to reasonable time limitations, as appropriate. The purpose of the informal hearing by the Dispute Committee, the protestor and other affected parties is to provide and opportunity: (1) to review the basis of the Protest; (2) to evaluate the facts and merits of the Protest; and (3) to make a determination whether to accept or reject the Protest.

Once a determination is made by the Dispute Committee with respect to the merits of the Protest, the Dispute Committee shall forward to the Board of County Commissioners its recommendations, which shall include relevant background information related to the procurement.

Upon receiving the recommendation from the Dispute Committee, the Board of County Commissioners shall conduct a hearing on the matter at a regularly scheduled meeting. Following presentations by the affected parties, the Board shall render its decision on the merits of the Protest.

If the Board's decision upholds the recommendation by the Dispute Committee regarding the award, and further finds that the Protest was either frivolous and/or lacked merit, the Board, at its discretion, may assess costs, charges, or damages associated with any delay of the award, or any costs incurred with regard to the protest. These costs, charges or damages may be deducted from the security (bond or letter of credit) provided by the contractor/vendor/firm. Any costs, charges or damages assessed by the Board in excess of the security shall be paid by the protesting contractor/vendor/firm within thirty (30) calendar days of the Board's final determination concerning the award.

All formal bid/proposal/proposal solicitations shall set forth the following statement:

“FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIMEFRAMES AS PRESCRIBED HEREIN AND ESTABLISHED BY LEE COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA, SHALL CONSTITUTE A WAIVER OF YOUR PROTEST AND ANY RESULTING CLAIMS.”

11. **PUBLIC ENTITY CRIME**

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of \$15,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

12. **QUALIFICATION OF PROPOSERS** (unless otherwise noted)

Proposals will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Proposers shall have adequate organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine ability to perform is satisfactory, and reserves the right to reject proposals where evidence submitted or investigation and evaluation indicates an inability of the proposer to perform.

13. **MATERIAL SAFETY DATA SHEETS**

In accordance with Chapter 443 of the Florida Statutes, it is the vendor’s responsibility to provide Lee County with Materials Safety Data Sheets on proposed materials, as may apply to this procurement.

14. **MISCELLANEOUS**

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

15. **WAIVER OF CLAIMS**

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

16. **AUTHORITY TO PIGGYBACK**

It is hereby made a precondition of any proposal and a part of these specifications that the submission of any proposal in response to this request constitutes a proposal made under the same conditions, for the same price, and for the same effective period as this proposal, to any other governmental entity.

17. **COUNTY RESERVES THE RIGHT**

a) **State Contract**

If applicable, the County reserves the right to purchase any of the items in this proposal from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) **Any Single Large Project**

The County, in its sole discretion, reserves the right to separately proposal any project that is outside the scope of this proposal, whether through size, complexity, or dollar value.

c) **Disadvantaged Business Enterprises**

The County, in its sole discretion, reserves the right to purchase any of the items in this proposal from Disadvantage Business Enterprise vendor if the prices are determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

The County further reserves the right to purchase any of the items in this proposal from DBE's to fulfill the County's state policy toward DBE's as outlined in County Ordinance 88-45 and 90-04, as amended.

d) **Anti-Discrimination**

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.

Where any information required of the vendor is in the exclusive possession of another who fails or refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.

The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union of worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

18. **AUDITABLE RECORDS**

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statutes.

19. **DRUG FREE WORKPLACE**

Whenever two or more proposals/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a proposal/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

20. **REQUIRED SUBMITTALS**

Any submittals requested should be returned with the proposal response. This information may be accepted after opening, but no later than 10 calendar days after request.

21. **TERMINATION**

Any agreement as a result of this proposal may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this proposal for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal proposal/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

22. **CONFIDENTIALITY**

Vendors should be aware that all submittals (including financial statements) provided with a proposal/proposal are subject to public disclosure and will not be afforded confidentiality.

23. **ANTI-LOBBYING CLAUSE**

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are *not* to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

24. **INSURANCE (AS APPLICABLE)**

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

LEE COUNTY, FLORIDA  
PROPOSAL PRICE FORM  
FOR THE PURCHASE OF AN  
ELECTRONIC DATA COLLECTION SYSTEM  
FOR LEE COUNTY EMS

DATE SUBMITTED: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

TO: The Board of County Commissioners  
Lee County  
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: \_\_\_\_\_

**NOTE: GRAND TOTAL PRICE SHALL INCLUDE INSIDE DELIVERY – F.O.B. FT. MYERS, FL; AS WELL AS ALL INSTALLATION AND TRAINING AS SPECIFIED IN STEP ONE OF THIS PROPOSAL.**

SOFTWARE:

TOTAL COST OF THE SOFTWARE  
AS SPECIFIED IN STEP ONE: \$ \_\_\_\_\_

HARDWARE:

TOTAL COST OF THE HARDWARE  
AS SPECIFIED IN STEP ONE: \$ \_\_\_\_\_

HARDWARE/SOFTWARE MAINTENANCE & SUPPORT:

ANNUAL COST FOR MAINTENANCE  
& SUPPORT (ONE YEAR)  
AS SPECIFIED IN  
STEP ONE: \$ \_\_\_\_\_

**GRAND TOTAL COST FOR SOFTWARE, HARDWARE, AND ANNUAL MAINTENANCE & SUPPORT  
AS SPECIFIED IN STEP ONE OF THIS PROPOSAL:**

\$ \_\_\_\_\_

OPTION A – ADDITIONAL FIELD UNIT PACKAGES

COST PER PACKAGE FOR  
ADDITIONAL FIELD UNITS: \$ \_\_\_\_\_

THIS PACKAGE PRICING IS FIRM FOR: \_\_\_\_\_ YEAR(S)  
(NOTE: PRICING MUST BE FIRM FOR  
A MINIMUM OF ONE (1) YEAR FROM  
DATE OF AWARD.)

TO BE DELIVERED WITHIN \_\_\_\_\_ CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES \_\_\_\_\_ NO \_\_\_\_\_

Proposers should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the proposal may be grounds to reject the proposal.

Are there any modifications to the proposal or specifications?

Yes \_\_\_\_\_ No \_\_\_\_\_

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the proposer being declared nonresponsive or to have the award of the proposal rescinded by the County.

MODIFICATIONS:

Proposer shall submit his/her proposal on the County's Proposal Price Form, including the firm name and authorized signature. Any blank spaces on the Proposal Price Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on Lee County's Form may result in the Proposer/Proposal being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME \_\_\_\_\_

BY (Printed): \_\_\_\_\_

BY (Signature): \_\_\_\_\_

TITLE: \_\_\_\_\_

FEDERAL ID # OR S.S.# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

CELLULAR PHONE/PAGER NO.: \_\_\_\_\_

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**LEE COUNTY, FLORIDA  
DETAILED SPECIFICATIONS FOR  
AN ELECTRONIC DATA COLLECTION SYSTEM  
FOR LEE COUNTY EMS**

SCOPE

This Request For Proposals (RFP) is issued by Lee County, Florida ("County") to request sealed proposals from vendors interested in providing an electronic data collection system for use by Lee County EMS.

REQUIRED PRODUCTS

The specifications for the software, hardware and annual maintenance and support services required were detailed in Step One of this proposal.

Quantities are as follows:

**\*Software** – One (1) complete system as specified in Step One;

**\*Installation** – As specified in Step One;

**\*Training** – As specified in Step One;

**\*Hardware** – As specified in Step One – quantities of each follow:

-Database servers – Quantity: 2 units

-Mobile Computer Units – Quantity: 35 units

-Mobile Computer Hardware Carrying Case – Quantity : 35 units

-Desktop Docking Stations – Quantity: 40 units

-Vehicle Chargers – Quantity: 35 units

-AC Chargers – Quantity: 10 units

-Portable Printers – Quantity: 35 units

**\*Annual Hardware/Software Maintenance Support** – As specified in Step One (after expiration of initial warranty)

DELIVERY REQUIREMENTS

The total cost quoted shall include INSIDE DELIVERY, (F.O.B. Ft. Myers, FL) of the equipment, etc. as directed to Lee County.

BASIS OF AWARD

The basis of award for this proposal will be the overall low proposer (lowest grand total cost) meet specifications.

OPTION A – ADDITIONAL FIELD UNITS

Lee County (or other agencies) may wish to purchase additional field unit packages. This package would consist of one (1) each of the following components (which would be identical – or the latest version - to those furnished originally under this proposal – as specified above and in Step One): mobile computer unit; mobile computer hardware carrying case; desktop docking station; vehicle charger; AC charger; portable printer; and software. This pricing shall be firm for a minimum of one (1) year from the date of award of this proposal. Please indicate your pricing for this option in the space provided on the Proposal Price Form.



GUIDE "A"

INSURANCE REQUIREMENTS FOR PRODUCTS

<b>Your certificate of insurance must meet the following requirements</b>	
<b>Requirement #1:</b>	<u>The Lee County Board of County Commissioners shall be added as an additional insured on the comprehensive general liability policy.</u>
<b>Requirement #2:</b>	<u>Certificate holder shall be listed as follows:</u>
	<u>Lee County Board of County Commissioners</u>
	<u>C/O Lee County Purchasing</u>
	<u>P.O. Box 398</u>
	<u>Fort Myers, FL 33902</u>
<b>Requirement #3:</b>	<b>Each policy shall provide a 30 day notification clause in the event of cancellation, non-renewal or adverse change.</b>

This Standard Insurance Language is to be utilized for Contracts, or Agreements meeting these circumstances. Certain conditions and/or exposures may not relieve or limit the liability of the vendor. These requirements may not be sufficient or adequate to protect the vendor's interests or liabilities, but are merely minimums.

Circumstances

Project is for vendors providing a tangible product, and not labor, such as, but not limited to , hardware, supplies, and other merchandise.

Worker's Compensation

Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Individual employees may be exempted per State Law. Employees liability will have minimum limits of:

- \$100,000 per accident
- \$500,000 disease limit
- \$100,000 disease limit per employee

Commercial General Liability

Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:

- \$100,000 bodily injury per person (BI)
- \$300,000 bodily injury per occurrence (BI)
- \$100,000 property damage (PD) or
- \$300,000 combined single limit (CSL) of BI and PD

Business Automobile Liability

If the vendor indicates on the price page that vehicles other than their own (common carrier) will be used for delivery, then the following Automobile Liability will not be required.

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles and employee non-ownership use with minimum limits of:

\$100,000 bodily injury per person (BI)

\$300,000 bodily injury per occurrence (BI)

\$100,000 property damage (PD) or

\$300,000 combined single limit (CSL) of BI and PD

Certificate of Insurance

An original hand signed certificate shall be on file with and approved by the Lee County Risk Management Office prior to the commencement of any work activities.

In the event the insurance coverage expires prior to the completion of the project, a renewal certificate shall be on file with Risk Management at least 15 days prior to the expiration date.

Revised 10/18/00

LEE COUNTY PURCHASING SERVICES - BIDDERS CHECK LIST

**IMPORTANT:** Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.

11. The mailing envelope has been addressed to:

Lee County Purchasing Services	Lee County Purchasing
P.O. Box 398                      or	3434 Hancock Bridge Pkwy 3 <sup>rd</sup> FL
Ft. Myers, FL 33902-0398	N. Ft. Myers, FL 33903

12. The mailing envelope **MUST** be sealed and marked with:  
 Quote Number  
 Opening Date and/or Receiving Date

13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time.  
 (Otherwise quote cannot be considered or accepted.)

14. If submitting a "NO BID" please write quote number here \_\_\_\_\_  
 and check one of the following:  
 Do not offer this product       Insufficient time to respond.  
 Unable to meet specifications (why)  
 Unable to meet bond or insurance requirement.  
 Other: \_\_\_\_\_

Company Name and Address:  
 \_\_\_\_\_  
 \_\_\_\_\_



**LEE COUNTY**  
S O U T H W E S T F L O R I D A

PROJECT NO.: P-010573

OPEN DATE: JANUARY 15, 2002

AND TIME: 2:30 P.M.

PRE-PROPOSAL MEETING:

DATE: JANUARY 3, 2002

TIME: 10:00 A.M.

LOCATION: 3434 HANCOCK BRIDGE  
PKWY, 3<sup>RD</sup> FL, N. FT. MYERS, FL

**REQUEST FOR  
PROPOSALS  
(STEP ONE – QUALIFICATIONS)**

**TITLE:**

**ELECTRONIC DATA COLLECTION SYSTEM FOR LEE  
COUNTY EMS**

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
DIVISION OF PURCHASING  
3434 HANCOCK BRIDGE PKWY., 3<sup>RD</sup> FLOOR  
P.O. BOX 398  
FORT MYERS, FL 33902-0398

BUYER: BOB FRANCESCHINI, C.P.M., CPPB  
PURCHASING AGENT  
PHONE NO.: (941) 689-7385

GENERAL CONDITIONS

Sealed Quotations will be received by the DIVISION OF PURCHASING, until 2:30pm on the date specified on the cover sheet of this "Request for Proposals", and opened immediately thereafter by the Purchasing Director or designee.

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (941) 689-7385.

I. SUBMISSION OF PROPOSAL:

- a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:
  1. Marked with the words "Sealed Proposal"
  2. Name of the firm submitting the quotation
  3. Title of the proposal
  4. Proposal number
- b. The Proposal shall be submitted in triplicate as follows:
  1. The original consisting of the Lee County proposals forms completed and signed.
  2. A copy of the original proposal forms for the Purchasing Director.
  3. A second copy of the original proposal forms for use by the requesting department.
- c. The following should be submitted along with the proposal in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Proposal", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.
  1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your proposal; i.e., required submittals, literature, technical data, financial statements.
  2. Warranties and guarantees against defective materials and workmanship.
- d. **ALTERNATE PROPOSAL:** If the vendor elects to submit more than one proposal, then the proposals should be submitted in separate envelopes and marked as indicated above. The second, or alternate proposal should be marked as "Alternate".
- e. **PROPOSALS RECEIVED LATE:** It is the proposer's responsibility to ensure that his proposal is received by the Division of Purchasing Services prior to the opening date and time specified. Any proposal received after the opening date and time will be promptly returned to the proposer unopened. Lee County will not be responsible for proposals received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.
- f. **PROPOSAL CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.
- g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).
- h. **WITHDRAWAL OF PROPOSAL:** No proposal may be withdrawn for a period of 90 days after the scheduled time for receiving proposals. A proposal may be withdrawn prior to the proposal-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.
- i. **COUNTY RESERVES THE RIGHT:** The County reserves the right to waive minor informalities in any proposal; to reject any or all proposals with or without cause; and/or to accept the proposal that in its judgment will be in the best interest of the County of Lee.

- j. **EXECUTION OF PROPOSAL:** All proposals shall contain the signature of an authorized representative of the proposer in the space provided on the proposal form. All proposals shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the proposal shall be initialed.

2. **ACCEPTANCE**

The materials and/or services delivered under the proposal shall remain the property of the seller until a physical inspection and actual usage of these materials and/or services is accepted to the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. **SUBSTITUTIONS**

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is proposed, it is the vendor's responsibility to name such product with his proposal and to prove to the County that said product is equal to the product specified. Lee County shall be the sole judge as to whether a product being offered by the proposer is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.

4. **RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES**

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

- a. Occupational License – Vendor shall submit within 10 calendar days after request.
- b. Specialty License(s) – Vendor shall possess at the time of the opening of the proposal all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. **RECYCLED PRODUCTS**

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. **WARRANTY/GUARANTY** (unless otherwise specified)

All materials and/or services furnished under this proposal shall be warranted by the vendor to be free from defects and fit for the intended use.

7. **PRE-BID CONFERENCE**

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a proposal attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the proposer to ensure that they are represented at the pre-bid. Only those proposers who attend the pre-bid conference will be allowed to proposal on this project.

8. BIDDERS LIST MAINTENANCE

A bidder should respond to "Request for Quotations" in order to be kept on the Bidder's List. Failure to respond to three different "request for quotations" may result in the vendor being removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

- a. Submission of a quotation prior to the proposal receipt deadline.
- b. Submission of a "no bid" notice prior to the proposal receipt deadline.

9. LEE COUNTY PAYMENT PROCEDURES

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department  
Post Office Box 2238  
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this proposal.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, proposer, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or proposers should include in their proposal all sales or use taxes, which they will pay when making purchases of material or subcontractor's services.

10. PUBLIC ENTITY CRIME

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of \$15,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

11. QUALIFICATION OF PROPOSERS (unless otherwise noted)

Proposals will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Proposers shall have adequate organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine ability to perform is satisfactory, and reserves the right to reject proposals where evidence submitted or investigation and evaluation indicates an inability of the proposer to perform.

12. MATERIAL SAFETY DATA SHEETS

In accordance with Chapter 443 of the Florida Statutes, it is the vendor's responsibility to provide Lee County with Materials Safety Data Sheets on proposed materials, as may apply to this procurement.

13. MISCELLANEOUS

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

14. WAIVER OF CLAIMS

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

15. AUTHORITY TO PIGGYBACK

It is hereby made a precondition of any proposal and a part of these specifications that the submission of any proposal in response to this request constitutes a proposal made under the same conditions, for the same price, and for the same effective period as this proposal, to any other governmental entity.

16. COUNTY RESERVES THE RIGHTa) State Contract

If applicable, the County reserves the right to purchase any of the items in this proposal from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) Any Single Large Project

The County, in its sole discretion, reserves the right to separately proposal any project that is outside the scope of this proposal, whether through size, complexity, or dollar value.

c) Disadvantaged Business Enterprises

The County, in its sole discretion, reserves the right to purchase any of the items in this proposal from Disadvantage Business Enterprise vendor if the prices are determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

The County further reserves the right to purchase any of the items in this proposal from DBE's to fulfill the County's state policy toward DBE's as outlined in County Ordinance 88-45 and 90-04, as amended.

d) Anti-Discrimination

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.



Where any information required of the vendor is in the exclusive possession of another who fails or refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.

The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union or worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

17. AUDITABLE RECORDS

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statutes.

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Whenever two or more proposals/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a proposal/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

19. REQUIRED SUBMITTALS

Any submittals requested should be returned with the proposal response. This information may be accepted after opening, but no later than 10 calendar days after request.

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Any agreement as a result of this proposal may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this proposal for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal proposal/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

21. CONFIDENTIALITY

Vendors should be aware that all submittals (including financial statements) provided with a proposal/proposal are subject to public disclosure and will not be afforded confidentiality.

22. ANTI-LOBBYING CLAUSE

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are *not* to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

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Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

LEE COUNTY, FLORIDA  
PROPOSAL PRICE FORM  
FOR AN ELECTRONIC DATA COLLECTION  
SYSTEM FOR LEE COUNTY EMS

DATE SUBMITTED: 1/11/02 / 1/30/02

VENDOR NAME: Healthware Solutions, LLC

TO: The Board of County Commissioners  
Lee County  
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:


The undersigned acknowledges receipt of Addenda numbers: ONE, TWO

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME Healthware Solutions, LLC

BY (Printed): Cathy L. Larsen

BY (Signature): 

TITLE: member

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## PROJECT OVERVIEW

### SCOPE

Data acquisition is an essential element in the provision of quality Out-Of-Hospital Emergency Medical Care. Accurate data provides an invaluable tool for planning future requirements in training, protocol development, growth management, unit placement and staffing, quality assurance, and customer satisfaction. For the filed provider of emergency care, the data collection process must be user friendly, uncomplicated and logical with multiple means of input. It is preferred that data be entered at the time of delivery of care by the on-scene provider through a pen or voice activated system. An abbreviated report must be delivered with the patient to the receiving hospital prior to the crew leaving the facility. The complete report must be delivered within 24 hours. Finally, the application must interface with current CAD and Billing applications to take advantage of shared information and streamline processes.

The objective of this procurement is to acquire a complete EMS reporting system. Lee County requires that one vendor provide all components of this project. The selected vendor will be responsible for the acquisition, delivery, and testing of all necessary equipment, and for the development of, and training in the use of, the computer system, along with all operational instructions. The contractor will provide, install, document, train technical and operational personnel, and test a complete turn-key system.

This Request For Proposals (RFP) is being issued to establish prices and award a contract for the following deliverables in accordance with the technical specifications:

\*Computer Equipment

\*Application Software

\*Training Services

VENDOR QUALIFICATIONS

To qualify for consideration for selection as a qualified Vendor, a Vendor must meet certain designated minimum experience and qualifications. These minimum qualifications are outlined in the following sections. A vendor must also demonstrate that he/she is financially qualified.

NOTE: IN ORDER TO QUALIFY TO PROCEED TO STEP TWO AS A QUALIFIED VENDOR; A "PASS" MUST BE OBTAINED FOR ALL OF THE EVALUATION CRITERIA – SEE "SAMPLE A – EVALUATION SHEETS FOR REQUEST FOR QUALIFICATIONS".

REQUIRED SUBMITTALS FOR THIS RFP ARE AS FOLLOWS:

I. EXPERIENCE

Companies submitting this prequalification request shall have demonstrable, professional experience and background in the field of development of pen-based systems. Further, all companies submitting a prequalification request shall provide a minimum of five (5) references listing customer names, addresses, telephone numbers and contact person of locations where systems have been installed and are currently in use.

**Describe experience in narrative form, no longer than two (2) 8-1/2" x 11" pages and include references.**

II. FINANCIAL QUALIFICATIONS (MINIMUM)Worker's Compensation

Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Individual employees may be exempted per State Law. Employees liability will have minimum limits of:

\$100,000 per accident  
 \$500,000 disease limit  
 \$100,000 disease limit per employee

Commercial General Liability

Coverage shall apply to premised and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:

\$100,000 bodily injury per person (BI)  
 \$300,000 bodily injury per occurrence (BI)  
 \$100,000 property damage (PD) or  
 \$300,000 combined single limit (CSL) of BI and PD

Business Automobile Liability

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles and employee non-ownership use with minimum limits of:

\$100,000 bodily injury per person (BI)  
 \$300,000 bodily injury per occurrence (BI)  
 \$100,000 property damage (PD) or  
 \$300,000 combined single limit (CSL) of BI and PD

Please include copies of current Certificates of Insurance or a letter from your insurance company evidencing the ability of your company to be insured for the amounts required under this RFP.

OTHER SPECIAL CRITERIA - QUESTIONS

III. General Requirements

\*The EMS software (or "System") must use the principles of a Customer Relationship Model (CRM) approach with a goal to allow (as determined by Lee County) for user-friendly/user-driven interfaces/intuitive data entry to improve the speed and efficiency of the paramedic.

Does your software/system allow/accomplish this? Yes  No

**Please explain how your product accomplishes this.**

\*Data collected must match the requirements of the agency purchasing the software.

Does your software/system allow/accomplish this? Yes  No

**Please explain how your product accomplishes this.**

\*Data collected must include all data elements required by any regulatory agencies presiding.

Does your software/system allow/accomplish this? Yes  No

**Please explain how your product accomplishes this.**

IV. Operating System

\*Vendor must have a Field Data Collection System that has a Windows Graphical User Interface. The Windows-based field system must have been working for a minimum of two (2) years, with installation in at least two (2) similar EMS systems.

Does your software/system comply with this? Yes  No

**Please explain how your product accomplishes this. Please provide the names of at least two (2) other installations where this has been working for at least two (2) years.**

\*Vendor must have a minimum of 500 end users using their Windows Graphical User Interface Field Data Collection Systems.

Does your software/system comply with this? Yes  No

**Please explain how your product complies with this.**

\*The RDBMS databases must be either Oracle or MS SQL and allow for access via user written reports using Crystal Reports, the Lee County standard.

Does your software/system comply with this? Yes  No

**Please explain how your product complies with this.**

V. In-Field Patient Data Software Requirements

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST BE CAPABLE OF PERFORMING ALL OF THE FOLLOWING FUNCTIONS, ETC.**

Does your proposed system meet all of the following requirements? Yes  No

\*Collect patient and call information at the point of service on a hand-held pen-computer (see hardware specifications) utilizing an easy-to-use Windows graphical user interface written in an industry standard Visual Development Environment.

**Please explain how your product complies with this.**

\*Consolidate all patient and call information for the organization into a central repository.

**Please explain how your product complies with this.**

\*Capture all data that is presently being captured on existing patient care report, plus at least 15 other points that are not allocated. This is to allow for field research as the Department may consider in the future. (See Attachment: LCEMS PCR).

**Please explain how your product complies with this.**

\*Improve the accuracy and completeness of data through field capture.

**Please explain how your product complies with this.**

\*Provide pick-lists wherever possible to minimize the need for pen handwriting recognition while still allowing use of pen recognition for input of non-listed items.

**Please explain how your product complies with this.**

\*Use code tables in all areas of data input to minimize the use of hand written notes and allow for standardized reporting.

**Please explain how your product complies with this.**

\*Provide user defined field labels to allow customization of the system to suit a client's unique operating environment.

**Please explain how your product complies with this.**

\*Provide the ability to access a "pop-up" electronic keyboard on all fields.

**Please explain how your product complies with this.**

\*Provide an integrated zip code-driven address book which auto-fills the city/state data elements and, at a minimum, performs the following function: user fills in the zip code and the system automatically fills in the matching city and state. This feature must be easily updated and upgraded by the Lee County end-user.

**Please explain how your product complies with this.**

\*Capture at least two (2) run numbers. To allow for future expansion, both of these fields must be at least 15 numeric characters in length.

**Please explain how your product complies with this.**

\*Provide a screen that displays a complete summary of the call and which displays all information entered for the call "at a glance", and must be able to do a procedure sort by time.

**Please explain how your product complies with this.**

\*Have an icon to jump from the current screen to any other screen in the application with two (2) pen taps.

**Please explain how your product complies with this.**

\*The ability to display any screen outside of the current screen with a maximum of two (2) pen taps.

**Please explain how your product complies with this.**

\*Provide the ability to easily enter, via pen entry, alternative selections on the same screen when none of the items on a list are appropriate.

**Please explain how your product complies with this.**

\*Be able to handle a minimum of ten (10) patients per call, multiple calls per shift, and the ability to easily switch between any existing call or patient.

**Please explain how your product complies with this.**

\*Allow the ability to easily store all patient, billing and patient history information from any previous call ("round trips").

**Please explain how your product complies with this.**

\*Allow the ability to store, retrieve and display all patient, billing and patient history, membership, and demographic information in the EMS/Ambulance Services operating area; and allow for the ability to obtain this data "on the fly" (i.e., in the field) by the in-field user during the patient care event.

**Please explain how your product complies with this.**

\*Have the ability to automatically update a "Frequent Flyer" database when a new patient is encountered for the first time.

**Please explain how your product complies with this.**

\*Use an intuitive "Trip Wizard" to help the medic build a new call.

**Please explain how your product complies with this.**

\*Allow the ability to easily copy any address in the call to any other address in the call. The system must also be able to copy similar addresses from other calls in the system.

**Please explain how your product complies with this.**

\*Include crew sign-on information including information such as crew names, crew identification numbers, vehicle numbers, unit numbers, shift information and region. This information must carry through on all reports entered. The system should allow the user to change this information for one or all calls documented by that crew.



**Please explain how your product complies with this.**

\*Have a sign in using a minimum of five (5) character user code password.

**Please explain how your product complies with this.**

\*Allow at least five (5) crew members to be documented.

**Please explain how your product complies with this.**

\*Capture and print crew signatures.

**Please explain how your product complies with this.**

\*Capture acceptance and refusal signatures for treatment, transport, billing and receiving hospitals. All signature screens must utilize user-defined text and have the ability to display the text in multiple languages. (English, Spanish, German, and others as necessary.)

**Please explain how your product complies with this.**

\*Be able to capture 15 other user-defined signatures complete with user-defined text.

**Please explain how your product complies with this.**

\*Allow automatic interfaces to other systems including billing systems, government reporting agencies and quality assurance systems.

**Please explain how your product complies with this.**

\*Allow interface to the CAS Vital Signs monitor Model 9002. Must capture all vital signs data, blood pressure, pulse, and blood oxygen saturation.

**Please explain how your product complies with this.**

\*Have complete integration to the Medtronic Physio Control LifePak 12 or other monitor/defibrillator that Lee County may buy, with similar data collection ability.

**Please explain how your product complies with this.**

\*Provide at least 30 pre-defined quality assurance and operations reports and the option to create customized reports.

**Please explain how your product complies with this.**

\*Be able to print a copy of a run report, or any portion of that report, at any time using cables or infrared.

**Please explain how your product complies with this.**

\*Be able to transmit selected data from one (1) pen computer to another in dual response situations. This exchange must be via IR.

**Please explain how your product complies with this.**

\*Provide multiple level of trip validation and cross trip validation.

**Please explain how your product complies with this.**

\*Provide the ability to define the rules that ensure data is complete before a call may be closed.

**Please explain how your product complies with this.**

\*Have the ability to sort all information in a chronological order.

**Please explain how your product complies with this.**

\*A rotating 3-dimensional anatomical body that zooms in and out and allows for differential documentation between medical and trauma emergencies.

**Please explain how your product complies with this.**

\*Provide the ability to answer two-tier questions (Medicare) that relate to medical necessity of the patient.

**Please explain how your product complies with this.**

\*Must have an MDQ page to assist the medic in the justification of medical necessity for patient transportation.

**Please explain how your product complies with this.**

\*Must provide the ability to perform and save at least two (2) daily inventory forms to replace the present ALS and BLS inventories forms which are performed a minimum of once daily. (See Attachments: ALS Checklist and BLS Checklist).

**Please explain how your product complies with this.**

\*Must provide separate checklists to replace the present "Cardiac Alert", "Adult and Pediatric Trauma Alert" and "Stroke Alert" forms presently being used. (See Attachments: Cardiac Alert, Adult Trauma Alert, Pediatric Trauma Alert, and Stroke Alert).

**Please explain how your product complies with this.**

\*Must contain a "Medical Spellcheck".

**Please explain how your product complies with this.**

\*Must comply with all HIPAA standards regarding the security, privacy, collection and maintenance of all medical records. (Including those adopted as of April 14, 2001.)

**Please explain how your product complies with this.**

\*Must have user-definable business or logic rules, including:

1. Multi-levels or trip validation based on the call type. For example, emergency vs. non-emergency.
2. Cross-field validation. For example, APGAR score only required and allowed if patient is  $\leq$  1 day.

**Please explain how your product complies with this.**

VI. Data Transfer from Pen Computer to Repository

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST BE CAPABLE OF PERFORMING ALL OF THE FOLLOWING FUNCTIONS, ETC.**

Does your proposed system meet all of the following requirements? Yes  No

\*Transfer patient and trip information from the pen computer to the repository.

**Please explain how your product complies with this.**

\*Allow software updates (including files that are in use and the registering of files that need to be registered) as well as frequent patient updates from the repository to the pen computer.

**Please explain how your product complies with this.**

\***SECURELY** transfer all information by landline modem or by LAN or WAN. Must also be able to **SECURELY** transfer and upload all data via an Internet or Intranet connection using a TCP/IP protocol.

**Please explain how your product complies with this.**

\*Allow for data transfers to take place with minimal user interaction and/or without user interaction.

**Please explain how your product complies with this.**

\*Have complete "roll back"/"roll-forward" functionality to automatically handle communication interruptions.

**Please explain how your product complies with this.**

\*Have complete logging of **ALL** data transfer activities; i.e., the time it was downloaded; the editing time; time and date stamps; unit number identification; vehicle/device identification; and all repository connections.

**Please explain how your product complies with this.**

VII. Host/Enterprise Server Requirements

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST BE CAPABLE OF PERFORMING ALL OF THE FOLLOWING FUNCTIONS, ETC.**

Does your proposed system meet all of the following requirements? Yes  No

The back end of the software must support the following functions:

\*Have a database that is an industry standard Visual Development Environment.

**Please explain how your product complies with this.**

\*Store all current "Frequent Flyer" information. Must be able to have a storage of new patients and changed data on current patients. This is so the system manager can compare incoming data against currently stored data; this prevents good data from being overwritten.

**Please explain how your product complies with this.**

\*Allow an Enterprise Manager to easily maintain supporting lists for the data elements documented above.

**Please explain how your product complies with this.**

\*Allow all data to reside on a LAN or WAN and allow connection to that data from multiple workstations through a web browser. For example, all of the data transfer activities as specified; including transfer connections, all repository connections must be logged/tracked, etc.

**Please explain how your product complies with this.**

\*Allow data to be easily archived, retrieved and combined.

**Please explain how your product complies with this.**

\*Allow the ability to generate a minimum of 30 standard QA and operations reports provided by the vendor.

**Please explain how your product complies with this.**

\*Provide the ability to perform ad-hoc reporting.

**Please explain how your product complies with this.**

\*Provide the ability to maintain all code and system tables.

**Please explain how your product complies with this.**

\*Provide the ability to easily generate flat file extracts for regulatory agencies, accounts receivable or billing systems. (See attached requirements for present billing system.)

**Please explain how your product complies with this.**

\*Provide the ability to easily import data from the Computer Aided Dispatch program used by Lee County EMS and the Department of Telecommunications (Printracks System). NOTE: If the data is imported from CAD directly into server, any information that overrides existing data must be subject to approval by administrator. Preferably, this can be done with as little manual input by setting limits that are acceptable. For example, if an existing time is different from one being imported by as little as one minute, the overwrite could be automatic. Limitations on accepted data shall be determined by the administrator. All times must be reported in minutes and seconds. Any changes in data must leave an audit trail; for example, discrepancies between "raw" and "scrubbed" data must be accounted for.

**Please explain how your product complies with this.**

\*Provide the ability to easily query for and batch print multiple run reports.

**Please explain how your product complies with this.**

\*Provide the ability to e-mail secured and non-secured reports from the repository.

**Please explain how your product complies with this.**

\*Provide the ability to add an addendum through a web browser to any incident that has been uploaded to the repository.

**Please explain how your product complies with this.**

\*Provide for the repository server computer to be maintained and supported at the purchaser's site. Vendor to also provide off-site data back-up.

**Please explain how your product complies with this.**

\*Provide access (user-based security) to the "canned" reports and the addendum through a secure (SSL) internet/intranet connection.

**Please explain how your product complies with this.**

\*Automatically update any field computer with any necessary files without user intervention.

**Please explain how your product complies with this.**

\*Support report sorting and querying by each of and combination of:

- \*Date/Date range
- \*Time/Time range
- \*Incident type
- \*Injury cause
- \*Incident location and Zip Code
- \*Patient name/Social Security Number
- \*Patient sex/age
- \*Vehicle
- \*Attendant (service provider) name
- \*Destination Hospital
- \*Patient refusals

**Please explain how your product complies with this.**

The following are maintenance and support requirements.....

\*The Host/enterprise server must reside, be secured, and be maintained at the purchaser's location. This server will be housed in a temperature-controlled room/environment which is equipped with the latest industry standard fire suppression equipment/technology.

**Please explain how your product complies with this.**

\*Any servers specified by the vendor must meet Lee County's approval and be capable of retaining at least two (2) years of data that is accessible in a manner that is user-friendly as defined by Lee County.

**Please explain how your product complies with this.**

\*A Compaq Proliant server will be specified by the vendor and meet Lee County's approval.

**Please explain how your product complies with this.**

\*A second server will be maintained at a "Purchaser" selected site which will mirror the Lee County primary server; and which can be immediately accessed and used without a break in operation in the case of a catastrophic failure of the primary server at Lee County's site. (This server must be housed in a temperature-controlled room/environment which is equipped with the latest industry standard fire suppression equipment/technology. Vendor will provide for contingencies for seamless service in the event that the server(s) suffer a catastrophic failure).

**Please explain how your product complies with this.**

What security rationale and procedures will be used by the vendor to insure that the County's data network will remain secure with the secondary server "on-line".

**Please explain how your product complies with this.**

\*Vendor must provide initial on-site support during training phase.

**Please explain how your product complies with this.**

\*Vendor must provide remote support for six (6) months after initial training. Subsequent maintenance and support must be available under an annual contract

**Please explain how your product complies with this.**

\*Support hours must be at a minimum 9:00EST to 5:00EST, Monday through Friday, excluding holidays.

**Please explain how your product complies with this.**

The following are interfaces requirements....

\*The system must provide the ability to extract data for use by a regulatory agency such as a State or County agency.

**Please explain how your product complies with this.**

\*The system must provide the ability to extract data for use by a billing company.

**Please explain how your product complies with this.**

\*The vendor must provide evidence of a current interface to the CAS Vital Signs Monitor Model 9002.

**Please explain how your product complies with this.**

\*The vendor must provide evidence of a current interface to the Medtronic Physio Control LifePak 12 or other monitor/defibrillators capable of similar data collection.

**Please explain how your product complies with this.**

\*The vendor must provide an interface with the CAD system presently used by Lee County EMS to extract such data as, but not limited to, all times used in the present data collection system, mileage, incident location zip code, call location and call types.

**Please explain how your product complies with this.**

\*Host computer to maintain a database to track personnel demographics. (Maintain list and dates of certifications to flag personnel when certifications expire.)

**Please explain how your product complies with this.**

VIII. Technical Support & Service Requirements

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST MEET THE FOLLOWING TECHNICAL SUPPORT & SERVICE REQUIREMENTS.**

Does your proposed system meet all of the following requirements? Yes ✓ No \_\_\_\_\_

The following vendor support and services are required...

\*Software shall be provided via software distribution through an automatic transfer process. Software shall not be provided via CD's or disks.

**Please explain how your product complies with this.**

\*Training shall be provided by the vendor, with a "train the trainer" focus. Training shall include both desktop and handheld instruction on the software. End user training sessions shall include entering, editing, deleting, updating, uploading, downloading text, data, pick lists, help screens, collision diagrams, developing queries/reports, and printing.

**Please explain how your product complies with this.**

\*Hardware maintenance and repairs shall be provided by the awarded vendor for twelve (12) months after final approval and installation of each system. The service shall be limited to correction of functional failures and difficulties, and shall not include configuration changes requested due to a changing preference on the part of Lee County.

**Please explain how your product complies with this.**

\*Software maintenance shall be provided by the vendor through an annual software maintenance agreement after the initial one (1) year of support. The vendor shall have qualified technical service personnel available to respond to the service call within two (2) hours after notification by the user during normal business hours.

**Please explain how your product complies with this.**

\*Proposers shall state all charges associated with maintenance of hardware and software after the warranty period, software upgrades and enhancements, and license fees in their proposal.

**Please explain how your product complies with this.**

The following system warranty terms and agreement are required.....

\*The vendor warrants that all goods, systems, designs, and work covered by this contract shall be satisfactory for its intended purpose; shall conform to and perform as called for in the contract requirements and specifications; and shall be free from all defects and faulty materials and workmanship. Any goods, supplies, systems, equipment, design, and work found to be defective with the time specified below shall be repaired, remedied or replaced, hereinafter called "corrective work" by the vendor.

**Please explain how your product complies with this.**

In the event that the vendor ceases operation, an exit strategy must be provided that ensures a continuous operation. (Purchaser will own all data, hardware, and source code.)

**Please explain how your product complies with this.**

\*The warranty period for all goods and supplies, and systems shall be twelve (12) months after final installation and acceptance. The vendor shall agree to provide free upgrades of software enhancements designed for operation of their system for a one-year period after system acceptance.

Please explain how your product complies with this.

Support

Transaction response times for testing purposes will be measured from the last instruction on the requesting screen to the point which the requested information is displayed or completed. System responsiveness shall be measured by actual benchmarks, computer simulation, or random testing as deemed appropriate by Lee County. Under no circumstances shall the transaction response time be greater than ten (10) seconds.

Please explain how your product complies with this.

Security

The software must have a modular design with restricted access to each module by security level. The software must also permit further restricted access within each module that is user-definable. The security methodology used must meet or exceed all applicable HIPAA standards; and be the latest and best presently available in the industry (i.e., 128 bit encryption, etc.).

Please explain how your product complies with this.

Software and Licenses

The awarded vendor shall provide software and licenses as required for all software.

Please explain how your product complies with this.

VIII. Mobile Computer Hardware Specifications

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING COMPUTER HARDWARE AND MEET THE FOLLOWING MINIMUM SPECIFICATIONS.**

Does your proposed system meet all of the following requirements? Yes   ✓   No           

The following specifications will be the minimum specifications acceptable for the mobile computer hardware to be proposed. The specifications may be exceeded but all sections must meet the minimums stated. Specifications that exceed in one area will not excuse failure to meet specifications in any other area.

Environmental and Durability Requirements

The mobile computer hardware proposed must meet or exceed MIL-STD 810E or comparable standardized testing procedures for the following areas:

- \*Vibration – 17 GRMS (random vibration on 6 axis).
- \*Water Resistance – Enclosure sealed against rain and dust. Submersible 6” for five (5) minutes with no permanent damage.
- \*Humidity – 0 to 100% condensing humidity, plus compatible with IP65 standards (blowing rain).
- \*Temperature – Operating: 0 degrees C to 55 degrees C; Storage: -40 degrees C to 70 degrees C
- \*Shock – Shock: 100 G, 2 ms; 3’ drop with rotating drive in case.

Please explain how your product complies with this.

Hardware Performance, Capacity and Capability Requirements

The mobile computer hardware proposed must meet or exceed the following specifications. The specifications may be exceeded but all sections must meet the minimums stated. Specifications that exceed in one area will not excuse failure to meet specifications in any other area.



- \*Software – BIOS and all system firmware user-upgradeable with failsafe
- \*Display – Minimum 10.4" active matrix TFT color display; 800 x 600 resolution; viewable in all lighting conditions – including indoor/outdoor and direct sunlight.
- \*Processor – 400 MHz Intel Mobile Pentium III processor
- \*RAM – 256MB RAM
- \*Video RAM – 2MB dedicated video memory
- \*Hard Disk – 20GB rotating internal hard disk with shock mounting. Shall be easily removable for maintenance.
- \*Cache – 256Kb L2 Cache
- \*Housing – Machined from 7075T6 aircraft-grade aluminum.
- \*Weight – Shall not exceed 5 lbs. (including the battery).
- \*Size – Form factor shall not exceed 11.25 x 8 x 1.5 inches.
- \*Operating System and Access Ports – Windows 2000, Handwriting Recognition, IrDA (4Mbps) port, 1 Type III or 2 Type II PCMCIA slots. IrDA port must be integral with the mobile computer and non-dependant on port replication for operation. Docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard, and 1 power connection. Ports will be accessible through docking station and port replication.
- \*Battery Life – Dual, hot-swappable Li-Ion batteries; external battery charger available (see below); battery life will be 3 hours minimum measured from maximum charge.
- \*Pen-Based Computer – Shall have an active pen technology with electromagnetic digitizer for accuracy. Pen should have right and left mouse functionality.
- \*Warranty – The mobile computer shall come with a one (1) year all-inclusive parts and labor warranty (depot repair.)

Please explain how your product complies with this.

#### Mobile Computer Hardware Carrying Case

A carrying case will be provided with each mobile computer. The case will allow docking to port replication or vehicle docking without the need to remove the case from the mobile computer. The case should allow the user of the mobile computer hardware to be able to stand and use the computer without dependence on a table or other surface on which to place the mobile computer. The case will provide for increased protection from environmental hazards above that of which the mobile computer can withstand. The case will not be used to aid in the unit meeting or exceeding the previously stated environmental and durability requirements.

Please explain how your product complies with this.

#### Desktop Docking Stations

Desktop docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard and 1 power connection that will provide battery charging capability to the mobile computer hardware. Must provide connection to server via telephone line. Must have USB, Ethernet and fax/modem capabilities.

Please explain how your product complies with this.

#### Vehicle Chargers

Vehicle chargers will provide battery charging capability from the vehicle's 12 volt electrical system to the mobile computer hardware battery. The charger must have a quick disconnect ability.

Please explain how your product complies with this.

AC Chargers

The charger will provide the capability to charge the mobile computer hardware battery from 110 volt AC power supply.

Please explain how your product complies with this.

External Battery Charger

The charger will provide the capability to charge the mobile computer hardware battery independent of the computer via a standard AC power source.

Please explain how your product complies with this.

Portable Printers

The printer provided will be capable of the following:

\*Connectivity and Communication -- Connectivity and communication will be from the IrDA port on the mobile computer hardware to the printer without use of any other connection between the mobile data computer and the printer.

\*Power Supply -- The power supply for the printer will be supplied from the 12 volt electrical system of the vehicle.

\*Mounting System -- A mounting system will be provided that will allow the printer to be securely mounted in the vehicle. The mounting will not interfere with the operation of the printer or mobile computer hardware. The printer will be 100% functional in the mounted position.

Please explain how your product complies with this.

X. Installation Service

NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING INSTALLATION SERVICES.

Does your proposed system meet all of the following requirements? Yes       ✓       No                     

**\*Equipment Installation:**

-The awarded vendor will complete all computer diagnostic tests suggested or required by the manufacturer to certify that the computers and system peripherals are fully operational.

-The awarded vendor will perform the required system generation or configuration.

Please explain how your product complies with this.

**\*Software Installation:**

-The awarded vendor will install all software to be used on the system and will test the use of all peripherals with the specific software to be used.

**Please explain how your product complies with this.**

**\*Other Installation Requirements**

-Installation of all required elements of both the hardware and software, including the building of the database code tables, must be included in base cost proposed. Proposer shall state all additional installation costs in his/her proposal (see Step Two).

**Please explain how your product complies with this.**

XI. Training Services

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST INCLUDE THE FOLLOWING TRAINING SERVICES (PERFORMED AT LEE COUNTY'S SITE WITH ALL OF THE NECESSARY TRAINING MATERIALS PROVIDED BY THE VENDOR).**

Does your proposed system meet all of the following requirements?    Yes ✓                      No \_\_\_\_\_

\*The awarded vendor shall provide sufficient training to familiarize Department employees with the computer system operation. "Train the Trainer" focus, conducted at the individual agency level, shall include:

-System Manager – Full training in the operation of the portable data collection computers

-Paramedic Manager – Orientation to managers covering fundamentals of system operation. Training shall be sufficient in duration and content to bring attendees to an "instructor" level of system operation.

**Please explain how your product complies with this.**

Lee County will own all of the training materials (i.e., PowerPoint presentations, written documentation, etc.).

**Please explain how your product complies with this.**

\*All required training must be included in base cost proposed. Proposer shall state all training costs in his/her proposal (see Step Two).

**Please explain how your product complies with this.**

XII. Attachments #1 - 8

**NOTE: THE SYSTEM YOU ARE PROPOSING MUST MEET THE REQUIREMENTS OF ATTACHMENT #1 AND REPLACE THE FORMS SHOWN AS ATTACHMENTS #2 - #8.**

Does your proposed system meet all of the following requirements?    Yes ✓                      No \_\_\_\_\_

\*Attachment #1 – This is a sample of the record extract format required by ADP for billing data and run report information. The system being proposed must provide data in such a way that meets the requirements of this format.

**Please explain how your product complies with this.**

\*Attachments #2 - #8 – The system your firm is proposing must eliminate/replace the paper forms presently in use which are represented by Attachments #2 - #8.

SAMPLE A

**EVALUATION SHEETS FOR  
REQUEST FOR QUALIFICATIONS**

\*\*\*\*\*

Project Name: Electronic Data Collection System for Lee County EMS

Proposal No.: P-010573

Committee Evaluation Date/Time: \_\_\_\_\_

\*\*\*\*\*

I. EXPERIENCE

Companies submitting this prequalification request shall have demonstrable, professional experience and background in the field of development of pen-based systems. Was the narrative describing this provided and are the qualifications acceptable?

\_\_\_\_\_ PASS                      \_\_\_\_\_ FAIL

All companies submitting a prequalification request shall provide a minimum of five (5) references listing customer names, addresses, telephone numbers and contact person of locations where systems have been installed and are currently in use. Were the references and accompanying information provided? Were the reference checks acceptable?

\_\_\_\_\_ PASS                      \_\_\_\_\_ FAIL

II. FINANCIAL QUALIFICATIONS

Were current Certificates of Insurance or letter from insurance company evidencing the Vendor's ability to obtain insurance provided and acceptable?

\_\_\_\_\_ PASS                      \_\_\_\_\_ FAIL

III. GENERAL REQUIREMENTS

Could this firm answer "Yes" to all of the questions under "General Requirements"? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS                      \_\_\_\_\_ FAIL

IV. OPERATING SYSTEM

Could this firm answer "Yes" to all of the questions under "Operating System"? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS                      \_\_\_\_\_ FAIL

V. IN-FIELD PATIENT DATA SOFTWARE REQUIREMENTS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VI. DATA TRANSFER FROM PEN COMPUTER TO REPOSITORY

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VII. HOST/ENTERPRISE SERVER REQUIREMENTS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VIII. TECHNICAL SUPPORT & SERVICE REQUIREMENTS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

VIII. MOBILE COMPUTER HARDWARE SPECIFICATIONS

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

X. INSTALLATION SERVICE

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

XI. TRAINING SERVICES

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

XII. ATTACHMENTS #1 - 8

FORMAL PROPOSAL NO.: P-010573

Could this firm answer "Yes" to the overall question under this section? Did it adequately prove that its product complies with the requirements under this section?

\_\_\_\_\_ PASS

\_\_\_\_\_ FAIL

SAMPLE B

REFERENCE CHECK FORM

PROJECT: ELECTRONIC DATA COLLECTION SYSTEM FOR LEE COUNTY EMS

PROPOSAL NO.: P-010573

\*\*\*\*\*

1. Has this company provided a data collection system similar to that being proposed to Lee County to your firm/entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. How long has this company been working with your firm/entity with this data collection system?

Length of time: \_\_\_\_\_

3. How is their response time to your requests?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

4. How is the availability of their managerial and support staff?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

5. Would you recommend employment of this company?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

OVERALL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

REFERENCE CALLED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

CHECKER'S SIGNATURE: \_\_\_\_\_

LEE COUNTY PURCHASING SERVICES - BIDDERS CHECK LIST

**IMPORTANT:** Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.
- 11. The mailing envelope has been addressed to:
 

Lee County Purchasing Services	or	Lee County Purchasing
P.O. Box 398		3434 Hancock Bridge Pkwy 3 <sup>rd</sup> FL
Ft. Myers, FL 33902-0398		N. Ft. Myers, FL 33903
- 12. The mailing envelope MUST be sealed and marked with:
  - Quote Number
  - Opening Date and/or Receiving Date
- 13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 14. If submitting a "NO BID" please write quote number here \_\_\_\_\_ and check one of the following:
  - Do not offer this product
  - Insufficient time to respond.
  - Unable to meet specifications (why)
  - Unable to meet bond or insurance requirement.
  - Other: \_\_\_\_\_

Company Name and Address:

Healthware Solutions  
1519 2<sup>nd</sup> St.  
Eureka, CA 95501



**ATTACHMENT #1**

• Page 1 INCIDENT DATA EXTRACT - Record Format

December 19, 2000

**Advanced Data Processing**

Advanced Data Processing Phone 305 945 2280  
 520 NW 165 Street Road  
 Suite 201 Fax 305 945 6692  
 Miami, FL 33169 Email ADPadv@aol.com



December 19, 2000

**Subject: Extract Format for EMS**

The attached is a set of record formats for extracting required billing data and run report information.

Billing Data  
 Record Record  
 Length = 375  
 Character Position

1  
 2-11  
 12-41  
 42-61  
 62-81  
 82-101  
 102-106  
 107-116  
 117-124  
 125-136  
 137-144  
 145  
 146-154  
 155-189  
 190  
 191-195  
 196-215  
 216  
 217-221  
 222-231  
 232-236

Program Label	Field Description	Format	Length	ONE RECORD PER INCIDENT
RECOD	Record Code "1"	'A'	1	Record Code = "1"
ACTNR	Incident Number	N	10	
ANAME	Patient Name	A	30	"John Smith"
LINE2	Address Line 2	A	20	1-20
LINE3	Address Line 3	A	20	21-40
LINE4	Address Line 4	A	20	City State
ZIPCD	Zip Code	N	5	
PHONE	Patient Phone #	N	10	
IDATE	Incident Date	N	8	MMDDCCCC
UNIT	Unit Number	A	12	Left Justified
VDOB	Patient DOB	A	8	MMDDCCCC
VSEX	Patient Sex	A	1	M/F
SSNR	Patient Social Sec #	N	9	
IADDR	Incident Address	A	35	
BLS/ALS	Transport Service	A	1	"B" or "A"
HOSP#	ER/Hosp Patient Taken (Number)	A	5	
HOSP NAME	ER/Hosp Patient Taken (Name)	A	20	
OXYFLG	Oxygen use (flag code)	Y/N	1	
MIMILE	Total Miles	N	5.0	Right Justified
BPHONE	Patient Business Phone	N	10	
START	Start Time	A	5	Example 0121P or 0250A

Record Formats - Billing Extract

• Page 2 INCIDENT DATA EXTRACT - Record Format

December 19, 2000

237-241	STOP	Stop Time	A	5	Example 0121P or 0250A
242	HELICOP	Helicopter Standby	Y/N	1	
243	SPECHDLG	Special Handling	Y/N	1	
244-255	MEDICARE	Medicare ID	A	12	Left Justified
256-267	MEDICAID	Medicaid ID	A	12	"
268-287	INSNAME1	Patient Insurance #1	A	20	"
288-302	INSID1	Insurance #1 ID	A	15	"
303-322	INSNAME2	Patient Insurance #2	A	20	"
322-337	INSID2	Insurance #2 ID	A	15	"
338	WORKREL	Work Related Injury	Y/N	1	
339-343	PICKUPZIP	Pick-up Zip Code		5	
344	ALS2	ALS2=2		1	
345-349	MILESBYND	Mileage Beyond		5	xxxx.x

• Page 3 INCIDENT DATA EXTRACT - Record Format

December 19, 2000

Impressions  
Record Record  
Length = 375

Character Position

1

2-11

12

Program Label	Field Description	Format	Length	POSSIBLE RECORDS	MULTIPLE
RECOD	Record Code "2"	'A'	1	Record Code = "2"	
ACTNR	Incident Number	N	10		
IMPRES	Impressions	A	280		

Interventions Record  
Record Length =  
375

Character Position

1

2-11

12

Program Label	Field Description	Format	Length	POSSIBLE RECORDS	MULTIPLE
RECOD	Record Code "3"	'A'	1	Record Code = "3"	
ACTNR	Incident Number	N	10		
INTERV		A	280	IV, MEDS, etc.	

Run Report Record  
Record Length =  
375

Character Position

1

2-11

12

Program Label	Field Description	Format	Length	POSSIBLE RECORDS	MULTIPLE
RECOD	Record Code "4"	'A'	1	Record Code = "4"	
ACTNR	Incident Number	N	10		
RUNRPT	Actual Run Report Text	A	280		



# Paramedic Stroke Assessment **ATTACHMENT #3**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ PCR #: \_\_\_\_\_

MODIFIED RANKIN SCALE (PRE EVENT STATUS)	
Numeric Score	Symptoms (circle appropriate level)
0	No symptoms at all
1	No significant disability despite symptoms; able to carry out all usual duties and activities
2	Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance.
3	Moderate disability; requiring some help, but able to walk without assistance
4	Moderately severe disability; unable to walk without assistance, and unable to attend to own bodily needs without assistance.
5	Severe disability; bedridden, incontinent, and requiring constant nursing care and attention

TIMES	
	Time Symptoms Began:
	Last Time Patient Seen at Baseline:
	Dispatch Time:
	Patient Arrival Time:
	Departure Time to ER:
	Arrival at ER:
Abbreviated Stroke Scale (check all that apply)	
	Arm weakness
	Facial Droop
	Slurred/Inappropriate Speech

Prior CVA (check all that apply)	
	Non-hemorrhagic
	Hemorrhagic
	Weakness R/L
	Speech Disturbance
	Vision Disturbance R/L
Co-Morbidities (check all that apply)	
	Coronary Artery Disease
	High Blood Pressure
	Diabetes Mellitus
	Cancer
	Renal Failure

T-PA CONTRAINDICATIONS (EXCLUSION CRITERIA)		
Criteria	Yes	No
Altered consciousness, uncooperative		
Active internal bleeding or known bleeding problems		
Stroke, T1A, brain and spinal surgery		
Takes oral anticoagulants		
Pregnancy		
Blood pressure > 180 / 100		
Suspected aortic dissection, pericarditis or SBE		
Previous thrombolytic agent allergy		
Surgery, biopsy, trauma within 6 weeks (including traumatic CPR)		

Lee County EMS  
Adult Trauma Scorecard Methodology

# ATTACHMENT #4

Name: \_\_\_\_\_ PCR# \_\_\_\_\_

The EMT or Paramedic will assess the conditions of those injured persons with anatomical and physiological characteristics of a person sixteen (16) years of age or older for the presence of at least one of the following four (4) criteria to determine whether to transport as a trauma alert. These four criteria are to be applied in the order listed, and once any one criterion is met that identifies the patient as a trauma alert, no further assessment is required to determine the transport destination.

**Criteria:**

1. Meets color-coded triage system (see below):

**Component**

Airway	Respiratory Rate > 30 <input type="checkbox"/> B	Active Airway Assistance (1) <input type="checkbox"/> R
Circulation	Sustained HR > 120 <input type="checkbox"/> B	Lack of Radial Pulse with Sustained HR > 120 or BP < 90 mmHg <input type="checkbox"/> R
Best Motor Response	BMR = 5 <input type="checkbox"/> B	BMR < 4 or Presence of Paralysis or Suspicion of Spinal Cord Injury or Loss of Sensation <input type="checkbox"/> R
Cutaneous	Soft Tissue Loss (2) or GSW to the the Extremities <input type="checkbox"/> B	2° or 3° Burns > 15% TBSA or Amputation Proximal to the Wrist or Ankle or Any Penetrating Injury to Head, Neck or Torso (3) <input type="checkbox"/> R
Longbone Fracture (4)	Single FX, Site Due to MVA or Fall > 10 ft. <input type="checkbox"/> B	Fractures of > 2 Longbones <input type="checkbox"/> R
Age	> 55 Years <input type="checkbox"/> B	
Mechanism of Injury	Ejection from Vehicle (5) or Deformed Steering Wheel (6) <input type="checkbox"/> B	

■ R = RED, any one (1) - transport as a trauma alert. ■ B = BLUE, any two (2) - transport as a trauma alert

- 2. GCS < 12 (Patient must be evaluated via GCS if not identified as a trauma alert after the application of criteria 1).
- 3. Meets local criteria (specify): Traumatocally injured OB patient with the potential of fetal distress.
- 4. Patient does not meet any of the trauma criteria listed above but, in the judgement of the EMT or paramedic, should be transported as a trauma alert (document).

- 1. Airway assistance beyond administration of oxygen.
- 2. Major degloving injuries, or major flap avulsion (> 5 in.)
- 3. Excluding superficial wounds in which the depth of the wound can be determined.
- 4. Longbone include the humerus, (radius/ulna), femur, (tibia/fibula).
- 5. Excluding motorcycle, moped, all terrain vehicle, bicycle or open body of pickup truck.
- 6. Only applies to the driver of vehicle.

# Lee County EMS

## Pediatric Trauma Scorecard Methodology

# ATTACHMENT #5

EMT or Paramedic shall assess the conditions of those injured individuals with anatomical and physical characteristics of a person fifteen (15) years of age or younger, for the presence of one or more of the following three (3) criteria to determine the transport destination per 64E-2.001, Florida Administrative Code, (F.A.C.):

**CRITERIA:**

- 1) Pediatric Trauma Triage Checklist: The individual is assessed based on each of the six (6) physiologic components listed below (left column). The single, most appropriate criterion for each of the components is selected (along the row to the right). Refer to the color-coding of each criterion and the legend below to determine the transport destination:

**COMPONENT**

SIZE	>20 Kg (44+ lbs.)	12-20 Kg (22-43 lbs.)	WEIGHT ≤ 11 Kg or LENGTH ≤ 33 INCHES ON A PEDIATRIC LENGTH AND WEIGHT EMERGENCY TAPE
	<input type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> B
AIRWAY	NORMAL <input type="checkbox"/> G	SUPPLEMENTED O <sub>2</sub> <input type="checkbox"/> G	ASSISTED or INTUBATED (1) <input type="checkbox"/> R
CONSCIOUSNESS	AWAKE <input type="checkbox"/> G	AMNESIA or LOSS OF CONSCIOUSNESS <input type="checkbox"/> B	ALTERED MENTAL STATUS (2) or COMA or PRESENCE OF PARALYSIS or SUSPICION OF SPINAL CORD INJURY or LOSS OF SENSATION <input type="checkbox"/> R
CIRCULATION	GOOD PERIPHERAL PULSES; SBP > 90 mmHg <input type="checkbox"/> G	CAROTID OR FEMORAL PULSES PALPABLE, BUT THE RADIAL OR PEDAL PULSE NOT PALPABLE or SBP < 90 mmHg <input type="checkbox"/> B	FAINT OR NON-PALPABLE CAROTID OR FEMORAL PULSE or SBP < 50 mmHg <input type="checkbox"/> R
FRACTURE	NONE SEEN or SUSPECTED <input type="checkbox"/> G	SINGLE CLOSED LONG BONE (3) FRACTURE (4) <input type="checkbox"/> B	OPEN LONG BONE (3) FRACTURE (5) or MULTIPLE FRACTURE SITES or MULTIPLE DISLOCATIONS (5) <input type="checkbox"/> R
CUTANEOUS	NO VISIBLE INJURY <input type="checkbox"/> G	CONTUSION or ABRASION <input type="checkbox"/> G	MAJOR SOFT TISSUE DISRUPTION (6) or MAJOR FLAP AVULSION or 2 <sup>0</sup> OR 3 <sup>0</sup> BURNS TO ≥ 10% TBSA or AMPUTATION (7) or ANY PENETRATING INJURY TO HEAD, NECK, or TORSO (8) <input type="checkbox"/> R

R = RED, any one (1) – transport as a trauma alert     B = BLUE, any two (2) – transport as a trauma alert     G = GREEN, follow local protocols

- 2) Meets local criteria (specify):
- 3) Patient does not meet any of the trauma criteria listed above, but the EMT or Paramedic can call a "Trauma Alert" if, in his or her judgement, the trauma patient's condition warrants such action. Must be documented on run report pursuant to 64E-2.013, (F.A.C.):

1. Airway assistance includes manual jaw thrust, single or multiple suctioning, or use of other adjuncts to assist ventilatory efforts.
2. Altered mental status includes drowsiness, lethargy, inability to follow commands, unresponsiveness to voice, totally unresponsive.
3. Longbones include the humerus, (radius/ulna), femur, (tibia/fibula).  
Longbone fractures do not include isolated wrist or ankle fractures.
4. Longbone fractures do not include isolated wrist or ankle fractures or dislocations.
6. Includes major degloving injury.
7. Amputation proximal to wrist or ankle.
8. Excluding superficial wounds where the depth of the wound can be determined.

LEE COUNTY • Emergency Medical Services

Patient Care Report

UNIT, ZONE, DATE, DISPATCH #, PATIENT #, RESP/TRANS MODE, CALL OUTCOME, ASSISTANCE, ID # 1, ID # 2

CALC RECEIVED, DISPATCH, ENROUTE, ARRIVE LOC., TRANSP. ARR., PT. DEPART, UNIT DEPART, ARRIVE DEST., AVAILABLE, INCIDENT LOCATION

DISPATCH, INCIDENT TYPE, SUSPECTED MEDICAL ILLNESS, S. Spontaneously

GEN. INFO, INITIAL VITAL SIGNS, GLASGOW COMA SCALE, ADDL TRAUMA ALERT CRITERIA, INJURY SITE TYPE

INITIAL VITALS, DATE OF INJURY, TIME OF INJURY, TRAUMA ALERT TIME, ASSESSMENT, EKG INITIAL LAST, IV TYPE/RATE

POSSIBLE CONTRIBUTING FACTORS, CURRENT MEDS, ALLERGIES, MEDICAL HISTORY, MISCELLANEOUS

500887

EMT-Pata Systems, Inc., Phoenix, AZ

DO NOT WRITE IN THIS AREA



INCIDENT LOCATION (DISPATCHED)			INCIDENT LOCATION (ACTUAL)				TODAY'S DATE	
PATIENT INFO	PATIENT LAST NAME	FIRST NAME	MI	PHONE		DATE OF BIRTH		
	STREET ADDRESS			SOCIAL SECURITY NUMBER		AGE	GENDER	
	CITY	STATE	ZIP CODE	INSURANCE CARRIER			ADDITIONAL CHARGES	
	LEGAL GUARDIAN/NEXT OF KIN			POLICY NUMBER				
	BILL TO <input type="checkbox"/> SAME AS ABOVE			PHONE	MEDICARE NUMBER		<input type="checkbox"/> ALS _____	
	STREET ADDRESS			MEDICAID NUMBER		<input type="checkbox"/> BLS _____		
	CITY	STATE	ZIP CODE	PERSONAL PHYSICIAN		<input type="checkbox"/> OXYGEN _____		
						<input type="checkbox"/> OUT OF COUNTY _____		
					<input type="checkbox"/> NON-TRANSPORT _____			

**CURRENT MEDICATIONS**  NONE KNOWN  BROUGHT W/PATIENT

**ALLERGIES (MEDS)**  NONE KNOWN

**PAST MEDICAL HISTORY**  NONE KNOWN  ASTHMA  CANCER  COPD  DIABETES  HIV  SEIZURES  SUBSTANCE ABUSE  TB  
 NON PERTINENT  BEHAVIORAL  CARDIAC  CVA  HBV  HYPERTENSION  SICKLE CELL  OTHER \_\_\_\_\_

**CHIEF COMPLAINT**

**NARRATIVE** (LET ABOVE ADDRESS BE FOUND AT)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TRANSPORT POSITION:  SUPINE  FEET ELEVATED  SITTING  PRONE  LEFT LATERAL  RIGHT LATERAL  HEAD ELEVATED  NARRATIVE 1 OF \_\_\_\_\_

TREATMENT	CREW MEMBER	TIME	DOSAGE	ROUTE	O <sub>2</sub>	RESP	PULSE	BLOOD PRESSURE	EKG	RESPONSE/COMMENTS

**SIGNATURE OF PATIENT OR GUARDIAN**

I acknowledge receipt of the EMS service(s) listed above and accept full responsibility for all charges. In the event that this service provider deems it necessary to seek other payment alternatives, I hereby consent and authorize payment of medical benefits from my insurance company to the undersigned supplier for the service(s) described above. I authorize any holder of medical or other information about me to release it to Lee County EMS, and further authorize Lee County EMS to release its information and any other information to its intermediaries, carrier, or service for this or related Medicare claim and for assessment and evaluation of medical care.

_____ SIGNATURE OF PERSON RECEIVING PATIENT	_____ PRINT LAST NAME	_____ DATE/TIME
_____ SIGNATURE OF CREW MEMBER 1	_____ PRINT LAST NAME	
_____ SIGNATURE OF CREW MEMBER 2	_____ PRINT LAST NAME	



## *EMS Solution2000™*

Emergency Services Patient Documentation & Information Management System Software

---

Emergency Medical Services

Electronic Data Collection System for Lee County EMS

Request For Proposal (RFP) Response To:

"Step I Qualifications"

**Request for Proposal #P-010573**

**Lee County  
3434 Hancock Bridge Parkway, 3<sup>rd</sup> Floor  
Fort Myers, FL 33902-0398**

***HealthWare Solutions***

1519 2<sup>nd</sup> Street  
Eureka, CA 95501

707/444-1EMS  
707/444-2315 (fax)

[info@healthwaresolutions.com](mailto:info@healthwaresolutions.com)  
[www.healthwaresolutions.com](http://www.healthwaresolutions.com)



Emergency Services Patient Documentation and Information Management System Software

## EXECUTIVE SUMMARY

Since its inception, the medical 9-1-1 system has championed the responsibilities for rapid response, quality emergency medical care and timely transport of the sick and injured, irrespective of their location or ability to pay.

Emergency Medical Services Management Information System (EMS-MIS) data collection and evaluation is an essential component quality Out-Of-Hospital Emergency Medical Care. Accurate data provides an invaluable tool for quantitative and qualitative analysis for education & training, protocol development, growth management, unit placement, staffing quality improvement, management & administration, research, customer satisfaction, reimbursement and system design, all crucial to the well being of the 9-1-1 system. The data collection process must be user-friendly, uncomplicated and logical with multiple means of input capable of being conducted in a timely manner.

Information management issues may include:

- Patient care documentation generation, printing, amending and archiving;
- Personnel certification and personnel information tracking;
- Continuing education and re-certification tracking that meet the requirements of Local, State & National Agencies;
- Protocol Compliance Monitoring, Quality assurance and improvement analysis;
- Billing information extraction and remote submission;
- Administrative functions;
- State, Billing & CAD Interfaces;
- Centralized record and file storage;
- Single data entry;
- Records Security;
- Multiple Means of Input;
- User defined controls and customizations.

*HealthWare Solutions* specializes in EMS patient documentation and information management systems. *HealthWare Solutions* desires to supply Lee County Emergency Medical Services (Lee County) with a total solution that fulfills your Patient Documentation and Information Management System Software needs. This solution is for a proven, operable system. The proposed system has been thoroughly tested with a demonstrated track record of successful operation in emergency medical organizations in the State of Florida and throughout the Nation. All products offered in response to this RFP are currently available, as proposed, by this date. Each product is available for evaluation and comes complete with up-to-date documentation. The proposed solution provided here within is not, nor could it be considered vaporware. The following pages describe in detail why *HealthWare Solutions* is pursuing this work and how it is uniquely qualified to perform it.

## I. EXPERIENCE

*HealthWare Solutions "EMS Solution 2000" is the software of choice to best meet the needs of Lee County. Aside from exceeding the specifications submitted by Lee County, our products are backed by our commitment, experience, and unprecedented customer service, this and more truly sets us apart from the rest in quality EMS software.*

### **Commitment**

*HealthWare Solutions is proud to set itself apart from other emergency medical management information system companies. We're committed to keeping our promise of providing state-of-the-art software that works as hard as you do. Part of this commitment is to keep our software current with the growing needs and demands of the emergency services industry. We specialize in developing fully integrated systems utilizing standardized models for all of our applications from client-server apps to communication methods and protocols. We pride ourselves in creating versatile products that will fit into your EMS system, rather than "you fitting into it". We offer the ultimate in "user customization" without compromising database integrity or reliability. Multiple means of input is provided through Windows-based (Windows 98/2000 with an optional PDA utilizing Windows CE) graphical user interface (GUI) that additionally supports: pen services, Mobile Data Wireless Display (MDWD), mobile laptop, flat panel or other hardware devices. We also offer more integration solutions, including billing (Sweet Computer Services Amazon and A2000, RAM, AmbPac, and custom), CAD, and our interface to the Medtronic Physio-Control LIFEPAK 12. Most importantly, With *HealthWare Solutions* products you know you can count software that just plain works!*

### **Experience**

*HealthWare Solutions™, LLC is a software development company that specializes exclusively in Emergency Medical Service Systems. Our customers are public and private ambulance companies, fire departments, trauma centers, medical billing specialists and EMS governing agencies. We have the experience and dedication with systems from a single user to systems in excess of 80 licenses, with many in the 15-40 range. We have been developing and implementing successful field reporting solutions since 1989, and have set the standard for satisfied customers and long-term successful solutions. With an installed base of over 700, representing thousands of end-users, we have the experience you can count on.*

### **Customer Service**

*When you purchase *HealthWare Solutions* products, you are getting much more than "software in a box". With every purchase you receive the backing and support of our expert staff dedicated to helping make your software meet your stringent demands. We take the time to setup and customize your software for you, from medics to vehicles, so that it is ready to use from day one.*

*HealthWare Solutions maintains a "customer priority" focus with its own internal quality improvement program and complete line of customer service and support options. As part of our complete line of customer service, we offer several options for software training: (1) remote training via PCAnywhere; (2) on-site training, both direct end-user and "train-the-trainer"; and, (3) user-group trainings. To help round out our line of support and services to you, we also offer on-site installation for those services that desire a truly turnkey operation.*

HealthWare Solutions is proud to serve some of the finest companies in EMS. Our dedication to our customers reflects one of, if not the highest, customer retention rates in the industry. We are proud to be associated with each and every services, a few of which are listed below.

## HEALTHWARE SOLUTIONS PARTIAL REFERENCES

*County of Riverside*  
4065 County Circle Drive  
Riverside, CA 92513-7600  
Coordinator: Vivian Goodman  
(909) 358-5029  
*EMS Solution 2000 Suite*

*Village Fire Department*  
901 Corvindale  
Houston, Texas 77024  
Ops: Marc Hudson  
(719) 468-7941  
*EMS Solution 2000 Suite*

*West Alabama EMS*  
2501 Phoenix Drive  
Tuscaloosa, Alabama 35405  
Ops: Glenn Davis  
(205) 343-0742  
*EMS Solution 2000 Suite; State & Billing Export*

*Northwest Piedmont Council of Governments*  
400 West 4<sup>th</sup>, Suite 400  
Winston-Salem, North Carolina 2710  
Contact: Gary Steely  
(336) 761-2111  
*EMS Solution 2000 Suite; Billing Export*

*Hall County EMS*  
731 E. Crescent Drive  
Gainesville, GA 30501  
Ops: Bob Anderson  
(770) 531-6838  
*EMS Solution 2000 Suite; State & Billing Export*

*Darlington County EMS*  
1625 Harry Byrd Drive  
Darlington, South Carolina 29532  
Ops: Nikki D'Alessandro  
(843) 398-4441  
*EMS Solution 2000 Suite; Billing Export*

*Collier County EMS*  
3301 East Tamiami Trail  
Naples, Florida 34112  
Coordinator: Jorge Aguilera  
(941) 732-2536  
*EMS Solution 2000 Suite; State & Billing Export*

*Rescue, Inc.*  
541 Canal Street  
Brattleboro, VT 05302  
Ops: Mark Considine  
(802) 257-7679  
*EMS Solution 2000 Suite, LIFEPAK 12 Export*

*Mercy Flights, Inc.*  
3650 Biddle Rd. #14  
Medford, OR 97504  
Systems Director: Willis Planer  
(541) 779-1019  
*EMS Solution 2000 Suite, Billing Export*

*Central Emergency Services*  
231 South Binkley St  
Soldotna, Alaska 99669  
Ops: Steve O'Connor  
(907) 262-7361  
*EMS Solution 2000 Suite; LIFEPAK 12 Export*

## II. FINANCIAL QUALIFICATIONS (MINIMUM)

*HealthWare Solutions* exceeds the Insurance Requirements (Minimum) as provided by Lee County RFP # P-101573 as demonstrated by the enclosed documents.

### III. GENERAL REQUIREMENTS

1. The EMS software (or "System") must use the principles of a Customer Relationship Model (CRM) approach with a goal to allow (as determined by Lee County) for user-friendly/user-driven interfaces/intuitive data entry to improve the speed and efficiency of the paramedic.

Does your software/system allow/accomplish this? Yes  No

*HealthWare Solutions - EMS Solution 2000* was developed utilizing a solid framework that incorporates all Out-Of-Hospital Emergency Medical Care building elements involving emergency medical services. *HealthWare Solutions* incorporates a Customer Relationship Model (CRM) approach by focusing on the customer and their daily tasks. By working with you, the customer, observing and learning about Out-Of-Hospital Emergency Medical Care we can better understand your needs and in turn, exceed your expectations. Our approach considers all Out-Of-Hospital Emergency Medical Care participants, from the paramedic and administrative personnel to the State and Federal agencies receiving data, as customers in our CRM model. The end result being user-friendly, user-driven, customizable and intuitive software that improves the speed, efficiency and effectiveness throughout your entire organization.

2. Data collection must match the requirements of the agency purchasing the software.

Does your software/system allow/accomplish this? Yes  No

*HealthWare Solutions* has worked with its customers for over 12 years to better understand data acquisition for quality Out-Of-Hospital Emergency Medical Care. Our Mission and dedication to EMS guides our efforts to provide the finest products and services available in the industry, with our ultimate goal "To have satisfied customers with a system that exceeds their expectations". This and more enables us to develop a system that matches the requirements of Lee County as demonstrated within this response now and in the future.

*EMS Solution 2000 Suite* is a powerful and robust 32-bit relational database management system (RDBMS) designed exclusively for Windows 95/98/2000/XP or Windows® NT 4.0. From our data collection to our client server applications, *EMS Solution 2000 Suite* incorporates the most advanced, standardized technology. We also include seamless fully integrated networking solutions to provide you the most advanced connectivity possible for completely automated data transfer across your LAN or WAN, including Internet or Intranet, with no other software required. This user-friendly system fully utilizes its graphical user interface (GUI) capabilities to enhance the efficiency, effectiveness and ease of use for both accurate and reliable data collection as well as powerful administrative modules for data utilization.

All modules in the *EMS Solution 2000 Suite* are uncomplicated, logical and intuitive to minimize training and optimize speed and accuracy. Designed from a customer-based medical, legal, and reimbursement perspective, *EMS Solution 2000* provides invaluable modules and wizards to easily fulfill your needs for future planning, protocol compliance monitoring and development, growth management, unit placement and staffing, quality assurance and improvement, customer satisfaction and much more.

*EMS Solution 2000* is the field run reporting system software module of *EMS Solution 2000 Suite*. *EMS Solution 2000*'s user-friendly screens help medics quickly capture all scene or interfacility transfer (IFT) data, creating a professional abbreviated or final medical / legal hard copy document in a more effective and timely manner than your current paper system. The software accommodates many skill levels by permitting a variety of methods for data entry to more easily accommodate a user's ability. Designed for data entry at the point of care – or retrospectively, *EMS Solution 2000* is compatible with many means of input, including pen, PDA or other mobile or desktop system.

Lastly, *HealthWare Solutions* stands by its commitment to work with you to bring complete turnkey solutions that exceed your expectations today and tomorrow.

3. Data collected must include all data elements required by any regulatory agencies presiding.

Does your software/system allow/accomplish this? Yes  No

*EMS Solution 2000* currently contains all of the data elements specified within the Lee County RFP # P-010573, the data elements specified by the State of Florida Prehospital Data Set, and exceeds the National Highway Traffic Safety Administration Uniform Prehospital Data Set (NHTSA-UPDS, 1997). In addition, it is the intention of *HealthWare Solutions* to remain compliant with the regulatory requirements of its customers.



#### IV. OPERATING SYSTEM

1. Vendors must have a Field Data Collection System that has a Windows Graphical User Interface. The Windows-based field system must have been working for a minimum of two (2) years, with installations in at least two (2) similar EMS systems.

Does your software/system allow/accomplish this? Yes  No

*EMS Solution 2000* complies with this requirement. *EMS Solution 2000 Suite* is a powerful and robust 32-bit relational database management system (RDBMS) designed exclusively for Windows 95/98/2000/XP or Windows® NT 4.0. This Windows-based user-friendly system fully utilizes its graphical user interface (GUI) capabilities to enhance the efficiency, effectiveness and ease of use for both accurate and reliable data collection as well as powerful administrative modules for data utilization. Wherever possible and practical, *EMS Solution 2000* utilizes picklists for ease and standardization of data collection. Graphical Anatomical templates are provided to easily capture medical or trauma body system findings by gender/age. All functions and screens are easily within view and can be accessed with only one (1) click to ensure ease and speed of navigation.

##### Installation References:

<i>Northwest Piedmont Council of Governments</i> 400 West 4 <sup>th</sup> , Suite 400 Winston-Salem, North Carolina 2710 Contact: Gary Steely (336) 761-2111	<i>Hall County EMS</i> 731 E. Crescent Drive Gainesville, GA 30501 Ops: Bob Anderson (770) 531-6838
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2. Vendors must have a minimum of 500 end-users using their Windows Graphical User Interface Field Data Collection System.

Does your software/system allow/accomplish this? Yes  No

*EMS Solution 2000* complies with this requirement. With an installed base of over 700, *EMS Solution 2000* has several thousand end-users operating this proven Field Data Collection System.

3. The RDBMS databases must be either Oracle or MS SQL and allow access via users written reports using Crystal Reports, the Lee County standard.

Does your software/system allow/accomplish this? Yes  No

*EMS Solution 2000* complies with this requirement. The centralized record and file storage network options include Microsoft® Access 2000 with an optional Microsoft® SQL 2000 version database (with full client/server architecture). The database recommended for Lee County is the Microsoft® SQL 2000 database. *EMS Solution 2000* comes with its own report generator to run over 50 pre-formatted reports. *EMS Solution 2000* database is also accessible and compatible with Crystal Reports for user written reports.

## V. IN-FIELD PATIENT DATA SOFTWARE REQUIREMENTS

This solution proposed by *HealthWare Solutions* is for a proven, operable system. The proposed system has been thoroughly tested with a demonstrated track record of successful operation in emergency medical organizations in the State of Florida and throughout the Nation in over 700 installations. All products offered in response to this RFP are currently available, as proposed, by this date. Each product is available for evaluation and comes complete with up-to-date documentation. The proposed solution provided here within is not, nor could it be considered vaporware. **The following pages describe in detail why *HealthWare Solutions EMS Solution 2000* meets all of the following requirements.**

Does your proposed system meet all of the following requirements? Yes  No

1. Collect patient and call information at the point of service on a hand-held pen-computer (see hardware specifications) utilizing an easy-to-use Windows graphical user interface written in an industry standard Visual Development Environment.

*EMS Solution 2000* was written using Microsoft® Access 2000 as the visual development environment. *EMS Solution 2000* is fully compatible and supports Pen Services 2.0 to easily collect patient and call information at the point of service on a hand-held pen-computer as specified in the provided hardware specifications. Additionally, *EMS Solution 2000* utilizes signature controls provided by CIC to ensure the integrity of all signature captures.

2. Consolidate all patient and call information for the organization into a central repository.

*EMS Solution 2000* is fully network enabled for LAN or WAN connectivity. Utilizing Microsoft Windows 32-bit ODBC (Open Database Connectivity) and ADO (ActiveX Data Object) or DAO (Data Access Objects) drivers to share and transfer data between the field computers and your MS SQL Server, transmission of data is a snap. By using our automated DSN (Data Source Name) setup included in the *EMS 2000 Manager Module*, uploading patient records and downloading, picklist table changes is as easy as pushing a button from directly within *EMS Solution 2000* or setting up our automated system that operates on a user-definable time-frame. This provides a reliable, rapid and secure data exchange either on a LAN or WAN eliminating downtime. This important feature not only automatically consolidates all patient and call information for your organization onto your SQL Server, but it also automatically updates the field computer to any program updates or database changes, such as a new field allocation or picklist modification. Additionally, data uploads process through a BeginTran-CommitTran-RollBackTran commit cycle to insure data integrity.

3. Capture all data that is presently being captured on existing patient care report, plus at least 15 other points that are not allocated. This is to allow for field research as the Department may consider in the future. (See Attachment: LCEMS PCR).

*EMS Solution 2000* captures all data that is presently being captured on existing patient care report (See RFP P-010573 Attachment: LCEMS PCR), plus at least 15 other points that are not allocated and are user definable. *EMS Solution 2000* contains both text and

picklist user-definable unallocated fields. Using our Input Mask Wizard, you may also specify an input format for the user-definable fields.

4. Improve the accuracy and completeness of data through field capture.

*EMS Solution 2000* was designed from an end-user perspective to quickly and easily capture data as completely and accurately as possible. Since this function is vital to the success of any data system, but inherently unique to each EMS Service, *HealthWare Solutions* designed this feature in a data-driven way to allow for extensive user-customization. By using the simple screens and wizards provided in *EMS Solution 2000 Suite*, the following represents just a few features that be customized/used to ensure the accuracy and completeness of Lee County's Prehospital Patient Care Report according to the standards established by Lee County (note: "user-definable" denotes a feature that can be modified by a Lee County system administrator assigned the proper security rights):

- a. User-definable picklists whereby selection from the list (if any) is required. Free text is not permitted – standardizing field definitions and choices. *EMS Solution 2000* utilizes picklists whenever possible to standardize and improve the accuracy and completeness of data.
- b. User-definable patient signs & symptoms by type of patient/patient protocol – permitting user-definable patient assessment and documentation. This unique feature enables you to define the framework and guide the paramedic in both their patient assessment and documentation of findings.
- c. Allows unlimited documentation where appropriate such as in the case of medications administered – allowing for complete documentation and eliminating the need for the medics to prioritize reporting.
- d. User-definable Procedure Calculator – medics can select pre-defined procedures from inputted Lee County treatment protocols. When a procedure is selected from the calculator, it also selects the appropriate components (dose, route, amount, etc as appropriate).
- e. User-definable Call Completion Wizard – a feature enabling Lee County system administrators to identify which fields (based on the disposition of the call) are "Mandatory", "Advised", or "Suggested", guiding the medic through patient care report completion based on Lee County standards. When a medic selects the field left blank from a list, *EMS Solution 2000* will take them directly to that field. When completed based on the established standard, a record may be designated as "Complete" to aid in locating and finishing incomplete reports.
- f. Date-Time capture. All time fields are captured in a date-time format, ensuring the accuracy of reports. Our time validation tool analyzes each patient care report on data entry to ensure accuracy.
- g. Calendar controls - Date fields also utilize calendar controls to make date entries faster and easier by selecting dates from a calendar, also reducing entry errors.
- h. Input masks - *EMS Solution 2000* uses input masks whenever appropriate to guide data entry in the desired format.

5. Provide pick-lists wherever possible to minimize the need for pen handwriting recognition while still allowing use of pen recognition for input of non-listed items.

*EMS Solution 2000* utilizes picklists whenever possible to standardize and improve the accuracy and completeness of data. This feature is easily setup and managed in *EMS 2000 Manager*.

6. Use code tables in all areas of data input to minimize the use of hand written notes and allow for standardized reporting.

*EMS Solution 2000* utilizes code tables in all areas of data input to minimize the use of hand written notes and allow for standardized reporting. This feature is easily setup and managed in *EMS 2000 Manager*.

7. Provide user defined field labels to allow customization of the system to suit a client's unique operating environment.

*EMS Solution 2000* provides user defined field labels to allow customization of the system to suit a client's unique operating environment. This feature is easily setup and managed in *EMS 2000 Manager*.

8. Provide the ability to access a "pop-up" electronic keyboard on all fields.

*EMS Solution 2000* provides easy access to both a "pop-up" electronic system keyboard and *EMS Solution 2000's* own Pen Tool on all fields.

9. Provide an integrated zip code-driven address book which auto-fills the city/state data elements and, at a minimum, performs the following function: user fills in the zip code and the system automatically fills in the matching city and state. This feature must be easily updated and upgraded by the Lee County end-user.

*EMS Solution 2000* provides a zip code table that auto-fills the matching city/county/state based on the zip code selected. Additionally, if the city is selected, the zip code, county and state auto-fills. This feature is easily updated and upgraded by the Lee County system administrator.

10. Capture at least two (2) run numbers. To allow for future expansion, both of these fields must be at least 15 numeric characters in length.

*EMS Solution 2000* provides an auto-generated PCR ID Number (15 digit), an Incident Number (15 digits) and a Run Number (15 Digits).

11. Provide a screen that displays a complete summary of the call and which displays all information entered for the call "at a glance", and must be able to do a procedure sort by time.

*EMS Solution 2000* has a feature which displays all information entered for the call "at a glance". This feature not only sorts all procedures by time, but sorts all "Call Times",

"Medications Administered", "Vital Signs", and "Procedures" by time. This feature improves the accuracy and completeness of documentation as well as serves as a quality review tool.

12. Have an icon to jump from the current screen to any other screen in the application with two (2) pen taps.

Because we understand the difficulties associated with hidden and buried screens, *EMS Solution 2000* maximizes the use of the Graphical User Interface to permit movement to any screen with one (1) pen tap.

13. The ability to display any screen outside of the current screen with a maximum of two (2) pen taps.

Because we understand the difficulties associated with hidden and buried screens, *EMS Solution 2000* maximizes the use of the Graphical User Interface to permit movement to any screen with one (1) pen tap.

14. Provide the ability to easily enter, via pen entry, alternative selections on the same screen when none of the items on a list are appropriate.

*EMS Solution 2000* provides the ability to easily enter, via pen entry, alternative selections on the same screen when none of the items on a list are appropriate.

15. Be able to handle a minimum often (10) patients per call, multiple calls per shift, and the ability to easily switch between any existing call or patient.

*EMS Solution 2000* permits unlimited patients per call, unlimited calls per shift and the ability to very easily switch between any existing call or patient.

16. Allow the ability to easily store all patient, billing and patient history information from any previous call ("round trips").

*EMS Solution 2000* provides the ability to easily store all patient, billing and patient history information from any previous call that can be easily retrieved for "round trips" or "frequent flyer" information – to retrieve, simply select the patient from a list.

17. Allow the ability to store, retrieve and display all patient, billing and patient history, membership, and demographic information in the EMS/ Ambulance Services operating area; and allow for the ability to obtain this data "on the fly" (i.e., in the field) by the in-field user during the patient care event.

*EMS Solution 2000* provides the ability to store, retrieve and display all patient, billing and patient history, membership, and demographic information in the EMS/ Ambulance Services operating area; and allow for the ability to obtain this data "on the fly" (i.e., in the field) by the in-field user during the patient care event – to retrieve, simply select the patient from a list.

18. Have the ability to automatically update a "Frequent Flyer" database when a new patient is encountered for the first time.

When a new patient is entered, *EMS Solution 2000* automatically (automatically updates) makes the new patient immediately available in the "Frequent Flyer" database.

19. Use an intuitive "Trip Wizard" to help the medic build a new call.

*EMS Solution 2000* provides a wizard to build a new call that facilitates the building of the call, and also setting any defaults for the call. These settings can also be customized in the setup using the *EMS 2000 Manager Module*.

20. Allow the ability to easily copy any address in the call to any other address in the call. The system must also be able to copy similar addresses from other calls in the system.

*EMS Solution 2000* provides a means to easily copy any address in the call to any other address in the call. The system also allows copying similar addresses from other calls in the system.

21. Include crew sign-on information including information such as crew names, crew identification numbers, vehicle numbers, unit numbers, shift information and region. This information must carry through on all reports entered. The system should allow the user to change this information for one or all calls documented by that crew.

*EMS Solution 2000* provides a means to log crew information including as crew names, crew identification numbers, vehicle numbers, unit numbers, shift information and region. This information carries through on all reports entered for that crew. The system allows the user to change this information for one or all calls documented by that crew in the event more or more calls change.

22. Have a sign in using a minimum of five (5) character user code password.

*EMS Solution 2000* requires a password of five (5) to eight (8) characters in length which is then encrypted for security purposes.

23. Allow at least five (5) crew members to be documented.

*EMS Solution 2000* provides for five (5) crewmembers and/or other riders/Interns to be documented.

24. Capture and print crew signatures.

*EMS Solution 2000* easily captures and prints crew signatures.

25. Capture acceptance and refusal signatures for treatment, transport, billing and receiving hospitals. All signature screens must utilize user-defined text and have the ability to display the text in multiple languages. (English, Spanish, German, and others as necessary.)

*EMS Solution 2000* captures acceptance and refusal signatures for treatment, transport, billing, receiving hospitals, and treatment refusal. All signature screens utilize user-defined text and have the ability to display the text in multiple languages.

26. Be able to capture 15 other user-defined signatures complete with user-defined text.

*EMS Solution 2000* permits the capture of fifteen (15) user-definable fields (including field format) including user definable text.

27. Allow automatic interfaces to other systems including billing systems, government reporting agencies and quality assurance systems.

*EMS Solution 2000* has many automatic interfaces to CAD, billing, government and quality assurance systems. Many of these include a validation tool that verifies the data prior to export. *EMS Solution 2000* also provides a database in a format that allows automatic interface to an unlimited number of software and hardware devices.

28. Allow interface to the CAS Vital Signs monitor Model 9002. Must capture all vital signs data, blood pressure, pulse, and blood oxygen saturation.

The OscilloMate 9002 by CAS Medical Systems, Inc. allows interface to a PC via its R232 port to download stored data such as vital signs data, blood pressure, pulse, and blood oxygen saturation to a PC and subsequent database to interface to *EMS Solution 2000*.

29. Have complete integration to the Medtronic Physio Control LifePak 12 or other monitor/defibrillator that Lee County may buy, with similar data collection ability.

*EMS Solution 2000* has a complete integration to the Medtronic Physio Control LIFEPAK 12. It is not only complete and field-tested, but in full operation at several agencies. We also have integration ability with other monitors and devices.

30. Provide at least 30 pre-defined quality assurance and operations reports and the option to create customized reports.

*EMS Solution 2000* has over fifty (50) pre-defined quality assurance and operations reports and also the option to easily create customized reports using our Ad-Hoc Query Generator.

31. Be able to print a copy of a run report, or any portion of that report, at any time using cables or infrared.

*EMS Solution 2000* has the ability to easily print a copy of a run report, or any portion of that report, at any time using cables, infrared or wireless connection.

32. Be able to transmit selected data from one (1) pen computer to another in dual response situations. This exchange must be via IR.

*EMS Solution 2000* has the ability to submit *EMS Solution 2000* data (records via ODBC) via any established connection that support Windows networking protocols (TCP-IP, NetBEUI, IPX) including landline, IR, wireless, dialup, etc).

33. Provide multiple level of trip validation and cross trip validation.

*EMS Solution 2000* has field, trip and cross trip level validations to ensure the integrity and reliability of patient data. The validations are of two (2) types: Immediate on Data Entry and Retrospective on call completion.

34. Provide the ability to define the rules that ensure data is complete before a call may be closed.

*EMS Solution 2000* has a *Call Completion Wizard* that enables a user with the proper security rights to define by call type which fields are required, recommended or suggested utilizing user-friendly screens. The fields requiring completion change a user-definable color and are listed on the "Disposition" screen of the report. The software has the ability to status fields left blank by the user and the ability to go directly to the field left blank with one (1) pen tap.

35. Have the ability to sort all information in a chronological order.

All information entered in *EMS Solution 2000* can be easily sorted into a chronological order.

36. A rotating 3-dimensional anatomical body that zooms in and out and allows for differential documentation between medical and trauma emergencies.

*EMS Solution 2000* includes various templates (based on patient's age/gender) to allow for differential documentation with a simple pen-tab between medical and trauma emergencies using a dimensional anatomical body that zooms in and out and also allows for drawing and annotations using various pen colors.

37. Provide the ability to answer two-tier questions (Medicare) that relate to medical necessity of the patient.

*EMS Solution 2000* provides the ability to answer two-tier questions (Medicare) that relate to medical necessity of the patient. Additionally, *EMS Solution 2000* provides the ability to answer two-tier questions regarding an unlimited number of patient/call findings based on the type of patient. *EMS Solution 2000* provides user definable questions and answers with a user-friendly wizard.

38. Must have an MDQ page to assist the medic in the justification of medical necessity for patient transportation.

*EMS Solution 2000* has an MDQ page to assist the medic in the justification of medical necessity for patient transportation. *EMS Solution 2000* also provides user definable customization with a user-friendly wizard.

39. Must provide the ability to perform and save at least two (2) daily inventory forms to replace the present ALS and BLS inventories forms which are performed a minimum of once daily. (See Attachments: ALS Checklist and BLS Checklist).

*EMS Solution 2000* has the ability to perform and save two (2) daily inventory forms which can replace Lee County's present ALS and BLS inventories forms which are performed a minimum of once daily. (See Attachments: ALS Checklist and BLS Checklist).

40. Must provide separate checklists to replace the present "Cardiac Alert", "Adult and Pediatric Trauma Alert" and "Stroke Alert" forms presently being used. (See Attachments: Cardiac Alert, Adult Trauma Alert, Pediatric Trauma Alert, and Stroke Alert).

*EMS Solution 2000* has the ability to provide separate checklists to replace the present



"Cardiac Alert", "Adult and Pediatric Trauma Alert" and "Stroke Alert" forms presently being used. (See Attachments: Cardiac Alert, Adult Trauma Alert, Pediatric Trauma Alert, and Stroke Alert).

41. Must contain a "Medical Spellcheck".

*EMS Solution 2000* has a "Spellchecker" that includes both a medical and custom dictionaries.

42. Must comply with all HIPAA standards regarding the security, privacy, collection and maintenance of all medical records. (Including those adopted as of April 14, 2001.)

*EMS Solution 2000* complies with all HIPAA standards regarding the security, privacy, collection and maintenance of all medical records. (Including those adopted as of April 14, 2001.)

43. Must have user-definable business or logic rules, including: 1. Multi-levels or trip validation based on the call type. For example, emergency vs. non-emergency. 2. Cross-field validation. For example, APGAR score only required and allowed if patient is  $\leq 1$  day.

*EMS Solution 2000* has validation/logic rules based on the call type to ensure the integrity and reliability of patient data. The validations are of two (2) types: Immediate on Data Entry and Retrospective on call completion.

## VI. DATA TRANSFER FROM PEN TO COMPUTER

*HealthWare Solutions* specializes and is the leader in client-server systems, connectivity and data transfer that works from the simplest to the most complicated of network environments. We are proud to offer a wide variety of solutions that are full automated to fulfill your data transfer needs. ***HealthWare Solutions EMS Solution 2000* meets all of the following requirements as explained below.**

Does your proposed system meet all of the following requirements? Yes X No \_\_\_\_\_

1. Transfer patient and trip information from the pen computer to the repository.

*EMS Solution 2000* is fully network enabled for LAN or WAN connectivity. Utilizing Microsoft Windows 32-bit ODBC (Open Database Connectivity) and ADO (ActiveX Data Object) or DAO (Data Access Objects) drivers to share and transfer data between the field computers and your MS SQL Server, transmission of data is a snap. By using our automated DSN (Data Source Name) setup included in the *EMS 2000 Manager Module*, uploading patient records and downloading, picklist table changes is as easy as pushing a button from directly within *EMS Solution 2000* or setting up our automated system that operates on a user-definable time-frame. This provides a reliable, rapid and secure data exchange either on a LAN or WAN eliminating downtime. This important feature not only automatically consolidates all patient and call information for your organization onto your SQL Server, but it also automatically updates the field computer to any program updates or database changes, such as a new field allocation or picklist modification. Once the field computers sense the network connection, the patient and trip information can be automatically transferred. Best of all, because it fully utilizes Windows networking and drivers, troublesome third party software is eliminated.

2. Allow software updates (including files that are in use and the registering of files that need to be registered) as well as frequent patient updates from the repository to the pen computer.

*EMS Solution 2000* allows software updates (including files that are in use and the registering of files that need to be registered) as well as frequent patient updates from the repository to the pen computer included in the data exchange described above.

3. SECURELY transfer all information by landline modem or by LAN or WAN. Must also be able to SECURELY transfer and upload all data via an Internet or Intranet connection using a TCP/IP protocol.

*EMS Solution 2000* securely transfers all information by landline modem or by LAN or WAN. It can also securely transfer and upload all data via an Internet or Intranet connection using a TCP/IP protocol.

4. Allow for data transfers to take place with minimal user interaction and/or without user interaction.

*EMS Solution 2000* allows for data transfers to take place with either the push of a single button or without user interaction at all depending on the data transfer method selected in the setup.

5. Have complete "roll back"/"roll-forward" functionality to automatically handle communication interruptions.

*EMS Solution 2000* uploads data through a "BeginTran-CommitTran-RollBackTran commit" ("roll back"/"roll-forward") cycle to insure data integrity and to automatically handle communication interruptions.

6. Have complete logging of ALL data transfer activities; i.e., the time it was downloaded; the editing time; time and date stamps; unit number identification; vehicle/device identification; and all repository connections.

*EMS Solution 2000* has a comprehensive log system that includes at a minimum: the time it was downloaded; the editing time; time and date stamps; unit number identification; logged user ID; vehicle/device identification; and all repository connections.

## VII. HOST/ENTERPRISE SERVER REQUIREMENTS

*HealthWare Solutions* specializes and is the leader in client-server systems, connectivity and data transfer that works from the simplest to the most complicated of network environments. We are proud to offer a wide variety of solutions that are full automated to fulfill your data transfer needs. ***HealthWare Solutions EMS Solution 2000* meets all of the following requirements as explained below.**

Does your proposed system meet all of the following requirements? Yes  No

***EMS Solution 2000 SQL (back end of the software) supports the following functions:***

1. Have a database that is an industry standard Visual Development Environment.

*EMS Solution 2000* was written using Microsoft® Access 2000 as the visual development environment. The back end server software (*EMS Solution 2000 SQL*) was written using Microsoft SQL 2000. Both products are full recognized are industry standard products.

2. Store all current "Frequent Flyer" information. Must be able to have a storage of new patients and changed data on current patients. This is so the system manager can compare incoming data against currently stored data; this prevents good data from being overwritten.

*EMS Solution 2000 EMS Solution 2000 SQL* stores all patient demographic, billing and medical history information. When stored information is accessed to be used as a "Frequent Flyer", the most current information is displayed and opted to be retrieved. All information is viewable in the event a user wishes to view all historical information such as in the event of medical history. In this way, good data cannot be overwritten and all information is available.

3. Allow an Enterprise Manager to easily maintain supporting lists for the data elements documented above.

*EMS Solution 2000* and *EMS Solution 2000 SQL* includes *EMS 2000 Manager*, the enterprise manager that easily enables maintenance of supporting lists via easy wizards. *EMS 2000 Manager* also includes sixteen (16) additional maintenance wizards and tools.

4. Allow all data to reside on a LAN or WAN and allow connection to that data from multiple workstations through a web browser. For example, all of the data transfer activities as specified; including transfer connections, all repository connections must be logged/tracked, etc.

*EMS Solution 2000* and *EMS Solution 2000 SQL* is specifically designed to operate under a variety of network conditions and connections, depending on the best scenario for the particular installation. One option allows all data to reside on a LAN or WAN and allows a connection to that data from multiple workstations through a web browser via an intra or Internet connection; dialup; LAN or WAN connection. This would include all of the data transfer activities as specified; including transfer connections, all repository connections are be logged/tracked, etc.

5. Allow data to be easily archived, retrieved and combined.

*EMS Solution 2000 Access Server* allows data to be easily archived, retrieved and combined. With *EMS Solution 2000 SQL Server*, it is not required.

6. Allow the ability to generate a minimum of 30 standard QA and operations reports provided by the vendor.

*EMS Solution 2000* has over fifty (50) pre-defined quality assurance and operations reports and also the option to easily create customized reports using our Ad-Hoc Query Generator. Both of which are designed to run with *EMS Solution 2000 SQL* back end.

7. Provide the ability to perform ad-hoc reporting.

*EMS Solution 2000* has an optional option Ad-Hoc Query Generator, *EMS 2000 Query*, to easily create customized ad-hoc reports. *EMS 2000 Query* was designed to run with *EMS Solution 2000 SQL* back end.

8. Provide the ability to maintain all code and system tables.

*EMS Solution 2000* and *EMS Solution 2000 SQL* includes *EMS 2000 Manager*, the database management tool that easily enables maintenance of all code and system via easy wizards. *EMS 2000 Manager* also includes sixteen (16) additional maintenance wizards and tools.

9. Provide the ability to easily generate flat file extracts for regulatory agencies, accounts receivable or billing systems. (See attached requirements for present billing system.)

In addition to *EMS Solution 2000 Billing Export* (a billing export module that reviews, validates and creates an export file in the correct format per the specification provided by Lee County) *EMS Solution 2000* and *EMS Solution 2000 SQL* can attach directly to many external file formats or export to several more to permit database extraction and remote submission. *EMS Solution 2000* can export/import the following file types:

- Microsoft Access 1.0, 2.0 and 97.
- Microsoft FoxPro 2.x, and 3.0
- dBase III, III+, IV, and 5
- Paradox 3.x, 4.x, and 5.0
- Microsoft Excel spreadsheets 3.0, 4.0, 5.0, 7.0/95, and 8.0/97
- Lotus 1-2-3 spreadsheets (link is read-only) .wks, .wk1, .wk3, and .wk4
- Delimited text files: Most files with values separated by commas, tabs, or other characters; must be in MS-DOS or Windows ANSI text format
- Fixed-width text files: Most files with values arranged so that each field has a certain width; must be in MS-DOS or Windows ANSI text format
- HTML 1.0 (if a list) 2.0, 3.x (if a table or list)
- Any data or database that supports the ODBC or ADO protocols

10. Provide the ability to easily import data from the Computer Aided Dispatch program used by Lee County EMS and the Department of Telecommunications (Print tracks System).  
NOTE: (the data is imported from CAD directly into server, any information that overrides existing data must be subject to approval by administrator. Preferably, this can be done with as little manual input by setting limits that are acceptable. For example, if an

existing time is different from one being imported by as little as one minute, the overwrite could be automatic. Limitations on accepted data shall be determined by the administrator. All times must be reported in minutes and seconds. Any changes in data must leave an audit trail; for example, discrepancies between "raw" and "scrubbed" data must be accounted for.

*EMS Solution 2000* provides many additional modules to fulfill individual company needs. The *EMS 2000 CAD Import* is designed to either (a) Import CAD data prospectively, actually initiating the call for the paramedic; or (b) Import data retrospectively. If data is imported retrospectively, the *EMS 2000 CAD Import* module is first setup by an administrator to specify the import rules. The data is imported from CAD directly into the server and any information that overrides existing data can be subject to approval by administrator. This can be done with little manual input by setting limits that are acceptable. For example, if an existing time is different from one being imported by as little as one minute, the overwrite could be identified as automatic. Limitations on accepted data can be determined by the administrator. All times can be reported in minutes, seconds and tenths if desired. Any changes in data can leave an audit trail; for example, discrepancies between "raw" and "scrubbed" data can be accounted for.

11. Provide the ability to easily query for and batch print multiple run reports.

*EMS 2000 Query* provides an easy to use function that provides the ability to easily query for and batch print multiple run reports.

12. Provide the ability to e-mail secured and non-secured reports from the repository.

Reports (secured and non-secured) from the repository can be printed to several formats that could be distributed via e-mail.

13. Provide the ability to add an addendum through a web browser to any incident that has been uploaded to the repository.

*EMS Solution 2000* has a feature that enables the creation of an addendum report that can be uploaded to the repository via many means including WAN, LAN, dial-up, Intranet or Internet.

14. Provide for the repository server computer to be maintained and supported at the purchaser's site. Vendor to also provide off-site data back-up.

As the repository server is owned by Lee County, the repository server may be located at any site as determined by Lee County.

15. Provide access (user-based security) to the "canned" reports and the addendum through a secure (SSL) internet/intranet connection.

*EMS Solution 2000* has user-based security to all "canned" reports and addendums. Access to the repository and subsequent data can be accomplished via LAN, WAN, dialup-up, or a secure (SSL) Internet/intranet connection.

16. Automatically update any field computer with any necessary files without user intervention.

When the "Automated Data Transfer" method is selected in the *EMS Solution 2000* setup, one of the features that is enabled is the Automatic Update of the field computer

with any necessary files without user intervention. The file(s) are automatically uploaded and applied.

17. Support report sorting and querying by each of and combination of:
  - a. Date/Date range
  - b. Time/rime range
  - c. Incident type
  - d. Injury cause
  - e. Incident location and Zip Code
  - f. Patient name/Social Security Number
  - g. Patient sex/age
  - h. Vehicle
  - i. Attendant (service provider) name
  - j. Destination Hospital
  - k. Patient refusals

EMS 2000 Query supports report sorting and querying by each of and combination of any patient or call field in the database, including but not limited to the above items.

**The following are maintenance and support requirements:**

18. The Host/enterprise server must reside, be secured, and be maintained at the purchaser's location. This server will be housed in a temperature-controlled room environment which is equipped with the latest industry standard fire suppression equipment/technology.

As the repository server is owned by Lee County, the repository server may be located at any site and in any environment as determined by Lee County.

19. Any servers specified by the vendor must meet Lee County's approval and be capable of retaining at least two (2) years of data that is accessible in a manner that is user-friendly as defined by Lee County.

Any servers specified by the vendor will first meet Lee County's approval and be capable of retaining at least two (2) years of data that is accessible in a manner that is user-friendly as defined by Lee County.

20. A Compaq Proliant server will be specified by the vendor and meet Lee County's approval.

A Compaq Proliant server will be specified by the vendor and meet Lee County's approval. The Compaq Proliant ML350 meets the minimum specifications for *EMS Solution 2000 SQL*.

21. A second server will be maintained at a "Purchaser" selected site which will mirror the Lee County primary server; and which can be immediately accessed and used without a break in operation in the case of a catastrophic failure of the primary server at Lee County's site. (This server must be housed in a temperature-controlled room environment which is equipped with the latest industry standard fire suppression equipment/technology. Vendor will provide for contingencies for seamless service in the event that the server(s) suffer a catastrophic failure).

A second server can be maintained at any site selected by Lee County. This server can

mirror the Lee County primary server; and which can be immediately accessed and used without a break in operation in the case of a catastrophic failure of the primary server at Lee County's site. (This server can be housed in a temperature-controlled room environment which is equipped with the latest industry standard fire suppression equipment/technology. *HealthWare Solutions* can provide for contingencies for seamless service in the event that the server(s) suffer a catastrophic failure).

22. What security rationale and procedures will be used by the vendor to insure that the County's data network will remain secure with the secondary server "on-line".

Following comprehensive system evaluation, *HealthWare Solutions* will work with Lee County to determine security rationale and procedures to insure that the County's data network will remain secure with the secondary server "on-line".

23. Vendor must provide initial on-site support during training phase.

*HealthWare Solutions* will provide initial on-site support during training phase.

24. Vendor must provide remote support for six (6) months after initial training. Subsequent maintenance and support must be available under an annual contract.

*HealthWare Solutions* will provide remote support for six (6) months after initial training. Subsequent maintenance and support must be available under an annual contract.

25. Support hours must be at a minimum 9:00EST to 5:00EST, Monday through Friday, excluding holidays.

Support hours shall be at a minimum 9:00EST to 5:00EST, Monday through Friday, excluding holidays.

**The following are interface requirements are met by *HealthWare Solutions*:**

26. The system must provide the ability to extract data for use by a regulatory agency such as a State or County agency.

*EMS 2000 State Export Module* provides the ability to easily extract data for use by a regulatory agency such as a State or County agency.

27. The system must provide the ability to extract data for use by a billing company.

*EMS 2000 Billing Export Module* provides the ability to extract data for use by a billing company.

28. The vendor must provide evidence of a current interface to the CAS Vital Signs Monitor Model 9002.

*EMS 2000 CAS 9002 Interface Module* will provide an import from the CAS Vital Signs Monitor Model 9002.

29. The vendor must provide evidence of a current interface to the Medtronic Physio Control LifePak 12 or other monitor/defibrillators capable of similar data collection.

*EMS Solution 2000* has a complete integration to the Medtronic Physio Control LIFEPAK 12 (*EMS 2000 LIFEPAK 12 Interface Module*). It is not only complete and field-tested,



but in full operation at several agencies. We also have integration ability with other monitors and devices.

30. The vendor must provide an interface with the CAD system presently used by Lee County EMS to extract such data as, but not limited to, all times used in the present data collection system, mileage, incident location zip code, call location and call types.

EMS 2000 CAD Interface Module can provide an interface with the CAD system presently used by Lee County EMS to extract such data as, but not limited to, all times used in the present data collection system, mileage, incident location zip code, call location and call types.

31. Host computer to maintain a database to track personnel demographics. (Maintain list and dates of certifications to flag personnel when certifications expire).

*EMS 2000 Administrator* has a feature that maintains and tracks personnel including: demographic, company, certification, training and other data, both current and historical. The feature also maintains a list and dates of certifications to flag personnel when certifications expire.

## TECHNICAL SUPPORT & SERVICE REQUIREMENTS

Does your proposed system meet all of the following requirements? Yes  No

The following vendor support and services are met by *HealthWare Solutions*.

1. Software shall be provided via software distribution through an automatic transfer process. Software shall not be provided via CD's or disks.

*HealthWare Solutions* software is provided electronically or via CD-ROM at the choice of the customer.

2. Training shall be provided by the vendor, with a "train the trainer" focus. Training shall include both desktop and handheld instruction on the software. End user training sessions shall include entering, editing, deleting, updating, uploading, downloading text, data, pick lists, help screens, collision diagrams, developing queries/reports, and printing.

*HealthWare Solutions* provides custom training including, but not limited to, Train the Trainer, Administrative, Database Management and End-User levels. The focus to be determined by the customer.

3. Hardware maintenance and repairs shall be provided by the awarded vendor for twelve (12) months after final approval and installation of each system. The service shall be limited to correction of functional failures and difficulties, and shall not include configuration changes requested due to a changing preference on the part of Lee County.

Hardware maintenance and repairs are determined by the support and warranty agreements selected. One (1) to three (3) years are available options. Repairs are authorized and determined by the hardware manufacturer.

4. Software maintenance shall be provided by the vendor through an annual software maintenance agreement after the initial one (1) year of support. The vendor shall have qualified technical service personnel available to respond to the service call within two (2) hours after notification by the user during normal business hours.

Software maintenance is provided by the vendor through an annual software maintenance agreement after the initial one (1) year of support. The vendor will have qualified technical service personnel available to respond to the service call within two (2) hours after notification by the user during normal business hours.

5. Proposers shall state all charges associated with maintenance of hardware and software after the warranty period, software upgrades and enhancements, and license fees in their proposal.

All charges associated with maintenance of hardware and software after the warranty period, software upgrades and enhancements, and license fees are provided in the price section of this proposal.

### **System Warranty Terms and Agreement:**

6. The vendor warrants that all goods, systems, designs, and work covered by this contract shall be satisfactory for its intended purpose; shall conform to and perform as called for in the contract requirements and specifications; and shall be free from all defects and faulty materials and workmanship. Any goods, supplies, systems, equipment, design, and work found to be defective with the time specified below shall be repaired, remedied or replaced, hereinafter called "corrective work" by the vendor.

*HealthWare Solutions* warranty terms are specified in the enclosed Software License Agreement (subject to negotiation).

7. In the event that the vendor ceases operation, an exit strategy must be provided that ensures a continuous operation. (Purchaser will own all data, hardware, and source code.)

On purchase, the customer own all data produced and hardware purchased. *HealthWare Solutions* has an optional Source Code Escrow Agreement the customer may purchase which would provide for the source code in the event the vendor ceases operation.

8. The warranty period for all goods and supplies, and systems shall be twelve (12) months after final installation and acceptance. The vendor shall agree to provide free upgrades of software enhancements designed for operation of their system for a one-year period after system acceptance.

*HealthWare Solutions* warranty terms are specified in the enclosed Software License Agreement (subject to negotiation).

### **Support:**

9. Transaction response times for testing purposes will be measured from the last instruction on the requesting screen to the point which the requested information is displayed or completed. System responsiveness shall be measured by actual benchmarks, computer simulation, or random testing as deemed appropriate by Lee County. Under no circumstances shall the transaction response time be greater than ten (10) seconds.

No transactions in *EMS Solution 2000* exceed ten (10) seconds when installed and configured according to the vendor's specifications. The possible exception being report generation from the repository server against a large database and/or simultaneously processing other requests.

### **Security:**

10. The software must have a modular design with restricted access to each module by security level. The software must also permit further restricted access within each module that is user-definable. The security methodology used must meet or exceed all applicable HIP AA standards; and be the latest and best presently available in the industry (i.e., 128 bit encryption, etc.).

The software has a modular design with restricted access to each module by security level. The software also permits further restricted access within each module that is

user-definable. The security methodology used must meet or exceed all applicable HIP AA standards; and be the latest and best presently available in the industry (i.e., 128 bit encryption, etc.).

**Software and Licenses:**

11. The awarded vendor shall provide software and licenses as required for all software.

*HealthWare Solutions* will provide software and licenses as required for all software.

## VIII. MOBILE COMPUTER HARDWARE SPECIFICATIONS

Does your proposed system meet all of the following requirements? Yes X No \_\_\_\_\_

*HealthWare Solutions* proposed system meets the following requirements as explained below:

### **Environmental and Durability Requirements:**

The mobile computer hardware proposed must meet or exceed MIL-STD 810E or comparable standardized testing procedures for the following areas:

1. Vibration - 17 GRMS (random vibration on 6 axis).
2. Water Resistance – Enclosure sealed against rain or dust. Submersible 6" for five (5) minutes with no permanent damage.
3. Humidity- 0 to 100% condensing humidity, plus compatible with IP65 standards (blowing rain).
4. Temperature –Operating: 0 degrees C to 55 degrees C; Storage: -40 degrees C to 70 degrees C.
5. Shock- 100 G, 2 ms; 3' drop with rotating drive in case.

### **HealthWare Solutions Proposed Product (WalkAbout Hammerhead HH3 Color Pen Base Unit) Environmental Specifications:**

HealthWare Solutions proposed hardware meets the following specifications as determined by the manufacturer:

- Vibration: 17 GRMS (random vibration 6 axis)
- Water Resistance: Submersible to six inches for five minutes
- Humidity: 0 to 100% condensing humidity
- Temperature: Operating -5°C to 55°C; Operating -20°C with optional LCD heater; Storage -40°C to 70°C
- Shock: 100 G, 2 ms; Four foot drop with solid state drive (in case); Three foot drop with rotating drive (in case)
- Enclosure: Sealed against rain & dust

### **Hardware Performance, Capacity and Capability Requirements:**

1. Software – BIOS and all system firmware user-upgradeable with failsafe
2. Display- Minimum 10.4" active matrix TFT color display
3. Processor- 400 MHz Intel Mobile Pentium III processor
4. RAM -256MB RAM
5. Video RAM -2MB dedicated video memory
6. Hard Disk -20GB rotating internal hard disk with shock mounting. Shall be easily removable for maintenance
7. Cache -256Kb L2 Cache
8. Housing – Machined from 7075T6 aircraft grade aluminum
9. Weight – Shall not exceed 5 lbs. (including the battery)

10. Size – Form factor shall not exceed 11.25 x 8 x 1.5 inches
11. Operating System and Access Ports - Windows 2000, Handwriting Recognition, IrDA (4Mbps) port, 1 Type III or 2 Type II PCMCIA slots. The IrDA port must be integral with the mobile computer and non-dependant on port replication for operation. Docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard, and 1 power connection. Ports will be accessible through docking station and port replication.
12. Battery Life –Dual, hot swappable Li-on batteries; external battery charger available (see below); Battery life will be 3 hours minimum measured from maximum charge.
13. Pen-Based Computer – Shall have an active pen technology with electromagnetic digitizer for accuracy. Pen should have right and left mouse functionality.
14. Warranty – The mobile computer shall come with one (1) year all-inclusive parts and labor warranty (depot repair)

**HealthWare Solutions Proposed Product (WalkAbout Hammerhead HH3 Color Pen Base Unit) Capacity Specifications:**

HealthWare Solutions proposed hardware meets the following specifications as determined by the manufacturer:

**HH3 Color Pen Base Unit**

- USB Enabled
- Intel Pentium 400 MHz Processor
- 64 MB RAM Upgradeable to 256 MB RAM
- 10.0 GB Hard Disk Drive
- 256 Kb L2 Cache
- Windows 98 standard with optional with Windows 2000
- Handwriting Recognition
- Type III PCMCIA (2 Type II) Expansion Slot
- My-T-Pen On Screen Keyboard software
- Sealed Aircraft-Grade Aluminum Housing
- 2MB Video Memory SVGA/SXGA
- 10.4" TFT Color Display (800x600) w/Electromagnetic Digitizer. Tethered pen included. Docking Connector provides 2 serial (1-9 pin, 1-3 pin), 1 parallel, 1 USB, 1 SVGA, 1 keyboard and 1 power connection. Ports accessible via desktop docking station or port replicator
- Single Lithium Ion Cell Battery, hot swappable smart batteries, 2 hr. usage. Dual to provide min. 4 hrs. usage. Second battery pack to be sold as option
- Audio - built in sealed speakers
- Built-in USB

**Mobile Computer Hardware Carrying Case:**

15. A carrying case will be provided with each mobile computer. The case will allow docking to port replication or vehicle docking without the need to remove the case from the mobile computer. The case should allow the user of the mobile computer hardware to be able to stand and use the computer without dependence on a table or other surface on which to place the mobile computer. The case will provide for increased protection from environmental hazards above that of which the mobile computer call withstand. The

case will not be used to aid in the unit meeting or exceeding the previously stated environmental and durability requirements.

**HealthWare Solutions Proposed Product (WalkAbout Hammerhead HH3 Color Pen Base Unit) Carrying Case Specifications:**

HealthWare Solutions proposed hardware meets the following specifications as determined by the manufacturer:

- Shock Absorbing, Molded Carrying Case (std.) for HH3 COLOR Computers with elastic hand strap on back. Can be docked without removal of the case. The case may allow the user of the mobile computer hardware to be able to stand and use the computer without dependence on a table or other surface on which to place the mobile computer. The case may provide for increased protection from environmental hazards above that of which the mobile computer can withstand. The case is not used to aid in the unit meeting or exceeding the previously stated environmental and durability requirements.

**Desktop Docking Stations:**

16. Desktop docking connection will provide 2 serial, 1 parallel, 1 USB, 1 SVGA, 1 keyboard and 1 power connection that will provide battery charging capability to the mobile computer hardware. Must provide connection to server via telephone line. Must have USB, Ethernet and fax/modem capabilities.

**HealthWare Solutions Proposed Product (WalkAbout Hammerhead HH3 Color Pen Base Unit) Desk Dock Specifications:**

HealthWare Solutions proposed hardware meets the following specifications as determined by the manufacturer:

- Desktop Docking Station (std)
- Aluminum and Steel "A" Frame Design
- Heavy Gauge Guide Pins
- Self-Cleaning Docking Connector
- 2 Serial, 1 Parallel, 1 Keyboard, 1 VGA, 1 USB
- A/C Power Supply Included
- Built-in USB Ethernet Network Adapter
- Built-in 56K Fax Modem

**Vehicle Chargers:**

17. Vehicle chargers will provide battery charging capability from the vehicle's 12 volt electrical system to the mobile computer hardware battery. The charger must have a quick disconnect ability.

**HealthWare Solutions Proposed Product (WalkAbout Hammerhead HH3 Color Pen Base Unit) Vehicle Chargers Specifications:**

HealthWare Solutions proposed hardware meets the following specifications as determined by the manufacturer:

- HH3 Cigarette Lighter Power Cord chargers will provide battery charging capability from the vehicle's 12 volt electrical system to the mobile computer hardware battery. The charger has a quick disconnect ability.

### **AC Chargers:**

18. The charger will provide the capability to charge the mobile computer hardware battery from 110 volt AC power supply.

### **HealthWare Solutions Proposed Product (WalkAbout Hammerhead HH3 Color Pen Base Unit) AC Charger Specifications:**

HealthWare Solutions proposed hardware meets the following specifications as determined by the manufacturer:

- Universal A/C Power Supply; 110/220 v; Includes Straight Power Cord. This charger will provide the capability to charge the mobile computer hardware battery from 110 volt AC power supply.

### **External Battery Charger:**

19. The charger will provide the capability to charge the mobile computer hardware battery independent of the computer via a standard AC power source.

### **HealthWare Solutions Proposed Product (WalkAbout Hammerhead HH3 Color Pen Base Unit) External Battery Charger Specifications:**

HealthWare Solutions proposed hardware meets the following specifications as determined by the manufacturer:

- Two bay sequential battery charger for HH3 Li-Ion battery pack (Charges 2 battery packs in 4-5 hours). Includes universal auto switching (110-240v) power supply. This charger will provide the capability to charge the mobile computer hardware battery independent of the computer via a standard AC power source.

### **Portable Printers:**

12. Connectivity and Communication -Connectivity and communication will be from the IrDA port on the mobile computer hardware to the printer without use of any other connection between the mobile data computer and the printer.
13. *HealthWare Solutions* proposes the Canon BJC-85 portable printer. It is capable of multiple sheet feeding and printing via an IrDA port.
14. Power Supply -The power supply for the printer will be supplied from the 12 volt electrical system of the vehicle.
15. *HealthWare Solutions* proposes the Canon BJC-85 portable printer battery kit NK-300 portable kit and battery for BJC-85/80/70 ( 0827A001 ) for DC operation.
16. Mounting System -A mounting system will be provided that will allow the printer to be securely mounted in the vehicle. The mounting will not interfere with the operation of the printer or mobile computer hardware. The printer will be 100% functional in the mounted position.
17. *HealthWare Solutions* proposes the Canon BJC-85 vehicle mounting hardware manufactured by L & E.



## X. INSTALLATION SERVICE

Does your proposed system meet all of the following requirements? Yes  No

The system proposed by *HealthWare Solutions* includes the following installation Services:

### Equipment Installation:

1. The awarded vendor will complete all computer diagnostic tests suggested or required by the manufacturer to certify that the computers and system peripherals are fully operational.

Each hardware component purchased from *HealthWare Solutions* will receive any diagnostic testing suggested or required by the manufacturer to verify that the computers and system peripherals are fully operational.

2. The awarded vendor will perform the required system generation or configuration.

Each hardware component purchased from *HealthWare Solutions* will be configured to run any software provided by *HealthWare Solutions*.

### Software Installation:

1. The awarded vendor will install all software to be used on the system and will test the use of all peripherals with the specific software to be used.

*HealthWare Solutions* will install all software to be used on the system and will test the use of all peripherals with the specific software to be used.

### Other Installation Requirements:

2. Installation of all required elements of both the hardware and software, including the building of the database code tables, must be included in base cost proposed. Proposer shall state all additional installation costs in his/her proposal (see Step Two).

*HealthWare Solutions* will install all required elements of both the hardware and software, including the building of the database code tables, which shall be included in base cost proposed. There will be no additional installation costs.

## XI. TRAINING SERVICES

Does your proposed system meet all of the following requirements? Yes X No \_\_\_\_\_

1. The awarded vendor shall provide sufficient training to familiarize Department employees with the computer system operation. "Train the Trainer" focus, conducted at the individual agency level, shall include:
  - a. System Manager -Full training in the operation of the portable data collection computers
  - b. Paramedic Manager -Orientation to managers covering fundamentals of system operation. Training shall be sufficient in duration and content to bring attendees to an "instructor" level of system operation.

*HealthWare Solutions* will provide sufficient training to familiarize Department employees with the computer system operation. "Train the Trainer" focus, conducted at the individual agency level, shall include:

- c. System Manager -Full training in the operation of the portable data collection computers
  - d. Paramedic Manager -Orientation to managers covering fundamentals of system operation. Training shall be sufficient in duration and content to bring attendees to an "instructor" level of system operation.
2. Lee County will own all of the training materials (i.e., PowerPoint presentations, written documentation, etc.).

All software, programming and materials purchased by Lee County and all related source code, will remain the property of the Developer as described in the attached Software License Agreement (Agreement). An independent agent holds the Source Code for *EMS Solutions 2000 Suite* in escrow. All data entered into *EMS Solutions 2000* is and will remain the exclusive property of Lee County. Upon purchase, Lee County is authorized to use all software, programming and materials per the specifications of the Agreement.

3. All required training must be included in base cost proposed. Proposer shall state all training costs in his/her proposal (see Step Two).

All training costs including training, travel related expenses and training materials are included in the base cost proposed.

XII ATTACHMENTS 1-8

Does your proposed system meet all of the following requirements? Yes X No \_\_\_\_\_

*HealthWare Solutions* proposed system will generate forms intended to replace forms shown in attachment 2 – 8.

1. Attachment # 1 -This is a sample of the record extract format required by ADP for billing data and run report information. The system being proposed must provide data in such way that meets the requirements of this format.

*EMS 2000 Billing Export Module* can generate an export file in the format specified as Attachment #1.

2. Attachments #2 -#8 -The system your firm is proposing must eliminate/replace the paper forms presently in use which are represented by Attachments #2 -#8.

*HealthWare Solutions* will work with Lee County EMS to develop forms to eliminate/replace the paper forms presently in use which are represented by Attachments #2 -#8.



## **EMS Solution2000™**

and **EMS SOLUTION 2000™ PEN**

Emergency Services Patient Documentation & Information Management System Software

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- ◆ **Company Profile**
- ◆ **Key Features**
- ◆ **Software Highlights**
- ◆ **Report Sampling**
- ◆ **Complete Solutions**

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## COMPANY PROFILE

*HealthWare Solutions* is proud to set itself apart from other medical management information system companies. We're committed to keeping our promise of providing state-of-the-art software that works as hard as you do. Part of this dedication is to keep our software current with the growing needs and demands of the emergency services industry.

In a system where cost-reduction pressures, medical necessity, and levels of care issues can create obstacles to efficient delivery of high-quality care, we recognized the potential of using information to coordinate, streamline and improve the quality and cost-effectiveness of emergency medical care.

Our dedication and commitment to EMS is symbolized by our company's mission:

*To improve the quality, efficiency and cost-effectiveness of emergency medical care by providing state-of-the-art information management and communication services to Public Safety, Fire Service, EMS Providers, Hospitals, Trauma Centers, and Governing Agencies.*

Consistent with this commitment, *HealthWare Solutions* products have been designed, developed, and tested by an expert team of programmers, medical consultants and field personnel. This unique system continues to be represented by a wide variety of EMS personnel around the country. With over ten years of professional experience in the design, implementation and support of Microsoft Windows based prehospital patient documentation systems we have the experience to put meaningful information in your hands.

Developed exclusively for Windows 9x, *HealthWare Solutions EMS Solution 2000 Suite™* is one of the most powerful prehospital patient care reporting systems available. *EMS Solution 2000 Reporting Software* generates the highest-quality medical-legal document while accurately reporting all of the EMS data points you need – we deliver!

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## EMS SOLUTION 2000

*HealthWare Solutions* is proud to offer *EMS Solution 2000 v.4.0™*, an extremely user-friendly yet powerful patient documentation software designed exclusively for Windows®. *V.4.0* brings amazing user customization to an already comprehensive software package. New features include wizards to provide user definable protocol audits and compliance monitoring, call completion, and supply kit management. *EMS Solution 2000* is compatible with desktop, laptop or pen-based computers.

### KEY FEATURES

- ✓ Pen Compatible
- ✓ Robust Relational Database Design
- ✓ Fast & Easy Graphical User Interface
- ✓ Exceeds the National Highway Traffic Safety Administration Uniform Prehospital Data Set (NHTSA-UPDS, 1997)
- ✓ Designed by & for the End-User
- ✓ Comprehensive & Meaningful Reports
- ✓ High Data Reliability
- ✓ Validations on Data Entry
- ✓ Designed from an EMS Quality Improvement Approach
- ✓ Designed Exclusively for Windows® 95/98, Windows® NT 4.0
- ✓ Generates a Patient Care Report as Part of the Data Entry Process
- ✓ Automatic Screen Changes to Document in Detail by Type of Patient
- ✓ Audits Patient Care Reports for Your Protocols and Compliance Monitoring
- ✓ Optional SQL Server Data Transactions
- ✓ Screens Built "on-the-fly" depending on the Call
- ✓ Patient, Witness, Crew and Receiving Party Signature Captures in Pen Version
- ✓ All Screens Easily Accessible With One Pen Tap/Mouse Click
- ✓ On-Line Help
- ✓ Comprehensive User Manuals
- ✓ Interface to SweetSoft™ Ambulance 2000
- ✓ Billing and Defibrillator Connectivity
- ✓ State Interfaces Available

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## EMS SOLUTION 2000 SUITE HIGHLIGHTS

*EMS Solution 2000 Suite* is a powerful and robust 32-bit relational database management system (RDBMS) designed exclusively for Windows 95/98 or Windows® NT 4.0. *EMS Solution 2000* incorporates seamless integrated networking solutions to provide you the easiest, yet most advanced technology possible for data connectivity across your LAN or WAN, including Internet or Intranet. This important feature means that your data is where you want it to be, when you need it there, including the updates to your picklists! *EMS Solution 2000's* user-friendly system fully utilizes its graphical user interface (GUI) capabilities for fast training and instant start-up.






### EMS Solution 2000 Reporting Software Highlights:

*EMS Solution 2000* is the field run reporting system software module of *EMS Solution 2000 Suite*. *EMS Solution 2000's* user-friendly screens help medics quickly capture all scene or IFT data, creating a professional medical / legal document in a more effective and timely manner than your current paper system. A few of the many features found in *EMS Solution 2000* include:

- ☐ Capture crew, patient, patient refusal (including patient and witness(s) signatures), and receiving physician signatures from the point of service on hand-held pen computers.
- ☐ Easily navigate screens with one pen tap/mouse click – no getting lost in multi-level forms!
- ☐ Call and patient replication features for documenting multiple patients or legs.
- ☐ Unlimited entries available for medications, procedures, primary & secondary assessments, special field conditions, patient medical history, and others.
- ☐ Builds screens “on-the-fly” to permit custom collection of data points based on the type of call and patient.
- ☐ Our patient database feature allows you to easily retrieve pertinent patient information on repeat patients.
- ☐ Cut reimbursement time to days instead of months while significantly reducing your rejection rate with our included billing feature. *EMS Solution 2000* assures that you have the most complete and comprehensive billing information available.
- ☐ Improve your accuracy and data reliability with our Defibrillator Interface. Reads data recorded from your unit and sends it to *EMS Solution 2000* patient report at the touch of a button where the medics then just complete remaining information.






## EMS 2000 Administrator™ Highlights:

*EMS 2000 Administrator* is the administrative component of *EMS Solution 2000 Suite* and is designed to meet all of your prehospital information management system needs. Just a few of the features found include:

-  Track your medic's and company's compliance based on your medical protocols and compliance monitoring standards. This user definable feature identifies and "flags" records and then permits on-screen interactions and follow-up.
-  Now you can easily track personnel information on your crew including address, phone, drivers license, date of hire and much more.
-  *EMS 2000 Administrator* will track all of your medic's certification, continuing education and training. Additionally, if you are a continuing education provider, *EMS 2000 Administrator* will help you track CE and training courses, attendants and even print course rosters and certificates.
-  Has over 50 quality improvement and summary reports including audit of patient care reports for protocol compliance, reports for analyzing supplies, services provided and employee performance.
-  Provides you the ability to build your own ad hoc queries and custom reports just by selecting parameters off of any pick-list. Pick-lists are divided into categories for easy selection. This feature also permits unlimited "and/or" selections.

## EMS 2000 Manager™ Software Highlights:

*EMS 2000 Manager* is the database management component of *EMS Solution 2000 Suite* and is designed to meet all of your custom system setup and configuration needs. It is packed with user-friendly wizards to enhance your ability to control what the software does for you! Just a few of the features found include:

-  Setup Wizards quickly assist you in setting-up or changing defaults; adding pick-list items & fields; customize screens and labels; define record locking and much more!
-  Choose from fast and easy Local Area Network (LAN) setup and configuration utilizing built-in "Browse" features or Wide Area Network (WAN) setup for Access or SQL Servers using a graphical user interface (GUI), including 32-bit ODBC DSN configuration and "Browse" capability.
-  Manage user definable "Audit Criteria System" (ACS)™ for protocol review and compliance monitoring with our *Protocol Wizard*™.
-  Eliminate incomplete patient care reports based on your standards with our user definable *Call Completion Wizard*™. Define by call disposition, fields that are required, recommended or suggested!
-  Manage user definable "Auto Narrative Builder" by patient protocol to assist medics in comprehensive narrative entry by patient complaints with our *Narrative Builder Wizard*™.



## REPORT SAMPLING

We welcome you to preview in the following pages just a few of the over 50 reports available in *EMS 2000 Administrator*. Contact your *HealthWare Solutions* sales representative for a complete listing.

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# PREHOSPITAL PATIENT CARE REPORT

Incident #: <b>21089</b>	Date: <b>9/30/99</b>	Medical Record #: <b>549400</b>
-----------------------------	-------------------------	------------------------------------

<b>PATIENT INFORMATION</b>			Type of Patient: <b>Trauma/Injury Accident</b>		
Name: <b>Sample913</b> Patient			<b>Trauma</b>		
SSN: <b>361-72-1131</b> Phone: <b>(830) 606-4150</b>			Other's on Scene: <b>ATPD</b>		
Address: <b>123 Anystreet</b>			ED Disposition: <b>Admitted</b>		
<b>Anytown TN 12345</b>			Pay Source:		
Gender: <b>Female</b>	Weight: <b>70 Kgs</b>	Date of Birth: <b>11/6/68</b>	Age: <b>30 Years</b>		
<b>CALL INFORMATION</b>			Family Physician:		
Provider: <b>Anytown Ambulance</b>			Employer:		
Unit #: <b>Medic 1</b> Call Origin: <b>911</b>			First Responder: <b>Mytown Fire Department</b>		
Time Onset:			Receiving Hospital: <b>Anytown Medical Center</b>		
Time Dispatched: <b>21:40</b>			Destination Decision: <b>Most Accessible Receiving Facility</b>		
Call Disposition: <b>Emergency Department Transport</b>			Base/Contact:		
To: Emergent, Lights and Siren From: Emergent, Lights and Siren			Zone: Communications Type:		
Transport Provider: <b>Anytown Ambulance</b>			Dispatch/Scene District: <b>District 6 District 4</b>		
Unit #: <b>Medic 1</b> Transport Mode: <b>Ground</b>			Pt. Mileage: <b>10</b> Radio Protocol: <b>Standing Orders</b>		
Incident Location: <b>Hwy 120 LPM 66.2</b>			Total Mileage: <b>30</b> Scene County/Zip: <b>Far County 786402</b>		

<b>System Assessment</b>		<b>Pertinent Findings</b>	
Head/Face: Normal		Chief Complaint: <b>NECK AND LOW BACK PAIN</b>	
Neck: Normal		Reason for Call: <b>MVA</b>	
Chest: Normal		Severity Impression:	
Abdomen: Normal		Mechanism of Injury: <b>Motor Vehicle Crash</b>	
Back: Normal		Safety Equipment: <b>Lap &amp; Shoulder Belt</b>	
Pelvis/Genit.: Normal		Initial Trauma Score: <b>15</b>	
Extremities: Normal		Initial GCS: <b>15</b>	
Pt Vehicle: <b>Mid/Full-Size Pickup</b>		Pt Position: <b>Driver</b>	
		Est. Blood Loss:	

Special Scene - Adverse Weather	Current Med - <b>SYNTHROID</b>	Allergy - <b>NKDA</b>
Triage -Extrication Time >20 minutes	Med Hx -None	

**Comments/HPI:**  
Your Narrative Goes Here

<b>Event Chronology</b>			
Time	Procedure	Description	Attendant
<b>21:40</b>	<b>Time of Call</b>		
<b>21:40</b>	<b>Dispatch</b>		
<b>21:42</b>	<b>Enroute</b>		
<b>21:56</b>	<b>Arrive Scene</b>		

<b>Crew1/Primary</b>	<b>Crew 2</b>	<b>Crew 3</b>	<b>Received By</b>
----------------------	---------------	---------------	--------------------

<b>Davis Dave</b>	<b>59773</b>	<b>Dumpty Humpty</b>	<b>18962</b>	<b>Dr Doctor</b>
<b>Intern</b>			<b>MICN/RN</b>	
<b>Medical Control MD/RN</b>		<b>MD Approve/Signature: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</b>		

OK to use insurance info



# PREHOSPITAL PATIENT CARE REPORT

Incident #: <b>21089</b>	Date: <b>9/30/99</b>	Medical Record #: <b>549400</b>
-----------------------------	-------------------------	------------------------------------

**21:56 Patient Contact**

21:56	ASSESS LUNG SOUNDS	Left Lung Sounds: Clear Right Lung Sounds: Clear	-
21:56	ASSESSMENT	SKIN Color: Normal / Pink- Moisture: Normal/Dry- Temp: Normal Cap Refill: < 2 Seconds- Pupils: L: Mid-Position- R: Mid-Position- PERL: Yes GCS: 15 - Eye: Spontaneous- Motor: Obeys Verbal- Verbal: Oriented	-
21:56	BACKBOARD		Mytown Fire Department -
21:56	C-COLLAR		Mytown Fire Department -
21:56	VITAL SIGN	SBP/DBP: 116/P Radial- Pulse: 74 Regular- R-Rate: 18 Regular- EGC: - Ectopy: -	-

**22:01 Depart Scene**

22:01	OXYGEN	Non-Rebreather w/Reservoir 10 LPM	Davis Dave - Paramedic
22:03	ASSESS LUNG SOUNDS	Left Lung Sounds: Clear Right Lung Sounds: Clear	-
22:03	ASSESSMENT	SKIN Color: Normal / Pink- Moisture: Normal/Dry- Temp: Normal Cap Refill: < 2 Seconds- Pupils: L: Mid-Position- R: Mid-Position- PERL: Yes GCS: 15 - Eye: Spontaneous- Motor: Obeys Verbal- Verbal: Oriented	-
22:03	PULSE OXIMETRY	% Sat: 99	Davis Dave - Paramedic
22:03	VITAL SIGN	SBP/DBP: 110/78 Radial- Pulse: 68 Regular- R-Rate: 18 Regular- EGC: - Ectopy: -	-
22:15	ASSESS LUNG SOUNDS	Left Lung Sounds: Clear Right Lung Sounds: Clear	-
22:15	ASSESSMENT	SKIN Color: Normal / Pink- Moisture: Normal/Dry- Temp: Normal Cap Refill: < 2 Seconds- Pupils: L: Mid-Position- R: Mid-Position- PERL: Yes GCS: 15 - Eye: Spontaneous- Motor: Obeys Verbal- Verbal: Oriented	-
22:15	VITAL SIGN	SBP/DBP: 118/P Radial- Pulse: 66 Regular- R-Rate: 18 Regular- EGC: - Ectopy: -	-

**22:22 Arrive Destination**

**22:36 Return Service**

Crew1/Primary		Crew 2		Crew 3		Received By
Davis Dave	59773	Dumpty Humpty	18962			Dr Doctor
Intern				MICN/RN		
Medical Control MD/RN				MD Approve/Signature:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

OK to use Insurance Info



# Procedure Summary

Report Date: 11/12/99

Begin Date: 9/1/99

Ending Date: 9/30/99

---

Procedure	Total Performed	% of Total
Airway Adjunct, OPA	1	0.12%
Assisted Ventilations	2	0.25%
Backboard	48	5.92%
Blood Draw	59	7.27%
Blood Glucose	33	4.07%
C-Collar	47	5.80%
CPR	1	0.12%
Defibrillation (ALS)	1	0.12%
Dress Wounds	11	1.36%
ECG Monitor	98	12.08%
Extrication	5	0.62%
Fluid Challenge	6	0.74%
Hemorrhage Control	4	0.49%
Intubation	2	0.25%
Irrigation	1	0.12%
Magill Forcep	1	0.12%
Medication Administered	25	3.08%
Monitor IV	16	1.97%
Oxygen	160	19.73%
Peripheral IV	100	12.33%
Psych Assist	2	0.25%
Pulse Oximetry	161	19.85%
Restraints	1	0.12%
Splint	24	2.96%
Suction	2	0.25%
<b>Total Procedures</b>	<b>811</b>	



# Call Summary Report

**Begin Date:** 9/1/99  
**Ending Date:** 9/30/99  
**Report Date:** 11/12/99

---

<b>Response Code</b>	<b>Record Count</b>	<b>% of Total</b>
Non-Emergent	53	19.49%
Emergent, Lights and Siren	219	80.51%
	272	

<b>Transport Code</b>	<b>Record Count</b>	<b>% of Total</b>
Not Entered	18	6.62%
Non-Emergent	63	23.16%
Emergent	97	35.66%
Emergent, Lights and Siren	91	33.46%
Downgrade	1	0.37%
Not Transported	2	0.74%
	272	

<b>Call Disposition</b>	<b>Record Count</b>	<b>% of Total</b>
Emergency Department Transport	188	69.12%
Hospital Transport (non-ED)	25	9.19%
Clinic Transport (non-hosp)	9	3.31%
Nursing Home Transport	7	2.57%
Another Location Transport	2	0.74%
Rendezvous Point Transport	1	0.37%
Refused Treatment/Transport	26	9.56%
Aid Unnecessary	2	0.74%
1144 - Dead at Scene	1	0.37%
Dry Run/No Pt Contact Made	1	0.37%
Home Transport	10	3.68%
	272	

<b>Mode of Transportation</b>	<b>Record Count</b>	<b>% of Total</b>
Ground	241	88.60%
Non-Transport	31	11.40%
	272	

<b>Call Type</b>	<b>Record Count</b>	<b>% of Total</b>
Scene	219	80.51%
Interfacility (hospital-hospital) Transfer	25	9.19%
Scheduled (hospital-other) Transport	27	9.93%
Unscheduled Transfer	1	0.37%
	272	



# Call Summary Report

**Begin Date:** 9/1/99  
**Ending Date:** 9/30/99  
**Report Date:** 11/12/99

---

Call Authorization	Record Count	% of Total
911	203	74.63%
Other Agency	1	0.37%
Family/Friend	4	1.47%
Hospital Staff	45	16.54%
Care Facility	4	1.47%
Clinic/Physician	7	2.57%
Other EMS	3	1.10%
Law Enforcement on Scene	5	1.84%
	272	

Units	Record Count	% of Total
Medic 1	100	36.76%
Medic 2	90	33.09%
Medic 3	75	27.57%
Medic 4	7	2.57%
	272	



# Medic Review

Report Date: 11/12/99

Begin Date: 9/1/99

Ending Date: 9/30/99

((([CallDate] Between #9/1/99# AND #9/30/99#) AND (SSN = 464653619) )

Level / Certification #: Paramedic 45172

Begin Date: 9/1/99

Ending Date: 9/30/99

Average Scene Time: 10.4 Min

Total Contacts- BLS: 5

Average Base Contact Time:

Total Contacts- ALS: 17

Total Contacts: 22

### Intubation Statistics

Successful on:  
 Attempts = 1: 0  
 Attempts = 2: 0  
 Attempts > 2: 0

Attempts Successful 0  
 Total Unsuccessful 0  
 Total Attempts 0  
 Percent of Successful 0.0%

### Type of Patient/Patient Protocol

Type of Patient	Calls
Abdominal Pain / Acute Abdomen	1
Arrhythmia	1
Chest Pain (cardiac origin)	3
Chronic/Terminal Illness	5
Diabetic Complications	1
Hypotension	1
Other Medical Not Listed	1
Patient Refused Treatment/AMA	1
Pulmonary Edema-acute	1
Syncope	1
Trauma/Injury Accident	5
TypeOfPatient not documented	1
<b>Total Calls:</b>	<b>22</b>

### IV Statistics

Successful on:  
 Attempts = 1: 3  
 Attempts = 2: 1  
 Attempts > 2: 0

Attempts Successful 4  
 Total Unsuccessful 1  
 Total Attempts 5  
 Percent of Successful 80.0%

### Medications Administered

Medication	Count
Lidocaine (Xlyocaine)	1
Lidocaine Drip	1

### ALS Procedures Performed

Procedure	Count
Blood Draw	3
Blood Glucose	1
ECG Monitor	9
Medication Administered	1
Peripheral IV	5
Pulse Oximetry	16

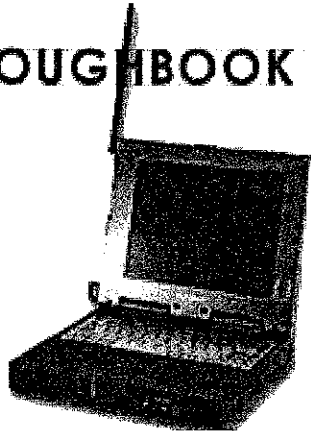
## COMPLETE SOLUTIONS

*HealthWare Solutions* is compatible with desktop, laptop, network or pens configurations. Below are just a few examples of the many hardware options available if you desire a complete solution. Please contact HealthWare Solutions for more options or detailed specs.

### Item 1 – Portable Computer or Data Entry Device – Option 1

1 – A      Panasonic CF-34

## TOUGHBOOK 34



**RUGGEDIZED,  
ULTRA PORTABLE  
AND WIRELESS**



### The Toughbook 34:

#### Field-ready, Wireless, Ultra-rugged Ultra Portable

- Intel® Pentium® III Processor 400MHz or Intel® Celeron™ Processor 300 MHz
- 8.4" LCD with Touchscreen
- Up to 12 GB HDD
- 3.8 lbs Ultra-portable Design
- Full Magnesium Case
- Moisture and Dust-resistant Design
- Wireless-ready Design

Case: Full Magnesium Alloy Case

HDD: Mounted in shock-absorbing gel

CPU: Mobile Intel® Pentium® III Processor 400 MHz, 256KB on-die L2 cache

RAM: 64MB SDRAM standard, expandable to 192MB

Video: 8.4" 800 x 600 TFT Active Matrix Color LCD with Touch Screen

Display: "DayBrite™ ARX" anti-reflective LCD for viewing even in bright sunlight

Silicone Motion™ video controller, 4 MB VRAM

PC Cards: Type II x 1, ZV (Zoomed Video) Port and CardBus Support

Modem: Modem Integrated 56Kbps Modem

USB: USB 4 pin

Battery: Lithium Ion battery (10.8V, 3400mAh) with Quick swap battery design

Touchscreen LCD with enhanced pressure sensitive touchpad with signature capture function

Warranty: 3 year limited warranty, parts & labor

Size: 1.7"(H) x 7.4"(D) x 9.0"(W)

Weight: 3.8 lbs., including battery and handle

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## Item 1 – Portable Computer or Data Entry Device – Option 2

### 1B Hammerhead – P233 MHz

#### Housing

Size 11"X7.75"X1.5"

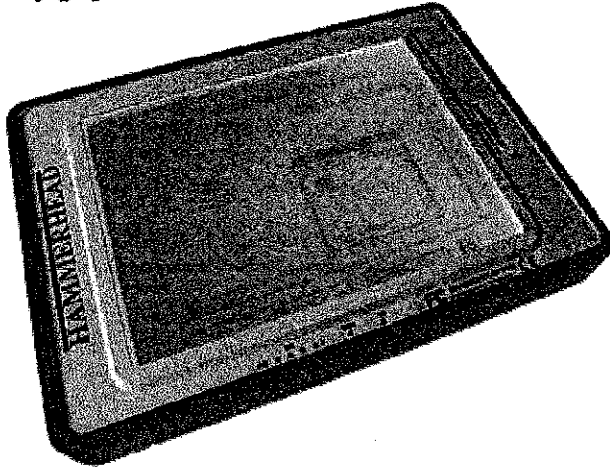
Weight 4.3 lbs. including battery

Fully machined from aircraft grade aluminum

Sealed airtight and dust proof (vacuum tested)

Chemically strengthened display cover glass

Easy grip matte finish.



CPU: Intel® Pentium® 233 MHz processor

RAM: 32 MB RAM or optional 64 MB RAM

Video & Display: 9.5" 640x480 backlit transreflective LCD for direct sunlight use

HDD: Standard 3.2 GB shock mounted hard disk with Optional 4.0 GB and 6.4 GB hard drive

Digitizer Technology: Proximity sensing high-resolution electromagnetic digitizer using inductive pen

Expansion/Integration: Standard PCMCIA Type III (One Type III or two Type II devices)

IrDA std 1.1 (4 Mbps) communications link

Available Ports: 3 serial ports (1 partial), 1 USB (Universal Serial Bus), 1 EPP Parallel port, 1 keyboard

Service/Warranty: One year, parts and labor warranty

#### Environmental Specifications:

Temperature:

Operating -5°C to 55°C

Operating -20°C with optional LCD heater

Storage -40°C to 70°C

Shock: 100 G, 2 ms

Four foot drop with solid state drive (in case)

Three foot drop with rotating drive (in case)

Vibration: 17 Grms (random vibration 6 axis)

Enclosure: Sealed against rain & dust

Submersible to six inches for five minutes

Humidity: 0 to 100% condensing humidity

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## ***EMS Solution2000™***

Emergency Services Patient Documentation & Information Management System Software

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**Emergency Medical Services**

**Electronic Data Collection System**

**Request For Proposal (RFP) Proposal  
Response To:**

**"Step II Price"**

**Request for Proposal #P-010573**

**Lee County  
3434 Hancock Bridge Parkway, 3<sup>rd</sup> Floor  
Fort Myers, FL 33902-0398**

***HealthWare Solutions***

1519 2<sup>nd</sup> Street  
Eureka, CA 95501

707/444-1EMS  
707/444-2315 (fax)

[info@healthwaresolutions.com](mailto:info@healthwaresolutions.com)  
[www.healthwaresolutions.com](http://www.healthwaresolutions.com)



LEE COUNTY  
SOUTHWEST FLORIDA

PROJECT NO.: P-010573

OPEN DATE: JANUARY 15, 2002

AND TIME: 2:30 P.M.

PRE-PROPOSAL MEETING:

DATE: JANUARY 3, 2002

TIME: 10:00 A.M.

LOCATION: 3434 HANCOCK BRIDGE  
PKWY, 3<sup>RD</sup> FL, N. FT. MYERS, FL

# REQUEST FOR PROPOSALS

(STEP TWO - PRICING)

**TITLE:**

ELECTRONIC DATA COLLECTION SYSTEM FOR LEE  
COUNTY EMS

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
DIVISION OF PURCHASING  
3434 HANCOCK BRIDGE PKWY., 3<sup>RD</sup> FLOOR  
P.O. BOX 398  
FORT MYERS, FL 33902-0398

BUYER: BOB FRANCESCHINI, C.P.M., CPPB  
PURCHASING AGENT  
PHONE NO.: (941) 689-7385

**GENERAL CONDITIONS**

Sealed Quotations will be received by the DIVISION OF PURCHASING, until 2:30pm on the date specified on the cover sheet of this "Request for Proposals", and opened immediately thereafter by the Purchasing Director or designee.

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (941) 689-7385.

**1. SUBMISSION OF PROPOSAL:**

- a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:
  - 1. Marked with the words "Sealed Proposal"
  - 2. Name of the firm submitting the quotation
  - 3. Title of the proposal
  - 4. Proposal number
- b. The Proposal shall be submitted in triplicate as follows:
  - 1. The original consisting of the Lee County proposals forms completed and signed.
  - 2. A copy of the original proposal forms for the Purchasing Director.
  - 3. A second copy of the original proposal forms for use by the requesting department.
- c. The following should be submitted along with the proposal in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Proposal", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.
  - 1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your proposal; i.e., required submittals, literature, technical data, financial statements.
  - 2. Warranties and guarantees against defective materials and workmanship.
- d. **ALTERNATE PROPOSAL:** If the vendor elects to submit more than one proposal, then the proposals should be submitted in separate envelopes and marked as indicated above. The second, or alternate proposal should be marked as "Alternate".
- e. **PROPOSALS RECEIVED LATE:** It is the proposer's responsibility to ensure that his proposal is received by the Division of Purchasing Services prior to the opening date and time specified. Any proposal received after the opening date and time will be promptly returned to the proposer unopened. Lee County will not be responsible for proposals received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.
- f. **PROPOSAL CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.
- g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).
- h. **WITHDRAWAL OF PROPOSAL:** No proposal may be withdrawn for a period of 90 days after the scheduled time for receiving proposals. A proposal may be withdrawn prior to the proposal-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.
- i. **COUNTY RESERVES THE RIGHT:** The County reserves the right to waive minor informalities in any proposal; to reject any or all proposals with or without cause; and/or to accept the proposal that in its judgment will be in the best interest of the County of Lee.

- j. **EXECUTION OF PROPOSAL:** All proposals shall contain the signature of an authorized representative of the proposer in the space provided on the proposal form. All proposals shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the proposal shall be initialed.

2. ACCEPTANCE

The materials and/or services delivered under the proposal shall remain the property of the seller until a physical inspection and actual usage of these materials and/or services is accepted to the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. SUBSTITUTIONS

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is proposed, it is the vendor's responsibility to name such product with his proposal and to prove to the County that said product is equal to the product specified. Lee County shall be the sole judge as to whether a product being offered by the proposer is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.

4. RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

- a. Occupational License – Vendor shall submit within 10 calendar days after request.
- b. Specialty License(s) – Vendor shall possess at the time of the opening of the proposal all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. RECYCLED PRODUCTS

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. WARRANTY/GUARANTY (unless otherwise specified)

All materials and/or services furnished under this proposal shall be warranted by the vendor to be free from defects and fit for the intended use.

7. PRE-BID CONFERENCE

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a proposal attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the proposer to ensure that they are represented at the pre-bid. Only those proposers who attend the pre-bid conference will be allowed to proposal on this project.

8. BIDDERS LIST MAINTENANCE

A bidder should respond to "Request for Quotations" in order to be kept on the Bidder's List. Failure to respond to three different "request for quotations" may result in the vendor being removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

- a. Submission of a quotation prior to the proposal receipt deadline.
- b. Submission of a "no bid" notice prior to the proposal receipt deadline.

9. LEE COUNTY PAYMENT PROCEDURES

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department  
Post Office Box 2238  
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this proposal.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, proposer, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or proposers should include in their proposal all sales or use taxes, which they will pay when making purchases of material or subcontractor's services.

10. LEE COUNTY BID PROTEST PROCEDURE

Any contractor/vendor/firm that has submitted a formal bid/proposal/proposal to Lee County, and who is adversely affected by an intended decision with respect to the award of the formal bid/proposal/proposal, shall file with the County's Purchasing Director or Public Works Director a written "Notice of Intent to File a Protest" not later than seventy-two (72) hours (excluding Saturdays, Sundays and Legal Holidays) after receipt of a "Notice of Intended Decision" from the County with respect to the proposed award of the formal bid/proposal/proposal.

The "Notice of Intent to File a Protest" is one of two documents necessary to perfect Protest. The second document is the "Formal Written Protest", both documents are described below.

The "Notice of Intent to File a Protest" document shall state all grounds claimed for the Protest, and clearly indicate it as the "Notice of Intent to File a Protest". Failure to clearly indicate the Intent to file the Protest shall constitute a waiver of all rights to seek any further remedies provided for under this Protest Procedure.

The "Notice of Intent to File a Protest" shall be received ("stamped in") by the Purchasing Director or Public Works Director not later than Four o'clock (4:00) PM on the third working day following the day of receipt of the County's Notice of Intended Decision.

The affected party shall then file its Formal Written Protest within ten (10) calendar days after the time for the filing of the Notice of Intent to File a Protest has expired. Except as provided for in the paragraph below, upon filing of the Formal Written Protest, the contractor/vendor/firm shall post a bond, payable to the Lee County Board of County Commissioners in an amount equal to five percent (5%) of the total bid/proposal/proposal, or Ten Thousand Dollars (\$10,000.00), whichever is less. Said bond shall be designated and held for payment of any costs that may be levied against the protesting contractor/vendor/firm by the Board of County Commissioners, as the result of a frivolous Protest.

A clean, Irrevocable Letter of Credit or other form of approved security, payable to the County, may be accepted. Failure to submit a bond, letter of credit, or other approved security simultaneously with the Formal Written Protest shall invalidate the

protest, at which time the County may continue its procurement process as if the original "Notice of Intent to File a Protest" had never been filed.

Any contractor/vendor/firm submitting the County's standard bond form (CSD: 514), along with the bid/proposal/proposal, shall not be required to submit an additional bond with the filing of the Formal Written Protest.

The Formal Written Protest shall contain the following:

- County bid/proposal/proposal identification number and title.
- Name and address of the affected party, and the title or position of the person submitting the Protest.
- A statement of disputed issues of material fact. If there are no disputed material facts, the Formal Protest must so indicate.
- A concise statement of the facts alleged, and of the rules, regulations, statues, or constitutional provisions, which entitle the affected party to relief.
- All information, documents, other materials, calculations, and any statutory or case law authority in support of the grounds for the Protest.
- A statement indicating the relief sought by the affected (protesting) party.
- Any other relevant information that the affected party deems to be material to Protest.

Upon receipt of a timely filed "Notice of Intent to File a Protest", the Purchasing Director or Public Works Director (as appropriate) may abate the award of the formal bid/proposal/proposal as appropriate, until the Protest is heard pursuant to the informal hearing process as further outlined below, except and unless the County Manager shall find and set forth in writing, particular facts and circumstances that would require an immediate award of the formal bid/proposal/proposal for the purpose of avoiding a danger to the public health, safety, or welfare. Upon such written finding by the County Manager, the County Manager may authorize an expedited Protest hearing procedure. The expedited Protest hearing shall be held within ninety-six (96) hours of the action giving rise to the contractor/vendor/firm's Protest, or as soon as may be practicable for all parties. The "Notice of Intent to File a Protest" shall serve as the grounds for the affected party's presentation and the requirements for the submittal of a formal, written Protest under these procedures, to include the requirement for a bond, shall not apply.

The Dispute Committee shall conduct an informal hearing with the protesting contractor/vendor/firm to attempt to resolve the Protest, within seven working days (excluding Saturdays, Sundays and legal holidays) from receipt of the Formal Written Protest. The Chairman of the Dispute Committee shall ensure that all affected parties may make presentations and rebuttals, subject to reasonable time limitations, as appropriate. The purpose of the informal hearing by the Dispute Committee, the protestor and other affected parties is to provide and opportunity: (1) to review the basis of the Protest; (2) to evaluate the facts and merits of the Protest; and (3) to make a determination whether to accept or reject the Protest.

Once a determination is made by the Dispute Committee with respect to the merits of the Protest, the Dispute Committee shall forward to the Board of County Commissioners its recommendations, which shall include relevant background information related to the procurement.

Upon receiving the recommendation from the Dispute Committee, the Board of County Commissioners shall conduct a hearing on the matter at a regularly scheduled meeting. Following presentations by the affected parties, the Board shall render its decision on the merits of the Protest.

If the Board's decision upholds the recommendation by the Dispute Committee regarding the award, and further finds that the Protest was either frivolous and/or lacked merit, the Board, at its discretion, may assess costs, charges, or damages associated with any delay of the award, or any costs incurred with regard to the protest. These costs, charges or damages may be deducted from the security (bond or letter of credit) provided by the contractor/vendor/firm. Any costs, charges or damages assessed by the Board in excess of the security shall be paid by the protesting contractor/vendor/firm within thirty (30) calendar days of the Board's final determination concerning the award.

All formal bid/proposal/proposal solicitations shall set forth the following statement:

"FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIMEFRAMES AS PRESCRIBED HEREIN AND ESTABLISHED BY LEE COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA, SHALL CONSTITUTE A WAIVER OF YOUR PROTEST AND ANY RESULTING CLAIMS."

11. PUBLIC ENTITY CRIME

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of \$15,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

12. QUALIFICATION OF PROPOSERS (unless otherwise noted)

Proposals will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Proposers shall have adequate organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine ability to perform is satisfactory, and reserves the right to reject proposals where evidence submitted or investigation and evaluation indicates an inability of the proposer to perform.

13. MATERIAL SAFETY DATA SHEETS

In accordance with Chapter 443 of the Florida Statutes, it is the vendor's responsibility to provide Lee County with Materials Safety Data Sheets on proposed materials, as may apply to this procurement.

14. MISCELLANEOUS

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

15. WAIVER OF CLAIMS

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

16. AUTHORITY TO PIGGYBACK

It is hereby made a precondition of any proposal and a part of these specifications that the submission of any proposal in response to this request constitutes a proposal made under the same conditions, for the same price, and for the same effective period as this proposal, to any other governmental entity.

17. COUNTY RESERVES THE RIGHT

a) State Contract

If applicable, the County reserves the right to purchase any of the items in this proposal from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) Any Single Large Project

The County, in its sole discretion, reserves the right to separately proposal any project that is outside the scope of this proposal, whether through size, complexity, or dollar value.

c) Disadvantaged Business Enterprises



The County, in its sole discretion, reserves the right to purchase any of the items in this proposal from Disadvantage Business Enterprise vendor if the prices are determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

The County further reserves the right to purchase any of the items in this proposal from DBE's to fulfill the County's state policy toward DBE's as outlined in County Ordinance 88-45 and 90-04, as amended.

d) Anti-Discrimination

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.

Where any information required of the vendor is in the exclusive possession of another who fails or refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.

The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union of worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

18. AUDITABLE RECORDS

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statues.

19. DRUG FREE WORKPLACE

Whenever two or more proposals/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a proposal/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

20. REQUIRED SUBMITTALS

Any submittals requested should be returned with the proposal response. This information may be accepted after opening, but no later than 10 calendar days after request.

21. TERMINATION

Any agreement as a result of this proposal may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this proposal for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal proposal/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

22. CONFIDENTIALITY

Vendors should be aware that all submittals (including financial statements) provided with a proposal/proposal are subject to public disclosure and will not be afforded confidentiality.

23. ANTI-LOBBYING CLAUSE

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are *not* to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

24. INSURANCE (AS APPLICABLE)

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

LEE COUNTY, FLORIDA  
PROPOSAL PRICE FORM  
FOR THE PURCHASE OF AN  
ELECTRONIC DATA COLLECTION SYSTEM  
FOR LEE COUNTY EMS

DATE SUBMITTED: 1/30/02

VENDOR NAME: Healthware Solutions, LLC

TO: The Board of County Commissioners  
Lee County  
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: One, Two

NOTE: GRAND TOTAL PRICE SHALL INCLUDE INSIDE DELIVERY - F.O.B. FT. MYERS, FL; AS WELL AS ALL INSTALLATION AND TRAINING AS SPECIFIED IN STEP ONE OF THIS PROPOSAL.

SOFTWARE:

TOTAL COST OF THE SOFTWARE AS SPECIFIED IN STEP ONE: \$ 87,120.00

HARDWARE:

TOTAL COST OF THE HARDWARE AS SPECIFIED IN STEP ONE: \$ 281,920.00

HARDWARE/SOFTWARE MAINTENANCE & SUPPORT:

ANNUAL COST FOR MAINTENANCE & SUPPORT (ONE YEAR) AS SPECIFIED IN STEP ONE: \$ 15,592.00

GRAND TOTAL COST FOR SOFTWARE, HARDWARE, AND ANNUAL MAINTENANCE & SUPPORT AS SPECIFIED IN STEP ONE OF THIS PROPOSAL:

\$ 384,632.00

OPTION A - ADDITIONAL FIELD UNIT PACKAGES

COST PER PACKAGE FOR ADDITIONAL FIELD UNITS: \$ 7,837.00

THIS PACKAGE PRICING IS FIRM FOR: ONE YEAR(S)  
(NOTE: PRICING MUST BE FIRM FOR A MINIMUM OF ONE (1) YEAR FROM DATE OF AWARD.)

OPTION B - TWO (2) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 3 YEARS TOTAL

COST PER UNIT FOR TWO (2) YEAR EXTENDED WARRANTY: \$ 475.00

OPTION C - ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 4 YEARS TOTAL

COST PER UNIT FOR ADDITIONAL 1 YEAR EXTENDED WARRANTY: \$ 250.00 over option B

OPTION D - ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 5 YEARS TOTAL

COST PER UNIT FOR ADDITIONAL  
1 YEAR EXTENDED WARRANTY: \$ 250 over option C

TO BE DELIVERED WITHIN 90 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES \_\_\_\_\_ NO ✓

Proposers should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the proposal may be grounds to reject the proposal.

Are there any modifications to the proposal or specifications?

Yes \_\_\_\_\_ No ✓

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the proposer being declared nonresponsive or to have the award of the proposal rescinded by the County.

MODIFICATIONS:

Proposer shall submit his/her proposal on the County's Proposal Price Form, including the firm name and authorized signature. Any blank spaces on the Proposal Price Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on Lee County's Form may result in the Proposer/Proposal being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME Healthware Solutions, LLC  
BY (Printed): Cathy L. Larsen  
BY (Signature): [Signature]  
TITLE: Director of Operations  
FEDERAL ID # OR S.S.#: 68-0430748  
ADDRESS: 1519 2nd Street  
Eureka, Ca 95501  
PHONE NO.: (707) 444-1367  
FAX NO.: (707) 444-2315  
CELLULAR PHONE/PAGER NO.: (707) 845-0095

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: Clarsen@healthwaresolutions.com

ADDENDUM #2/FORMAL PROPOSAL NO.: P-010573

LEE COUNTY, FLORIDA  
DETAILED SPECIFICATIONS FOR  
AN ELECTRONIC DATA COLLECTION SYSTEM  
FOR LEE COUNTY EMS

SCOPE

This Request For Proposals (RFP) is issued by Lee County, Florida ("County") to request sealed proposals from vendors interested in providing an electronic data collection system for use by Lee County EMS.

REQUIRED PRODUCTS

The specifications for the software, hardware and annual maintenance and support services required were detailed in Step One of this proposal.

Quantities are as follows:

- \*Software – One (1) complete system as specified in Step One;
- \*Installation – As specified in Step One;
- \*Training – As specified in Step One;
- \*Hardware – As specified in Step One – quantities of each follow:
  - Database servers – Quantity: 2 units
  - Mobile Computer Units – Quantity: 35 units
  - Mobile Computer Hardware Carrying Case – Quantity : 35 units
  - Desktop Docking Stations – Quantity: 40 units
  - Vehicle Chargers – Quantity: 35 units
  - AC Chargers – Quantity: 10 units
  - Portable Printers – Quantity: 35 units
  - External Battery Chargers – Quantity: 30 units
- \*Annual Hardware/Software Maintenance Support – As specified in Step One (after expiration of initial warranty)

DELIVERY REQUIREMENTS

The total cost quoted shall include INSIDE DELIVERY, (F.O.B. Ft. Myers, FL) of the equipment, etc. as directed to Lee County.

BASIS OF AWARD

The basis of award for this proposal will be the overall low proposer (lowest grand total cost) meet specifications.

OPTION A – ADDITIONAL FIELD UNITS

Lee County (or other agencies) may wish to purchase additional field unit packages. This package would consist of one (1) each of the following components (which would be identical – or the latest version - to those furnished originally under this proposal – as specified above and in Step One): mobile computer unit; mobile computer hardware carrying case; desktop docking station; vehicle charger; AC charger; portable printer; external battery charger; and software. This pricing shall be firm for a minimum of one (1) year from the date of award of this proposal. Please indicate your pricing for this option in the space provided on the Proposal Price Form.

OPTION B – TWO (2) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 3 YEARS TOTAL

Lee County may wish to purchase an extended warranty on the mobile computer units. In the space provided on the Proposal Price Form, please indicate the cost per unit for a two (2) year all-inclusive parts and labor warranty (depot repair). This would bring to total warranty coverage to three (3) years.

OPTION C – ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 4 YEARS TOTAL

Lee County may wish to purchase an additional 1 year extended warranty on the mobile computer units. In the space provided on the Proposal Price Form, please indicate the cost per unit for a one (1) year all-inclusive parts and labor warranty (depot repair). This would bring to total warranty coverage to four (4) years.

ADDENDUM #2/FORMAL PROPOSAL NO.: P-010573

OPTION D - ADDITIONAL ONE (1) YEAR EXTENDED WARRANTY ON MOBILE COMPUTER UNITS - 5 YEARS TOTAL

Lee County may wish to purchase an additional 1 year extended warranty on the mobile computer units. In the space provided on the Proposal Price Form, please indicate the cost per unit for a one (1) year all-inclusive parts and labor warranty (depot repair). This would bring to total warranty coverage to five (5) years.

GUIDE "A"

INSURANCE REQUIREMENTS FOR PRODUCTS

Your certificate of insurance must meet the following requirements

Requirement #1: The Lee County Board of County Commissioners shall be added as an additional insured on the comprehensive general liability policy.

Requirement #2: Certificate holder shall be listed as follows:

Lee County Board of County Commissioners  
C/O Lee County Purchasing  
P.O. Box 398  
Fort Myers, FL 33902

Requirement #3: **Each policy shall provide a 30 day notification clause in the event of cancellation, non-renewal or adverse change.**

This Standard Insurance Language is to be utilized for Contracts, or Agreements meeting these circumstances. Certain conditions and/or exposures may not relieve or limit the liability of the vendor. These requirements may not be sufficient or adequate to protect the vendor's interests or liabilities, but are merely minimums.

Circumstances

Project is for vendors providing a tangible product, and not labor, such as, but not limited to , hardware, supplies, and other merchandise.

Worker's Compensation

Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Individual employees may be exempted per State Law. Employees liability will have minimum limits of:

- \$100,000 per accident
- \$500,000 disease limit
- \$100,000 disease limit per employee

Commercial General Liability

Coverage shall apply to premised and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:

- \$100,000 bodily injury per person (BI)
- \$300,000 bodily injury per occurrence (BI)
- \$100,000 property damage (PD) or
- \$300,000 combined single limit (CSL) of BI and PD

Business Automobile Liability

If the vendor indicates on the price page that vehicles other than their own (common carrier) will be used for delivery, then the following Automobile Liability will not be required.

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles and employee non-ownership use with minimum limits of:

\$100,000 bodily injury per person (BI)

\$300,000 bodily injury per occurrence (BI)

\$100,000 property damage (PD) or

\$300,000 combined single limit (CSL) of BI and PD

Certificate of Insurance

An original hand signed certificate shall be on file with and approved by the Lee County Risk Management Office prior to the commencement of any work activities.

In the event the insurance coverage expires prior to the completion of the project, a renewal certificate shall be on file with Risk Management at least 15 days prior to the expiration date.

Revised 10/18/00



LEE COUNTY PURCHASING SERVICES - BIDDERS CHECK LIST

**IMPORTANT:** Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.
- 11. The mailing envelope has been addressed to:
 

Lee County Purchasing Services	or	Lee County Purchasing
P.O. Box 398		3434 Hancock Bridge Pkwy 3 <sup>rd</sup> FL
Ft. Myers, FL 33902-0398		N. Ft. Myers, FL 33903
- 12. The mailing envelope MUST be sealed and marked with:
  - Quote Number
  - Opening Date and/or Receiving Date
- 13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)

14. If submitting a "NO BID" please write quote number here \_\_\_\_\_  
 and check one of the following:  
 Do not offer this product     Insufficient time to respond.  
 Unable to meet specifications (why)  
 Unable to meet bond or insurance requirement.  
 Other: \_\_\_\_\_

Company Name and Address:  
Healthware Solutions  
1519 2<sup>nd</sup> ST  
Eureka, Ca 95501

ATTACHMENT #8

# Memo

To: Robert Franceschini, Purchasing Agent

From: John Wilson, Public Safety Director *JW*

CC: Chris Hansen, EMS Program Manager

Date: 02/26/02

Re: Blue Sheet: Electronic Data Collection System (Formal Proposal # P-010573)

Lee County Public Safety has reviewed the vendor tabulation sheet regarding the quotes submitted for the Electronic Data Collection System and is recommending Healthware Solutions be awarded the contract.

I am respectfully requesting Lee County Purchasing to put together a Blue Sheet for Board's approval to award Proposal # P-010573 to Healthware Solutions.

The following is specific information that could be used in the development of the Blue Sheet.

**Why Is Action Necessary:** To move forward with the purchase of an electronic data collection system.

**What The Action Accomplishes:** The approval will insure Lee County EMS remains in compliance with Bureau of EMS matching grant program guidelines.

The account strings are: 12064513816.503460 – Data Processing; 14064500100.503460 - Data Processing; 12064513816.506410 – Furniture & Equipment; 14064500100.506410 – Furniture & Equipment.

Options A & D are to be included in the contract.

For Background you may consider using the following information:

- The Board initially approved and accepted EMS Matching Grant funds in the amount of \$176,946.41 to purchase an electronic data collection system at the July 24, 2001 meeting
- An electronic data collection system will assist EMS in the collection and management of patient data collected in the pre-hospital environment. The benefits of the system are:
  - ◆ Improve the accuracy and completeness of data through field capture.
  - ◆ Assist in the measurement of protocol compliance.

- ◆ Assist in the measurement of patient outcome.
- ◆ Assist in the measurement of operational performance.
- ◆ Create and maintain a centralized repository of call and patient data.
- ◆ Reduce clerical delay and data entry.
- ◆ Increase productivity at all levels in the organization.

An electronic data collection system will also improve productivity by enabling paramedic crews to capture patient data at the point of service using handheld computers. The system provides error checking and data validation in the field to ensure higher quality reporting and to reduce errors significantly. The system captures complete patient and call data including patient demographics, medical history, vital signs, scene details, billing information, assessments, treatments provided etc. The software provides the means to capture and manage information from the handheld computers for use in ad hoc reporting and transfer to other sections in EMS such as billing and quality improvement and assurance.

Should you require additional information to include in a Blue Sheet please do not hesitate to contact me.

Your assistance in this important endeavor is appreciated.

Thank you!