



**Annexure 1: Bid Specification: INC25696952**

**To supply an enterprise-integrated Picture Archiving and Communication System (PACS), enterprise Radiology Information System (RIS) and Vendor Neutral Archive (VNA), with a synchronized local PACS and RIS cache at each site, based on a fully managed service contract to the Western Cape Department of Health and Wellness for a contract period of five (05) years with the option to extend.**

**TECHNICAL, PRICING AND PREFERENCE POINTS REQUIREMENTS**

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# Purpose and background

## Purpose

The purpose of this bid is to invite suppliers (hereinafter referred to as “Bidders”) to supply an enterprise-integrated Picture Archiving and Communication System (PACS), enterprise Radiology Information System (RIS) and Vendor Neutral Archive (VNA), with a synchronized local PACS and RIS cache at each site, based on a fully managed service contract to the Western Cape Department of Health and Wellness for a contract period of five (05) years with the option to extend.

## Background

1. The WCGHW currently has thirteen healthcare facilities with an integrated Hospital Information System (HIS), RIS and PACS. These can be stratified as three Central Facilities namely Groote Schuur Hospital, Red Cross War Memorial Children’s Hospital and Tygerberg Hospital and ten Regional/District Facilities namely Brewelskloof Hospital, George Regional Hospital, Karl Bremer Hospital, Khayelitsha District Hospital, Knysna Hospital, Mitchell’s Plain Hospital, New Somerset Hospital, Paarl Regional Hospital, Victoria Hospital, and Worcester Hospital. The department also has a VNA linked to the ten Regional/District Facilities.
2. The three Central Facilities operate with standalone PACS-RIS environments installed on the respective premises. These solutions have a high availability architecture, storing all images and diagnostic reports since implementation between 2009 and 2012. Each site also has a Business Continuity (BC) solution containing the last three months of data and an independent Disaster Recovery (DR) solution. They do not send images or reports to the VNA. All images are stored on the premises at each facility in separate server rooms.
3. The Regional/District Facilities operate with standalone PACS-RIS environments installed on the respective premises. The on-site storage capacity for images and diagnostic reports, at each facility, is 18 months. They do not have comprehensive business continuity solutions but currently back-up their databases to a Network Attached Storage (NAS). They have two lifeboats for disaster recovery situated at Karl Bremer Hospital and Knysna District Hospital. They connect to the VNA situated in a data centre, managed by the State Information Technology Agency (SITA), in Observatory. Images and reports are automatically synchronised between the ten facilities and the VNA.
4. The VNA acts as a centralized DICOM archive with the capacity to store images from the ten Regional/District Facilities for nine (9) years. It is designed with failover capabilities using an active and passive architecture which is synchronized in real-time.
5. The WCGHW also has fifty-seven (57) primary healthcare facilities which can be classified as Small Hospitals, Community Day Centres (CDC), and Community Health Centres (CHC). By the end of 2023, all these facilities will have a PACS-only system installed.
6. In addition, the WCGHW has two (2) dental facilities namely the Tygerberg Oral Health Centre, and the Mitchell’s Plain Oral Health Centre. Three (3) other facilities, the Observatory Forensic Pathology Institute, Western Cape Rehabilitation Centre, and Brackengate Intermediate Care Facility all form part of the WCGHW’s imaging strategy.

### Facility List

Table 1 Lists the WCGHW healthcare facilities according to type, current PACS-RIS implementation status and name.

Table 1: WCGHW Facility List

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Type** | **PACS/RIS implementation Status** | **Hospital Name** | **Total** |
| Central Facility | PACS/RIS Implemented (Philips) | Groote Schuur Hospital |  |
| Central Facility | PACS/RIS Implemented (Philips) | Red Cross War Memorial Children's Hospital |  |
| Central Facility | PACS/RIS Implemented (Philips) | Tygerberg Hospital |  |
| **Central Facility Total** |  |  | **3** |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Brewelskloof Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | George Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Karl Bremer Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Khayelitsha Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Knysna Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Mitchell’s Plain Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | New Somerset Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Paarl Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Victoria Hospital |  |
| Regional/District Facility | PACS/RIS Implemented (Agfa) | Worcester Hospital |  |
| **Regional/District Facility Total** |  |  | **10** |
| Small Hospital | PACS Only (IQwebX) | Alan Blyth Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Beaufort West Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Brooklyn Chest Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Caledon Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Ceres Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Citrusdal Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Clanwilliam Hospital |  |
| Small Hospital | PACS Only (IQwebX) | District Six Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Eerste River Hospital |  |
| Small Hospital | PACS Only (IQwebX) | False Bay Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Helderberg Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Hermanus Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Laingsburg Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Lapa Munnik Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Montagu Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Mossel Bay Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Mowbray Maternity Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Otto Du Plessis Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Oudtshoorn Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Prince Albert Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Radie Kotze Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Riversdale Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Robertson Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Stellenbosch Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Swartland Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Swellendam Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Thembalethu Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Uniondale Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Vredenburg Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Vredendal Hospital |  |
| Small Hospital | PACS Only (IQwebX) | Wesfleur Hospital |  |
| **Small Hospital Total** |  |  | **31** |
| Community Day Clinic | PACS Only (IQwebX) | Bellville South CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Bishop Lavis CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Crossroads CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Dr Abdurahman CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Goodwood CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Knysna CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | kwanokuthula CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Lamberts Bay Clinic |  |
| Community Day Clinic | PACS Only (IQwebX) | Lotus River CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Macassar CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Michael Mapongwana CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Nolungile CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Nyanga CDC |  |
| Community Day Clinic | PACS Only (IQwebX) | Symphony Way CDC |  |
| **Community Day Clinic Total** |  |  | **14** |
| Community Health Clinic | PACS Only (IQwebX) | Delft CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Du Noon CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Elsies River CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Grabouw CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Gugulethu CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Hanover Park CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Heideveld CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Khayelitsha Site B Clinic |  |
| Community Health Clinic | PACS Only (IQwebX) | Kraaifontein CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Mitchell’s Plain CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Retreat CHC |  |
| Community Health Clinic | PACS Only (IQwebX) | Vanguard CHC |  |
| **Community Health Clinic Total** |  |  | **12** |
| Dental Facility | PACS Only (IQwebX) | Mitchell’s Plain Oral Health Centre |  |
| Dental Facility | PACS Only (IQwebX) | Tygerberg Oral Health Facility |  |
| **Dental Facility Total** |  |  | **2** |
| Specialised Facility | PACS Only (IQwebX) | Brackengate Intermediate Care Facility |  |
| Specialised Facility | PACS Only (IQwebX) | Observatory Forensic Pathology Institute |  |
| Specialised Facility | PACS Only (IQwebX) | Western Cape Rehabilitation Centre |  |
| **Specialised Facility Total** |  |  | **3** |
| Central Data Centre | VNA Implemented (Agfa) | SITA’s Observatory Data Centre |  |
| **Central Data Centre Total** |  |  | **1** |
| **Grand Total** |  |  | **76** |

### Facility Characteristics and Services

#### Central Facilities

1. The Central Facilities provide comprehensive and specialised clinical services to the greater Western Cape Province. They are affiliated with medical schools, provide education and conduct research. Their key characteristics are as follows:
2. They have a broad spectrum of imaging modalities, including Computer Radiography (CR), Digital Radiography (DX), Fluoroscopy (RF), Ultrasound (US), Mammography (MG), Computerised Tomography (CT), Magnetic Resonance (MR), Cone Beam Computerised Tomography (CBCT), Bone Mineral Densitometry (BMD), Angiography (XA), Mobile X-rays (serviced by CR or DX), and C-Arm RF.
3. They support multiple medical disciplines to provide comprehensive clinical services. These may include but are not limited to radiology, nuclear medicine, cardiology, urology, orthopaedic surgery, neurology, emergency medicine, internal medicine, general surgery, gynaecology and obstetrics, intensive care, psychiatry, and paediatrics.
4. They are training facilities providing postgraduate education to all medical disciplines and specialities.
5. They conduct research.
6. They provide a teleradiology reporting service to lower-level referring facilities.

#### Regional/District Facilities

1. The Regional/District Facilities provide comprehensive clinical services to the various regions of the Western Cape Province, depending on their location. They are a level below the Central Facilities. Their key characteristics are as follows:
2. They have a broad spectrum of imaging modalities, which includes CR, DX, RF, US, CT, Mobile X-rays serviced by CR or DX, C-Arm RF, and MG.
3. They support multiple medical disciplines to provide comprehensive clinical services. These may include but are not limited to radiology, orthopaedic surgery, gynaecology and obstetrics, emergency medicine, internal medicine, general surgery, psychiatry, and paediatric services.
4. The diagnostic reporting service is either performed by on-site radiologists, a private radiologist agreement (which is onsite in some instances, or delivered through teleradiology), or by a teleradiology link to a tertiary hospital.
5. The ultrasound examinations may be reported by trained sonographers.

#### Primary healthcare facilities, Small Hospitals, CHC, CDC, EC.

1. The Primary Health Care facilities provide primary clinical services to the various regions of the Western Cape Province depending on their location. They are a level below the Regional/District Facilities. Their key characteristics are as follows:
2. They have limited imaging modalities, including CR and US.
3. In most instances, they do not employ medical specialists in disciplines other than Family Medicine.
4. They don’t have the capacity for formal radiologist reporting of the plain-film examinations, so clinicians interpret the plain radiographs they request. In some cases, the diagnostic reporting service is performed by a private radiologist agreement (which is onsite in some instances or delivered through teleradiology), or by a teleradiology link to a tertiary or Regional/District Hospital.
5. The ultrasound examinations, in most cases, are reported by trained sonographers.
6. Some facilities have outreach support from either Regional/District or Central Facilities for reporting complex plain film examinations.

#### Dental Facilities

1. The dental facilities provide dental clinical services. Their key characteristics are as follows:
2. Tygerberg Oral Health Centre and Mitchell’s Plain Oral Health Centre:
3. They have a broad spectrum of dental imaging modalities including but not limited to intra-oral CR and DR, Cone Beam Computer Tomography (CBCT), and Panorex (PAN).
4. In cases where specialised procedures are required such as CT, these are referred to TBH or MPH respectively.
5. They are training facilities providing postgraduate education.

#### Other specialised facilities

The specialised facilities provide specialised clinical services. Their key characteristics are as follows:

1. Brackengate Intermediate Care Facility:
2. The facility has limited imaging modalities, including CR.
3. They don’t have the capacity for formal radiologist reporting of the plain-film examinations, so clinicians interpret the plain radiographs they request.
4. Western Cape Rehabilitation Centre:
5. This facility is a specialised rehabilitation centre which handles referrals from all levels of rehabilitation services (tertiary, secondary, district and primary services).
6. The facility has limited imaging modalities, including CR and US.
7. They do have the capacity for formal radiologist reporting of the plain-film examinations.
8. Observatory Forensic Pathology Institute:
9. The Forensic Pathology service (FPS) is rendered via eighteen forensic pathology facilities across the Western Cape Province. This includes two academic forensic pathology laboratories in the Cape Town Metropolitan Area, two academic departments of forensic medicine at the Universities of Cape Town and Stellenbosch, three referral FPS laboratories, smaller FPS laboratories and holding centres in the West Coast, Cape Winelands, Overberg, Eden, and Central Karoo Districts.
10. Forensic Pathology Service is mandated by law to investigate all unnatural deaths.
11. The FPS includes investigation at the scene of death, collection of evidence, assistance to the South African Police Service, autopsy and post-mortem examinations, specimen collection, safe custody of all forms of evidence and specimens, preparation of judicial reports and statements, providing testimony in court proceedings, training of doctors, registrars, undergraduate students, and forensic officers, rendering FPS assistance to other provinces and countries, provision of mortality data, research and data analytics.
12. Supporting the forensic investigations is x-ray imaging which is obtained from five Lodox modalities situated across various FPS facilities and accessing various healthcare facilities PACS imaging and reports.
13. FPS is bound by medico-legal processes and procedures when collaborating with the following partners namely The Forensic Chemistry Laboratory (National Department of Health), The Forensic Science Laboratory (South African Police Service), Home Affairs, The South African Police Service and Department of Justice/National Prosecuting Authority.
14. Forensic pathology currently uses the business information management system (BIMS) and the electronic content management (ECM) solution to house various forms of forensic information.

#### Central Data Centres

1. The WCGHW has access to multiple data centres managed by SITA. These are currently, the Super Point of Presents in George, the Super Point of Presents in Observatory, and the Super Point of Presents in Liquid Diep River. The characteristics of these centres are as follows:
2. These centres are used to host various central information technology solutions used by the WCGHW.
3. The WCGHW currently hosts its central Hospital Information System (HIS) called Clinicom in these centres.
4. The WCGHW currently hosts its VNA System in the Observatory Super Point of Presents.
5. These centres are the central network infrastructure connection point for all Wide Area Network (WAN) links from all the various health facilities.
6. The data centres provide an environment for the hosting of Information and Communication Technology (ICT) in a secure, environmentally controlled, and power-redundant venue.

# Scope of bid

## Scope of work

The scope of this bid is for the supply, delivery, installation, commissioning, testing, training, and support and maintenance managed services of an enterprise PACS-RIS-VNA system with local PACS and RIS caches for healthcare facilities of the WCGHW for a contract period of five (5) years with the option to extend.

### The envisaged scope of work shall be delivered as follows:

#### Enterprise PACS-RIS-VNA Including the Regional/District Facilities:

1. The implementation of a central enterprise PACS-RIS-VNA architecture as specified herein.
2. The implementation of an enterprise Data Mining (DM) /Business Intelligence (BI) environment as specified herein.
3. The implementation of a disaster recovery solution within the enterprise architecture as specified herein.
4. The implementation of a staging environment for testing and training as specified herein.
5. The migration of existing PACS-RIS-VNA data from the various healthcare facilities and VNA as noted in Table 2.
6. The implementation of integrated PACS and RIS caches at each of the various healthcare facilities as noted in Table 2.
7. The configuration of all modalities at the facilities noted in Table 2 allows DICOM communication between the modality and the enterprise PACS-RIS-VNA solution.
8. The interoperability of the enterprise PACS-RIS-VNA solution with other WCGHW e-health solutions as specified herein.

Table 2: District/Regional Healthcare facilities

|  |  |
| --- | --- |
| **Facility Type** | **Facility Name** |
| Regional/District Facility | Brewelskloof Hospital |
| Regional/District Facility | George Regional Hospital |
| Regional/District Facility | Karl Bremer Hospital |
| Regional/District Facility | Khayelitsha Hospital |
| Regional/District Facility | Knysna Hospital |
| Regional/District Facility | Mitchell’s Plain Hospital |
| Regional/District Facility | New Somerset Hospital |
| Regional/District Facility | Paarl Hospital |
| Regional/District Facility | Victoria Hospital |
| Regional/District Facility | Worcester Hospital |
| Central Data Centre | VNA |

#### Architecture Overview for the Enterprise PACS-RIS-VNA for the Regional/District Facilities

1. The envisaged new integrated enterprise PACS-RIS-VNA solution shall be designed to provide a seamlessly integrated solution between the PACS-RIS-VNA. Access to all imaging data managed by these solutions shall be available on an enterprise level. The solution will also be required to integrate with other healthcare solutions currently being used by the WCGHW.
2. The design shall be based on a high availability model providing no less than 99.9% guaranteed uptime, 24 hours a day, 7 days a week. The design shall accommodate the possibility of losing WAN connectivity between the facilities and the central Super Point of Presents (PoP) and shall provide each facility with the ability to function normally, with no service interruption, by supporting an onsite PACS and RIS local cache. In other words, each facility shall be able to maintain full performance and functionality without connection to the central enterprise system. Once the connectivity is re-established the independent local caches shall automatically synchronise with the central enterprise solution.
3. The design shall provide scalability for the various healthcare facilities, offering advanced capabilities, and advanced visualization functionality appropriate for each facility.
4. A disaster recovery system shall be provided at an enterprise level to ensure the WCGHWs PACS-RIS-VNA data are kept safe, and secure, and can be recovered in the event of unforeseen loss of systems and/or data.
5. The PACS-RIS-VNA solution shall support web-based access in the form of Zero Footprint (ZFP) technology to all functional components of the solution, apart from advanced visualization and diagnostic reporting where a thick client interface may be provided. Voice Recognition (VR) technology shall be supported for diagnostic reporting.
6. The WCGHW has spent the last decade refining its workflows and existing solutions to meet the variable requirements of each healthcare facility. The integrated enterprise PACS-RIS-VNA solution shall be designed and capable of replicating these existing workflows and functionality.
7. The current user base for the existing solution is multifaceted performing multiple tasks at various facilities across the province. The design of the new solution shall provide users with access to the solution at an enterprise level but restrict user rights to data and functions, within the enterprise, at a facility and/or department level. The user licensing for the PACS-RIS-VNA shall be based on an unlimited user model.
8. The proposed integrated enterprise PACS-RIS-VNA solutions shall have the storage capacity to store all migrated data from the facilities, and all newly generated data from the facilities for the contract period.
9. The design of the storage architectures shall use tiered storage technology to reduce the cost of storage media for long-term storage of data. Life cycle management functions shall provide the WCGHW with the ability to manage how data is moved between the different tiers.
10. The expectation is that the local caches at the facilities shall have storage capacity for the most recent three (3) years of data online.
11. The Bidder shall be responsible for managing all modality integrations including the cost of reconfiguring the DICOM nodes at each facility.

#### Onboarding the Primary Healthcare Facilities:

1. The extension of the central enterprise PACS-RIS-VNA architecture to including onboarding the Primary Healthcare facilities as noted in Table 3.
2. The extension of the enterprise Data Mining (DM) /Business Intelligence (BI) environment to including onboarding the Primary Healthcare facilities as noted in Table 3.
3. The extension of the enterprise disaster recovery solution to including onboarding the Primary Healthcare facilities as noted in Table 3.
4. The implementation of integrated PACS caches synced to the enterprise PACS-VNA architecture at each of the primary healthcare facilities as noted in Table 3.
5. The implementation of a separately contained RIS and PACS system, within the enterprise architecture, with a DICOM Modality Work List (DMWL) function to the Observatory Forensic Pathology Institute.
6. The configuration of all modalities at the facilities noted in Table 3 allows DICOM communication between the modality and the enterprise PACS-RIS-VNA solution.

Table 3: Primary Healthcare Facilities

|  |  |
| --- | --- |
| **Facility Type** | **Facility Name** |
| Community Day Clinic | Bellville South CDC |
|  | Bishop Lavis CDC |
|  | Crossroads CDC |
|  | Dr Abdurahman CDC |
|  | Du Noon CHC |
|  | Goodwood CDC |
|  | Knysna CDC |
|  | kwanokuthula CDC |
|  | Lotus River CDC |
|  | Macassar CDC |
|  | Michael Mapongwana CDC |
|  | Mitchell’s Plain CHC |
|  | Nolungile CDC |
|  | Nyanga CDC |
| Community Health Clinic | Delft CHC |
|  | Elsies River CHC |
|  | Grabouw CHC |
|  | Gugulethu CHC |
|  | Hanover Park CHC |
|  | Heideveld EC + CHC |
|  | Kraaifontein CHC |
|  | Retreat CHC |
|  | Vanguard CHC |
| Small Hospital | Alan Blyth Hospital |
|  | Beaufort West Hospital |
|  | Brooklyn Chest Hospital |
|  | Caledon Hospital |
|  | Ceres Hospital |
|  | Citrusdal Hospital |
|  | Clanwilliam Hospital |
|  | District Six Hospital |
|  | Eerste River Hospital |
|  | False Bay Hospital |
|  | Helderberg Hospital |
|  | Hermanus Hospital |
|  | Khayelitsha Site B Clinic |
|  | Laingsburg Hospital |
|  | Lamberts Bay Clinic |
|  | Lapa Munnik Hospital |
|  | Montagu Hospital |
|  | Mossel Bay Hospital |
|  | Mowbray Maternity Hospital |
|  | Otto Du Plessis Hospital |
|  | Oudtshoorn Hospital |
|  | Prince Albert Hospital |
|  | Radie Kotze Hospital |
|  | Riversdale Hospital |
|  | Robertson Hospital |
|  | Stellenbosch Hospital |
|  | Swartland Hospital |
|  | Swellendam Hospital |
|  | Symphony Way |
|  | Thembalethu Hospital |
|  | Uniondale Hospital |
|  | Vredenburg Hospital |
|  | Vredendal Hospital |
|  | Wesfleur Hospital |
| Specialised Facility | Brackengate Intermediate Care Facility |
|  | Observatory Forensic Pathology Institute |
|  | Western Cape Rehabilitation Centre |
| Dental Facility | Mitchell’s Plain Oral Health Centre |
|  | Tygerberg Oral Health Facility |

#### Architecture Overview for Onboarding the Primary Healthcare Facilities:

1. In Onboarding the Primary Healthcare Facilities, the enterprise RIS functionality will be extended to the Sixty-Two (62) Primary Healthcare Facilities. The design shall include the implementation of onsite PACS caches with a minimum of 1-year online storage synced to the enterprise solution. Included shall be diagnostic reporting and VR functionality for these facilities. Included shall be DMWL support to interface the existing modalities with the new RIS. The distribution of images and reports locally shall be provided through the PACS cache, while the distribution of images to the enterprise will be provided through the enterprise PACS-RIS-VNA solution and ZFP Viewer.
2. In Onboarding the Primary Healthcare Facilities, the enterprise PACS-RIS-VNA functionality will be extended to the Observatory Forensic Pathology Institute. As this facility deals with forensics and deceased patients it has special requirements which include being self-contained within the enterprise architecture and having a separate integration with the FPS Business Information management Systems (BIMS). The design shall include diagnostic reporting and VR functionality for this facility. Included shall be DMWL support to interface the existing modalities with the new self-contained RIS. The distribution of images and reports locally shall be provided through the self-contained PACS cache, while the distribution of images to the enterprise will be provided through the self-contained PACS-RIS-VNA solution.
3. In Onboarding the Primary Healthcare Facilities Bidders shall be responsible for managing all modality integrations including the cost of reconfiguring the DICOM nodes at each facility.

#### Onboarding the Central Facilities:

As part of this bid, the Bidder will be required to provide details and pricing for Onboarding the Central Facilities.

***Note: It should be noted that Onboarding the Central Facilities may or may not be procured during the contract, depending on budget availability and costs.***

1. The extension of the central enterprise PACS-RIS-VNA architecture to including onboarding the Central Facilities as noted in Table 3.
2. The extension of the enterprise Data Mining (DM) /Business Intelligence (BI) environment to including onboarding the Central Facilities as noted in Table 3.
3. The extension of the enterprise disaster recovery solution to including onboarding the Central Facilities as noted in Table 3.
4. The migration of existing PACS-RIS-VNA data from the Central Facilities, noted in Table 3, to the central enterprise PACS-RIS-VNA architecture.
5. The implementation of integrated PACS and RIS caches at each of the Central Facilities as noted in Table 3.
6. The configuration of all modalities at the Central Facilities noted in Table 3, to allow DICOM communication between the modality and the enterprise PACS-RIS-VNA solution.

Table 1: Central Facilities

|  |  |
| --- | --- |
| **Facility Type** | **Facility Name** |
| Central Facility | Groote Schuur Hospital |
| Central Facility | Red Cross War Memorial Children's Hospital |
| Central Facility | Tygerberg Hospital |

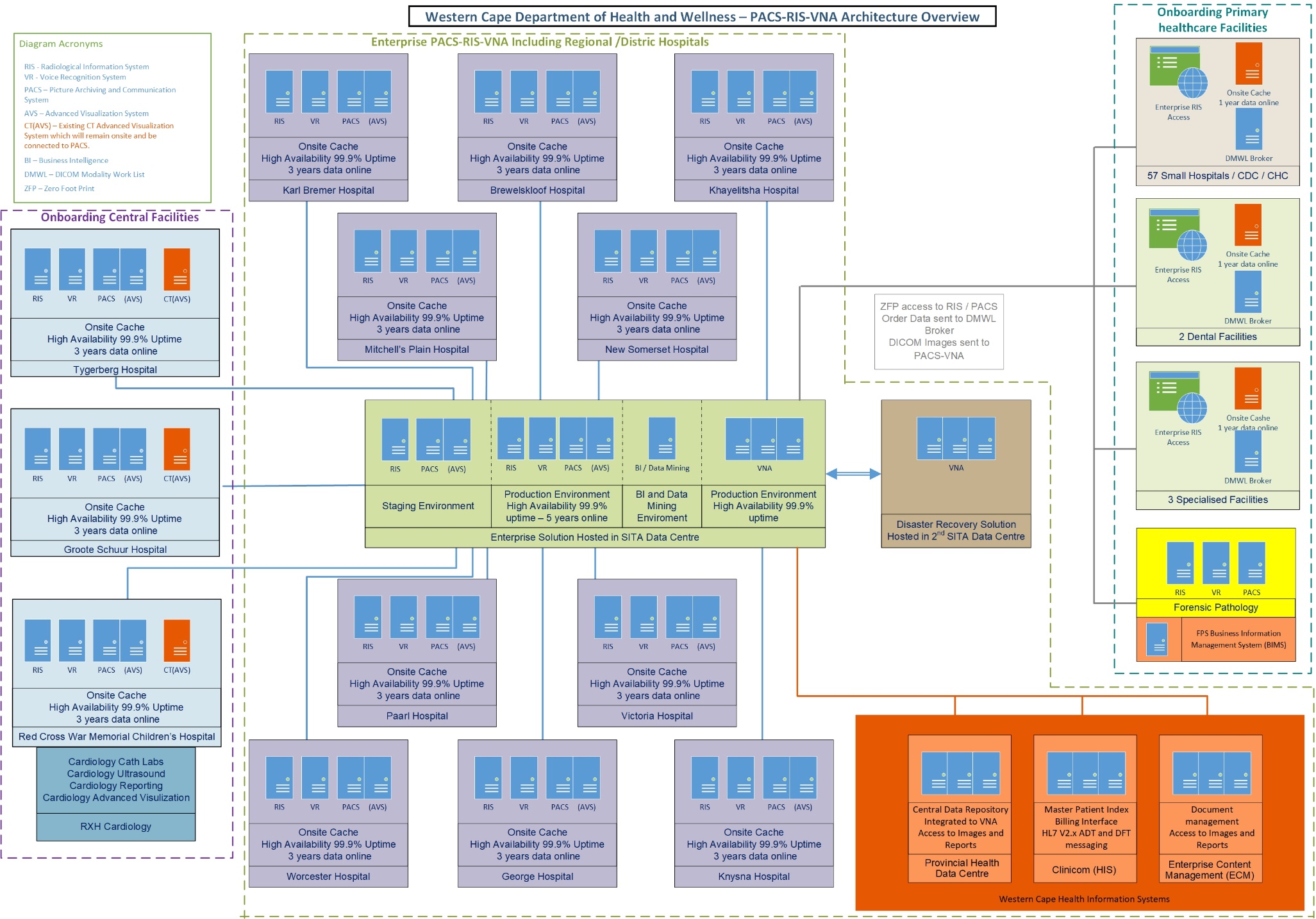
#### Architecture Overview for Onboarding the Central Facilities:

1. In Onboarding the Central Facilities, the enterprise PACS-RIS-VNA functionality will be extended to the Three (3) Central Facilities.
2. The design shall be based on a high availability model providing no less than 99.9% guaranteed uptime, 24 hours a day, 7 days a week. The design shall accommodate the possibility of losing WAN connectivity between the facilities and the central Super Point of Presents (PoP) and shall provide each facility with the ability to function normally, with no service interruption, by supporting an onsite PACS and RIS local cache. In other words, each facility shall be able to maintain full performance and functionality without connection to the central enterprise system. Once the connectivity is re-established the independent local caches shall automatically synchronise with the central enterprise solution.
3. The design shall provide scalability for the various healthcare facilities, offering advanced capabilities, and advanced visualization functionality appropriate for each facility.
4. The design shall support web-based access in the form of Zero Footprint (ZFP) technology to all functional components of the solution, apart from advanced visualization and diagnostic reporting where a thick client interface may be provided. Voice Recognition (VR) technology shall be supported for diagnostic reporting.
5. The WCGHW has spent the last decade refining its workflows and existing solutions to meet the variable requirements of each Central Facility. The solution shall be designed and capable of replicating these existing workflows and functionality.
6. The expectation is that the local caches at the facilities shall have storage capacity for the most recent three (3) years of data online.
7. The Bidder shall be responsible for managing all modality integrations including the cost of reconfiguring the DICOM nodes at each Central Facility.

#### PACS-RIS-VNA Architecture Overview diagram:

The PACS-RIS-VNA Architecture Overview diagram below is a conceptual diagram of the envisaged solution.

**ANNEX C.9.a:** *INC25696952 PACS-RIS-VNA Architecture Overview diagram.pdf*



## Delivery addresses

Table 4 provides the respective healthcare facility addresses for delivery of the proposed goods and services.

Table 2:Facility Addresses

|  |  |  |
| --- | --- | --- |
| **Project Stage** | **Facility Name** | **Facility Address** |
| **Regional/District facilities** | | |
|  | Brewelskloof Hospital | Haarlem Street, Van Riebeeck Park, Worcester, 6850 |
|  | George Hospital | King George Park Cnr of Davidson and Langenhoven Road, Heatherlands, George, 6530 |
|  | Karl Bremer Hospital | Cnr Mike Pienaar Blvd and Frans Conradie Avenue, Bellville, 7530 |
|  | Khayelitsha Hospital | Cnr Steve Biko and Walter Sisulu Drives, Khayelitsha, 7784 |
|  | Knysna Hospital | Main Street, Knysna Central, Knysna, 6571 |
|  | Mitchell’s Plain Hospital | 8 A Z Berman Dr, Lentegeur, Cape Town, 7785 |
|  | New Somerset Hospital | Portswood Road, Green Point, Cape Town, 8001 |
|  | Paarl Hospital | Cnr Bergriver Boulevard and Hospital Street, Paarl, 7620 |
|  | Victoria Hospital | Alphen Hill Road, Wynberg, 7800 |
|  | Worcester Hospital | Murray Street, Worcester, 6849 |
|  | SITA’s Observatory Data Centre | Fir Street, Black River Park, Observatory, 7925 |
| **Onboarding the Primary Healthcare Facilities** | | |
|  | Alan Blyth Hospital | Upper Church Street, Ladismith, 6655 |
|  | Beaufort West Hospital | 99 Voortrekker Street, Beaufort, West, 6970 |
|  | Bellville South CDC | (blank) |
|  | Bishop Lavis CDC | Lavis Dr, Bishop Lavis, Cape Town, 7490 |
|  | Brackengate Intermediate Care Facility | 5 Roubicon Blvd, Brackengate 2, Brackenfell, 7562 |
|  | Brooklyn Chest Hospital | Stanberry St, Ysterplaat, Cape Town, 7405 |
|  | Caledon Hospital | Cnr N2 and Nerina Way, Caledon, 7230 |
|  | Ceres Hospital | Cnr Riverkant and Theron Streets, Ceres, 6835 |
|  | Citrusdal Hospital | Vrede Street, Citrusdal, 7340 |
|  | Clanwilliam Hospital | Old Cape Road, Clanwilliam, 8135 |
|  | Crossroads CDC | Cnr Instsikizi and Gwayi Street, Lower Crossroads, 7750 |
|  | Delft CHC | Cnr Main and Leiden Road, Delft, Cape Town,7100 |
|  | District Six Hospital | 31 Primrose St, Zonnebloem, Cape Town, 7925 |
|  | Dr Abdurahman CDC | Cnr Ebberhout &Eland St, Kewtown, Athlone, Cape Town, 7764 |
|  | Du Noon CHC | 236 Potsdam Road, Killarney Gardens,Du Noon, Cape Town, 7441 |
|  | Eerste River Hospital | Humbolt Avenue, Perm Gardens, Eerste River, Cape Town, 7100 |
|  | Elsies River CHC | Cnr 29th Avenue and Halt Road, Elsiesriver, Cape Town, 7490 |
|  | False Bay Hospital | 17th Avenue, Fish Hoek, Cape Town, 7975 |
|  | Goodwood CDC | (blank) |
|  | Grabouw CHC | Ou Kaapseweg, Granouw, Cape Town, 7160 |
|  | Gugulethu CHC | Cnr NY3 and NY77, Guguleth, Cape Town, 7750 |
|  | Hanover Park CHC | Cnr Surran Road and Hanover Park Avenue, Hanover Park, Cape Town, 7780 |
|  | Heideveld EC + CHC | Heideveld Road, Heideveld, Cape Town, 7764 |
|  | Helderberg Hospital | Cnr Lourensford and Hospital Roads, Somerset West, 7130 |
|  | Hermanus Hospital | Hospital Road, Hermanus, 7200 |
|  | Khayelitsha Site B Clinic | Lwandle Road, Site B Khayelitsha |
|  | Knysna CDC | Concordia Road, Knysna |
|  | Kraaifontein CHC | 303 6th Avenue, Kraaifontein |
|  | kwanokuthula CDC | Sishuba Street, Kwanokuthula, Plettenberg Bay, 6600 |
|  | Laingsburg Hospital | Voortrekker Road, Laingsburg, 6900 |
|  | Lamberts Bay Clinic | Burrel Street, Lamberts Bay, 8130 |
|  | Lapa Munnik Hospital | 6 Voortrekker Street, Porterville, 6810 |
|  | Lotus River CDC | Cnr Delia and Anita Roads, Lotus River, 7941 |
|  | Macassar CDC | 75 Musica Ave, Macassar, Cape Town, 7134 |
|  | Michael Mapongwana CDC | 178 Steve Biko Rd, Harare, Cape Town, 7784 |
|  | Mitchell’s Plain CHC | First Ave, Beacon Valley, Cape Town, 7785 |
|  | Mitchell’s Plain Oral Health Centre | Town Centre Medical Centre, Symphony Way, Mitchells Plain, Philippi, Cape Town, 7785 |
|  | Montagu Hospital | 12 Hospital St, Montagu, 6720 |
|  | Mossel Bay Hospital | 272 21st Ave, Mossel Bay Central, Mossel Bay, 6500 |
|  | Mowbray Maternity Hospital | 12 Hornsey Rd, Mowbray, Cape Town, 7700 |
|  | Nolungile CDC | Solomon Tshuku Ave, Khayelitsha, Cape Town, 7784 |
|  | Nyanga CDC | (blank) |
|  | Observatory Forensic Pathology Institute | Main Rd, Observatory, Cape Town, 7925 |
|  | Otto Du Plessis Hospital | Cnr Dorpsig & Van Riebeeck Street, Bredasdorp, Cape Agulhas, 7280 |
|  | Oudtshoorn Hospital | Park Road, Oudtshoorn, 6625 |
|  | Prince Albert Hospital | Laër Mark Street, Prince Albert, 6930 |
|  | Radie Kotze Hospital | Main street, Piketberg, 7320 |
|  | Retreat CHC | 136 11th Avenue, Retreat, 7945 |
|  | Riversdale Hospital | Hospital Street, Riversdale, 6601 |
|  | Robertson Hospital | 6 Van Oudtshoorn St, Robertson, 6705 |
|  | Stellenbosch Hospital | Corner Roux Road and Merriman Street, Stellenbosch |
|  | Swartland Hospital | P G Nelson Street, Malmesbury, 7300 |
|  | Swellendam Hospital | 18 Drostdy St, Swellendam, 6740 |
|  | Symphony Way | Cnr Oupeniqui Road and Silversands Road, Delft, Cape Town, 7100 |
|  | Thembalethu Hospital | Nelson Mandela Boulevard, Thembalethu, 6529 |
|  | Tygerberg Oral Health Facility | Francie Van Zijl Dr, Tygerberg Hospital, Cape Town, 7505 |
|  | Uniondale Hospital | 3 Hospital Street, Uniondale, 6460 |
|  | Vanguard CHC | Bonteheuwel Vanguard Community Health Centre Cnr Candlewood and Cirus Street, Bontheuwel, Cape Town, 7550 |
|  | Vredenburg Hospital | Voortrekker Street, Vredenburg, 7380 |
|  | Vredendal Hospital | Van der Stel Street, Vredendal, 8160 |
|  | Wesfleur Hospital | Wesfleur Cir, Atlantis, Cape Town, 7349 |
|  | Western Cape Rehabilitation Centre | Lentegeur Hospital, 103 Highlands Drive, Lentegeur, Cape Town, 7785 |
| **Onboarding the Central Facilities** | | |
|  | Groote Schuur Hospital | Main Road, Observatory, Cape Town, 7935 |
|  | Red Cross War Memorial Children's Hospital | Klipfontein Road, Rondebosch, Cape Town, 7700 |
|  | Tygerberg Hospital | Francie Van Zijl Dr, Avenue, Cape Town, 7505 |
| **SITA Data Centres** | | |
|  | Africa Datacentre | 108 De Waal Road, Diep River, Cape Town, 7800 |
|  | George Hospital Training School | Cnr Herrie str and Windsor Str, George, 6529 |
|  | Dorp Street Data Centre | 4 Dorp Steet, Cape Town,7800 |

Note: The final site for the implementation of the central enterprise infrastructure will be determined in consultation with SITA, CeI, the preferred Bidder and the WCGHW IT department at the time of implementation. Either of the three SITA data centres noted above could be used.

## Customer infrastructure and environment requirements

The following section provides information relating to existing WCGHW infrastructure and operational environments, namely:

1. WCGHW modality data and DICOM status per facility.
2. WCGHW PACS-RIS-VNA operating environments and workflow overviews.
3. WCGHW health information solutions that are integrated with the existing PACS-RIS-VNA.
4. WCGHW historical perspectives: examinations performed per annum, per facility.
5. The SITA Wide Area Network (WAN) infrastructure overview.

### WCGHW modality data and DICOM service status

***ANNEX C.9.b:*** ***INC25696952 DICOM Modality Service list.xlsx***

Provides the modality data and DICOM services status for the modalities installed at each healthcare facility. All DICOM-enabled modalities as noted in section 3.3 of this document shall be configured to provide DICOM interoperability according to the minimum set of DICOM services as specified below:

1. DICOM Storage:
2. DICOM Query and Retrieve:
3. DICOM Modality Work List (DMWL):
4. DICOM Modality Performed Procedure Step (MPPS):
5. DICOM Storage Commitment: If a modality supports the DICOM Storage Commitment service it shall be configured.

### WCGHW PACS-RIS-VNA Operating Environments and Workflow Overview

1. The WCGHW prides itself on the deployment of its existing PACS-RIS-VNA solutions. Over the last 13 years, the department has continuously developed and refined its operating environments and workflow configurations to fit the various requirements of the WCGHW. Various workflows were specifically configured to cater for the characteristics of the patients, exam flow, and reporting requirements the WCGHW encounters daily. The following data are provided to Bidders as a reference and context to the existing operating environment and workflows.
2. The following list provides an overview of the primary workflow steps at each facility, including the primary users executing these tasks.

|  |
| --- |
| Order Entry – RIS Clinicians Portal – Clinicians |
| Procedure Justification/Validation - RIS - Radiologists/Sonographers/Radiographers |
| Procedure Scheduling - RIS - Clerk/Radiographer |
| Patient Transport Inbound - RIS – Porter/Radiographer |
| Arrival/Attend - RIS - Clerk/Radiographer |
| Acquire Imaging - Modality – Radiographer/Sonographer |
| Procedure Start/End - RIS – Radiographer/Sonographer |
| Procedure Images to PACS – Modality – Radiographer/Sonographer |
| Patient Transport Outbound - RIS – Radiographer/Porter |
| Procedure Reporting – RIS/PACS - Radiologist/Registrar/Sonographer |
| Access to Images and Reports – RIS Clinicians Portal – Clinicians |

### The main factors driving the existing workflow designs are as follows:

1. Order Entry – The existing WCGHW Patient Master Index (PMI) Clinicom does not have an order entry module and there is no indication that an order entry module will be procured in the short to medium term. The order entry function for all WCGHW clinicians is provided via the RIS.
2. Order Entry – The design of the clinician’s portal and access to order entry, images and reports is based on a minimalistic approach reducing Graphical User Interface (GUI) clutter to only the functions required by a clinician.
3. Patients are classified as either inpatients or outpatients. These classifications are used for scheduling, patient transport, and arrival/attending of patients.
4. Patients are also identified if they are private patients. This information is used by users from a billing perspective.
5. Procedures are prioritised as either P1, P2 and P3
   1. P1 – Emergency, to be performed immediately.
   2. P2 – Urgent, to be performed within 48 hours.
   3. P3 – Elective, to be performed at any time.
6. Procedures are categorized into two main groups as follows:
   1. **Specialised procedures** – CT, MR, MG, US, RF, and XA requiring scheduling except when prioritized as P1. These procedures often require justification/validation. The enabling of the justification/ validation for these procedures may vary from facility to facility depending on facility resources and the agreed configuration of this feature.
   2. **Non-specialised procedures** – Plain film X-rays, theatre fluoroscopy procedures, and mobile X-rays do not require justification/validation or scheduling.
7. Certain procedures may be identified as not requiring a report. These procedures shall be automatically removed from reporting worklists. A mechanism to report such procedures, if needed in the future, shall be available within the solution.

***ANNEX C.9.c:*** ***INC25696952 WCGHW Workflow Documents.pdf***

The attached PDF document provides Bidders with information relating to various current workflows. Bidders can use these workflow descriptions to gain insight into the current system configuration. The WCGHW expects that these existing workflows shall be achieved through the configuration of the Bidder's proposed solution.

### WCGHW Additional Integrated Health Information Systems

The WCGHW has various health information solutions that provide a variety of functions within the healthcare environment. Some of these solutions have been integrated with the existing PACS-RIS-VNA to facilitate access to images and reports for users of the various solutions. Table 5 shows a list of health information solutions with a brief overview of their function within the WCGHW ICT environment. The solutions listed have some form of integration with the existing PACS-RIS-VNA solution. It is the WCGHW requirement that the Bidder’s solution shall include the integrations noted below in their costing of the solution and the Bidder will be responsible for ensuring these integration function based on an agreed specification.

Table 3: Health Information Solution

|  |  |  |
| --- | --- | --- |
| **Health System** | **Description** | **Integration Overview** |
| Provincial Health Data Centre (PHDC) | The PHDC consolidates all person-level health data in the Western Cape Department of Health  The primary purpose of the data centre is to enhance clinical care by ensuring the availability of data to clinicians and to those responsible for following up on patients with specific health conditions.  These data are strictly governed under the requirements of the National Health Act and the Protection of Personal Information Act.  Data are only accessible through clinical tools used by government clinicians for providing patient care, or in response to data requests associated with approved research projects. | Currently, the integration includes specific data that is transferred from RIS to the PHDC via a CSV file and an HL7 interface that transfers the diagnostic report. |
| Single Patient Viewer (SPV) | This is a patient dashboard that is mostly used by Clinicians to have a holistic view of patient history. | Currently, the integration includes radiology reports and access to PACS images.  The integration includes specific data that is transferred from RIS via a CSV file and an HL7 interface that transfers the diagnostic report to be viewed in SPV. |
| National Health Laboratory Service (NHLS) | This is a laboratory results system with view-only access by clinicians. | There is currently no integration with this system. |
| Clinicom | This is a hospital patient administration system (PAS) that is mainly used by nurses, clerks, and information managers to manage patient information, ward information, patient administration, etc.  The system is the primary PMI for the provincial patient identifier. | Currently, the integration includes Health Level 7 (HL7) Admit, Discharge and Transfer (ADT) being broadcast from Clinicom to various other health information solutions including the existing PACS-RIS-VNA. |
| Clinicom – Billing Interface | This is an interface that supports the sending of billing transactions from the RIS to the Billing engine in batch mode. | Currently, the integration includes a daily procedure which creates a CSV file with a specific layout containing billing-related transactions from the RIS. This file is then copied to a shared folder which is then uploaded to the billing engine for further processing.  The integration also includes the capability of Clinicom to run a database query against a unique database view created on the RIS. This query is used by Clinicom to verify that the radiology visit number being entered manually by a clerk when attending a visit in Clinicom is a valid visit number in the RIS. |
| Enterprise Content Management (ECM) | This is a folder repository system that is used to store scanned patient folders at selected facilities only i.e., Khayelitsha, Tygerberg, Mitchells Plain and Groote Schuur Hospital. | Currently, the integration includes sending HL7 Observation Results Unsolicited (ORU) messages with the diagnostic report and an encrypted URL link from the PACS to the ECM. This link is displayed in a patient folder within the ECM. Clinicians with access to ECM can click on the link and gain access to the patient’s imaging and reports. |
| FPS Business Information Management System (BIMS) | The BIMS is a Forensic business management solution that is a repository for all forensic data and documentation. This is used across the WCGHW at all Forensic pathology facilities. | Currently, the BIMS integrates with ECM and is a repository for all Forensic data and documentation. A new BIMS is currently under development. |

### WCGHW Radiology Study Numbers

***ANNEX C.9.d: INC25696952 - WCGHW Study Data.xlsx***

Table 6 provides the annual study volumes from 2018-2022 for the various facilities in the WCGHW.

Table 4: Total number of studies per facility.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Stage** | **Hospital Name** | **Sum of Studies 2018** | **Sum of Studies 2019** | **Sum of Studies 2020** | **Sum of Studies 2021** | **Sum of Studies 2022** | **Sum of Total 2018/2022** |
| **Regional/District Facilities** | Brewelskloof Hospital | 2 996 | 2 972 | 1 454 | 1 122 | 1 808 | 10 352 |
|  | George Hospital | 51 283 | 52 439 | 46 247 | 47 318 | 54 444 | 251 731 |
|  | Karl Bremer Hospital | 44 428 | 47 534 | 43 126 | 48 560 | 53 417 | 237 065 |
|  | Khayelitsha Hospital | 48 048 | 54 412 | 50 560 | 55 359 | 64 398 | 272 777 |
|  | Knysna Hospital | 15 205 | 13 697 | 10 931 | 12 090 | 14 398 | 66 321 |
|  | Mitchell’s Plain Hospital | 50 986 | 57 988 | 56 859 | 59 295 | 64 453 | 289 581 |
|  | New Somerset Hospital | 41 806 | 38 311 | 31 914 | 33 923 | 40 609 | 186 563 |
|  | Paarl Hospital | 54 245 | 58 438 | 49 595 | 57 729 | 65 284 | 285 291 |
|  | Victoria Hospital | 33 665 | 38 238 | 31 724 | 34 863 | 41 165 | 179 655 |
|  | Worcester Hospital | 54 803 | 56 575 | 42 459 | 46 221 | 55 518 | 255 576 |
| **Stage 1 Sum** |  | **397 465** | **420 604** | **364 869** | **396 480** | **455 494** | **2 034 912** |
| **Onboarding the Primary Healthcare Facilities** | Alan Blyth Hospital | 3 017 | 2 953 | 2 621 | 2 868 | 4 184 | 15 643 |
|  | Beaufort West Hospital | 17 788 | 15 838 | 12 974 | 11 660 | 15 563 | 73 823 |
|  | Bellville South CDC |  |  |  |  | 1 886 | 1 886 |
|  | Bishop Lavis CDC | 8 484 | 9 085 | 6 540 | 6 498 | 8 490 | 39 097 |
|  | Brackengate Intermediate Care Facility |  |  |  |  | 750 | 750 |
|  | Brooklyn Chest Hospital | 2 811 | 2 902 | 2 172 | 1 973 | 1 884 | 11 742 |
|  | Caledon Hospital | 7 910 | 8 958 | 7 811 | 9 949 | 11 085 | 45 713 |
|  | Ceres Hospital | 11 719 | 12 873 | 11 643 | 13 546 | 15 149 | 64 930 |
|  | Citrusdal Hospital | 2 326 | 2 324 | 1 829 | 2 100 | 2 309 | 10 888 |
|  | Clanwilliam Hospital | 4 746 | 4 580 | 4 340 | 4 538 | 4 617 | 22 821 |
|  | Crossroads CDC |  | 1 044 | 782 | 872 | 1 378 | 4 076 |
|  | Delft CHC | 20 735 | 21 775 | 15 982 | 16 575 | 21 253 | 96 320 |
|  | District Six Hospital | 2 988 | 7 058 | 4 531 | 5 963 | 7 836 | 28 376 |
|  | Dr Abdurahman CDC | 2 847 | 3 322 | 2 514 | 2 754 | 2 906 | 14 343 |
|  | Du Noon CHC | 12 282 | 10 069 | 11 172 | 9 045 | 12 235 | 54 803 |
|  | Eerste River Hospital |  | 22 389 | 19 138 | 20 500 | 25 635 | 87 662 |
|  | Elsies River CHC | 11 471 | 12 202 | 7 357 | 11 199 | 15 237 | 57 466 |
|  | False Bay Hospital | 17 066 | 20 239 | 14 694 | 15 774 | 18 892 | 86 665 |
|  | Goodwood CDC |  |  |  |  | 750 | 750 |
|  | Grabouw CHC | 3 743 | 3 785 | 4 402 | 4 492 | 6 644 | 23 066 |
|  | Gugulethu CHC | 10 952 | 13 662 | 14 735 | 15 539 | 17 454 | 72 342 |
|  | Hanover Park CHC | 12 602 | 15 042 | 12 626 | 12 769 | 13 812 | 66 851 |
|  | Heideveld EC + CHC | 18 950 | 17 292 | 16 275 | 16 667 | 18 393 | 87 577 |
|  | Helderberg Hospital | 34 159 | 37 821 | 31 039 | 35 198 | 38 770 | 176 987 |
|  | Hermanus Hospital | 15 720 | 15 470 | 13 992 | 13 740 | 14 585 | 73 507 |
|  | Khayelitsha Site B Clinic | 12 810 | 16 389 | 11 512 | 12 950 | 14 701 | 68 362 |
|  | Knysna CDC | 373 | 354 | 105 | 237 | 347 | 1 416 |
|  | Kraaifontein CHC | 20 508 | 19 919 | 15 939 | 19 168 | 20 401 | 95 935 |
|  | kwanokuthula CDC | 2 200 | 2 717 | 1 196 | 1 627 | 1 890 | 9 630 |
|  | Laingsburg Hospital | 973 | 850 | 444 | 758 | 1 060 | 4 085 |
|  | Lamberts Bay Clinic | 647 | 507 | 44 | 358 | 480 | 2 036 |
|  | Lapa Munnik Hospital | 2 846 | 3 212 | 2 235 | 3 097 | 3 372 | 14 762 |
|  | Lotus River CDC | 2 961 | 2 958 | 1 737 | 2 552 | 3 488 | 13 696 |
|  | Macassar CDC | 4 562 | 5 013 | 4 202 | 4 296 | 5 111 | 23 184 |
|  | Michael Mapongwana CDC | 7 315 | 6 937 | 4 345 | 6 146 | 8 166 | 32 909 |
|  | Mitchell’s Plain CHC | 25 735 | 25 497 | 19 836 | 18 083 | 20 586 | 109 737 |
|  | Mitchell’s Plain Oral Health Centre |  |  |  |  | 10 971 | 10 971 |
|  | Montagu Hospital | 6 393 | 6 583 | 5 105 | 5 513 | 6 710 | 30 304 |
|  | Mossel Bay Hospital | 13 499 | 15 624 | 13 423 | 15 104 | 17 317 | 74 967 |
|  | Mowbray Maternity Hospital | 17 530 | 20 324 | 16 256 | 16 086 | 18 396 | 88 592 |
|  | Nolungile CDC | 4 384 | 3 300 | 1 836 | 2 425 | 3 965 | 15 910 |
|  | Nyanga CDC |  |  |  |  | 750 | 750 |
|  | Observatory Forensic Pathology Institute |  |  |  |  | 5 682 | 5 682 |
|  | Otto Du Plessis Hospital | 4 928 | 4 936 | 3 702 | 3 533 | 4 322 | 21 421 |
|  | Oudtshoorn Hospital | 21 849 | 20 966 | 15 371 | 17 373 | 20 631 | 96 190 |
|  | Prince Albert Hospital | 960 | 800 | 325 | 625 | 821 | 3 531 |
|  | Radie Kotze Hospital | 5 043 | 5 220 | 2 599 | 3 649 | 3 736 | 20 247 |
|  | Retreat CHC | 14 316 | 9 530 | 11 068 | 12 000 | 9 069 | 55 983 |
|  | Riversdale Hospital | 9 546 | 8 719 | 6 974 | 7 190 | 8 886 | 41 315 |
|  | Robertson Hospital | 8 937 | 9 027 | 7 592 | 8 178 | 10 237 | 43 971 |
|  | Stellenbosch Hospital | 13 296 | 12 923 | 10 872 | 13 068 | 15 165 | 65 324 |
|  | Swartland Hospital | 2 755 | 2 922 | 2 590 | 7 442 | 11 433 | 27 142 |
|  | Swellendam Hospital | 5 279 | 5 582 | 4 990 | 5 934 | 7 168 | 28 953 |
|  | Symphony Way | 5 635 | 7 147 | 3 632 | 6 263 | 7 563 | 30 240 |
|  | Thembalethu Hospital | 3 268 | 3 758 | 3 949 | 4 041 | 4 287 | 19 303 |
|  | Tygerberg Oral Health Facility |  |  |  |  | 27 615 | 27 615 |
|  | Uniondale Hospital | 805 | 1 039 | 888 | 902 | 1 038 | 4 672 |
|  | Vanguard CHC | 10 566 | 11 433 | 9 437 | 11 843 | 13 683 | 56 962 |
|  | Vredenburg Hospital | 14 494 | 14 976 | 11 597 | 13 515 | 19 084 | 73 666 |
|  | Vredendal Hospital | 12 109 | 13 455 | 10 523 | 12 683 | 16 185 | 64 955 |
|  | Wesfleur Hospital | 12 956 | 15 326 | 11 411 | 12 741 | 15 393 | 67 827 |
|  | Western Cape Rehabilitation Centre | 1 802 | 1 995 | 1 447 | 1 409 | 1 228 | 7 881 |
| **Onboarding the Primary Healthcare Facilities Sum** |  | **493 596** | **540 621** | **436 351** | **485 008** | **622 634** | **2 578 210** |
| **Onboarding the Central Facilities** | Groote Schuur Hospital | 171 786 | 170 732 | 130 426 | 136 392 | 159 940 | 769 276 |
|  | Red Cross War Memorial Children's Hospital | 35 701 | 33 618 | 27 211 | 29 358 | 31 426 | 157 314 |
|  | Tygerberg Hospital | 177 442 | 176 673 | 137 066 | 153 131 | 167 452 | 811 764 |
| **Onboarding the Central Facilities Sum** |  | **384 929** | **381 023** | **294 703** | **318 881** | **358 818** | **1 738 354** |
| **Grand Total** |  | **1 275 990** | **1 342 248** | **1 095 923** | **1 200 369** | **1 436 946** | **6 351 476** |

### SITA's Existing Network Architecture and Connectivity Infrastructure

***ANNEX C.9.e: INC25696952 – SITA WAN Connectivity Overview.Pdf***

The following PDF document provides an overview of the existing SITA WAN infrastructure and bandwidth speeds for the WCGHW.

# 

# Technical functional requirements overview

This bid is for the supply, delivery, installation, commissioning, testing, training, and support and maintenance of an enterprise-integrated PACS-RIS-VNA solution with local PACS and RIS caches for healthcare facilities as noted in the scope of work.

This section of the bid document gives Bidders an overview of the various technical functional requirements, specific hardware quantities and input information relevant to these functional requirements.

The solutions must embrace contemporary web-based technologies that enable access to imaging informatics data by various users, having different roles at various facilities across the WCGHW enterprise. The solutions must offer a high availability design of 99.9% uptime with redundancy built in to mitigate the risks of hardware and software failure. The solutions shall have strong and scalable interoperability to ensure future modernisation as well as current and future interfaces with new 3rd party solutions as and when these become available.

The bid calls for the provision of a solution that meets the above objectives, together with functionality that may be specifically required by the list of facilities as detailed in this Bid.

## Additional Facilities Hardware and Software

The following section details additional facilities hardware and software required for this bid. Bidders are required to include these components in their proposed solution.

### WCGHW CD/DVD Robots

The existing CD Robots are approaching their end of life. It shall be the Bidder’s responsibility to replace these units with the latest technology and to connect them to the proposed PACS-RIS-VNA solution.

Table 7: CD-DVD Robot Quantities

|  |  |  |
| --- | --- | --- |
| **Project Stage** | **Modality Type** | **Quantity** |
| Regional/District Facilities | Compact Disk Robot | **10** |
| Onboarding the Primary Healthcare Facilities Total | Compact Disk Robot | **0** |
| Onboarding the Central Facilities Total | Compact Disk Robot | **3** |

### WCGHW Multi-Monitor Diagnostic Workstations

1. The existing diagnostic workstations are approaching their end of life. It shall be the Bidder’s responsibility to replace these workstations. The number of workstations specified makes provision for growth within various healthcare facilities.
2. The WCGHW has identified the following four different specialised monitor configurations for diagnostic workstations:
3. Workstation Set A: (3 monitor setup - 1 x Navigation plus 2 x 3MP Diagnostic Monitors)
4. Workstation Set B: (3 monitor setup - 1 x Navigation plus 2 x 5MP Diagnostic Monitors)
5. Workstation Set C: (2 monitor setup - 1 x Navigation plus 1 x 3MP and 5MP all in one monitor)
6. Workstation Set D: (2 monitor setup - 1 x Navigation plus 1 x 3MP Diagnostic Monitor)
7. In addition to the monitor configurations, each of these workstations shall have adequate, computing power, Random Access Memory (RAM), graphical processing memory, keyboard, mouse, uninterrupted power supply (UPS) and a voice recognition (VR) microphone to support diagnostic radiology reporting.

Table 8:Diagnostic Workstation Quantities

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Stage** | **Configuration Type** | **Configuration Description** | **Quantity** |
| Regional/District Facilities | Set A | 3 monitor setup - 1 x Navigation plus 2 x 3MP Diagnostic Monitors | **16** |
|  | Set B | 3 monitor setup - 1 x Navigation plus 2 x 5MP Diagnostic Monitors | **3** |
|  | Set C | 2 monitor setup - 1 x Navigation plus 1 x 3MP and 5MP all in one monitor | **1** |
|  | Set D | 2 monitor setup - 1 x Navigation plus 1 x 3MP Diagnostic Monitors | **20** |
| Onboarding the Primary Healthcare Facilities Total | Set D | 2 monitor setup - 1 x Navigation plus 1 x 3MP Diagnostic Monitors | **66** |
| Onboarding the Central Facilities | Set A | 3 monitor setup - 1 x Navigation plus 2 x 3MP Diagnostic Monitors | **85** |
|  | Set B | 3 monitor setup - 1 x Navigation plus 2 x 5MP Diagnostic Monitors | **4** |
|  | Set D | 2 monitor setup - 1 x Navigation plus 1 x 3MP Diagnostic Monitors | **5** |

### WCGHW Document Scanners

The existing document scanners are approaching their end of life. It shall be the Bidder’s responsibility to replace these document scanners. Due to space limitations at the various facilities, the proposed document scanner shall have a small footprint and preferably be of the type that is upright and has a paper feeding function i.e. not a flatbed scanner.

Table 9:Document Scanners Quantities

|  |  |  |
| --- | --- | --- |
| **Project Stage** | **Equipment Type** | **Quantity** |
| Regional/District Facilities | Document Scanner desktop Upright | **22** |
| Onboarding the Primary Healthcare Facilities Total | Document Scanner desktop Upright | **62** |
| Onboarding the Central Facilities Total | Document Scanner desktop Upright | **13** |

### Orthopaedic Templating Software

It shall be the Bidder's responsibility to provide orthopaedic templating software licenses. The licensing model for these licenses shall be based on concurrent usage across the enterprise.

Table 10: Orthopaedic templating license quantities

|  |  |  |
| --- | --- | --- |
| **Project Stage** | **Software License** | **Quantity** |
| Regional/District Facilities | Number of concurrent orthopaedic templating licenses | **10** |
| Onboarding the Primary Healthcare Facilities Total | Number of concurrent orthopaedic templating licenses | **4** |
| Onboarding the Central Facilities Total | Number of concurrent orthopaedic templating licenses | **6** |

### Voice Recognition Software

It shall be the Bidder's responsibility to provide voice recognition software licenses. The voice recognition licenses will be used by radiologists, radiology registrars and sonographers. It would be preferred that an unlimited licensing model would be proposed, but if this is not possible due to the licensing being a third-party plugin or similar then the following minimum concurrent user licensing quantities shall be provided. The voice recognition function shall support unlimited voice profiles. Voice recognition concurrent license shall be pooled at an enterprise level allowing any user with a voice profile to access a license no matter at which facility they are working. The Bidder shall also take into consideration in their design that if the WAN connectivity is down between a facility and the enterprise solution, Voice recognition licensing shall be available at the facilities based on the business continuity requirements.

Table 11: Voice Recognition license quantities

|  |  |  |
| --- | --- | --- |
| **Project Stage** | **Software License** | **Quantity** |
| Regional/District Facilities | Voice recognition concurrent licence | **40** |
| Onboarding the Primary Healthcare Facilities Total | Voice recognition concurrent licence | **20** |
| Onboarding the Central Facilities Total | Voice recognition concurrent licence | **150** |

## DATA MIGRATION

The total DICOM migration and storage information are as follows:

### Regional/District Healthcare Facilities Data Migration Requirements

Bidders shall migrate all DICOM data stored at the ten (10) Regional/District Facilities and central VNA DICOM store and all the RIS-related data from all ten (10) RIS solutions installed at the Regional/District Facilities. The migration shall include all DICOM data, RIS procedure data, and RIS/PACS reports. The migration shall include all DICOM Service Object Pair (SOP) Classes currently stored in the existing PACS and VNA solutions.

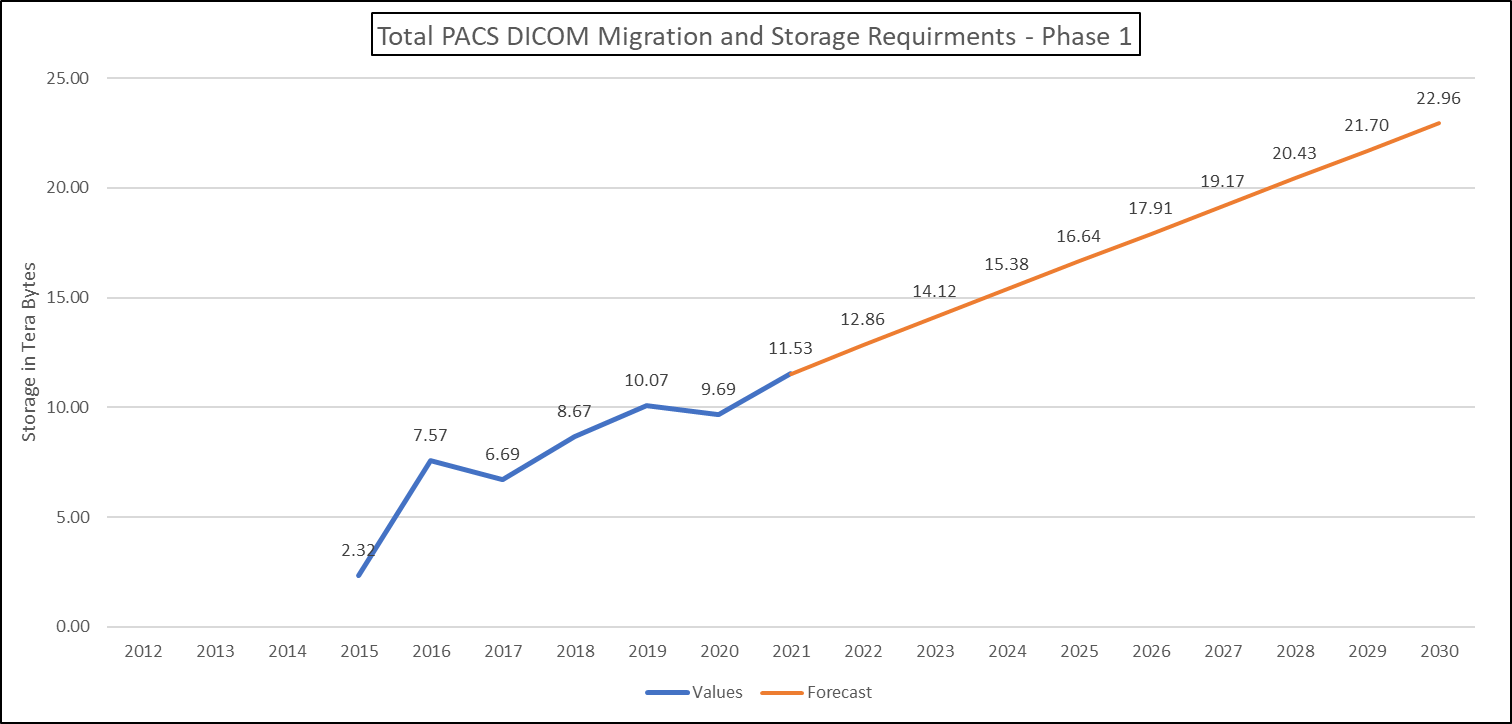
1. *Actual vs forecast data:*

In determining the accumulative DICOM data storage migration requirements the following calculations were done:

1. Actual data ingested from each site into the core PACS solution were provided through a vendor report.
2. The actual data from the report were evaluated from the beginning of 2015 to the end of 2021.
3. A forecast was done for the years 2022 to 2030.
4. All values in the graph indicate data stored in a DICOM lossless compressed format with a compression ratio of 2.5 to 1.

The data migration and storage information for the Regional/District Healthcare Facilities of the Bid is provided in figure 3-1.

Figure 3‑1 Data Migration estimates for the Regional/District Healthcare Facilities



**Note: The migration and storage information are only provided as a guide.**

### Onboarding the Primary Healthcare Facilities Data Migration Requirements

The existing primary healthcare facilities store DICOM images for approximately 2 years, before moving the data to external disks. As the data were acquired without a DMWL, and patient demographic data were manually captured, these data are considered “dirty”, and migration of such data will not be required in Onboarding the Primary Healthcare Facilities. It should however be noted that some of these studies at the primary facilities may be manually cleaned and sent to the new enterprise VNA for storage. Provision for storage of about 10% of studies done at the Primary Healthcare Facilities between 2016 to 2023 should be made. It is noted that these studies are mainly plain film X-rays and ultrasound images.

### Onboarding the Central Facilities Data Migration Requirements

At the time of onboarding the Central Facilities Bidders shall migrate all DICOM data stored at the Central Facilities and all the RIS-related data stored in the RIS solutions at the Central Facilities. The migration shall include all DICOM data, RIS procedure data, and RIS/PACS reports. The migration shall include all DICOM Service Object Pair (SOP) Classes stored.

Actual vs forecast data:

In determining the accumulative DICOM data storage migration requirements for the Central facilities the following calculations were done:

1. Actual data ingested from each site into the core PACS solution were provided through a vendor report.
2. The actual data from the report were evaluated from the beginning of 2012 to the end of 2021.
3. A forecast was done for the years 2022 to 2030.
4. All values in the graph indicate data stored in a DICOM lossless compressed format with a compression ratio of 2.5 to 1.

The data migration and storage information for the central facilities is provided in figure 3-2.

Figure 3‑2 Data Migration estimates for Onboarding the Central Facilities

A graph with a line and a line

Description automatically generated

***Note: The migration and storage information are only provided as a guide.***

## DICOM Modality Configuration

It shall be the Bidder’s responsibility to manage and fund the configuration of any existing modality to the new PACS-RIS-VNA solution. This shall include the scheduling of modality vendors, configuring, and User Acceptance Testing (UAT) of the PACS-RIS-VNA DICOM service enabled during the configuration process. Table 12 provides the types and number of modalities to be connected.

Table 12:Modalities

|  |  |  |
| --- | --- | --- |
| **Project Stage** | **Modality Type** | **Count of Modality Type** |
| Regional/District Facilities | C-Arm | 12 |
|  | Computer Radiography Reader | 19 |
|  | Computer Tomography (CT) | 8 |
|  | Computer Tomography (CT) Advanced Visualization Server | 3 |
|  | Digital X-ray | 6 |
|  | Fluoroscopy | 4 |
|  | Mammography | 2 |
|  | Mobile Digital X-ray | 5 |
|  | Panorex | 1 |
|  | Ultrasound | 21 |
| **Regional/District Facilities Total** |  | **81** |
| Onboarding the Primary Healthcare Facilities | Computer Radiography Reader | 124 |
|  | Cone Beam Computer Tomography | 2 |
|  | Film Digitizer | 2 |
|  | Lodox | 1 |
|  | Panorex | 6 |
|  | Ultrasound | 53 |
| **Onboarding the Primary Healthcare Facilities Total** |  | **188** |
| Onboarding the Central Facilities | Angiography | 6 |
|  | Cardiology | 3 |
|  | C-Arm | 24 |
|  | Computer Radiography Reader | 16 |
|  | Computer Radiography Reader Console | 12 |
|  | Computer Tomography (CT) | 6 |
|  | Cone Beam Computer Tomography | 1 |
|  | Digital X-ray | 12 |
|  | Film Digitizer | 1 |
|  | Fluoroscopy | 9 |
|  | Lodox | 3 |
|  | Magnetic Resonance | 4 |
|  | Mammography | 3 |
|  | Mobile Digital X-ray | 3 |
|  | Panorex | 1 |
|  | Ultrasound | **21** |
| **Onboarding the Central Facilities Total** |  | **125** |

# Bid Evaluation Stages

# The bid evaluation process consists of several stages, according to the nature of the bid.

1. A bidder must qualify for each stage to be eligible to proceed to the next stage of the evaluation. The stages are:

Table 13: Bid Evaluation Stages

|  |  |  |
| --- | --- | --- |
| **Stage** | **Description** | **Applicable for this bid YES/NO** |
| Stage 1 | Administrative responsiveness | YES |
| Stage 2 | Technical returnable documents | YES |
| Stage 3 | Technical functionality specification | YES |
| Stage 4 | Presentations, demonstrations and site visits | YES |
| Stage 5 | Special Conditions of Contract verification | YES |
| Stage 6 | Price / Preference points evaluation | YES |

## Mandatory Administrative Responsiveness (stage 1)

* + 1. **Attendance of briefing session**

1. **A Compulsory physical briefing session will be held**. The bidder must sign the briefing session attendance register using the same information (bidder company name, bidder representative person name and contact details) as submitted in the bidder’s response document. Any bidder who fails to attend the compulsory briefing session will be disqualified.
2. In the case of joint ventures or consortiums, the Bidder must demonstrate that at least one of the parties to the bid response attended the briefing session.
3. **SBD Documents.** The bidder must complete in full and sign all the SBD documents as provided in the Invitation to Bid document.
   * 1. **Registered Supplier**
4. Only responses from bidders who are registered as a Supplier on National Treasury’s Central Supplier Database (CSD) in terms of National Treasury’s Instruction Note 4A of 2016/17 will be considered for award on this bid.
   * 1. **Bid Submission Instructions**

**Note that a Two Envelope process will be followed and therefore bidders must submit as follows:**

1. **One (1) original file excluding pricing** which must be submitted in **a separate envelope**;
2. **One (1) hard copy excluding pricing** which must be submitted in **a separate envelope**;
3. **Two (2) electronic copies on USB memory stick/ flash drive** in Portable Document Format (**PDF) of the RFB Document and Technical / Functionality Response.**
4. **Two (2) electronic copies on USB memory stick/ flash drive** in Portable Document Format **(PDF)** **of pricing only**.
5. It is the Bidder’s responsibility to ensure that the information and contents on the electronic copies is the same as in the hard copies.
6. To ensure that the electronic copies are not damaged, the bidder must submit the USB’s (memory stick/ flash drive) in a sealed padded envelop and be clearly marked.
7. Bidders shall submit proposal responses in accordance with the prescribed manner of submission as specified above. **Failure to comply with the above instructions on submitting a proposal will lead to disqualification.**
8. The **RFB** Responses (hard and electronic copies) must be clearly marked as follows: Bidder’s Name & Contact Details, **RFB** Number, **RFB** Description, and Closing Date.
9. All Bids in this regard shall only be accepted if they have been placed in the tender box before or on the closing date and stipulated time.
10. Late bids shall not be considered.
11. The proposal must be signed by an authorised employee, agent or representative of the bidder. The proposal must bear the initials of the signatory at the bottom of every page as an indication that the bidder has familiarised itself with the terms and conditions of this **RFB** document.
12. Faxed or e-mailed bids will not be accepted.
13. Bidders shall submit proposal responses in accordance with the prescribed manner of submission as specified in this document. **Failure to comply with the bid submission requirements will lead to disqualification.**
14. Bidders are required to submit all returnable documents/information together with their Bids/proposals on or before the closing time and date of the Bids/proposals.
15. All services supplied in accordance with the bidder’s proposal must be in accordance with all applicable legal requirements in terms of South African law, policies and regulations.

## Technical Returnable Documents (Stage 2)

* + 1. Instruction and evaluation criteria

1. The bidder must comply with ALL the requirements as per the Technical Mandatory Requirements below by providing substantiating evidence in the form of documentation or information, failing which it will be regarded as “NOT COMPLY”.
2. The bidder must provide a unique reference number (e.g. binder/folio, chapter, section, page) to locate substantiating evidence in the bid response.
3. The bidder must comply with ALL the TECHNICAL RETURNABLE DOCUMENTS in order for the bid response to proceed to the next stage of the evaluation.

Table 14: Technical Returnable Documents

|  |  |  |  |
| --- | --- | --- | --- |
| *Specification Item Number* | *MANDATORY REQUIRMENTS* | Substantiating evidence of compliance (used to evaluate bid)*.* | Evidence reference |
| *Bidders Accreditation/Affiliation* | | | |
| 1. The bidder must be an OEM/OSM or accredited/registered with an OEM/OSM as a Reseller/Distributor to provide Enterprise PACS-RIS-VNA Solution. | | Attach to Annex A a copy of valid documentation ( letter/certificate/license ) as proof that the bidder is an OEM/OSM or accredited/registered with OEM/OSM as a Reseller/Distributor to provide an enterprise PACS-RIS-VNA Solution.   1. If the Bidder is a Reseller/Distributor of the OEM/OSM products, the date the agreement was established and the number of years the agreement has been active shall be provided. 2. Confirmation that the agreement is valid at the time of the bid.   **NOTE (1):**  All valid documentation ( letter/certificate/license ) must be in writing, dated, signed and on the letterhead of the entity that issued it.  **NOTE (2):**  SITA/WCGHW reserves the right to verify the information provided. | Provide unique reference to locate substantiating evidence in the bid response see Annex A 5.1 (a) |
| 1. The Bidder or partner must be registered with SAHPRA for the importing of the diagnostic monitors. | | Attach to Annex A a copy of a valid SAHPRA license for the diagnostic monitors proposed in the bid.  **NOTE (1):**  If the license is not in the name of the Bidder, then in addition to the license, a Memorandum of Understanding (MOU) or legally binding agreement as proof that the Bidder can supply the diagnostic monitors in the case of a partnership or joint venture. | Provide unique reference to locate substantiating evidence in the bid response see Annex A 5.1 (b) |
| Bidders' experience and capabilities | | | |
| The Bidder must have deployed an enterprise PACS-RIS-VNA solution with a similar design, products and architecture, as proposed, including a central enterprise architecture connected to five remote facilities with synchronized on-prem local PACS-RIS caches, to a least two (02) customers in the last five (05) years from the publication of this bid. | | The Bidder must provide reference details from at least two (02) customers to whom an enterprise PACS-RIS-VNA solution with a similar design, products and architecture including a central enterprise architecture, connectedto five remotefacilities with synchronized on-prem local PACS-RIS caches was delivered in the last five (05) yearsfrom the publication of this bid.  **NOTE (1)**  The Bidder **must provide all** of the following information when completing **table 25.**   * 1. Company name; and   2. Contact person, telephone **and/or** e-mail address; **and**   3. Project scope of Work; **and**   Project start  **NOTE (2):**  SITA/WCGHW reserve the right to verify the information provided. | <provide unique reference to locate substantiating evidence in the bid response – see **Annex A, par 5.2. Table 25** |
| Bidders Location Requirement | |  |  |
| The Bidder must have offices in South Africa. | | Attach to Annex A proof of address from the local authority or a lease agreement from the landlord.  **NOTE (1):**  SITA/WCGHW reserves the right to verify the information provided. | Provide unique reference to locate substantiating evidence in the bid response see Annex A 5.3 |
| Memorandum of Understanding (MOU) or Agreements | | | |
| The Bidder must disclose any partnerships, MOUs or joint venture agreements entered into for this Bid. | | Attach to Annex A a copy of the legally binding agreements or MOUs entered into for this bid.  **NOTE (1):**  SITA/WCGHW reserves the right to verify the information provided. | Provide unique reference to locate substantiating evidence in the bid response see Annex A 5.4 |
| Bidders Resources Product Certification | | | |
| The Bidder resources must have received official product training certifications for the products proposed from the OEM/OSM. | | Attach to Annex A a valid copy of certifications from the OEM/OSM as proof of product training.  **NOTE (1):**  SITA/WCGHW reserves the right to verify the information provided. | Provide unique reference to locate substantiating evidence in the bid response see Annex A 5.5 |
| DICOM Conformance Requirements | | | |
| The solution proposed must provide interoperability interfaces that facilitate the real-time, exchange of data with other systems, using the DICOM standard. | | Attach to Annex A evidence in the form of:   1. The DICOM conformance statement for the PACS solution proposed. 2. The DICOM conformance statement for the RIS solution proposed. 3. The DICOM conformance statement for the VNA solution proposed. 4. The DICOM conformance statement for the CD ROBOT solution proposed.   Note: If the design of the proposed system combines the RIS and PACS and therefore does not have a separate DICOM statement for each system, the Bidder must clearly state this in the evidence provided.  **NOTE (1):**  SITA/WCGHW reserves the right to verify the information provided. | Provide unique reference to locate substantiating evidence in the bid response see Annex A 5.6 |
| HL7 Conformance Requirements | | | |
| The solution proposed must provide interoperability interfaces that facilitate the real-time secure exchange of data with other systems, using the HL7 V2.x standard. | | Attach to Annex A evidence in the form of:   1. An official OSM HL7 integration document detailing the versions of HL7 V2.x the solution supports. 2. An official OSM HL7 integration document identifying the various inbound and outbound HL7 V2.x message types supported by the proposed products. 3. An official OSM HL7 integration document identifying the various segments and data fields supported by the proposed products.   **NOTE (1):**  SITA/WCGHW reserves the right to verify the information provided. | Provide unique reference to locate substantiating evidence in the bid response see Annex A 5.7 |
| WCGHW ICT Policies and Requirements | | | |
| The Bidder must confirm that they comply with the WCG ICT policies and ICT requirements. | | The Bidder must respond to the WCG ICT policies and ICT requirements in Annex B Table 26 | <provide a unique reference to locate substantiating evidence in the bid response – see Annex B Table 26. |
| Third Party Risk Assessment | | | |
| The Bidder must confirm compliance to Third-Party Risk Management Assessment. | | The Bidder must comply to the Third-Party Risk Management Assessment requirement by completing All the questions in **Annex B, para 7.**  **Note (1):**  SITA reserves the right to verify information provided.  **Note (2):**  Failing to complete **ALL** the questions, or not accepting the Declaration of Acceptance will result in disqualification. | <Provide unique reference to locate substantiating evidence in the bid response – see **Annex B, para 7** |

## Technical Functional Requirements (Stage 3)

### Instruction and evaluation criteria

1. The technical functional requirements provide Bidders with the company profile, product design, technical functions, professional services, and support and maintenance requirements for this bid. It comprises six (6) sections, as reflected in Table 15, with their respective weighting factors. Each section will be evaluated separately. The scores achieved for each section will be multiplied by the applicable weighting factor and added together to determine the “Overall Bidders Score” for the technical functional specification.

Table 15: Technical Functional Requirements Section Weighting

|  |  |  |
| --- | --- | --- |
| ***Section*** | ***Technical Functional Requirements Sections*** | ***Weighting Factor*** |
| 1 | Company profile. | 5% |
| 2 | Solution Architecture, Business Continuity and Disaster Recovery. | 15% |
| 3 | PACS-RIS-VNA Solution functional requirements. | 60% |
| 4 | Interoperability Standards and Interfaces. | 15% |
| 5 | Data Migration. | 2% |
| 6 | Professional Services (Project Management, Implementation, and Training). | 3% |
|  | **Total** | **100%** |

1. The Bidder must respond, with substantiating evidence, for all the technical functional requirements noted in each section.
2. The Bidder must stipulate all limitations and/or where requirements are exceeded.
3. The Bidder must use the unique specification item number provided, and then create a unique evidence reference number, such as binder/folio, chapter, section, page, etc. to identify the location of the substantiating evidence.
4. The Bidders substantiating evidence must be provided in Annex A 5.9.
5. Substantiating evidence shall be in the form of official OSM documentation or, if no OSM documentation is available, descriptions of functions, diagrams, and application screenshots with markups to demonstrate compliance with the requirements.
6. During evaluation, the WCGHW Bid Evaluation Committee (WCGWH-BEC) reserves the right to treat substantiating evidence that is not correctly referenced, or which cannot be found in the bid response, or does not demonstrate compliance with the requirements, with a zero (0) score.
7. The Bidder’s responses in each of the technical functional requirement sections will be evaluated, by the WCGHW-BEC, based on a scoring rubric.
8. The WCGHW-BEC will assign multiple members to evaluate each Bidder’s response. Each panellist will score each item as per the rubric below.
9. Table 16 shows the functional rubric that the WCGHW-BEC panellists will use to determine the score given per section and per item of the technical functional requirements.

Table 16:Technical functional requirements scoring rubric

| ***Score*** | ***Description*** | ***Explanation*** |
| --- | --- | --- |
| 0 | None Compliance | **The Bidders response will be scored 0 if:**   * The Bidder did not respond to the requirement. * The Bidder responded “None Compliance” to the requirement. * For requirements where substantiating evidence is required:   + The Bidder has not provided an evidence reference.   + The evidence reference provided was incorrect.   + The Bidder’s evidence/response to the requirement is deemed to be non-compliant to the minimum requirement, by the BEC panellist. |
| 1 | Part Compliance | **The Bidders response will be scored 1 if:**   * The Bidder responded “Part Compliance” to the requirement. * The Bidder has provided an evidence reference. * The Bidder has provided details of how the requirement deviates from the minimum compliance requirement. * For requirements where substantiating evidence is required:   + Substantiating evidence was found at the correct evidence reference provided.   + The Bidder’s response to the requirement is deemed to comply in part with the minimum requirement, by the BEC panellist. |
| 3 | Minimum Compliance | **The Bidders response will be scored 3 if:**   * The Bidder responded “Minimum Compliance” to the requirement. * For requirements where substantiating evidence is required:   + Substantiating evidence was found at the correct evidence reference provided.   + The Bidder’s response to the requirement is deemed to meet the minimum requirement, by the BEC panellist. |
| 4 | Exceeds Compliance | **The Bidders response will be scored 4 if:**   * The Bidder responded “Exceeds Compliance” to the requirement. * The Bidder has provided an evidence reference. * The Bidder has provided details of how the requirement deviates and exceeds the minimum compliance requirement. * For requirements where substantiating evidence is required:   + Substantiating evidence was found at the correct evidence reference provided.   + The Bidder’s response to the requirement is deemed to exceed the minimum requirement, by the BEC panellist. |

1. Panellist scores for each item will be added to reach an individual panellist’s final score. The final individual panellist scores will be averaged to reach the final “Section Score” achieved by a Bidder. Table 17 shows an example of how scores will be summed and then averaged to determine a Bidder’s final score. Each of the 6 (six) technical functional specification sections shall be scored separately.

Table 17:Technical functional requirements rubric scoring calculation example

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line-item Reference** | **Panellist 1**  **score** | **Panellist 2**  **score** | **Panellist 3 score** | **Bidders Final**  **“Section Score”** |
| Line-item 1 | 3 | 3 | 5 |  |
| Line-item 2 | 3 | 3 | 3 |
| Line-item 3 | 0 | 0 | 0 |
| Line-item 4 | 3 | 1 | 1 |
|  | **9**  **(Sum of scores)** | **7**  **(Sum of scores)** | **9**  **(Sum of Scores)** | **8.33 (Average of Panellists’ Scores)** |

1. The Overall Bidders Score shall be calculated by multiplying each bidder's final “Section Score” by the weighting factor and then adding each weighted score. The following formula shows how the Overall Bidders Score will be calculated.
2. The detailed technical functionality and evidence requirements for this bid can be found in Table 18 Technical Functionality and Evidence Requirements.
3. To proceed to the next stage of the evaluation, the Overall Bidders Score must achieve a minimum of 70% of the total available score using the “Minimum Compliance” score of 3 per line item.

Table 18:Technical Functionality and Evidence Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Specification Item Number* | *TECHNICAL FUNCTIONAL SPECIFICATION* | *Required Substantiating Evidence.* | | *Bid response location reference number (To be completed by Bidder. Responses and evidence to be provided in Annex A 5.9.)* | |
|  | Company Profile | | | | |
|  | General | | | | |
|  | State the full name of the company providing the proposed enterprise PACS-RIS-VNA solution. | | Provide the name of the company |  | |
|  | State the full name of the OSM and/or OEM company providing the proposed enterprise PACS-RIS-VNA solution. | | Provide the name of the company |  | |
|  | The Bidder if not the OSM/OEM of the solution offered shall provide details of the level of contractual obligations between the Bidder and the OSM/OEM. | | Provide details of the  contractual obligations for this Bid between the Bidder and the OSM/OEM. |  | |
|  | The Bidder shall provide the names and contact details of the principal person from each of the companies and legal entities involved in the proposed solutions. | | Provide evidence in the form of:  Names and Contact details of the company’s principal contact for each company or legal entity involved in the proposed solution. |  | |
|  | Company infrastructure and resources | | | | |
|  | Provide details of Bidder infrastructure and resources within South Africa, including the addresses and contact telephone numbers of all branch offices in South Africa, and the quantity of full-time permanent staff at these branches. | | Provide evidence in the form of:   * + Names and addresses of branches in South Africa.   + Quality of permanent staff at these branches. |  | |
|  | Provide details of Bidder infrastructure and resources within South Africa, including the quantity of full-time permanent staff, dedicated to PACS-RIS-VNA projects at these branches. | | Provide evidence in the form of:   * + Quality of permanent staff dedicated to PACS-RIS-VNA projects and support at the different branches. |  | |
|  | The Bidder must have an established business presence in the Western Cape Province (WCP).  If the Bidder does not have an established business presence in the WCP. The Bidder must provide a motivation document, indicating their commitment and plan to establishing a business presence in the WCP, including offices, infrastructure, and resources. | | Provide evidence in the form of:   * + Proof of address in the Western Cape Province (WCP) in the Bidder’s name.   OR   * + A motivation document stating a commitment to establishing a business presence in the WCP if selected as the preferred Bidder. |  | |
|  | The Bidder must have, qualified, and experienced employees, relevant to PACS-RIS-VNA projects as noted in ***Error! Reference source not found.***, based in the Western Cape Province (WCP), who are capable of the supply, delivery, installation, commissioning, testing, training, and maintenance of the proposed enterprise PACS-RIS-VNA solution. | | Provide evidence in the form of:  A list of employees' names who are based in the WCP with the following roles and appropriate qualifications for the following roles:   * Project Manager * ICT Technical Engineer * Clinical Application Specialist * Integration Engineer   Provide the list of qualifications under each employee's name. |  | |
|  | The Bidder and all parties to the bid must have no less than 5 years’ experience with all components of the bid. | | Provide evidence in the form of:  A list of parties and the number of years of experience for all components of the bid. |  | |
|  | The Bidder shall have an established call centre for logging support calls and managing support resources. | | State if the Bidder has a support call centre. |  | |
|  | The Bidder’s support call centre shall offer a 24-hour/7 days a week service. | | State if the support call centre supports a 24-hour /7 days a week service and provide a brief description thereof. Taking note of the location of the call center/s and how calls are escalated within the organisation. |  | |
|  | Financial Considerations of the Bidder | | | | |
|  | State the number of years that the OSM or OEM of the proposed solution has been an active business entity in the PACS-RIS-VNA field/domain. | |  |  | |
|  | If the Bidder is not the OSM or OEM state, the number of years that all other parties including the Bidder have been an active business entity in the PACS-RIS-VNA field/domain. | |  |  | |
|  | Provide meticulous detail of the existing PACS-RIS-VNA portfolio of all parties to this bid as an indication of capacity to support the proposed solution. | |  |  | |
|  | Summarize the business performance in annual turnover, in the PACS-RIS-VNA domain, of the Bidder and all other key parties over at least the previous five years. | |  |  | |
|  | Provide details of any financial or business factors relating to the Bidder or parties relating to this bid, which may impact significantly on the Bidder’s business for the duration of the contract. | |  |  | |
|  | Provide audited financial statements of the Bidder and any other parties which will be guaranteeing the Bidder’s financial obligations concerning this bid. | |  |  | |
|  | Provide financial information which demonstrates that the Bidder and other parties involved in the bid, either possess or have access to, liquid assets, unencumbered real assets, lines of credit or other financial means independent of contractual advance payment, sufficient to meet the anticipated cash flow requirements for this bid. | |  |  | |
|  | If the Bidder and other parties involved in the bid do not require funding from a bank, the Bidder must provide details of the source and availability of the intended financing. | |  |  | |
|  | Provide a letter from the Bidder’s insurer that acknowledges the Bidder has cover for the replacement of all applicable components of the proposed solution, such as IT hardware, other equipment, and software. | | Provide evidence in the form of:  A letter from the Bidder’s insurance company |  | |
|  | Enterprise RIS | | | | |
|  | State the full name of the company providing the proposed RIS solution. | |  |  | |
|  | State the full name of the OSM and/or OEM company owning the intellectual property rights to the proposed enterprise RIS solution. | |  |  | |
|  | The Bidder shall be responsible for implementing the RIS solution as part of this bid. | | State the name of the company that will be responsible for implementing the RIS.  State if any 3rd parties are involved in the implementation of the RIS. |  | |
|  | The Bidder shall be responsible to maintain and support the RIS solution for the duration of the contract. | | State the name of the company that will be responsible for maintaining and supporting the RIS.  State if any 3rd parties are involved in the maintenance and support of the RIS. |  | |
|  | State the common product name of the proposed RIS solution in the international market. | | State the product name. |  | |
|  | State the core software version of the proposed RIS solution. | | State the product version that will be deployed. |  | |
|  | The proposed RIS solution shall have been available in the open market for more than 12 months. | | State the release date of the core software version for the proposed RIS solution. |  | |
|  | The proposed RIS solution shall already have been deployed internationally or in Southern Africa. | | State the number of facilities around the world currently using the proposed RIS solution. |  | |
|  | The proposed RIS solution shall already have been deployed in a university hospital environment with more than 1000 beds. | | State the number of facilities that meet this criterion and give the names of at least 3 (three) facilities. |  | |
|  | The proposed RIS solution shall already have been deployed in an enterprise architecture with at least 10 (ten) linked facilities. | | State the number of existing RIS implementations that currently meet this criterion. |  | |
|  | The proposed RIS solution shall already have been deployed in an enterprise architecture where onsite RIS caches are used to provide business continuity if the connectivity between the site and central database is lost. | | State the number of RIS implementations that meet this criterion.  State how the business continuity is achieved in a WAN downtime scenario. |  | |
|  | Enterprise PACS | | | | |
|  | State the full name of the company providing the proposed PACS solution. | |  |  | |
|  | State the full name of the OSM and/or OEM company owning the intellectual property rights to the proposed enterprise PACS solution. | |  |  | |
|  | The Bidder shall be responsible for implementing the PACS solution as part of this bid. | | State the name of the company that will be responsible for implementing the PACS.  State if any 3rd parties are involved in the implementation of the PACS. |  | |
|  | The Bidder shall be responsible to maintain and support the PACS solution for the duration of the contract. | | State the name of the company that will be responsible for maintaining and supporting the PACS.  State if any 3rd parties are involved in the maintenance and support of the PACS. |  | |
|  | State the common product name of the proposed PACS solution in the international market. | | State the product name. |  | |
|  | State the core software version of the proposed PACS solution. | | State the product version that will be deployed. |  | |
|  | The proposed PACS solution shall have been available in the open market for more than 12 months. | | State the release date of the core software version for the proposed PACS solution. |  | |
|  | The proposed PACS solution shall already have been deployed internationally or in Southern Africa. | | State the number of facilities around the world currently using the proposed PACS solution. |  | |
|  | The proposed PACS solution shall already have been deployed in an enterprise architecture where onsite PACS caches are used to provide business continuity if the connectivity between the site and central database is lost. | | State the number of PACS implementations that meet this criterion.  State how the business continuity is achieved in a WAN downtime scenario. |  | |
|  | Enterprise VNA | | | | |
|  | State the full name of the company providing the proposed VNA solution. | |  |  | |
|  | State the full name of the OSM and/or OEM company owning the intellectual property rights to the proposed enterprise VNA solution. | |  |  | |
|  | The Bidder shall be responsible for implementing the VNA solution as part of this bid. | | State the name of the company that will be responsible for implementing the VNA.  State if any 3rd parties are involved in the implementation of the VNA. |  | |
|  | The Bidder shall be responsible to maintain and support the VNA solution for the duration of the contract. | | State the name of the company that will be responsible for maintaining and supporting the VNA.  State if any 3rd parties are involved in the maintenance and support of the VNA. |  | |
|  | State the common product name of the proposed VNA solution in the international market. | | State the product name. |  | |
|  | State the core software version of the proposed VNA solution. | | State the product version that will be deployed. |  | |
|  | The proposed VNA solution shall have been available in the open market for no less than 12 months. | | State the release date of the core software version for the proposed VNA solution. |  | |
|  | The proposed VNA solution shall already have been deployed internationally or in Southern Africa. | | State the number of facilities around the world currently using the proposed VNA solution. |  | |
|  | The proposed VNA solution shall have the capability to be configured to use Microsoft Azure storage services in the cloud for long-term storage of images. | | State if the VNA solution proposed can use Microsoft Azure storage services in the cloud for long-term storage of images.  State how many facilities around the world have deployed the VNA long-term storage using Microsoft Azure storage services. |  | |
|  | Solution Architecture, Business Continuity and Disaster Recovery | | | | |
|  | Enterprise Solution Architecture | | | | |
|  | The enterprise solution architecture shall cater for the following environments:   * Staging environment * Production environment with business continuity. * DM/BI environment. * DR environment | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The enterprise solution architecture shall be a centrally hosted solution with edge devices deployed at each site to allow for business continuity of the PACS and RIS functions, should the WAN go down between the site and the central data centre. | | Provide evidence in the form of:  An architecture overview diagram showing the different components of the solution. |  | |
|  | The central staging environment shall provide an independently functioning duplicate of the PACS-RIS-VNA solutions, allowing the WCGHW team to perform solution testing of new configurations, upgrades, updates, etc. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The central staging environment shall provide an independently functioning duplicate of the proposed PACS-RIS-VNA solution for user training. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The central staging environment shall include all modules available in the production environment, including all Advanced Visualization Server (AVS) modules. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The enterprise production environment including the facility edge devices shall have a high availability architecture, providing guaranteed uptime of no less than 99.9%. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The enterprise production environment shall support an automatic failover for business continuity if the primary system fails. | | Provide evidence in the form of:  A description of how the architecture design of your solution supports this requirement. |  | |
|  | The enterprise production environment shall support an unlimited user licensing model across all user types for the PACS-RIS-VNA solution. | | Provide evidence in the form of:  A description of the user licensing model for each of the components of the solution namely, PACS-RIS-VNA. |  | |
|  | The high availability design shall provide business continuity failover with the same functionality and performance as the primary production environment. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The enterprise production environment shall provide the same level of performance throughout the contract duration. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The DM environment shall support the performance of operational BI from the data stored in the RIS, PACS and VNA. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The DM environment shall be used to perform clinical research and related DM from the data stored in either the RIS, PACS and/or VNA. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The DM environment shall be designed such that performing any BI or clinical research DM functions shall not impact the performance of the production environments. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA environment shall be high availability, providing guaranteed uptime of no less than 99.9%. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA environment shall provide the same level of performance throughout the contract period. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The DR environment shall store a duplicate of all the PACS-RIS-VNA related data allowing the primary solution to be recovered in the case of a full primary solution failure or disaster. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Enterprise Solution Architecture for fifty-eight (58) healthcare facilities and three (3) specialised facilities. (Onboarding Primary Healthcare Facilities) | | | | |
|  | The enterprise production environment shall cater for the onboarding of sixty-one (61) additional facilities accessing the central RIS via a web-based interface. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The enterprise production environment shall be designed such that there is no degradation of performance when these additional facilities are onboarded. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The enterprise production environment shall support an unlimited number of users across all user types for these additional facilities. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The enterprise production environment architecture shall provide a DMWL function to all modalities at these additional facilities. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Enterprise Solution Architecture Storage Capacity | | | |
|  | The PACS-RIS-VNA production environments shall provide scalable storage capacity to store all data sent from the ten (10) Regional/District facilities noted in Table 2.1 for the duration of the contract. | | State the storage capacity your solution provisions for the initial requirements of this bid and indicate how the storage capacity can be scaled in future. |  | |
|  | The PACS-RIS-VNA production environments shall provide scalable storage capacity to store all data migrated from the ten (10) Regional/District facilities and VNA noted in Table 2.1 as outlined in the data migration requirements. | | State the calculation criteria used to calculate the data migration requirements for your solution. |  | |
|  | The PACS-RIS-VNA production environments shall provide scalable storage capacity to store all images sent from the sixty-one (61) primary Healthcare facilities noted in Table 2.2 as and when they come online. | | State the storage capacity your solution provisions for this storage capacity requirement. |  | |
|  | The PACS-RIS-VNA scalable storage architecture shall have built-in disk redundancy to mitigate downtime caused by disk failures. | | Provide details of how the solutions provided for disk redundancy. |  | |
|  | The PACS and VNA scalable storage shall have a tiered architecture with three levels, defined by the type and speed of drives in the array.  Tier 1 - SSD Drives  Tier 2 – High-Speed Drives  Tier 3 – Low-Speed Drives | | Provide an overview of the tiered storage architecture proposed in your solution. |  | |
|  | Workstations - Diagnostic Reporting Set A  3 monitor setup - 1 x Navigation plus 2 x 3MP Diagnostic Monitors | | | |
|  | The Diagnostic Reporting Set A workstation shall have a three (3) monitor configuration, comprising one (1) navigational monitor and two (2) PACS diagnostic monitors. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstations shall perform as radiology diagnostic reporting workstations in a PACS/RIS environment with the capacity to perform advanced visualization. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstations shall comply with the WCGHW standards lists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstations shall use SSD storage to improve the overall performance of the workstations. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstation shall have a minimum of 16 GBytes RAM. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstation shall connect to the network infrastructure via a UTP cable with a minimum speed of 1.0 Gbps | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstation shall connect to the network infrastructure via WIFI as an additional alternative to the UTP connection. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The navigational monitors shall be colour monitors with a minimum size of 21 inches. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS diagnostic monitors shall be high bright colour medical monitors, with a minimum size of 21 inches and a minimum of 3MP resolution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS 3MP diagnostic monitors shall support the DICOM Grayscale Standard Display Function (GSDF) calibration look-up table. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS 3MP diagnostic monitors shall have an inbuilt calibration sensor and the capacity to auto-calibrate. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstation shall include a keyboard, mouse and VR microphone. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set A workstation shall include a small desktop UPS which is compliant with the standards of the WCGHW. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Workstations - Diagnostic Reporting Set B  3 monitor setup - 1 x Navigation plus 2 x 5MP Diagnostic Monitors | | | |
|  | The Diagnostic Reporting Set B workstation shall have a three (3) monitor configuration, comprising one (1) navigational monitor and two (2) PACS diagnostic monitors. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstations shall perform as radiology diagnostic reporting workstations in a PACS/RIS environment with the capacity to perform advanced visualization and mammography reporting. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstations shall comply with the WCGHW standards lists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstations shall use SSD storage to improve the overall performance of the workstations. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstation shall have a minimum of 16 GBytes RAM. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstation shall connect to the network infrastructure via a UTP cable with a minimum speed of 1.0 Gbps | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstation shall connect to the network infrastructure via WIFI as an additional alternative to the UTP connection. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The navigational monitors shall be colour monitors with a minimum size of 21 inches. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS diagnostic monitors shall be high bright colour medical monitors with a minimum size of 21 inches and a minimum of 5MP resolution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS 5MP diagnostic monitors shall support the DICOM Grayscale Standard Display Function (GSDF) calibration look-up table. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS 5MP diagnostic monitors shall have an inbuilt calibration sensor and the capacity to auto-calibrate. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstation shall include a keyboard, mouse and VR microphone. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set B workstation shall include a small desktop UPS which is compliant with the standards of the WCGHW. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Workstations - Diagnostic Reporting Set C  2 monitor setup - 1 x Navigation plus 1 x 3MP/5MP all in one Diagnostic Monitors | | | |
|  | The Diagnostic Reporting Set C workstation shall have a two (2) monitor configuration, comprising one (1) navigational monitor and one (1) PACS diagnostic monitor. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstations shall perform as radiology diagnostic reporting workstations in a PACS/RIS environment with the capacity to perform advanced visualization and mammography reporting. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstations shall comply with the WCGHW standards lists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstations shall use SSD storage to improve the overall performance of the workstations. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstation shall have a minimum of 16 GBytes RAM. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstation shall connect to the network infrastructure via a UTP cable with a minimum speed of 1.0 Gbps | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstation shall connect to the network infrastructure via WIFI as an additional alternative to the UTP connection. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The navigational monitor shall be a colour monitor with a minimum size of 21 inches. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS diagnostic monitors shall be high bright colour medical monitors, with a minimum size of 21 inches and all-in-one 3MP and 5MP resolutions. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS all-in-one 3MP/5MP diagnostic monitors shall support the DICOM Grayscale Standard Display Function (GSDF) calibration look-up table. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS all-in-one 3MP/5MP diagnostic monitors shall have an inbuilt calibration sensor and the capacity to auto-calibrate. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstation shall include a keyboard, mouse, and VR microphone. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set C workstation shall include a small desktop UPS which is compliant with the standards of the WCGHW. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Workstations - Diagnostic Reporting Set D  2 monitor setup - 1 x Navigation plus 1 x 3MP Diagnostic Monitors | | | |
|  | The Diagnostic Reporting Set D workstation shall have a two (2) monitor configuration, comprising one (1) navigational monitor and two (2) PACS diagnostic monitors. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set D workstations shall perform as radiology diagnostic reporting workstations in a PACS/RIS environment with the capacity to perform advanced visualization and mammography reporting. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set D workstations shall comply with the WCGHW standards lists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set D workstations shall use SSD storage to improve the overall performance of the workstations. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The workstation shall connect to the network infrastructure with a minimum speed of 1.0 Gbps | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The navigational monitor shall be a colour monitor with a minimum size of 21 inches. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS diagnostic monitors shall be high bright colour medical monitors, with a minimum size of 21 inches and a minimum of 5MP resolution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS 5MP diagnostic monitors shall support the DICOM Grayscale Standard Display Function (GSDF) calibration look-up table. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The dual PACS 5MP diagnostic monitors shall have an inbuilt calibration sensor and the capacity to auto-calibrate. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set D workstation shall include a keyboard, mouse and VR microphone. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Diagnostic Reporting Set D reporting workstation shall include a small desktop UPS which is compliant with the standards of the WCGHW. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | CD/DVD Robots and workstations | | | |
|  | The CD/DVD robots shall consist of a CD robot and a workstation including a monitor. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The CD/DVD robot workstations shall comply with the WCGHW standards lists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The CD/DVD robots shall be capable of producing CDs and DVDs with stored DICOM content. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The CD/DVD robots shall be capable of producing dual media i.e., both CDs and DVDs depending on the size of the DICOM files being copied onto the media. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The CD/DVD robots shall have the capacity to store a stack of blank disks for the respective media. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The robot shall be capable of printing a pre-configured label onto the media. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall guarantee the supply of consumables such as printer cartridges for the CD/DVD robots in South Africa. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When media is created a DICOM viewing application shall automatically be written onto the media. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to encrypt the data written to the media with a password. This shall include the DICOM data. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to track the progress of writing and printing the media in the CD/DVD robot's application. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to gain access to a list of previously written studies in the CD/DVD robot's application. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to query multiple DICOM sources, for example, the enterprise PACS or VNA, from within the CD/DVD robot’s application and retrieve studies for writing media. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The CD/DVD robot system shall support the IHE Portable Data for Imaging Integration Profile (PDI) as the actor - Portable Media Creator | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The CD/DVD robot application shall support the DICOM storage service as a Service Class Provider (SCP) and Service Class User (SCU). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The CD/DVD robot application shall support the DICOM query and retrieve service as SCP and SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Document Scanners | | | |
|  | The document scanner shall be capable of scanning A4 sheets of paper. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The document scanner shall include a paper-feeding function. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The document scanner shall be of an upright type with a small footprint. No flatbed scanners shall be supplied. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The document scanner shall support a minimum of 300 dpi resolution scanning. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PACS-RIS-VNA Solution functional requirements. | | | |
|  | PACS-RIS-VNA User access control, user privileges, security, and audit tracking | | | |
|  | The PACS-RIS-VNA solution shall only allow access to authorised users. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support individual user login with password authentication. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support user authentication with a single username and password across the entire enterprise. | | Describe your user authentication mechanism for the single sign-on to the enterprise solution. |  | |
|  | The PACS-RIS-VNA solution shall allow a complexity rule to define the length, characters, numbers, and special characters when creating a user password. | | Describe the criteria that can be used to create complex passwords in your solution. |  | |
|  | The PACS-RIS-VNA solution shall allow this complexity rule to be applied on the first user login after account creation and for administrator password reset. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall allow a password validity period to be configured, after which a user shall be prompted to change their password. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support additional “single sign-on” methods that integrate into the Western Cape Microsoft Active Directory. | | State if your solution supports using Microsoft Active Directory to authenticate users and enable “single sign-on” for all components of the solution i.e., RIS, PACS, VNA and VR |  | |
|  | The PACS-RIS-VNA solution shall support role-based privileges to restrict access to solution functionality. It shall be possible to assign these privileges on an individual user level. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides user privileges on a user level. If your RIS, PACS and VNA are different components provide the evidence for each component. |  | |
|  | The PACS-RIS-VNA solution shall support role-based privileges to restrict access to solution functionality. It shall be possible to assign these privileges on a user group level and assign individual users to that group. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides user privileges on a user group level. If your RIS, PACS and VNA are different components provide the evidence for each component. |  | |
|  | The PACS-RIS-VNA solution shall provide an audit trail log of all user actions performed within the PACS-RIS-VNA solution; these audit trail logs shall be accessible to authorised users. | | Provide evidence in the form of a sample of your audit log for the RIS, PACS and VNA. |  | |
|  | It shall be possible for an authorised user to export audit trail logs into an external format such as a CSV file, Excel or similar. | | Provide evidence in the form of a sample of your audit log in one of the noted formats. |  | |
|  | The PACS-RIS-VNA solution shall provide an audit trail log of all user access to and modification of patient data; these audit trail logs shall be accessible to authorised users. | | Provide evidence in the form of a sample of your audit log for the RIS, PACS and VNA. |  | |
|  | It shall be possible to mark individual patient records as confidential and restrict access to a specific user group. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates this functionality. |  | |
|  | It shall be possible to set a timer which will automatically log out PACS-RIS-VNA solution users inactive for a specified time. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The inactivity timer shall be configurable on an individual user level and/or user group level. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates this functionality. |  | |
|  | RIS Clinician Portal - Clinician Order Entry | | | |
|  | The RIS solution shall provide a clinician’s portal. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to assign one or more facilities to a clinician's user profile. | | Provide evidence that demonstrates how your solution assigns clinician user profiles to single or multiple facilities. |  | |
|  | It shall be possible to assign one or more facilities to a clinician user group. | | Provide evidence that demonstrates how your solution assigns clinician user groups to single or multiple facilities. |  | |
|  | The clinician portal shall only allow authorised users to access data of facilities to which they are assigned, according to their user profile. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall allow an authorised user to search the enterprise database for a patient record using the following fields: patient PMI identifier, patient name, patient date of birth (DOB), or a combination of these fields. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall, if a patient record is found, display a list of all prior and pending orders for the specified patient. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall display the status of all pending orders. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall allow an authorised user to place a new radiology order against the patient record. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician portal shall allow an authorised user to select the site at which a procedure should be performed. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician portal shall allow an authorised user to change the site at which a radiology procedure should be performed. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician portal shall allow an authorised user to place one or more new requests for radiology procedures | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | An interactive feature shall allow an authorised user to search procedures by code, description, modality, body part or a combination of these fields. | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how your solution makes it easy for a clinician to find the appropriate procedure. |  | |
|  | The clinician portal shall only display facilities, departments, rooms and linked procedures appropriate to a selected procedure. | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how your solution automatically links procedures to the site, departments, and rooms. |  | |
|  | The clinician portal shall allow an authorised user to order the required procedure, from a pre-defined list. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall allow an authorised user to select procedure priority (P1, P2, P3). | | State if your order priorities are fixed or configurable. If fixed, provide a list of the different priorities. |  | |
|  | The clinician portal shall allow an authorised user to indicate a scheduling preference for a procedure, as follows:   * Date * Day of the week * Time of day (morning or afternoon) * Special Instructions | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how scheduling preference can be indicated by an ordering clinician when ordering a procedure. |  | |
|  | The clinician portal shall allow an authorised user to select inpatient or outpatient status. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician portal shall allow an authorised user to add a clinical history to each ordered procedure. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician portal shall allow this clinical history field to be configured as a mandatory field. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician portal shall allow this clinical history, free text field, to restrict the use of special characters. | | Confirm that users can’t use special characters when adding text to free text fields. |  | |
|  | The clinician portal shall allow an authorised user (administrator) to create customizable flags. Flags in this context are icons/images/indicators/alerts which can be added to a procedure to indicate additional specific information to the users. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall allow an authorised user to add a flag to a procedure | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how this function is executed in the clinician’s portal and explain how this field could be used later in the workflow to remove “no report required” procedures from the registrars/consultants reporting worklists. |  | |
|  | The clinician portal shall allow an authorised user to indicate the patient's location via a pre-defined list. | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how this function is executed. |  | |
|  | The clinician portal shall allow an authorised user to indicate the patient's ambulatory status (bed, wheelchair, walking) via a pre-defined list. | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how this function is executed. |  | |
|  | The clinician’s portal shall allow the configuration of additional customizable data fields pertaining to a specific procedure or procedures, for presentation to clinicians during order entry. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The customizable data fields specified above shall be configurable and allow for mandatory and non-mandatory fields. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The customizable data fields specified above shall allow for various data entry types, for example, free text, dropdown selections, radio buttons, and tick boxes. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall allow an authorised user to add external documents, such as a consent form, during order entry. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician portal shall allow an authorised user to add additional clinicians or clinician groups to an order. This will allow these clinicians to access the order results if the primary clinician is not available. | | State if multiple clinicians can be added to an order.  State how many can be added.  State if a clinician group can be added to an order. |  | |
|  | This data field shall be configurable as a mandatory or non-mandatory field. | | State if the field can be configured as mandatory or non-mandatory. |  | |
|  | The layout of the data fields in the clinician portal shall be presented in a simple, logical design on a single page, eliminating the need to switch between pages during order entry. | | State if your clinician portal function data field layout is on one page or multiple pages. |  | |
|  | The clinician portal shall allow an authorised user to add one or more procedures to an existing order. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | RIS Clinician Portal functionality – Order status and order results | | | |
|  | The clinician’s portal shall allow an authorised user to monitor the status of their orders, and orders they are linked to, including but not limited to the following stratification:   * Cancelled * Rejected/declined * Justified * Scheduled * Arrived * Started/In-progress * Completed * Reported-Preliminary * Reported-Final * Addendum | | State if your order statuses are fixed or configurable. If fixed, provide a list of the different statuses. |  | |
|  | The clinician’s portal shall allow an authorised user to cancel an order they have entered including the ability to add a cancellation note. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician’s portal shall allow an authorised user to see a note from the radiology department explaining the cancellation or rejection reason for a request. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The clinician’s portal shall automatically display the cancellation/rejection note referred to above on the clinician's order list, eliminating the need to open the specific order. | | Provide evidence in the form of marked-up screenshots that demonstrate how this note is displayed to Clinicians. |  | |
|  | The clinician’s portal shall highlight a procedure that has images available in the PACS solution. | | Provide evidence in the form of marked-up screenshots that demonstrate how the clinician knows images are available for a procedure in the PACS. |  | |
|  | The clinician’s portal shall highlight a procedure that has a report in the PACS or RIS. | | Provide evidence in the form of marked-up screenshots that demonstrate how the clinician knows a report is available for a procedure. |  | |
|  | The clinician’s portal shall allow an authorised user to open and view PACS images without a separate PACS log-in. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician’s portal shall allow an authorised user to open and view preliminary or final diagnostic reports. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician’s portal shall allow an authorised user to access a patient's prior imaging. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician’s portal shall allow an authorised user to access a patient’s prior reports. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The clinician’s portal shall allow an authorised user to access an overview of the patients’ clinical history. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | RIS General Order Entry | |  | |
|  | The RIS shall support appropriate functions undertaken by duly authorised radiology staff, including clerks, consultants, registrars, medical officers, radiographers and/or sonographers. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support the function of assigning multiple facilities to a user profile. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS user shall have the ability to see all the RIS data they are authorised to access across these multiple facilities. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS user shall have the function to filter the RIS data | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user searches of the enterprise database for patient records using the following fields: Patient Master Identifier (PMI), patient name, patient date of birth (DOB), or a combination of these fields. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall allow an authorised user to place a new radiology order against a patient record. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall automatically default to the correct facility depending on the user's logon credentials and profile configuration. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall allow an authorised user to change the facility and/or room at which a radiology procedure should be performed if the default facility/room is incorrect. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | An interactive feature shall allow an authorised user to search procedures by code, description, modality and body part or more than one of these fields. | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how your solution makes it easy for a clinician to find the appropriate procedure. |  | |
|  | The RIS shall support the display of only appropriate facilities, departments, rooms and linked investigations pertaining to a selected procedure. | | Provide evidence in the form of a description, and marked-up screenshots that demonstrate how your solution automatically links procedures to a site, departments and/or rooms. |  | |
|  | The RIS shall allow an authorised user to order an appropriate procedure from a pre-defined list. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall allow an authorised user to prioritise a procedure (P1, P2, P3) | | State if your order priorities are configurable. If not provide a list of the different priorities. |  | |
|  | The RIS shall allow an authorised user to select inpatient or outpatient status | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall allow an authorised user to add a clinical history to each ordered procedure. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall allow this clinical history field to be configured as a mandatory field. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall allow this clinical history field to restrict the use of special characters. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall allow an authorised user to select the patient location by selecting from a pre-defined list. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall allow an authorised user to update the patient location by selecting from a pre-defined list. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall allow an authorised user to select the patient's ambulatory status (bed, wheelchair, walking) from a pre-defined list. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support the configuration of additional customizable order entry data fields pertaining to a specific procedure. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The data fields referred to above shall be configurable and allow for mandatory and non-mandatory fields. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The data fields referred to above shall be configurable and allow for various data formats, including free text, dropdown selections, radio buttons, and tick boxes. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall allow an authorised user to add the primary referring clinician to one or more orders. This data field shall be configurable as a mandatory field. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall allow an authorised user to add a secondary referring clinician or clinician group to one or more orders. This data field shall be configurable as a mandatory field. | | State, if it is possible to add multiple clinicians to an order in the clinician’s portal and how many can be added. |  | |
|  | RIS Procedure Justification | |  | |
|  | These are specific functions undertaken by duly authorised radiology staff, such as consultants, registrars, medical officers, radiographers and/or sonographers. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support the pre-configuration of designated procedures requiring justification. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | All orders pertaining to procedures requiring justification shall appear on a justification worklist. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support the real-time configuration and presentation of the justification worklist to authorised users on the standard RIS platform and not in a separate application or view. | | Provide evidence in the form of a marked-up screenshot that shows how your justification worklist is presented to the user. |  | |
|  | The RIS shall alert authorised users to procedures requiring justification. | | Provide evidence in the form of a marked-up screenshot that shows how the user is alerted to procedures requiring justification. |  | |
|  | The RIS shall support authorised user access to the justification worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to configure this worklist based on the requirements noted in 4.3.4.30Configurable Worklists | | Provide evidence in the form of marked-up screenshots that demonstrate the appearance of this worklist and how it can be configured. |  | |
|  | The RIS shall support authorised user access to clinical information about an ordered procedure/procedures. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user access to the patient's prior imaging. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user access to prior images pertaining to orders requiring justification. Such access shall be via a ZFP viewer and shall not require a separate PACS log in. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user access to prior patient reports. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user access to scanned documents associated with ordered procedures. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user changes to ordered procedures. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user additions to ordered procedures. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support authorised user changes to the priority of ordered procedures | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall allow authorised users to define the protocol of ordered procedures. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support authorised user approval or rejection of ordered procedures | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support registered user addition of explanatory notes regarding the change, cancellation, or rejection of ordered procedures. Such explanatory notes shall be configurable as mandatory. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support authorised users changing the patient location during justification. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | After approving or rejecting a procedure, the status of that procedure shall be appropriately updated and removed from the justification worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | RIS Procedure Scheduling | | | |
|  | Scheduling of procedures will be the responsibility of authorised radiology staff including clerks, consultants, registrars, radiographers and/or sonographers. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support the pre-configuration of designated procedures requiring scheduling. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS shall support linking procedures to specific facilities. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support the configuration and linkage of designated procedures to a specific department or departments. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support the configuration and linkage of designated procedures to a specific room or rooms within a department. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support the configuration of a scheduling diary by facility, with the capacity to block specific timeslots per room, thus preventing scheduling at designated times, such as:   * Public holidays * Scheduled maintenance * Unscheduled maintenance * Staff training | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The RIS shall support slot-based, rather than time-based scheduling. Slot-based scheduling configures the number of procedure slots per day, while time-based scheduling configures the procedure duration. Slot-based scheduling allows configuration of the number of procedures by modality/room/facility per day for example 12 MRs per day | | State if the proposed solution supports slot-based scheduling. Provide supporting evidence demonstrating how slot-based scheduling is configured. |  | |
|  | The RIS shall support the configuration of slot allocation criteria, such as   * out-patient * in-patient * peripheral hospital/clinic * priority * procedure * anaesthetics needed | | State which criteria can be used to configure scheduling slots. |  | |
|  | The RIS shall support colour-coding of schedule slot criteria. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | Procedures requiring scheduling shall appear on a worklist, for scheduling by authorised users | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to configure this worklist based on the requirements noted in 4.3.4.30 Configurable Worklists | | Provide evidence in the form of marked-up screenshots that demonstrate the appearance of this worklist and how it can be configured. |  | |
|  | Once an authorised user has selected a procedure from the scheduling worklist, the solution shall automatically search for a “best fit” slot, based on the information entered, the procedure requested, and scheduling rules. The user shall be presented with at least four available appointment slots that match the scheduling criteria. | | Provide evidence in the form of marked-up screenshots that demonstrate the appearance of this worklist and how it can be configured. |  | |
|  | It shall be possible for an authorised user to drop and drag a procedure into an appropriate appointment slot. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change a patient's scheduled appointment slot by a drop-and-drag method. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change a patient's scheduled appointment slot by selecting a new date. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Once a procedure has been scheduled the procedure with appropriate data shall be added to the selected appointment slot. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Once a procedure has been scheduled the status of the procedure shall be updated to “scheduled” or similar. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to configure and/or filter which modalities schedules are displayed. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to cancel a scheduled procedure. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When cancelling a procedure, the user shall be prompted to add a cancellation note. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | All cancelled procedures shall remain on the system with the possibility of undoing the cancel action | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible to make the cancellation note mandatory. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change a scheduled procedure to a new date and appointment slot. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to link pre-configured procedure information and preparation files to procedures. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible to print the appointment details and the patient information/preparatory files. It shall also be possible to send these to the patient by SMS and/or Email. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | RIS Patient Arrival | | | |
|  | It will be the responsibility of duly authorised radiology staff, such as clerks, consultants, registrars, radiographers, or sonographers to indicate in the RIS, that a patient has arrived in the department for a procedure. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to view a worklist displaying procedures that have a status of “scheduled” or similar. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to view a worklist displaying procedures not requiring scheduling, such as walk-in patients. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to configure this worklist based on the requirements noted in 4.3.4.30Configurable Worklists. | | Provide evidence in the form of marked-up screenshots that demonstrate how this worklist looks and how it can be configured. |  | |
|  | Once a patient arrives at the facility/department the authorised user shall be able to access the patient folder to verify patient details. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Once a patient arrives at the facility/department the authorised user shall be able to access the procedure folder to verify the procedure details. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to scan documents and attach them to the patient’s record. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to scan documents and attach them to the procedure. | | State if the proposed solution can attach scanned documents to different levels. i.e. patient level and procedure level |  | |
|  | Patient-specific documents shall be attached to the patient record. | | State if the proposed solution can attach documents to specific data levels such as patient and/or procedure. |  | |
|  | Procedure-specific documents shall be attached to the procedure. | | State if the proposed solution can attach documents to specific data levels such as patient and/or procedure. |  | |
|  | During the scanning of documents, it shall be possible for an authorised user to select the document type/format from a pre-configured drop-down menu. | | State if the proposed solution can select a document type from a pre-configured drop-down list. |  | |
|  | Once a patient arrives at the facility/department the authorised user shall be able to change the status of the procedure to “Arrived” or similar. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On updating the status, the procedure shall be removed from the worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | All procedures that have the status “Arrived” or similar shall automatically be available to be queried via a DMWL from the modality. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | After the status of a procedure has been changed to “Arrived” or similar, the procedure shall be appropriately updated and removed from the scheduled worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change the status of the procedure back to “Scheduled” or similar in case the status was changed in error. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | RIS Performed Procedure Functions | | | |
|  | Performed Procedure Functions will be the responsibility of duly authorised radiology staff such as consultants, registrars, medical officers, radiographers and/or sonographers. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to view a worklist displaying all patients with the status “Arrived” or similar. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to configure this worklist based on the requirements noted in 4.3.4.30Configurable Worklists. | | Provide evidence in the form of marked-up screenshots that demonstrate how this worklist looks and how it can be configured. |  | |
|  | It shall be possible for an authorised user to select a procedure from the worklist and change the status to “Started/In-progress” or similar. | | Provide evidence in the form of marked-up screenshots that demonstrate how a user is assigned to a procedure. |  | |
|  | If an authorised user changes the status of a procedure to “Started/In-progress” or similar the solution shall automatically assign the user's name to that procedure. | | Provide evidence in the form of marked-up screenshots that demonstrate how a user's name is assigned to the procedure. |  | |
|  | The “started” status of the procedure shall be visible to other users viewing the same worklist. | | Provide evidence in the form of marked-up screenshots that demonstrate how other users can identify that a procedure is started and assigned to another user. |  | |
|  | The solution shall provide a user-friendly mechanism that allows multiple users to use the same workstation when working, without having to log on and off the application. | | Provide evidence in the form of marked-up screenshots and/or description that demonstrate how such a user-friendly mechanism would work within your solution. |  | |
|  | It shall be possible for an authorised user to change the procedure in the order. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to add a procedure to the existing order | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to add a new order. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to detach procedures that may be linked. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to view the procedure protocol entered during justification. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to view the patient’s prior procedures. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to view the patient’s prior reports. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The performed procedure functions shall allow an authorised user to open and view a patient's prior images in a ZFP viewer without having to log in to the PACS separately. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for the solution to provide configurable, procedure-specific digital forms for user completion. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The performed procedure functions shall allow for configurable data fields to be included in the digital forms. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | These data fields shall be configurable allowing for mandatory and non-mandatory fields to be defined. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | These data fields shall be configurable and allow for various data entry types, including free text fields, dropdown selections, radio buttons, and tick boxes. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | Additional to the configurable data fields the solution shall provide a set of pre-defined data fields that may be captured by the user performing the procedure. For example, dose, exposure parameters, procedure, etc. | | Provide a list of the pre-determined data fields that may be captured during the performing of a procedure. |  | |
|  | It shall be possible for an authorised user to add a note to the procedure, which will be visible to the reporting radiologist. Included in the note should be the user's name and date/timestamp. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall provide configurable user rights that restrict a training radiographer from changing the status of the procedure to “completed” or similar. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall be used in a university hospital environment and shall provide a training/qualified radiographer workflow with a simple mechanism for a qualified radiographer to check and sign off on the training radiographer’s work before the status of the procedure is changed to “completed” or similar. For example, a pop-up window that allows a user to enter their username and password to indicate which user signed off the training radiographers’ work. | | Provide evidence in the form of marked-up screenshots and/or a description that demonstrates how your solution provides a training radiographer/qualified radiographer workflow and a simple signoff mechanism. |  | |
|  | It shall be possible to add at least three (3) radiographer names per procedure. | | State how many radiographer names can be added to the procedure. |  | |
|  | It shall be possible for an authorised user to assign the procedure to a specific consultant/registrar for reporting, | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | If the consultant/registrar field is not assigned and the procedure is not flagged as “No-Report” then the procedure shall be available on a global reporting worklist for any consultant/registrar to report. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to update the status of the procedure being performed to “completed” or similar | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On completing a procedure, the solution shall automatically alert the user to a list of the patient’s incomplete procedures. | | Provide evidence in the form of marked-up screenshots showing how the proposed solution automatically alerts the user to the patient’s incomplete procedures. |  | |
|  | Updating the status to “completed” or similar shall remove the procedure from the “performed procedure” worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to cancel a procedure from the “performed procedure” worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When cancelling a procedure an authorised user shall be able to add a reason, using a pre-defined list or a free text entry if the required option is not on the list. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to re-schedule a procedure from the “performed procedure” worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When rescheduling a procedure an authorised user shall be able to add a reason, using a pre-defined list or a free text entry if the required option is not on the list. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The “performed procedure” functions shall allow an authorised user, after sending the images to PACS, to check that the images are in the PACS, via a ZFP viewer, without a separate PACS log in. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | All “performed procedure” updates, data fields and timestamps shall be recorded in the database for future analysis as a function of the business Intelligence solution. | | State if data relating to performed procedure updates, data fields and timestamps can be used for data analysis in your business Intelligence solution. |  | |
|  | RIS “No Report” Workflow | | | |
|  | The solution shall provide a mechanism for procedures that don’t traditionally require a report to be flagged in the database as “No Report Required” or similar. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall allow these “No Report Required” flags to be configurable on a site-by-site basis. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | All procedures flagged as “No Report Required” or similar shall automatically be filtered from reporting worklists. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall provide a mechanism for an authorised user to manually remove a “No Report Required” flag from the procedure during the “performed procedure” workflow step. | | Provide evidence in the form of marked-up screenshots and/or a description that demonstrates how your solution provides a “no-report” required workflow. |  | |
|  | The solution shall provide a mechanism for an authorised user to manually add a “No Report Required” flag to the procedure during the “performed procedure” workflow step. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall automatically add a predefined report text to procedures flagged as “No Report Required”. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to search and find “No Report Required” procedures and remove the “No Report Required” flag so that the procedure can be reported. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | RIS Porter functions | | | |
|  | Porter workflow functions will be the responsibility of duly authorised radiology staff members such as clerks, head porters, porters, radiographers and/or sonographers. | | State if a porter workflow function is built into the proposed RIS solution |  | |
|  | It shall be possible for an authorised user to electronically request a porter to transport a patient from one location to another in a facility. | | Provide evidence in the form of marked-up screenshots showing how the proposed solution provides a porter requesting function. |  | |
|  | When entering this request, authorised users shall have the ability to add a note informing the porter of the patient’s location and ambulatory status (walking, wheelchair, bed) as well as any required patient preparation, such as adding an intravenous line. | | Provide evidence in the form of marked-up screenshots that demonstrate how a note is added to the request. |  | |
|  | It shall be possible for an authorised user to add a “porter priority” field or flag, indicating the order of patient collection. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | All procedures with a “porter request” shall appear on a porter worklist for management by the head porter. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to configure this worklist based on the requirements noted in 4.3.4.30Configurable Worklists. | | Provide evidence in the form of marked-up screenshots that demonstrate how this worklist looks and how it can be configured. |  | |
|  | Multiple statuses shall be available for head porter management of porter workflow, including at least “Porter requested”, “Porter assigned”, “Patient not ready”, “Patient delivered”, or similar. | | Provide a list of the proposed solution’s porter workflow statuses. |  | |
|  | It shall be possible for authorised users to update the porter workflow status. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | All procedures with a “porter request” status shall be highlighted or flagged on all worklists, for the information of all relevant users. | | Provide evidence in the form of marked-up screenshots showing how the porter workflow status is highlighted or displayed on RIS worklists. |  | |
|  | On patient arrival at the location that initiated the “porter request”, authorised users shall have the ability to update the porter workflow status to “arrived” and mark the “porter request” as completed. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | On completion of a “porter request” the request shall be de-linked from the procedure and no longer appear on the worklists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall provide a messaging system between porters and radiographers. | | Provide evidence in the form of a description of this messaging system. |  | |
|  | All “porter request” updates, data fields and timestamps shall be recorded in the database for future analysis, as a function of the BI solution. | | Provide evidence in the form of a description and state if data relating to “porter request” updates, data fields and timestamps can be used for data analysis in the proposed BI solution. |  | |
|  | PACS-RIS Reporting Functions | | | |
|  | Consultant/Registrar reporting functions will be the responsibility of duly authorised radiology staff such as consultants, registrars and/or sonographers. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to view a worklist displaying patients requiring a diagnostic report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to configure these worklists based on the requirements specified in 4.3.4.30Configurable Worklists. | | Provide evidence in the form of marked-up screenshots showing the configuration and appearance of such worklists. |  | |
|  | It shall be possible for authorised users to define, save and name various customised, configured reporting worklists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for authorised users to select, open and start reporting a procedure from a viewed worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On opening a procedure, to be reported, the procedure shall automatically be assigned to that user. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to unassign themselves from a procedure and return the procedure to the reporting worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The status of a procedure as assigned and being reported shall be visible to other users filtered on a similar worklist. | | Provide evidence in the form of marked-up screenshots that demonstrate this feature |  | |
|  | Users opening a procedure that is assigned to or opened by another user will be warned of this status. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | In this scenario, the user may still open the procedure but in “read-only” mode. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Opening a procedure for reporting shall automatically display the PACS images on the diagnostic reporting monitors using the appropriate user-defined hanging protocol. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | If an order has multiple procedures which are completed but not yet reported an authorised user shall have the ability to select one or more procedures to report. | | Provide evidence in the form of marked-up screenshots that demonstrate how a user can select one or more procedures, for reporting, for the same patient. |  | |
|  | If a user selects multiple procedures to report the solution shall create a single report for the selected procedures. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | Once this type of report is signed off a duplicate copy of the report will be attached to all selected procedures. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | On the navigation monitor, it shall be possible for an authorised user to access the patient's prior imaging history. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On the navigation monitor, it shall be possible for an authorised user to access the patient's prior reports. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On the navigation monitor, it shall be possible for an authorised user to access clinical information captured by the referring clinician during order entry. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On the navigation monitor, it shall be possible for authorised users to access scanned documents attached to the patient's record. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On the navigation monitor, it shall be possible for authorised users to access the radiographer notes entered during the “performed procedure” workflow step. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On the navigation monitor, it shall be possible for authorised users to see the radiographer or  radiographers who performed the procedure. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On the navigation monitor, it shall be possible for authorised users to add additional procedures to the order. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to create predefined global reporting templates. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible to create predefined user-specific reporting templates. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible to import data fields directly from the database into the report template. | | State data fields that are directly importable from the database into the report template. |  | |
|  | It shall be possible to create predefined reporting templates that have defined structured text boxes within the report. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | These text boxes shall be independently searchable when using the data mining tool described later in this specification. | | State if it is possible to create independent searchable text boxes within a report. |  | |
|  | It shall be possible to create predefined structured tables within a report template. | | State if it is possible to create a predefined structured table in the report template. |  | |
|  | It shall be possible to create predefined text strings that are selectable from a dropdown list or similar and assign them to a specific location within a report template. | | Provide evidence in the form of a marked-up screenshot that shows how pre-selectable text strings are incorporated into the report template. |  | |
|  | These templates shall be assigned and filtered based on different criteria. For example, assigned to a specific modality, procedure, user or a combination thereof. | | Provide evidence in the form of a description or marked-up screenshot that demonstrates how report templates can be assigned to different criteria and how this makes finding an appropriate report template easy for the user. |  | |
|  | It shall be possible to import key images directly from the PACS into the report. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible to import a link to key images, in the PACS, that automatically opens these images when the link is selected. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible to import measurements made on images directly into the report and create a link that opens those images. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to CODE a procedure using an appropriate diagnostic coding system. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall automatically present a list of possible diagnosis codes from the diagnostic coding system derived from the diagnosis section of the report. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for a user to manually search for a diagnostic code using the code, diagnosis or similar. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to add multiple diagnosis codes to a report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to configure if a diagnosis code is a mandatory field or not. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | As a minimum, the solution shall support the ICD10 coding system. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | As a minimum, the solution shall support the SNOMED CT coding system. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | All “Reporting Functions” updates, data fields and timestamps shall be recorded in the database for future analysis as a function of the BI solution. | | Provide evidence in the form of a description and state if data relating to “Reporting Functions” updates, data fields and timestamps can be used for data analysis in the proposed BI solution. |  | |
|  | PACS-RIS Consultant/Registrar Reporting Workflow Functions | | | |
|  | The reporting function of the solution shall support a consultant/registrar workflow which is detailed below. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When a registrar signs off a diagnostic report the solution shall identify the report as a preliminary report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The words “preliminary report” or similar shall be visible on top of the report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The registrar shall have the capability to assign a consultant who will review the report. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | If no consultant is assigned, the procedure shall appear on an unassigned report review worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The procedures status shall be updated and moved from the registrar’s worklist to the assigned consultant worklist or unassigned report review worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised consultant to review a registrar’s report including access to the imaging. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised consultant to sign off a registrar’s report as a final report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised consultant to edit a registrar’s report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised consultant to grade a registrar’s report depending on the changes made to the report. For example, Significate, Major, Minor and no changes or similar. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The authorised consultant’s grade shall be accessible by the associated registrar. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The registrar shall have the function to compare a preliminary and final report with changes between the reports highlighted. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The registrar report grading data shall be available in the BI and DM tools for further analysis. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When a consultant signs off a diagnostic report the solution shall identify the report as a final report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The words “final report” or similar shall be visible on the report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The registrars' and consultants’ details shall be visible on the reports. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to add an addendum to a final report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When an authorised user signs off an addendum the solution shall identify the report as an addendum. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The addendum shall be visible at the top of the original final report with the appropriate user who added and signed the addendum visible on the report to other users. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | A notification shall be sent to the original clinician or clinician group who ordered the procedure to inform them that an addendum has been added to the original final report. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PACS-RIS Voice Recognition Functions | | | |
|  | The voice recognition functions shall be used by the duly authorised radiology staff members such as consultants, registrars and/or sonographers. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall support a voice recognition system where dictations are automatically transcribed to text when reporting. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for authorised users to call report templates via voice commands. i.e. saying "normal chest" will import the normal chest pre-configured template. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall support stop points within the pre-configured report templates. Stop points are pre-configured points in a template where users can add measurements or comments and then move quickly to the next stop point in a template via a voice command. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The voice recognition engine shall include a medical, and radiology dictionary. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The voice recognition engine shall include radiology context transcription. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The voice recognition solution shall support voice adaption, allowing users to improve the recognition accuracy by adapting the recognition to words which are continuously incorrectly recognised. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | PACS - Worklist and searching functions | | | |
|  | The PACS worklist and searching functions will be the responsibility of duly authorised enterprise staff members, including clinicians, consultants, registrars, medical officers, interns, radiographers and/or sonographers to name a few. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to configure these worklists based on the requirements noted in 4.3.4.30Configurable Worklists. | | Provide evidence in the form of marked-up screenshots that demonstrate how these worklists look and how they can be configured in the PACS solution. |  | |
|  | PACS - Imaging Functions – Image display | | | |
|  | It shall be possible for an authorised user to see an overview of the patient's imaging timeline, including all previous study dates and study modalities. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to select a study from the overview and see the modality series overview with the number of images in each series. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to select how images are displayed on the review and/or diagnostic monitors from a pre-defined hanging protocol list. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorized user to configure user-defined hanging protocols. | | Provide evidence including a description and marked-up screenshots to demonstrate how hanging protocols are configured and what DICOM tags can be used. |  | |
|  | PACS - Imaging Functions – Image Manipulation | | | |
|  | It shall be possible for an authorised user to change the window width/centre-level setting of an image using the mouse function. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | These window width/centre-level settings shall be applied to all images in the series | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to select a window width/centre-level setting from a modality-specific pre-set list | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to configure modality-specific pre-set window width/centre-level settings. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to select the pre-set window width/centre-level setting using a configurable keyboard shortcut key. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to select the pre-set window width/centre level via the GUI. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to invert the displayed image using a configurable keyboard shortcut key. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to invert the displayed image using the GUI. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to zoom in and out of the displayed image using the mouse function. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to zoom in and out of the displayed image using the GUI. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to interactively zoom in and out of the displayed image by positioning the mouse cursor on a point of interest and using the mouse function to increase or decrease the zoom factor. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to PAN the displayed image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to select a magnifying glass function to display a zoomed portion of the image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to vary the magnification factor within the magnified glass area. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to measure the distance between two points on any displayed image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to make multiple distance measurements on any displayed image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to measure the angle between two lines on the displayed image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to make multiple angle measurements on the displayed image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to measure the COBB angle between two lines on the displayed image to track the progression of scoliosis. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to define a region of interest (ROI) on the displayed image by selecting an ROI shape from a predefined list. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The following ROI shapes shall be available.   * Circle * Ellipse * Rectangular * Freehand shape | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change the size of the ROI shape. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The following measurements will display automatically for any ROI:   * Area * Average Hounsfield Units * Max and Min Hounsfield Units * Standard Deviation | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to make multiple ROI measurements on the displayed image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to move displayed measurements, to avoid overlay of significant image detail. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to add annotations to the image. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The following annotation types shall be possible:   * Line * Arrow * Circle * Freehand shape * Text | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change the annotation colour. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change the annotation text font. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to change the annotation text font size. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to move annotations to avoid the overlay of significant image detail. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to select the text from a pre-defined list. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to perform automatic labelling of vertebral segments on appropriate spinal images. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to select pre-defined image processing filters for example:   * Edge enhancement * Edge detection * Image sharpening | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Please list additional image processing filters offered as standard in the proposed solution. | | List additional image processing filters. |  | |
|  | It shall be possible for an authorised user to label and save presentation states. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to select previously saved presentation states or the originally acquired images. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PACS - Imaging Functions – Cross Sectional Imaging Control | | | |
|  | It shall be possible for an authorised user to manually scroll through cross-sectional studies, including CT, angiography and MRI, using the mouse function. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to utilise the mouse function to vary the speed and direction of scrolling the image display (interactive cine loop control). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to start and stop a cine loop display using a configurable keyboard shortcut key | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to link and simultaneously scroll through multiple cross-sectional imaging series within the same study. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | If multiple cross-sectional imaging series are linked the solution shall automatically synchronize the slice position between the different linked series. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to manually define the slice position used to start the cine loop synchronization when displaying multiple series. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to duplicate a cross-sectional imaging series and display this with a different window width/centre-level setting. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to link and simultaneously scroll through the original and duplicated series. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PACS -Imaging Functions – Advanced Visualization | | | |
|  | It shall be possible for an authorised user to perform a basic Multi Planar Reconstruction (MPR) in axial, coronal, sagittal, and oblique planes. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible to simultaneously display at least three of the above MPR planes on a single screen. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall provide appropriate reference lines on each plane to reference the image position in each of the other planes. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to perform a Curved Planner Reconstruction (CPR) including projected, straightened and stretched views. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to create a “slab” (volume) of data in any plane. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to dynamically adjust the slab slice thickness. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to render the slab on Maximum Intensity Projection (MIP), Minimum Intensity Projection (MinIP) and Average Intensity Projection (AvgIP). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to perform 3D surface rendering for specific anatomy regions including, but not limited to, lung, bone, vessels, and skin. | | Describe in detail the surface rendering functionality of the proposed solution |  | |
|  | It shall be possible for an authorised user to use segmentation tools including at least bone removal, cropping, clipping and freehand selection. | | Describe in detail the segmentation tools included as standard in the proposed solution |  | |
|  | It shall be possible for an authorised user to save all 3D-rendered images as a new series to the PACS. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to create customisable cine loops that allow a 3D image to be rotated in any direction. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to save these cine loops as a new series in the PACS. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to save and export these cine loops in a video format such as “mp4” or “avi”. | | Describe in detail the 3D cine loop export options of the proposed solution |  | |
|  | It shall be possible for an authorised user to perform volume measurement. | | Describe in detail the volume measurement options of the proposed solution |  | |
|  | PACS - Imaging Functions – Advanced Visualization Packages  The following Advanced Visualization Packages shall be included in the Bid. | | | |
|  | The Bidder shall include an Advanced Visualisation CT viewing package. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation MRI viewing package. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation NM viewing package. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for CT Brain Perfusion. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for CT and multimodality Aortic Valve Area (AVA) assessments and stent planning. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for CT cardiac analysis | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for CT calcium scoring. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for CT liver analysis and assessment. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for CT lung nodule analysis and assessment. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for CT Virtual Colonoscopy. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | The Bidder shall include an Advanced Visualisation Package for multimodality tumour tracking. | | Provide evidence in the form of a detailed description or brochure highlighting the features of this package. |  | |
|  | PACS - Imaging Functions – Advanced Visualization Packages - Optional | | | |
|  | The Bidder shall provide a list of all the Advanced Visualization Packages relating to CT which are supported by their solution but not mentioned in 4.3.4.19  The Bidder must include a description or brochure for each package on the list. | | Provide evidence in the form of a detailed description or brochure highlighting the features of these packages. |  | |
|  | The Bidder shall provide a list of all the Advanced Visualization Packages relating to MRI which are supported by their solution but not mentioned in 4.3.4.19  The Bidder must include a description or brochure for each package on the list. | | Provide evidence in the form of a detailed description or brochure highlighting the features of these packages. |  | |
|  | The Bidder shall provide a list of all the Advanced Visualization Packages relating to NM which are supported by their solution but not mentioned in 4.3.4.19  The Bidder must include a description or brochure for each package on the list. | | Provide evidence in the form of a detailed description or brochure highlighting the features of these packages. |  | |
|  | PACS – Artificial Intelligence Packages - Optional | | | |
|  | The Bidder shall provide a list of all the Artificial Intelligence Packages which are supported by their solution and have Food and Drug Administration (FDA) certification.  The Bidder must include a description or brochure for each package on the list. | | Provide evidence in the form of a detailed description or brochure highlighting the features of these packages. |  | |
|  | The Bidder shall provide the FDA appropriate certification documents for each Artificial Intelligence package listed. | | Provide evidence in the form of an appropriate FDA certification document and a detailed description or brochure highlighting the features of these packages. |  | |
|  | PACS – Image Export | | | |
|  | It shall be possible for an authorised user to export images in at least Jpeg and/or Tiff format. | | Describe the image export options of the proposed solution |  | |
|  | It shall be possible for an authorised user to export studies, series, and images in a DICOM format to a folder on the local PC. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When DICOM images are exported to the local PC a DICOM viewer shall be copied to the same folder. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | When DICOM studies are exported they must comply with the IHE-PDI Profile. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to anonymise studies, series, and images before exporting the data. | | Describe the image export options of the proposed solution |  | |
|  | PACS – Folders, Clinical meeting presentations, and Collaboration. | | | |
|  | It shall be possible for an authorised user to create personal folders where interesting cases can be stored. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to create sub-folders under the primary folder in a tree-like structure. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to define the names of the folders and sub-folders. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for an authorised user to create a shared folder and identify other users with access to the folder. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | It shall be possible for an authorised user to create and save a PACS presentation for clinical meetings. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The PACS presentation functionality shall allow an authorised user to select a list of studies to be reviewed during the clinical meeting. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The PACS presentation functionality shall allow an authorised user to determine the order in which the studies should be presented. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS presentation functionality shall allow an authorised user to determine which series and/or images, and the order, in which they are presented. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS presentation functionality shall allow an authorised user to determine which screen or projector the images are displayed on. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The PACS presentation functionality shall allow an authorised user access to all standard PACS viewing functionality on presented images. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS presentation functionality shall allow an authorised user to create annotations and markups on selected images. These annotations shall only be visible in the presentation mode and not stored in the original DICOM overlays. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The PACS presentation functionality shall allow an authorised user to present studies, series and/or images from different patients in a comparison mode. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The PACS presentation functionality shall allow an authorised user to anonymize patient information on displayed images. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS collaboration functionality shall allow an authorised user to create a collaboration team. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The PACS collaboration functionality shall allow an authorised user to share studies, series, and images with the collaboration team. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS collaboration functionality shall allow authorised users to collaborate interactively using messaging features. | | Describe the collaborative messaging features included in the proposed solution |  | |
|  | The PACS collaboration functionality shall allow authorised users to collaborate interactively using virtual meeting platforms. | | Describe the collaborative interactive virtual meeting platforms included in the proposed solution |  | |
|  | PACS – Teaching File Repository | | | |
|  | The PACS shall include a teaching file repository. For this bid, a teaching file repository is a separate DICOM repository where DICOM studies can be stored for teaching purposes. | | Provide evidence including a description and marked-up screenshots to demonstrate the function of your teaching files repository. |  | |
|  | An authorised user shall have the function to select a DICOM study which they want to send to the teaching files repository. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | On sending the study from the PACS to the teaching file repository, the DICOM files shall automatically be anonymized. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | An authorised user shall have the function to review studies in the teaching file repository. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | An authorised user shall have the function to annotate and label studies in the teaching file repository. | | Provide evidence including a description and marked-up screenshots to demonstrate the function of annotate and labelling. |  | |
|  | An authorised user shall have the function to create a short model report for the studies in the teaching file repository. (note this is not the same as the diagnostic report) | | Provide evidence including a description and marked-up screenshots to demonstrate the function of creating a model report. |  | |
|  | An authorised user shall have the function to classify and categorise the studies in the teaching file repository. | | Provide evidence including a description and marked-up screenshots to demonstrate the function of classifying and categorising. |  | |
|  | An authorised user shall have the function to search these classifications and categories to list similar types of studies. | | Provide evidence including a description and marked-up screenshots to demonstrate the function of searching these classifying and categorising keywords. |  | |
|  | An authorised user shall have the function to display the images for a study in the teaching file repository without seeing the annotations and labels noted in 4.3.4.24.5 | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | An authorised user shall have the function to display the images for a study in the teaching file repository without seeing the model report noted in 4.3.4.24.6 | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | An authorised user shall have the function to display the images for a study in the teaching file repository and toggle displaying the annotations and labels noted in 4.3.4.24.5 | | Provide evidence including a description and marked-up screenshots to demonstrate the function of toggling annotations and labels. |  | |
|  | An authorised user shall have the function to display the images for a study in the teaching file repository and toggle displaying the model report noted in 4.3.4.24.6 | | Provide evidence including a description and marked-up screenshots to demonstrate the function of toggling the model report. |  | |
|  | VNA: General Functions | | | |
|  | All DICOM data received, stored, and processed on the PACS solution shall be automatically synced to the VNA solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for the VNA solution to ingest DICOM data from external sources other than the PACS system. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | It shall be possible for the VNA solution to ingest non-DICOM data from external sources. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA solution shall support ingesting the following non-DICOM data files. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Jpeg files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Tiff files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PNG files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | BMP files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Mp3 files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Mp4 files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | AVI files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PDF files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | MS Word files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | MS Excel files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | CSV files | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | All file formats ingested into the VNA shall be stored in native format, for later extraction if required. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | VNA: Data management functions | | | |
|  | The VNA shall support rule-based Image Lifecycle Management (ILM) for the movement of data between different tiers in the VNA architecture. | | List parameters that can be used in setting the rules. |  | |
|  | The VNA shall support rule-based Image Lifecycle Management (ILM) for data retention policies. These refer specifically to data purging from the solution. | | List parameters that can be used in setting the rules. |  | |
|  | The VNA shall support rule-based routing functions to move incoming data to other external nodes. | | List parameters that can be used in setting the rules. |  | |
|  | The VNA shall support rule-based tag-morphing functions allowing automatic updates of specific incoming data tags according to a set of rules. | | Provide evidence in the form of a description and marked-up screenshots showing the tag-morphing functions and list parameters that can be used in setting the rules. |  | |
|  | The VNA’s tag-morphing functions shall allow for the neutralization of incoming data. (Neutralization refers to standardizing incoming data from various data sources) | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The VNA’s tag-morphing functions shall allow for updates to identification data coming from various data sources. (Identification data shall be in the form of PMI identifiers, accession numbers, and other UIDs.) | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The VNA’s tag-morphing functions shall allow the customization of incoming data. (Customization refers to changing specific DICOM tags according to predefined rules). | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The VNA shall allow an authorised user to manually reconcile patient demographic data with the PMI and order data. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA shall allow an authorised user to automatically reconcile patient demographic and order data using a DICOM Modality Worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | VNA: Universal Viewer functions - General | | | |
|  | The VNA solution shall provide a universal viewer for all data stored on the solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The universal viewer shall be platform and internet browser independent. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The universal viewer shall be based on a Zero Footprint principle, such that no data will reside on the device used to access the data. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The universal viewer shall automatically adapt the format of data display to the device used for display, including desktop, laptop, tablet and smartphone. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The universal viewer shall allow an authorised user to view images and data stored in the various formats specified in (***Error! Reference source not found.Error! Reference source not found.*** *VNA: General Functions)* | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The universal viewer shall allow an authorised user to search for a patient record using the following search criteria.   * Patient PMI * Patients name * Date * Facility * Department | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The universal viewer shall allow an authorised user a longitudinal view of all data and imaging stored in the VNA against a patient record. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The universal viewer shall provide basic controls appropriate for the displayed data format. For example, video display controls will include at least pause, speed up or slow down. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | VNA - Universal Viewer functions - DICOM | | | |
|  | The universal viewer shall allow an authorised user to perform basic DICOM image display functions based on requirements specified in (4.3.4.15 PACS - Imaging Functions – Image display) | | Provide evidence in the form of a list of functions, noted under 4.3.4.15, that are NOT possible in the universal viewer. |  | |
|  | The universal viewer shall allow an authorised user to perform basic DICOM image manipulation functions based on requirements specified in (4.3.4.16 PACS - Imaging Functions – Image Manipulation) | | Provide evidence in the form of a list of functions, noted under 4.3.4.16, that are NOT possible in the universal viewer. |  | |
|  | The universal viewer shall allow an authorised user to perform basic DICOM image manipulation functions based on requirements specified in (4.3.4.17 PACS - Imaging Functions – Cross Sectional Imaging Control) | | Provide evidence in the form of a list of functions, noted under 4.3.4.17, that are NOT possible in the universal viewer. |  | |
|  | Data Mining and Business Intelligence Functions | | | |
|  | The data mining functions shall allow authorized users to perform the following queries from the enterprise PACS-RIS-VNA.  Clinically-focused research queries  Business intelligence-focused queries.  Administration-focused queries. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Business intelligence functions shall allow an authorised user to easily extract data from the enterprise PACS-RIS-VNA solution. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The BI functions shall allow an authorised user to easily query time-related data, including but not limited to waiting times, workflow steps, triggered timestamps, etc. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The BI functions shall allow an authorised user to query quantitative data, including but not limited to, the number of orders, procedures, and patients. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The BI functions shall allow an authorised user to query staff productivity-related data, including but not limited to the number of reports generated over a specified period by a particular registrar or consultant, and the number of procedures performed by a nominated radiographer, etc. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The BI functions shall allow an authorised user to query utilization data such as procedures performed by modality or by a specific room. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | Customisation/configuration of worklists | | | |
|  | The solution shall allow authorised users to customise worklists by configuring which data fields are displayed on the worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall allow authorised users to customise the order in which the selected data fields are displayed as columns. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The available data fields for a worklist shall be appropriate to the user, type of worklist and function of the worklist. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall allow authorised users to name and save their custom worklists. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The solution shall allow authorised users to **filter** worklists by the selected data fields. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall allow authorised users to **sort** worklists by selected data fields. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall allow authorised users to **sort** worklists on a secondary selected data field. For example, the ability to sort the worklist on referring clinician and then on modality. | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | The solution shall allow authorised users to search worklists for the following fields:   * Patient PMI, Medical Record Number (MRN) * Patient name * Patient type * Procedure * Date * Site * Department * Modality | | Provide evidence in the form of a description, and/or marked-up screenshot that demonstrates how your solution provides this functionality. |  | |
|  | All PACS-RIS-VNA worklists shall update dynamically. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Interoperability Standards and Interfaces | | | |
|  | PACS – RIS – VNA: HL7 v2.x and HL7 FHIR | | | |
|  | The PACS-RIS-VNA solution shall support an inbound and outbound HL7 v2.x interface. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA HL7 V2.x interfaces shall support the creation of multiple channels depending on the system’s interoperability requirements. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall allow for configurable mapping between the application data fields and HL7 segments, fields, components, and sub-components to achieve specific interoperability requirements. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support the following HL7 V2.x message type:  ADT (Admission Discharge Transfer) | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support the following HL7 V2.x message type:  ORM: Order Management | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support the following HL7 V2.x message type:  ORR: Order Response | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support the following HL7 V2.x message type:  ORU: Observation Report Unsolicited | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support the following HL7 V2.x message type:  ACK: Message Acknowledgement | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution shall support an HL7 FHIR interface. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | State the HL7 FHIR version currently supported by the proposed solution, R4 is a minimum requirement. | | State the current version of HL7 FHIR supported by your solution |  | |
|  | State the HL7 FHIR resources currently supported by the proposed solution. | | State the current HL7 FHIR resources supported by your solution |  | |
|  | PACS-RIS-VNA: DICOM DIMMSE Interfaces | | | |
|  | The PACS – RIS -VNA solution shall provide a DICOM DIMMSE interface for various DICOM services as specified below. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Provide the latest DICOM conformance statement for the proposed PACS system. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Provide the latest DICOM conformance statement for the RIS system proposed. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Provide the latest DICOM conformance statement for the VNA system proposed. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Provide the latest DICOM conformance statement for the CD/DVD robot system proposed. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Provide the latest DICOM conformance statement for any other product, or system using DICOM and included in the proposal. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS system shall support the DICOM storage service as an SCP and SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS system shall support the DICOM query and retrieve service as an SCP and SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS system shall support the DICOM storage commitment service as an SCP and SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS system shall support the DICOM print service as an SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS or RIS or both solutions shall support the DICOM Modality Worklist service as an SCP. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS solution shall support the DICOM MPPS service as an SCP. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The RIS solutions shall support the DICOM MPPS service as an SCP. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA solution shall support the DICOM storage service as an SCP and SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA solution shall support the DICOM query and retrieve service as an SCP and SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA solution shall support the DICOM storage commitment service as an SCP and SCU. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The VNA solutions shall support the DICOM Modality Worklist service as an SCP. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PACS-RIS-VNA: DICOMweb Interfaces | | | |
|  | The PACS-RIS-VNA solutions shall provide a DICOMweb interface for various DICOMweb services as specified below. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **PACS** solution shall support the DICOMweb QIDO-RS (Query based on ID for DICOM Objects). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **VNA** solution shall support the DICOMweb QIDO-RS (Query based on ID for DICOM Objects). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **PACS** solution shall support the DICOMweb WADO-RS (Web Access of DICOM Objects). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **VNA** solution shall support the DICOMweb WADO-RS (Web Access of DICOM Objects). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **PACS** solution shall support the DICOMweb STOW-RS (Store over the web). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **VNA** solution shall support the DICOMweb STOW-RS (Store over the web). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **PACS** solution shall support the DICOMweb UPS-RS (Worklist Service). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **RIS** solution shall support the DICOMweb UPS-RS (Worklist Service). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The **VNA** solution shall support the DICOMweb UPS-RS (Worklist Service). | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | PACS-RIS-VNA: IHE Profiles - Radiology | | | |
|  | The PACS-RIS-VNA solutions shall provide support for various radiology IHE profiles. The list below defines the radiology profiles that are required. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Scheduled Workflow (SWF) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Patient Information Reconciliation (PIR) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Consistent Presentation of Images (CPI) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Presentation of Grouped Procedures (PGP) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Access to Radiology Information (ARI) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Key Image Note (KIN) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Simple Image and Numeric Report (SINR) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Post-Processing Workflow (PWF) or Post-Acquisition Workflow (PAWF) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Reporting Workflow (RWF) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Evidence Documents (ED) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Portable Data for Imaging (PDI) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | NM Image (NMI) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Teaching File and Clinical Trial Export (TCE) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Mammography Image (MAMMO) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Digital Breast Tomosynthesis (DBT) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Import Reconciliation Workflow (IRWF) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Radiation Exposure Monitoring (REM) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | Imaging Object Change Management (IOCM) | | Provide evidence in the form of an IHE Integration Statement referencing the required profile. |  | |
|  | PACS-RIS-VNA: IHE Profiles - IT Infrastructure | | | |
|  | The PACS-RIS-VNA solutions shall provide support for various IT Infrastructure IHE profiles, as appropriate actors. The list below defines the IT Infrastructure profiles that are required. | | For each of the line items, under this heading, provide evidence in the form of an IHE Integration Statement, for each product proposed, that meets the requirement. |  | |
|  | Consistent Time (CT) | | Provide evidence in the form of an IHE Integration Statement, for each product proposed, that meets the requirement. |  | |
|  | Audit Trail and Node Authentication (ATNA) | | Provide evidence in the form of an IHE Integration Statement, for each product proposed, that meets the requirement. |  | |
|  | Enterprise User Authentication (EUA) | | Provide evidence in the form of an IHE Integration Statement, for each product proposed, that meets the requirement. |  | |
|  | Patient Identification Cross-referencing (PIX) | | Provide evidence in the form of an IHE Integration Statement, for each product proposed, that meets the requirement. |  | |
|  | Patient Demographic Query (PDQ) | | Provide evidence in the form of an IHE Integration Statement, for each product proposed, that meets the requirement. |  | |
|  | Patient Administration management (PAM) | | Provide evidence in the form of an IHE Integration Statement, for each product proposed, that meets the requirement. |  | |
|  | Integration with known WCGHW Health Systems | | | |
|  | The PACS-RIS-VNA solution shall provide an API interface that allows integration of the solution with other applications. | | Provide evidence in the form of a detailed description explaining the functions of your API interface and which products support it. |  | |
|  | ***The WCGHW Clinicom solution:***  The PACS-RIS-VNA solution shall integrate with the Clinicom solution by receiving and processing HL7 V2.x ADT messages. The following message shall be supported as a minimum.  ADT A04 - Register a patient.  ADT A08 - Update patient information  ADT A34 – Merge patient | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Clinicom solution:***  The enterprise PACS-RIS-VNA solution shall receive these ADT messages via a single feed from the Clinicom system. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Clinicom solution:***  On receiving and processing an ADT message the PACS-RIS-VNA solution shall ensure that all data repositories within the PACS-RIS-VNA solution are updated appropriately based on the ADT message received. | | Provide evidence in the form of a detailed description explaining how your solution manages patient ADT messages between different products within your solution. |  | |
|  | ***The WCGHW Clinicom solution:*** On processing an ADT A34 merge message the solution shall automatically merge the two patients. On merging two patients all studies in the PACS-RIS-VNA for both patients will be merged to the primary patient identifier. | | Provide evidence in the form of a detailed description explaining how your solution manages patient ADT A34 merge messages between different products within your solution. |  | |
|  | ***The WCGHW Clinicom billing solution:***  The integration between the WCGHW Clinicom billing solutions and the RIS shall have the following requirements:   * + - 1. The Bidder will need to create a customized data view on the enterprise RIS database that Clinicom can query. See 4.3.5.6.7       2. The RIS solution shall have a data field in the procedures table where WCGHW radiology billing codes can be linked to appropriate procedures.       3. The RIS solution shall trigger an HL7 V2.x DFT message, based on a specific trigger point as defined by the WCGHW, to be sent to the Clinicom HL7 interface for further processing, see 4.3.5.6.8 | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Clinicom billing solution:*** The PACS-RIS-VNA solution shall integrate with the Clinicom billing solution by allowing the Clinicom application to run a database query from a specially customised database view of the RIS database to verify that a RIS number manually entered in Clinicom, by a clerk, is a valid RIS number. This number will be used later by the Clinicom billing solution to reference the billing information being sent from the RIS to Clinicom. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Clinicom billing solution:***  The RIS solution shall support an outbound HL7 V2.x DFT message. The Bidder shall work with the WCGHW and Clinicom teams to ensure that the message segments and data fields are correctly mapped based on WCGHW requirements. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Provincial Health Data Centre (PHDC):***  The Bidder shall integrate the PACS-RIS-VNA solution with the WCGHW PHDC solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Provincial Health Data Centre (PHDC):***  The Bidder shall work with the WCGHW interoperability team to determine the best method using internationally accepted healthcare standards to achieve semantic interoperability between the PACS-RIS-VNA and the PHDC. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Provincial Health Data Centre (PHDC):***  The Bidder shall include all costs for this integration. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Single Patient Viewer (SPV):***  The Bidder shall integrate the PACS-RIS-VNA solution with the WCGHW SPV solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Single Patient Viewer (SPV):***  The Bidder shall work with the WCGHW interoperability team to determine the best method using internationally accepted healthcare standards to achieve semantic interoperability between the PACS-RIS-VNA and the SPV. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Single Patient Viewer (SPV):***  The Bidder shall include all integration costs to enable a user to view images and reports from a patient record via a secure URL link or similar. This access shall be via the ZFP viewer. | | Provide evidence in the form of a detailed description explaining how your solution provides this functionality. |  | |
|  | ***The WCGHW Enterprise Content Management (ECM):***  The Bidder shall integrate the PACS-RIS-VNA solution with the WCGHW ECM solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Enterprise Content Management (ECM):***  The Bidder shall work with the WCGHW interoperability team to determine the best method using internationally accepted healthcare standards to achieve semantic interoperability between the PACS-RIS-VNA and the ECM. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Enterprise Content Management (ECM):***  The Bidder shall include all integration costs to enable a user working in the ECM to open the RIS order entry module and place an order for the patient they are working with. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | ***The WCGHW Enterprise Content Management (ECM):***  The Bidder shall include all integration costs to enable a user working in the RIS to open the ECM application and view a patient's clinical record for the patient they are working with. | | Provide evidence in the form of a detailed description explaining how your solution provides this functionality. |  | |
|  | Data Migration | | | |
|  | The Bidder shall manage the migration of data stored in the current PACS-RIS-VNA solutions to the proposed solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The migration shall include all DICOM Service Object Pair (SOP) Classes currently stored in the existing PACS and VNA solutions. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall ensure that at least the most recent 12 months of data are available in the local cache at each facility at the time of Go-Live at each facility. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall migrate all DICOM data stored in the VNA solution and stored at each of the (10) Regional/District facilities up to the time of the new solution going live at each of the ten (10) Regional/District facilities. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall migrate all patient demographic information stored in the RIS at each of the (10) Regional/District facilities into the new enterprise RIS solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall migrate all RIS procedure data stored in the ten (10) Regional/District facilities solution up to the time of new solution goes live at each facility. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall migrate all RIS procedure diagnostic reports stored in the ten (10) Regional/District facilities solution up to the time of new solution goes live at each facility. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | At the time of onboarding the Central facilities, the Bidder shall migrate all DICOM data stored in the three (3) Central facilities solution up to the time that each facility goes live with the new solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | At the time of onboarding the Central facilities, the Bidder shall migrate all RIS procedure data stored in the three (3) Central facilities solution up to the time that each facility goes live with the new solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | At the time of onboarding the Central facilities, the Bidder shall migrate all RIS procedure diagnostic reports stored in the three (3) Central facilities solution up to the time that each facility goes live with the new solution. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall provide a data migration plan identifying the proposed method and quality control processes, as well as the expected duration, for each migration component. | | Provide evidence in the form of a migration plan. |  | |
|  | The Bidder shall manage the data migration process and provide progress reports bi-monthly during the migration process. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Professional Services (Project Management, Implementation, and Training) | | | |
|  | Project Management | | | |
|  | The Bidder shall manage this project using a recognized project management methodology such as PRINCE 2 or similar. | | Provide evidence in your response which identifies and motivates the project management methodology you will use. |  | |
|  | The Bidder shall provide a high-level project plan which identifies project stages, resources, key deliverables, key milestones, and timelines for the rollout of the enterprise solution and the 10 regional/district facilities. | | Provide evidence in the form of a high-level project plan. |  | |
|  | The Bidder shall have sufficient resource capacity to ensure a rapid deployment method during the deployment of the solution.  A rapid deployment method in the context of this bid is defined as the capacity to implement multiple facilities in parallel. | | Provide evidence in the form of a resource plan that demonstrates you have sufficient resource capacity to deploy the project using a rapid deployment method. |  | |
|  | The Bidder shall provide a list of tasks or items considered by the Bidder to be Out-of-Scope for this project. | | Provide evidence in the form of a list of items you consider to be Out-of-Scope for this project. |  | |
|  | Training | | | |
|  | The Bidder shall provide comprehensive training at each facility identified in this bid. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall provide comprehensive training to all user groups identified in this bid. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The following user groups have been identified.  Radiology Departments:   * Radiology Clerks * Radiology Porters * Radiographers * Sonographers * Consultants * Registrars * Managers * PACS Coordinators * PACS Administrators   Hospital Staff:   * Medical Officers * Clinicians * Clinical Staff such as nurses, unit managers, ext * Clerical Staff such as reception clerks, and billing clerks.   Enterprise Staff:   * CeI Helpdesk staff * PACS-RIS-VNA project managers * PACS-RIS-VNA Coordinators * PACS-RIS-VNA Administrators * Business intelligent staff | | Provide a detailed training plan covering the training that will be provided for these user groups as part of your proposal. |  | |
|  | The following Radiology user groups shall receive one-on-one training:   * Sonographers * Consultants * Registrars | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The following user groups shall receive small group training of no more than 5 personnel in each training group:   * Radiology Clerks * Radiology Porters * Radiographers * Managers * PACS Co-ordinators * PACS Administrators * CeI Helpdesk staff * PACS-RIS-VNA Project Managers * PACS-RIS-VNA Co-ordinators * PACS-RIS-VNA Administrators | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The following user groups shall receive large group training of more than 5 but less than 50 persons per group:   * + Clinicians   + Medical Officers   + Clinicians   + Clinical Staff such as nurses, unit managers, ext | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall develop a comprehensive range of training programs and materials, with varying and appropriate formats, catering for the complete training needs of each user group. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The training programs for each user group shall meticulously cover the complete workflow, functions, and special features of the proposed solution. The exact content of the respective training programs will be agreed upon between the Bidder and the WCGHW project team during the definition stage of the project. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The PACS-RIS-VNA solution used during training shall have similar configuration and functionality to the solution that passed the User Acceptance Tests (UAT) during the testing stage of the project. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall supply all infrastructure required to execute the training, including but not limited to workstations, digital projectors, servers, and software. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | In consultation with the Bidder, the WCGHW project team shall provide suitable training venues to comprehensively cover training at the respective facilities. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Based on the proposed training program, the Bidder shall draft a comprehensive departmental training schedule in consultation with the WCGHW project team to ensure that training does not disrupt clinical services but is completed for all users by the time of go-live. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Training shall be of such a nature and structure to facilitate in-house training of future radiology and hospital staff and their respective user groups. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | Initial training shall be delivered for each site and user group following test stage completion but before “Clinical-Live”. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall provide at least two follow-up training sessions per site after “Clinical-Live”. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall provide the necessary comprehensive training for radiology staff users after any solution upgrade providing new or improved solution features for the full contract period. | | State none compliance, part compliance, minimum compliance or, exceeds compliance. If you have stated part compliance or exceeds compliance describe the deviation from the minimum requirement. |  | |
|  | The Bidder shall provide a comprehensive and detailed training plan covering the following:   * + Duration of training per user group.   + Detailed training program and curriculum per user group.   + Nature of the training i.e., one on one, small-group, large-group.   + Type of training media used per user group. | | Provide evidence in the form of a training plan. |  | |

## Presentation, Demonstrations, and Site Visits (Stage 4)

Only those bids that successfully pass the previous evaluation stages will progress to this evaluation stage.

### Presentation Instruction and evaluation criteria

1. The Bidder shall be required to present their proposed solution to the WCGHW-BEC.
2. The presentation shall be delivered to the WCGHW-BEC, in a video format, within 10 business days of the Bidder being invited to the presentation evaluation stage.
3. The Bidder’s presentation shall cover the following presentation sections.

Table 19: Presentation Sections

|  |  |
| --- | --- |
| 1 | Company Profile |
| 2 | Solution architecture, failover, and redundancy |
| 3 | Solution functional requirements |
| 4 | Interoperability and Interfaces |
| 5 | Data Migration |
| 6 | Professional Services (Project Management, Implementation, and Training). |

1. The Bidder’s presentation must be presented by the Bidder’s employees.
2. The WCGHW-BEC will assign multiple members to evaluate the Bidder’s presentation.
3. The WCGHW-BEC will evaluate each section of the Bidder’s presentation and score them based on a 0 to 10 Likert scale where 0 represents “zero confidence” and 10 represents “Full confidence” in the Bidder.
4. WCGHW-BEC member scores for each evaluation section will be added to reach an individual WCGHW-BEC member’s final score.
5. The final WCGHW-BEC member's scores will be averaged to reach the final “Presentation Score” achieved by the Bidder.

### In-person session Instruction and evaluation criteria

1. Once the presentation evaluation has been concluded the Bidder shall be invited to an in-person session.
2. The in-person session shall take place at a venue as determined by the WCGHW-BEC in the Western Cape Province.
3. The Bidder shall ensure that adequate resources covering all sections of the bid, Bidder’s presentation, solution, and technical functional requirements are present at the in-person session to respond to relevant questions.
4. The WCGHW-BEC panel may ask questions or request explanations relating to any aspect of the Bidder’s bid, bid responses and presentation.
5. The WCGHW-BEC will assign multiple members to evaluate the in-person session.
6. The WCGHW-BEC will evaluate each question and response during the in-person session and score them based on a 0 to 10 Likert scale where 0 represents “zero confidence” and 10 represents “Full confidence” in the Bidder.
7. WCGHW-BEC member scores for each evaluation question will be added to reach an individual WCGHW-BEC member’s final score.
8. The final WCGHW-BEC member’s scores will be averaged to reach the final “In-Person Session Score” achieved by the Bidder.

### Demonstration Instruction and evaluation criteria

1. Once the In-Person session evaluation has been concluded the Bidder shall provide a demonstration session.
2. The demonstration session will be structured in three parts:
3. Pre-defined workflow scenarios: Bidders shall be given a list of pre-defined workflow scenarios. The Bidder will be required to demonstrate these workflow scenarios using the proposed solutions applications.
4. Demonstrations of specific functions: The WCGHW-BEC may request Bidders to demonstrate specific system functions to assess compliance with bid specifications. Such requests may be communicated before the demonstration session or ad hoc during the demonstration session.
5. Hands-on evaluation: The Bidder shall provide several smart devices and workstations, during the demonstration session, to allow the WCGHW-BEC members to interact with the various applications and solutions.
6. The Bidder's demonstrations shall be evaluated using the following criteria.

Table 20:Demonstration Evaluation Criteria

|  |  |
| --- | --- |
| 1 | The proposed solution ability to support the pre-defined workflow scenarios. |
| 2 | The Bidder's understanding of the WCGHW requirements and how their proposed solution delivers these requirements. |
| 3 | The Bidder’s resource capacity and knowledge of the applications proposed. |
| 4 | The configurability of the applications proposed. |
| 5 | The user-friendliness of the applications proposed. |

1. The WCGHW-BEC will assign multiple members to evaluate the Bidder’s demonstration session.
2. The WCGHW-BEC members will evaluate each demonstration session criteria and score them based on a 0 to 10 Likert scale where 0 represents “zero confidence” and 10 represents “Full confidence” in the Bidder.
3. WCDHWE-BEC member scores for each evaluation item will be added to reach an individual BEC member’s final score.
4. The final WCGHW-BEC member’s scores will be averaged to reach the final “Demonstration Score” achieved by the Bidder.

### Virtual/Onsite Visits Instruction and Evaluation Criteria

1. Once the demonstration session evaluation has been concluded the Bidder may be required to arrange a virtual/onsite visit to a facility where a similar solution is installed.
2. It will be at the WCGHW-BEC's discretion to determine if such a virtual/onsite visit is required.
3. If such a virtual/onsite visit is required, it will be at the WCGHW-BEC's discretion to decide if the visit will be virtual or onsite.
4. If the WCGHW-BEC decides on an onsite visit, the associated costs of such a visit will be at the Bidder’s expense.
5. The purpose of this virtual/onsite visit will be to engage with a Bidder’s existing client that has implemented a similar solution, architecture, and software versions that the Bidder has proposed.
6. The site's solution architecture and products shall be like those proposed by the Bidder including an integrated enterprise PACS-RIS-VNA architecture with a central repository and at least four connected sites.
7. The virtual/onsite visit shall allow the WCGHW-BEC to engage with the Bidder’s client to enquire about their project and to evaluate the solution offered from the client’s perspective.
8. The Bidder’s virtual/onsite visit shall be evaluated using the following criteria.

Table 21:*Virtual/Onsite Visits Evaluation Criteria*

|  |  |
| --- | --- |
| 1 | The site’s architecture design and its similarity to the WCGHW project. |
| 2 | The site’s product offering and its similarity to the solution proposed by the Bidder. |
| 3 | The capacity of the Bidder to meet the project timelines and deliverables. |
| 4 | The overall client’s experience with the project delivery. |
| 5 | The client’s impression of the solution and its functionality. |
| 6 | Whether the solution delivered met all the client’s requirements. |
| 7 | Challenges and lessons learnt by the clients during the deployment of the solution. |

1. The WCGHW-BEC will assign multiple members to evaluate the Bidder’s virtual/onsite visit. If the visit is required to be on-site the WCGHW-BEC will limit the number of BEC evaluations members to a minimum required number.
2. The WCGHW-BEC members will evaluate each virtual/onsite visit criteria and score them based on a 0 to 10 Likert scale where 0 represents “zero confidence” and 10 represents “Full confidence” in the Bidder.
3. WCDHWE-BEC member scores for each evaluation item will be added to reach an individual BEC member’s final score.
4. The final WCGHW-BEC member’s scores will be averaged to reach the final “Virtual/Onsite Visits Score” achieved by the Bidder.

### **Presentation, In-person Session, Demonstration and Virtual/Onsite Visits Final Scoring**

1. The Bidders final presentation, In-person session, demonstration and Virtual/Onsite visits score shall be calculated by adding the following scores together.

* Presentation score
* In-person session score
* Demonstration score
* Virtual/onsite visits score

1. The top three (3) scoring Bidders will progress to the next stage of evaluation.

## Special Conditions of Contract verification (Stage 5)

1. The successful Bidder will be bound by Government Procurement: General Conditions of Contract (GCC) as well as this Special Conditions of Contract (SCC), which will form part of the signed contract with the successful Bidder. However, SITA and/or WCGWH reserves the right to include or waive the condition in the signed contract.
2. **SITA/ WCGHW** reserves the right to:
   1. Negotiate the conditions; or
   2. Automatically disqualify a bidder for not accepting these conditions
3. In the event that the bidder qualifies the proposal with its own conditions and does not specifically withdraw such own conditions when called upon to do so, SITA and/or WCGHW will invoke the rights reserved in accordance with subsection 4.5. (b) above.

### **Special Conditions of Contract**

### **Contracting Conditions**

1. **Formal Contract** –
   1. The Bidder must enter into a formal written contract (agreement) with the WCGHW.
   2. The Bidder must disclose all 3rd party back to back agreements involved in this Bid. This may include but not be limited to MOUs, joint venture contracts, and OSM/OEM agreements.
   3. A condition of the contract shall allow the WCGWH to amend the contract to other responsible parties to the bid in the cases where the performance of 3rd parties does not meet the contractual requirements, the Bidder goes insolvent during the contract, the primary agreement with the OSM/OEM fails or is deemed to be null and void.
2. **Right to Audit** – SITA/WCGHW reserves the right, before entering into a contract, to conduct or commission an external service provider to conduct a financial audit or probity to ascertain whether a qualifying bidder has the financial wherewithal and technical capability to provide the goods and services as required by this bid.

### **Delivery Address**

1. The supplier must deliver the required products or services as indicated in Section 2.2, Delivery Address.

### **Delivery schedule**

1. The scope of work (Section 2.1) and Section 3 (Requirements) must be completed as follows, Enterprise PACS-RIS-VNA including the Regional/District Facilities within 12 months after the contract has been awarded, Onboarding Primary Healthcare Facilities within 12 months of completing the Enterprise PACS-RIS-VNA including the Regional/District Facilities, or as agreed between the parties.
2. The scope of work (Section 2.1) and Section 3 (Requirements) must be deployed using a rapid deployment method with the capacity to deploy at least two facilities in parallel. The Bidder shall ensure that sufficient resources are deployed during the deployment of the solution to meet this requirement.
3. The Bidder is responsible for performing the work as outlined in the following Work Breakdown Structure (WBS): This is an estimation per facility. Final project delivery will be negotiated and agreed between the parties during the definition stage of the project.

| **WBS** | **Project Stages** | **Delivery Timeframe** |
| --- | --- | --- |
|  | Definition Stage | 6 weeks |
|  | Build Stage | 12 weeks (per facility) |
|  | Migration Stage | 8 weeks (per facility) |
|  | Test Stage | 2 weeks (per facility) |
|  | Training Stage | 2 weeks (per facility) |
|  | Go live | 1 week (per facility) |
|  | Onsite support and handover to operational support. | 4 weeks (per facility) |
|  | Final sign-off | Post 30 days Go-Live without material failure. |

### **Services and Performance Metrics**

1. The structure of the Contract between the WCGHW and the successful Bidder will be based on a managed services model.
2. The successful Bidder is responsible for providing a full managed service contract covering the supply, delivery, installation, commissioning, testing, training, and maintaining the following environments and noted criteria.

| **Enterprise PACS-RIS-VNA including the Regional/District Facilities** | **Service Element** | **Comments** |
| --- | --- | --- |
|  | PACS-RIS-VNA Enterprise Production Environment with Business Continuity solution. | Capacity to support the minimum committed volume as per the pricing schedule for both PACS and RIS data increasing at 2% per annum per facility. |
|  | PACS-RIS-VNA Enterprise Staging Environment |  |
|  | PACS-RIS-VNA Enterprise Data Mining/ Business Intelligence Environment | Capacity to support the minimum committed volume as per the pricing schedule for both PACS and RIS data increasing at 2% per annum. |
|  | PACS-RIS-VNA Enterprise Disaster Recovery Environment | An environment to store a duplicate copy of all PACS-RIS-VNA data migrated and newly ingested for the duration of the contract. |
|  | PACS-RIS-VNA Enterprise Storage Capacity for all data migrated and ingested data, for the Regional/District facilities, for the duration of the contract. | Storage capacity is designed on a tiered architecture to support the life cycle management of studies for the duration of the contract. |
|  | Data migration of all legacy RIS and DICOM data from all the facilities. | For facilities noted in Table 2: District/Regional Healthcare facilities |
|  | PACS-RIS-VNA enterprise architecture designed with a 99.9% guaranteed uptime |  |
|  | PACS-RIS-VNA Enterprise managed service, maintenance, and replacement, if defective, for all supplied hardware, 3rd-party hardware, networking devices, and UPS devices. |  |
|  | PACS-RIS-VNA Enterprise managed service for all supplied software, including hypervisor, operating systems, databases, security software, and applications including all upgrades, updates or new versions released by the OSM during the contract. |  |
|  | Facility onsite PACS-RIS Cache with High availability and 99.9% guaranteed uptime to ensure the same functionality and performance if the connection to the enterprise solution is down. | For facilities noted in Table 2: District/Regional Healthcare facilities |
|  | Facility onsite cache storage capacity for most recent 3 years data onsite. | For facilities noted in Table 2: District/Regional Healthcare facilities |
|  | All costs and work associated with Integration with the WCGHW applications | For applications as noted in the specification |
|  | 10 x CD/DVD robot with workstation and DICOM CD/DVD writing software including initial 100 CD media per unit. | Quantities as noted in Table 7: CD-DVD Robot Quantities, distributed to facilities as per WCGHW requirements. If notification of EOL is received by the OEM during the contract period hardware and software shall be replaced. |
|  | 16 X Set A-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed to facilities as per WCGHW requirements |
|  | 3 X Set B-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed to facilities as per WCGHW requirements |
|  | 1 X Set C-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed to facilities as per WCGHW requirements |
|  | 20 X Set D-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed to facilities as per WCGHW requirement. |
|  | 22 x Document scanners | Quantities as noted in Table 9:Document Scanners Quantities, Upright design with paper feeding facility. If notification of EOL is received by the OEM during the contract period hardware and software shall be replaced. |
|  | Unlimited user license model for PACS-RIS-VNA functions including diagnostic reporting, and Advanced Visualization modules. | If PACS, RIS and VNA are separate components of the solution, each component shall support an unlimited user licensing model. |
|  | A minimum of Forty (40) concurrent user Voice Recognition licenses with unlimited voice profiles. These licenses should be managed at the enterprise level but also be available in the caches if connectivity to the enterprise solution is lost. | Quantities as noted in Table 11: Voice Recognition license quantities |
|  | A minimum of Ten (10) concurrent user Orthopaedic templating software licenses. | Quantities as noted in  Table 10: Orthopaedic templating license quantities |
|  | The configuration and connection of existing modalities or other DICOM devices to the solution. | It is the Bidder's responsibility to manage and pay for external modality vendors to configure their modalities to connect to the new solution. |

| **Onboarding Primary Healthcare Facilities** | **Service Element** | **Comments** |
| --- | --- | --- |
|  | Onboarding the primary healthcare facilities to the PACS-RIS-VNA Enterprise Production Environment with Business Continuity solution. | Capacity to support additional committed volume as per the pricing schedule both PACS and RIS data increasing at 2% per annum per facility. For facilities noted in Table 3: Primary Healthcare Facilities |
|  | Onboarding the primary healthcare facilities to the PACS-RIS-VNA Enterprise Data Mining/ Business Intelligence Environment. | Capacity to support additional committed volume as per the pricing schedule both PACS and RIS data increasing at 2% per annum per facility. For facilities noted in Table 3: Primary Healthcare Facilities |
|  | Onboarding the primary healthcare facilities, expanding the storage capacity of the solution to cater for the addition of the primary healthcare facilities, for the remainder of the contract. | Additional Storage capacity for the solution. For facilities noted in Table 3: Primary Healthcare Facilities. |
|  | Onboarding the primary healthcare facilities to the PACS-RIS-VNA Enterprise Disaster Recovery Environment for the remainder of the contract. | Additional Storage capacity for the disaster recovery solution. For facilities noted in Table 3: Primary Healthcare Facilities. |
|  | PACS-RIS architecture is designed with a 99.9% guaranteed uptime |  |
|  | PACS-RIS Enterprise managed service, maintenance, and replacement, if defective, for all supplied hardware, 3rd-party hardware, networking devices, and UPS devices. |  |
|  | PACS-RIS Enterprise managed service for all supplied software, including hypervisor, operating systems, databases, and applications including all upgrades, updates or new versions released by the OSM during the contract. |  |
|  | Web-based access to RIS functionality. | For facilities noted in Table 3: Primary Healthcare Facilities. |
|  | Facility onsite PACS Cache with storage capacity for most recent 1 year’s data onsite. | For facilities noted in Table 3: Primary Healthcare Facilities. |
|  | 66 X Set D-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed as per WCGHW requirements. |
|  | 62 x Document scanners | Quantities as noted in Table 9:Document Scanners Quantities, Upright design with paper feeding facility. If notification of EOL is received by the OEM during the contract period hardware and software shall be replaced. |
|  | Unlimited user license model for PACS-RIS-VNA functions. | If PACS, RIS and VNA are separate components of the solution, each component shall support an unlimited user licensing model. |
|  | A minimum of Twenty (20) concurrent Voice Recognition user licenses with unlimited voice profiles. These licenses should be managed at the enterprise level but also be available in the caches if connectivity to the enterprise solution is lost. | Quantities as noted in Table 11: Voice Recognition license quantities |
|  | A minimum of Four (4) concurrent user Orthopaedic templating software licenses. | Quantities as noted in  Table 10: Orthopaedic templating license quantities |
|  | The configuration and connection of existing modalities or other DICOM devices to the solution. | It is the Bidder's responsibility to manage and pay for external modality vendors to configure their modalities to connect to the new solution. |

| **Onboarding the Central Healthcare Facilities** | **Service Element** | **Comments** |
| --- | --- | --- |
|  | Onboarding the Central facilities to the PACS-RIS-VNA Enterprise Production Environment with Business Continuity solution. | Capacity to support additional committed volume as per the pricing schedule both PACS and RIS data increasing at 2% per annum. |
|  | Onboarding the Central facilities to the PACS-RIS-VNA Enterprise Data Mining/ Business Intelligence Environment. | Capacity to support additional committed volume as per the pricing schedule both PACS and RIS data increasing at 2% per annum |
|  | Onboarding the Central facilities to the PACS-RIS-VNA Enterprise Disaster Recovery Environment | Additional Storage capacity for the disaster recovery solution. |
|  | Onboarding the central facilities the expansion of the PACS-RIS-VNA Enterprise Storage Capacity to accommodate all data migrated and ingested from the Central Facilities. | Storage capacity is designed on a tiered architecture to support the life cycle management of studies. |
|  | Data migration of all legacy RIS and DICOM data from all the facilities. |  |
|  | Facility onsite PACS-RIS Cache with High availability and 99.9% guaranteed uptime to ensure the same functionality and performance if the connection to the enterprise solution is down. | For facilities noted in Table 1: Central FacilitiesTable 1: Central FacilitiesTable 2: District/Regional Healthcare facilities |
|  | PACS-RIS Enterprise managed service, maintenance, and replacement, if defective, for all supplied hardware, 3rd-party hardware, networking devices, and UPS devices. |  |
|  | PACS-RIS Enterprise managed service for all supplied software, including hypervisor, operating systems, databases, and applications including all upgrades, updates or new versions released by the OSM during the contract. |  |
|  | Facility onsite cache storage capacity for 3 years data onsite. | For facilities noted in Table 1: Central Facilities |
|  | Unlimited user license model for PACS-RIS-VNA functions. | If PACS, RIS and VNA are separate components of the solution, each component shall support an unlimited user licensing model. |
|  | 3 x CD/DVD robot with workstation and DICOM CD/DVD writing software including initial 100 CD media per unit. | Quantities as noted in Table 7: CD-DVD Robot Quantities, distributed to facilities as per WCGHW requirements. If notification of EOL is received by the OEM during the contract period hardware and software shall be replaced. |
|  | 85 X Set A-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed to facilities as per WCGHW requirements |
|  | 4 X Set B-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed to facilities as per WCGHW requirements |
|  | 5 X Set D-diagnostic Workstations | Quantities as noted in Table 8:Diagnostic Workstation Quantities, Distributed to facilities as per WCGHW requirements |
|  | 13 x Document scanners | Quantities as noted in Table 9:Document Scanners Quantities, Upright design with paper feeding facility. If notification of EOL is received by the OEM during the contract period hardware and software shall be replaced. |
|  | A minimum of One Hundred and Fifty (150) concurrent Voice Recognition user licenses with unlimited voice profiles. These licenses should be managed at the enterprise level but also be available in the caches if connectivity to the enterprise solution is lost. | Quantities as noted in Table 11: Voice Recognition license quantities |
|  | A minimum of Six (6) concurrent user Orthopaedic templating software licenses. | Quantities as noted in  Table 10: Orthopaedic templating license quantities |
|  | The configuration and connection of existing modalities to the solution. | It is the Bidder's responsibility to manage and pay for external modality vendors to configure their modalities to connect to the new solution. |

1. The performance of the solution will be managed based on a 99.9% guaranteed uptime for both the enterprise central solution and facilities with local caches.
2. The performance of the solution as documented during the UAT stage of the project shall be maintained throughout the contract.
3. The managed service contract shall cover the maintenance, repair and if applicable the replacement of any hardware supplied by the Bidder as part of the solutions. This included servers, storage, network components, workstations, monitors, and peripheral devices.
4. In the case of hardware failure, any licenses linked to that hardware shall be transferred to the new hardware at no cost to the WCGHW.
5. The managed service contract shall ensure that all hypervisor software versions are updated to the latest version, approved by the OSM and/or OEM, for the duration of the contract.
6. The managed service contract shall ensure that all operating system software and database software versions are updated to the latest version, approved by the OSM and/or OEM, for the duration of the contract.
7. The managed service contract shall ensure that all product software versions, including updates, upgrades, and new releases are kept updated to the latest version, approved by the OSM and/or OEM, for the duration of the contract.
   1. For the contract, an update is defined as a patch which may resolve known issues, bugs, security variabilities, etc.
   2. For the contract, an upgrade and new releases are defined as a new software version, which may include new application features and functional enhancements in the software.
8. The managed service contract shall ensure that all 3rd-party software versions are updated to the latest version, approved by the 3rd-party, for the duration of the contract.

### **Service Level Agreement Criteria and Penalties**

1. Unscheduled downtime will not exceed 0.1% calculated monthly, per facility, including the PACS-RIS-VNA enterprise solution and onsite PACS and RIS caches.
2. Unscheduled downtime will be defined as downtime which is not scheduled downtime or downtime caused by components which are not under the responsibility of the Bidder in the contract
3. Unscheduled downtime will be recorded when any one of the following tests, noted below, fail and from the time a call is logged with the Bidders call centre till the time the call is closed after receiving confirmation from an appropriate WCGHW representative that the issue is resolved.
   1. The following assumptions are made for the tests.
      1. The imaging network is operating on a minimum of 100MBits/Sec theoretical speed.
      2. The workstations meet the minimum specification of the Bidder.
      3. Simultaneous access by 20 (twenty) concurrent users.
   2. Test 1: Test 1 will fail if, when a single chest image accessed from the PACS local cache is not displayed within 3 (three) seconds, on more than one PACS workstation.
   3. Test 2: Test 2 will fail if, when a single chest image accessed from the VNA, through the Zero Foot Print viewer, is not displayed within 3 (three) seconds, on more than one PACS workstation.
   4. Test 3: Test 3 will fail if, while strolling through a CT study the user experiences a noticeable delay and pixelation between images on more than one PACS workstation.
4. Unscheduled downtime will exclude Scheduled downtime.
5. Scheduled downtime means downtime that is agreed upon by the parties for preventative maintenance, updates, upgrades, scheduled reboots, or restarts.
6. The managed service contract shall include that due to the critical nature of the services the solution supports, the agreed scheduled downtime shall be performed during non-critical times, after hours or on weekends which may include Sundays.
7. Scheduled and Unscheduled downtime penalties. The managed service contract shall include a penalty regime. The basis for this penalty regime is noted below.
   * 1. Scheduled downtime shall not exceed 5% of the agreed-upon scheduled downtime. For every 5% that the scheduled downtime is exceeded 5% shall be deducted from the monthly accumulated managed service fee.
     2. The following table shows the penalties that will be applied if the unscheduled downtime is exceeded. The table is based on a 31-day month.

|  |  |  |  |
| --- | --- | --- | --- |
| Uptime % | Downtime % | Downtime Minutes | % Deduction |
| < 99.9 | >0.1 | 44.64 | 10 |
| < 99.8 | >0.2 | 89.28 | 15 |
| < 99.7 | >0.3 | 133.92 | 20 |
| < 99.6 | >0.4 | 178.56 | 25 |
| < 99.5 | >0.5 | 223.2 | 30 |
| < 99.4 | >0.6 | 267.84 | 40 |
| < 99.3 | >0.7 | 312.48 | 50 |
|  | >3.2 | 1428.48 | 70 |
|  | >10 | 4464 | 80 |

1. In addition to the penalty regime for Scheduled and Unscheduled downtime a penalty regime for PACS-RIS-VNA component failure and unacceptable performance will also be applied.
   * 1. PACS-RIS-VNA component failure and unacceptable performance refers to any failure that does not result in the inability to use the system at a facility but has an impact on service delivery based on a severity code. A severity code shall determine the time to respond and the time to repair for an individually logged call.
     2. The following table defines the severity code, expected Time to Respond, and Time to Repair values.

|  |  |  |
| --- | --- | --- |
| Severity Code | Time to Respond | Time to Repair |
| A | 30 Minutes | 4 hours |
| B | 1 hour | 8 Business Hours |
| C | 4 hours | 10 Business Days |
| D | Next business day | As agreed between the parties |

* + 1. A Lead time of 1 hour per 100km from central Cape Town would be added to the above target resolution times, for facilities outside the defined radius and where the problem cannot be resolved remotely.
    2. For Severity Code A errors, resolution times are measured in elapsed hours. For Severity Codes B, C and D resolution times are measured in elapsed business hours. For this contract “Business Hours” are defined as Monday to Friday excluding Public Holidays from 08h00 to 17h00.

|  |  |
| --- | --- |
| Severity Code | Description and Criteria |
| A | A critical function within the PACS-RIS-VNA not working resulting in a work-around or manual intervention with significant operational impact, which will require backlog capturing of data once the function is repaired. This could be either as a result of hardware, software or peripheral equipment supplied by the Bidder.  Critical data corruption in the PACS-RIS-VNA solution that results in significant operational impact and necessitates a recovery of data or other intervention. |
| B | A function within the PACS-RIS-VNA not working resulting in a work-around or manual intervention with operational impact, which will require backlog capturing of data once the function is repaired. This could be either as a result of hardware, software or peripheral equipment supplied by the Bidder. For example   * A diagnostic workstation failure but where there is more than 1 diagnostic workstation available for reporting. * A failure of the HL7 interface so updates from the HIS are not processed timeously. |
| C | A function within the PACS-RIS-VNA not working resulting in a work-around or manual intervention with low operational impact, which will require backlog capturing of data once the function is repaired. This could be either as a result of hardware, software or peripheral equipment supplied by the Bidder. |
| D | Request for enhancement or provision of services managed by a change control process including priority of the issue and commitment dates for the issue to be resolved. |

1. Penalties for PACS-RIS-VNA component failure and unacceptable performance will be applied as follows:
   * 1. Severity Code A: Issues not responded to within 30 minutes or resolved within the 4-hour Time to Repair requirements will result in a penalty of 5% of the monthly Managed Service Fee Per Study for the designated facility. Thereafter this will be incremented by a further 5% for each additional 4-hour period while the issue remains unresolved to a total accumulated capped deduction of 40%.
     2. Severity Code B: Issues not responded to within 1 hour Time to Respond or resolved within the 8-hour Time to Repair requirements will result in a penalty of 5% of the monthly Managed Service Fee Per Study for the designated facility. Thereafter this will be incremented by a further 5% for each additional 8-hour period while the issue remains unresolved to a total accumulated capped deduction of 40%.
     3. Severity Code C: Issues not responded to within 4 hours or resolved within the 10-business day Time to Repair requirements will result in a penalty of 5% of the monthly Managed Service Fee Per Study for the designated facility. Thereafter this will be incremented by a further 5% for each additional 10-business days period while the issue remains unresolved. If the issue remains unresolved at the end of a Calander month any full periods of 10 Business Days will be used to calculate the penalty for that month. Any portions of 10 Business Days will be carried forward to the next month and a 5% penalty will be incurred in the following month for each completed 10 Business Day period in which the issue is not resolved from the 1st day of the following month.
     4. Severity Code D: For enhancements that have been approved and agreed by both parties by a change control process that are not delivered within the agreed timeframe will incur a 10% penalty for every month that it remains outstanding unless the delay is caused by the Department.
2. Both Unscheduled downtime penalties and penalties for PACS-RIS-VNA component failure and unacceptable performance will be applied per facility for issues that only affect a single facility. For cases where the issue impacts the enterprise solution and therefore all facilities, the penalty will be applied to the combined total from all the facilities impacted.
3. The Bidder shall in agreement with the WCGHW implement a “Self-managed Penalty Regime”. This implies that the Bidder will be required to produce a “Penalty Report” every quarter which will detail the number of calls logged per month, the severity of the calls, the time to respond and time to repair per call, and a total proposed penalty, if applicable. The WCGHW will review the proposed penalty and either accept or reject it. In the case the proposed penalty is accepted the Bidder will apply the accepted penalty to the following month's invoice. In the case the proposed penalty is rejected the Bidder and Department will review the data together and agree on the appropriate penalty to be applied. The agreed penalty will be applied to the following month’s invoice.

### **Scope of Technical Solution**

1. The Bidders technical solution shall be delivered based on the responses given to the requirements in Section 4.2 Technical Returnable Documents and Section 4.3 Technical Functional Requirements.
2. If the Bidder has responded, Part Compliance, Minimum Compliance or Exceeds Compliance to any line item in section 4.3 Technical functional Requirements it shall be deemed to be included in the proposed solution and pricing except for line items under 4.6.20 and 4.6.21 which are noted as optional.

### **Project Reporting and Meetings**

1. The Bidder and/or OSM shall be required to provide a bi-monthly project report to the WCGHW during the design, build, migration, test, training and go-live stages of the project for each facility.
2. The Bidder and/or OSM shall be required to organise and manage regular project meetings with the WCGHW project team as agreed during the definition stage of the project.
3. The Bidder and/or OSM shall be responsible for providing meeting agendas, and meeting minutes for all project meetings.
4. The Bidder shall be responsible for managing the issue and risk registers during the project.
5. The Bidder shall be responsible for tracking and documenting issues logged during UAT.
6. The Bidder shall be responsible for setting up training schedules and documenting training attendance registers.
7. The successful Bidder is required to generate regular reports as outputs during the maintenance and support cycle of the solution (the report types will drive the service level agreement; the definition of the content of each report will be finalised at the time of concluding the contract).
8. The Bidder shall be required to maintain and update the UAT scripts as required during the contract period.

### **Certification, Expertise and Qualifications**

1. The successful Bidder shall utilise at least two (2) technical employees who are technically qualified and specialised in PACS-RIS-VNA applications and architecture. These employees must also be OEM/OSM solution certified for the entire period of the contract.
2. The successful Bidder must utilise at least two (2) application specialist employees who are qualified radiographers and OEM/OSM solution certified for the entire period of the contract.
3. All technical and applications specialist employees as noted in (a) shall be based in the Western Cape Province for the entire period of the contract.
4. The Bidder represents that,
   1. It has the necessary expertise, skill, qualifications and ability to undertake the work required in terms of the Statement of Work or Service Definition and;
   2. it is committed to providing the Products or Services; and
   3. perform all obligations detailed herein without any interruption to the Customer.
5. The successful Bidder must provide the service in a good and workmanlike manner and in accordance with the practices and high professional standards used in well-managed operations performing services.
6. The successful Bidder must perform the Services in the most cost-effective manner consistent with the level of quality and performance as defined in the Statement of Work or Service Definition.
7. Original Equipment Manufacturer (OEM) or Original Software Manufacturer (OSM) work:
   1. The successful Bidder must ensure that the work or service performed is in accordance with official OEM or OSM documentation, recommendations, and notifications.

### **Logistical Conditions**

1. If SITA and/or WCGHW grants the successful Bidder permission to access SITA's and/or WCGHW's environment including hardware, software, internet facilities, data, telecommunication facilities and/or network facilities remotely, the successful Bidder must adhere to SITA's and/or WCGHW relevant policies and procedures.
2. the successful Bidder, in the absence of such policy and procedures noted above in (a), shall work within the framework of best industry practice.
3. **Tools of Trade.** The successful Bidder must bring their necessary tools of trade for them to perform their duties adequately.
4. **On-site and Remote Support.** The successful Bidder must give support remotely and if required on-site depending on the issue being resolved.
5. Support and Help Desk.
   1. The successful Bidder and/or OSM/OEM must ensure that 24-hour, 7 days a week, helpdesk support is available for the full period of the contract.
   2. The successful Bidder and/or OSM/OEM must ensure that the personnel manning the helpdesk support are trained and certified, based on the minimum certification requirement of the OEM or OSM for the products being offered.

### **Skills Transfer and Training**

1. The successful Bidder and/or OSM/OEM must provide certified training on the proposed solution or products to PACS administrators, PACS Coordinators and other identified personnel to enable WCGHW to provide 1st line support and operate the product or solution after implementation
2. The successful Bidder and/or OSM/OEM shall ensure that training is delivered based on the training plan as agreed during the definition stage of the project.
3. The successful Bidder shall provide refresh training to WCDGH staff after any upgrades to any application products of the solution.
4. The successful Bidder shall provide regular training during the contract to cater for new staff members.

### **Sub-Contracting as a condition of tender**

1. SITA, in terms of the SITA Preferential Policy (PPP), has an obligation to advance designated groups which includes black SMMEs (i.e. Exempted Micro Enterprises (EME) and Qualifying Small Enterprises (QSE) for the supply of certain ICT goods or services where feasible to subcontract for a contract above R50m, an organ of state must apply sub-contracting to advance designated groups.
   * + 1. The bidder is required to subcontract a minimum of 30% of the value of this contract to EMEs, and/or QSEs which is at least 51% owned by black people, black women, youth, or people with disabilities. If 30% in not feasible the Bidder must clearly state the proposed percentage the bidder intends to subcontract as well as the reasons for not being able to achieve the minimum requirement of 30% subcontracting.
2. SITA reserves the right to accept or reject the proposed percentage subcontracting and further negotiate with the preferred bidder and if not satisfied may not award the tender.

### **Regulatory, Quality and Standards**

1. The successful Bidder must for the duration of the Contract ensure compliance with ISO/IEC General Quality Standards, ISO27001, and Protection of Personal Information Act (POPIA).
2. The successful Bidder must for the duration of the Contract ensure compliance with General Quality Standards, ISO 9001.
3. The successful Bidder must for the duration of the Contract ensure all diagnostic monitors supplied are kept calibrated in compliance with ANNEX C.9.f: SAHPGL RDN-XR-01-v1 Guideline for QC in Medical Diagnostic X-Ray Imaging Solution.pdf. Any diagnostic monitor that fails calibration compliance during the contract shall be replaced.
4. The Bidders PACS-RIS-VNA products shall be DICOM enables and comply with the DICOM services as required in the specification.
5. The Bidders PACS-RIS-VNA products shall support the HL7 v2.5 standard as a minimum requirement.

### **Personnel Security Clearance**

1. The Bidder personnel who are required to work with information related to NATIONAL SECURITY must have a valid South African security clearance or must apply within 30 days of the signed contract for a security clearance to the level of CONFIDENTIAL at the expense of the Bidder from the South African State Security Agency or duly authorised Personnel Security Vetting entity of SA Government.
2. The successful Bidder must ensure that the security clearances of all personnel involved in the contract remain valid for the period of the Contract.
3. As an interim, an oath of secrecy must be signed by the technician/resources on condition that proof is supplied that the submission is made for a security clearance of confidentiality.

### **Confidentiality and non-disclosure conditions**

1. The Bidder, including its management and staff, must before commencement of the Contract, sign a non-disclosure agreement regarding Confidential Information.
2. Confidential Information means any information or data, irrespective of the form or medium in which it may be stored, which is not in the public domain, and which becomes available or accessible to a Party as a consequence of this Contract, including information or data which is prohibited from disclosure by virtue of:
   1. the Promotion of Access to Information Act, 2000 (Act no. 2 of 2000);
   2. being clearly marked "Confidential" and which is provided by one Party to another Party in terms of this Contract;
   3. being information or data, which one Party provides to another Party or to which a Party has access because of Services provided in terms of this Contract and in which a Party would have a reasonable expectation of confidentiality;
   4. being information provided by one Party to another Party in the course of contractual or other negotiations, which could reasonably be expected to prejudice the right of the non-disclosing Party;
   5. being information, the disclosure of which could reasonably be expected to endanger the life or physical security of a person;
   6. being technical, scientific, commercial, financial and market-related information, know-how and trade secrets of a Party;
   7. being financial, commercial, scientific or technical information, other than trade secrets, of a Party, the disclosure of which would be likely to cause harm to the commercial or financial interests of a non-disclosing Party; and
   8. being information supplied by a Party in confidence, the disclosure of which could reasonably be expected either to put the Party at a disadvantage in contractual or other negotiations or to prejudice the Party in commercial competition; or
   9. information the disclosure of which would be likely to prejudice or impair the safety and security of a building, structure or system, including, but not limited to, a computer or communication system; a means of transport; or any other property; or a person; methods, systems, plans or procedures for the protection of an individual in accordance with a witness protection scheme; the safety of the public or any part of the public; or the security of property; information the disclosure of which could reasonably be expected to cause prejudice to the defence of the Republic; security of the Republic; or international relations of the Republic; or plans, designs, drawings, functional and technical requirements and specifications of a Party, but must not include information which has been made automatically available, in terms of the Promotion of Access to Information Act, 2000; and information which a Party has a statutory or common law duty to disclose or in respect of which there is no reasonable expectation of privacy or confidentiality;
3. Notwithstanding the provisions of this Contract, no Party is entitled to disclose Confidential Information, except where required to do so in terms of a law, without the prior written consent of any other Party having an interest in the disclosure;
4. Where a Party discloses Confidential Information which materially damages or could materially damage another Party, the disclosing Party must submit all facts related to the disclosure in writing to the other Party, who must submit information related to such actual or potential material damage to be resolved as a dispute;
5. Parties may not, except to the extent that a Party is legally required to make a public statement, make any public statement or issue a press release which could affect another Party, without first submitting a written copy of the proposed public statement or press release to the other Party and obtaining the other Party's prior written approval for such public statement or press release, which consent must not unreasonably be withheld.

### **Guarantee and Warranties**

The Bidder warrants that:

1. The warranty of goods supplied under this contract remains valid for the duration of the contract after the goods, or any portion thereof as the case may be, have been delivered and accepted at the final destination, and commissioned into the solution indicated in the contract;
2. as at Commencement Date, it has the rights, title and interest in and to the Product or Services to deliver such Product or Services in terms of the Contract and that such rights are free from any encumbrances whatsoever;
3. the Product is in good working order, free from Defects in material and workmanship, and substantially conforms to the Specifications, for the duration of the Contract period;
4. the Products are maintained as per the OSM or OEM requirements during the Contract Period;
5. the Product possesses all material functions and features required for WCGHW operational requirements.
6. the Product remains connected or the Service is continued during the term of the Contract;
7. all third-party warranties that the Bidder receives in connection with the products including the corresponding software and the benefits of all such warranties are ceded to the WCGHW without reducing or limiting the Bidder’s obligations under the Contract;
8. no actions, suits, or proceedings, pending or threatened against it or any of its third-party suppliers or sub-contractors that have a material adverse effect on the Bidder’s ability to fulfil its obligations under the Contract exist;
9. The WCGHW is notified immediately if it becomes aware of any action, suit, or proceeding, pending or threatened to have a material adverse effect on the Bidder’s ability to fulfil the obligations under the Contract;
10. The WCGHW use of the Product and Manuals supplied in connection with the Contract does not infringe any Intellectual Property Rights of any third party;
11. the information disclosed to SITA/WCGHW does not contain any trade secrets of any third party unless disclosure is permitted by such third party;
12. it is financially capable of fulfilling all requirements of the Contract and that the Bidder is a validly organized entity that has the authority to enter into the Contract;
13. it is not prohibited by any loan, contract, financing arrangement, trade covenant, or similar restriction from entering into the Contract;
14. the prices, charges and fees to the WCGHW as contained in the Contract are at least as favourable as those proposed by the Bidder to any of its other customers that are of the same or similar standing and situation as the WCGHW; and
15. any misrepresentation by the Bidder amounts to a breach of Contract.

### **Intellectual Property Rights**

1. WCGHW retains all Intellectual Property Rights in and to WCGHW Intellectual Property. As of the Effective Date, the Bidder is granted a non-exclusive license, for the continued duration of this Contract, to perform any lawful act including the right to use, copy, maintain, modify, enhance and create derivative works of WCGHW 's Intellectual Property for the sole purpose of providing the Products or Services to WCGHW pursuant to this Contract; provided that the Bidder must not be permitted to use WCGHW's Intellectual Property for the benefit of any entities other than WCGHW without the written consent of WCGHW which consent may be withheld in WCGHW's sole and absolute discretion. Except as otherwise requested or approved by WCGHW which approval is in WCGHW's sole and absolute discretion, the Bidder must cease all use of WCGHW's Intellectual Property, at the earliest of:
   1. termination or expiration date of this Contract;
   2. the date of completion of the Services; and
   3. the date of rendering of the last of the Deliverables
2. If so required by WCGHW Bidder must certify in writing to WCGHW that it has either returned all WCGHW Intellectual Property to WCGHW or destroyed or deleted all other WCGHW Intellectual Property in its possession or under its control
3. WCGHW, at all times, owns all Intellectual Property Rights in and to all Bespoke Intellectual Property.
4. Save for the license granted in terms of this Contract, the Bidder retains all Intellectual Property Rights in and to the Bidder’s pre-existing Intellectual Property that is used or supplied in connection with the Products or Services
5. Provide WCGHW with the compliant Occupational Health and Safety File (required on-site for the period of installation and proof of compliance).

### **Counter Conditions**

1. Bidders’ attention is drawn to the fact that amendments to any of the Bid Conditions or setting of counter conditions by bidders may result in the invalidation of such bids.

### **Fronting**

1. The WCGHW supports the spirit of Broad Based Black Economic Empowerment and recognizes that real empowerment can only be achieved through individuals and businesses conducting themselves in accordance with the Constitution and in an honest, fair, equitable, transparent and legally compliant manner. Against this background, the WCGHW will not condone any form of fronting.
2. The WCGHW, in ensuring that bidders conduct themselves in an honest manner will, as part of the bid evaluation processes, conduct or initiate the necessary enquiries/investigations to determine the accuracy of the representation made in bid documents. Should any of the fronting indicators as contained in the Guidelines on Complex Structures and Transactions and Fronting, issued by the Department of Trade and Industry, be established during such enquiry/investigation, the onus will be on the Bidder to prove that fronting does not exist. Failure to do so within 14 days from the date of notification may invalidate the bid and may also result in the restriction of the Bidder to conduct business with the public sector for a period not exceeding ten (10) years, in addition to any other remedies SITA may have against the Bidder concerned.

### **Business Continuity and Disaster Recovery Plans**

1. The bidder confirms that they have written business continuity and disaster recovery plans that define the roles, responsibilities and procedures necessary to ensure that the required services under this bid specification are in place and will be maintained continuously in the event of a disruption to the bidder’s operations, regardless of the cause of the disruption.

### **Supplier Due Diligence**

1. SITA/WCGHW reserves the right to conduct Bidder due diligence before the final award or at any time during the Contract period and this may include pre-announced / non-announced site visits. During the due diligence process, the information submitted by the bidder will be verified and any misrepresentation thereof may disqualify the bid or Contract in whole or parts thereof.

Sub-contracting

### **Preference Goal Requirements conditions**

1. The Bidder’s commitment to the Preference Goal Requirements in this tender will be legally binding and the Bidder needs to perform against their commitment for the duration of the contract which will form part of the Contractual Agreement.
2. The Bidder must sustain or improve the company’s BBBEE Level for the duration of the contract which will form part of the Contractual Agreement.
3. Performance of Preference Goal Requirements will be determined annually. Bidders must submit their Preference status report indicating progress against the Bidder’s Preferential commitments within 30 days of the yearly anniversary of the contract.
4. Bidders need to keep auditable substantive records/evidence and upon request by SITA/WCGHW must be made available for audit and, or due diligence purposes.
5. SITA/WCGHW reserves the right to require from a Bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim with regards to preferences, in any manner required by SITA/WCGHW.
6. SITA/WCGHW reserves the right to verify information/evidence provided by the Bidder.
7. SITA/WCGHW reserves the right to introduce a **penalty of 1%** of the overall annual year spent by SITA/WCGHW for the prior year if the Bidder fails to comply with **paragraphs (a), (b) and (c) above**.

### **Declaration of compliance and acceptance The Special Conditions of Contract**

I (we), the bidder hereby declare that I (we) accept ALL the Special Conditions of Contract as specified in par 4.5 above and shall comply with all stated obligations:

Name of Bidder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Costing and Preference Points Evaluation (Stage 6)**
     1. **Costing and Preference Evaluation**

1. In terms of the SITA Preferential Procurement Policy (PPP), the following preference point system is applicable **for this** Bid:
   1. the 80/20 system (80 Price, 20 Specific Goals) for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); or
   2. the 90/10 system (90 Price and 10 Specific Goals) for requirements with a Rand value above R50 000 000 (all applicable taxes included).
2. The Bidder must complete **either the 80/20 or 90/10 preference point system** based on the offer submitted by the Bidder and submit proof of documentation required in terms of this tender.
3. SITA reserve the right to apply either the **80/20, or 90/10** preference point system based on the following conditions:
   1. If the lowest acceptable bid price is up to and including R50 000 000 (all applicable taxes included) then the 80/20 preferential point system will apply to all acceptable bids; **or**
   2. If the lowest acceptable bid price is above R50 000 000 (all applicable taxes included) then the 90/10 preferential point system will apply to all acceptable bids;
4. Points will be allocated for each of the **Preferential Goal Requirements** for this tender as indicated in **table 10,** dependant on paragraphs (2) and (3) above.
5. The maximum points for this tender will be allocated as follows, subject to paragraph 4 above.
6. Points for this tender shall be awarded for:
   1. Price; and
   2. Preference points for specific goals.

**Table 22:** Points allocation

| **Description** | **Points**  **Table 12A** | **Points**  **Table 12B** |
| --- | --- | --- |
| Price | 80 | 90 |
| Preference points for specific goals | 20 | 10 |
| Total points for Price and preference points for specific goals | **100** | **100** |

* + 1. **Costing and Pricing Conditions**

1. **SOUTH AFRICAN PRICING**

The total price **must** be VAT inclusive and be quoted in South African Rand (ZAR).

1. **TOTAL PRICE**
   1. The Bidder will be bound by the following general costing and pricing conditions and **SITA/WCGHW** reserves the right to negotiate the conditions or automatically disqualify the bidder for not accepting these conditions:
   2. All quoted prices are the total price for the entire scope of required services and deliverables to be provided by the bidder.
   3. All additional costs must be specified.
   4. **SITA/WCGHW** reserves the right to negotiate pricing with the successful bidder prior to the award as well as envisaged quantities.
2. The funding model for the contract will be based on a Managed Service Fee Per Study.
   1. A “Study” in this context is defined as a collection of one or more medical images generated from a single patient from a single modality as a single DICOM Unique Identifier (DICOM UID) and transformed into a flexible hierarchical representation using the solution.
3. The Managed Service Fee Per Study will be paid, monthly, in arrears, based on the actual number of Studies performed at each facility and ingested into the central enterprise solution.
4. Each facility shall be invoiced separately with evidence of the number of studies done at each facility.
5. Final sign-off without material failure for 30 days after the Go-live date at a facility will trigger invoicing.
6. The WCGHW will commit to pay the agreed Managed Service Fee Per Study Fee, per study, per facility within a range of plus or minus 10% of the minimum committed volumes noted in the PACS-RIS-VNA Pricing Schedule.
7. The SITA/WCGHW reserves the right to renegotiate the Managed Service Fee Per Study, if the aggregated volumes per annum, fall outside of these parameters on the up and downside of the 10% range.
8. The Managed Service Fee Per Study, per stage, shall be a single value, based on the total aggregated volumes of all studies done at all facilities.
9. The number of studies, per facility, as noted in the PACS-RIS-VNA Pricing Schedule includes an annual increase of 2% for the duration of the contract.
10. The number of studies as noted in the PACS-RIS-VNA Pricing Schedule includes an additional 10% above known volumes to cater for additional studies that may come from outside the WCGHW facilities or be sent from the central facilities for patients who were referred to those facilities.
11. The facility's first-year volumes have been adjusted to reflect that the facilities will go live at different times throughout the first year of the Contract.
12. The bidder must complete the declaration of acceptance as per section 4.6.5 below by marking with an “X” either “ACCEPT ALL”, or “DO NOT ACCEPT ALL”, failing which the declaration will be regarded as “DO NOT ACCEPT ALL” and the bid will be disqualified.
    * 1. **Bid Pricing Schedule**

Bidders must complete the bid pricing schedule in the Excel spreadsheet format provided and include this as part their submission.

* + 1. **Rate of Exchange Pricing Information**

Provide the TOTAL BID PRICE for the duration of the Contract and indicate the Local Price and Foreign Price, where –

1. **Local Price** means the portion of the TOTAL price that is NOT dependent on the Foreign Rate of Exchange (ROE) and;
2. **Foreign Price** means the portion of the TOTAL price that is dependent on the Foreign Rate of Exchange (ROE).
3. **Exchange Rate** means the ROE (ZA Rand vs foreign currency) as determined at the time of the bid.
   * 1. **Bid Exchange Rate Conditions**

The bidders must use the exchange rate provided below to enable SITA to compare the prices provided by using the same exchange rate:

|  |  |
| --- | --- |
| **Foreign currency** | **South African Rand (ZAR) exchange rate** |
| 1 US Dollar | R18,99 |
| 1 Euro | R20,41 |
| 1 Pound | R23,79 |

**NOTE (1):**

The ROE indicated above is to ensure a competitive bidding process.

**NOTE (2):**

The ROE stated above will apply for this tender and Bidder need to indicate the foreign content which will be subjected to ROE fluctuation.

ROE fluctuation will only be applied to the specific foreign component.

The details will be negotiated during the contracting phase.

* 1. **Declaration of Acceptance**

|  | **ACCEPT ALL** | **DO NOT ACCEPT ALL** |
| --- | --- | --- |
| 1. The bidder declares to ACCEPT ALL the Costing and Pricing conditions as specified in **par 4.4.2** above by indicating with an “X” in the “ACCEPT ALL” column, or 2. The bidder declares to NOT ACCEPT ALL the Costing and Pricing Conditions as specified in **par 4.4.2** above by -    1. Indicating with an “X” in the “DO NOT ACCEPT ALL” column, and;    2. Provide a reason and proposal for each of the conditions not accepted. |  |  |
| **Comments by a bidder:**  Provide the condition reference and the reasons for not accepting the condition. | | |

* 1. **PREFERENCE REQUIREMENTS**

**4.6.1 INSTRUCTION AND POINT ALLOCATION**

1. **The bidder must complete in full all the PREFERENCE requirements.**
2. **Allocation of points per requirements:** The points allocation of bidders’ responses to the requirements will be determined by the completeness, relevance and accuracy of substantiating evidence.
3. **Points will be allocated for each PREFERENCE requirement as per the criteria set in tables 12A, or 12B, based on the offer submitted by the Bidder.**
4. **The bidder must provide a unique reference number** (e.g. binder/folio, chapter, section, page) to locate substantiating evidence in the bid response. During evaluation, SITA reserves the right to treat substantiation evidence that cannot be located in the bid response, as “NOT COMPLY”. The evidence needs to be attached to **ANNEX A**.
5. **Preference Goal Requirements:**
   1. **The Bidder must complete either the 90/10 or 80/20 preference point system based on the offer submitted by the Bidder and submit proof or documentation required in terms of this tender.**
   2. The specific Preferential Goal Requirements for this tender is indicated in **table 11** below.
   3. The Bidder **must indicate their commitment** to claim points for each of the preference points by signing at par 4.5 in the Invitation to Bid document.
   4. Failure on the part of a bidder to submit proof or documentation required or to comply to paragraph (b) above in terms of this tender to claim preference points for the **Preference Goal Requirements** for this tender, will be interpreted to mean that preference points are not claimed.
   5. The Bidder’s **commitment** for the **Preference Goal Requirements** in this tender will be **legally binding** and the Bidder needs to **perform against their commitment** for the duration of the contract which will form part of the Contractual Agreement.
   6. The Bidder **must sustain, or improve** the company’s **BBBEE Level** for the duration of the contact which will form part of the Contractual Agreement.
   7. Performance of Preference Goal Requirements will be determined annually. Bidders must submit their Preference status report to **WCGHW** indicating progress against the Bidder’s Preferential commitments **within 30 days after each quarter from the commencement date of the contract**.
   8. Bidders need to keep auditable substantive records / evidence and upon request by **WCGHW** must be made available for audit and, or due diligence purposes.
   9. **SITA/ WCGHW reserves the right** **to** require from a Bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim with regards to preferences, in any manner required by **SITA/** **WCGHW**.
   10. **SITA/ reserves the right to** verify information / evidence provided by the Bidder.
   11. **WCGHW reserves the right to** introduce a **penalty of 1%** of the overall annual year spent by **WCGHW** for the prior year if the Bidder fails to comply to **paragraphs (e), (f) and (g) above.**

**Table 23:** Preference Goal Requirements (Specific Goals)

| **Preference Goal Requirement #** | **Preferential Goal Requirements**  **(Specific Goals)** | | |
| --- | --- | --- | --- |
|  | **Preferential Goal Requirements allocated for this tender** | **Substantiating evidence and evidence reference to be completed by bidder.** Evaluation per requirement: Each requirement indicated in the table below must be completed and points will be allocated based on the evidence required below**:** | **Evidence reference** |
|  | **B-BBEE Requirements** |  | |
| 1) | **B-BBEE Requirements:**  Promotion of Transformational Objectives. | **Evidence:** The Bidder must provide a copy of the following relevant evidence for the Preferential Goal points which the Bidder qualifies for:   1. **Columns A, B and C in tables 24A or 24B**   Copy of relevant proof of B-BBEE status level of contributor as defined in the Broad-Based Black Economic Empowerment Act; **and/or**   1. **Column D in tables 24A or 24B**   Copy of South African Identification Document (ID); **and/or**   1. **Column E in tables 12A or 12B**   Copy of Medical Certificate.  **Points allocation:** Points will be allocated for bidders that meets the requirements as indicated in either **table 12A, or 12B in section 4.6.1.** | <provide unique reference to locate substantiating evidence in the bid response – **Annex A, section 5.4**> |

**Table 24A**: B-BBEE Points as part of the Preference Goal requirements (Preferential Goal Requirements for (80/20) system)

**Note: Bidder to select the section for points they wish to claim (Mark as Y=Yes) in the table below.**

|  |  |  |  | **Ownership of at least 51% of People who are:** | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference #** | **Contributor Level as defined in the Broad-Based Black Economic Empowerment Act** | **Local Entity** | **EME/QSEs** | **Woman Owned** | **Youth Owned** | **Owned by People living with disabilities** | **Score** | **Bidder to select the section for points they wish to claim**  **(Mark as Y= Yes)** |
|  |  | **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** |  |
| **1** | **Level 1** | 0 | **4** | **8** | **6** | **2** | **20** |  |
| **2** | **Level 1** | 0 | **4** | **8** | **6** | 0 | **18** |  |
| **3** | **Level 1** | 0 | **4** | **8** | 0 | 0 | **12** |  |
| **4** | **Level 2 and 3** | 0 | **2** | **4** | **2** | **2** | **10** |  |
| **5** | **Level 2 and 3** | 0 | **2** | **4** | **2** | 0 | **8** |  |
| **6** | **Level 2 and 3** | 0 | **2** | **4** | 0 | 0 | **6** |  |
| **7** | **Level 4 and 5** | 0 | **1** | **2** | **1** | **1** | **5** |  |
| **8** | **Level 4 and 5** | 0 | **1** | **2** | **1** | 0 | **4** |  |
| **9** | **Level 4 and 5** | 0 | **1** | **2** | 0 | 0 | **3** |  |
| **10** | **Level 6** | 0 | 0 | 0 | 0 | 0 | **0** |  |
| **11** | **Level 7** | 0 | 0 | 0 | 0 | 0 | **0** |  |
| **12** | **Level 8** | 0 | 0 | 0 | 0 | 0 | **0** |  |
| **13** | **Non-Contributor** | 0 | 0 | 0 | 0 | 0 | **0** |  |

**Total Maximum Score Allocation: 20**

F= A+B+C+D+E

**Table 24B:** B-BBEE Points as part of the Preference Goal requirements (Preferential Goal Requirements for (90/10) system)

**Note: Bidder to select the section for points they wish to claim (Mark as Y=Yes) in the table below.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Ownership of at least 51% of People who are:** | | |  |  |
| **Reference #** | **Contributor Level as defined in the Broad-Based Black Economic Empowerment Act** | **Local Entity** | **EME/QSEs** | **Woman Owned** | **Youth Owned** | **Owned by People living with disabilities** | **Score** | **Bidder to select the section for points they wish to claim**  **(Mark as Y= Yes)** |
|  |  | **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** |  |
| **1** | **Level 1** | 0 | **2** | **4** | **3** | **1** | **10** |  |
| **2** | **Level 1** | 0 | **2** | **4** | **3** | 0 | **9** |  |
| **3** | **Level 1** | 0 | **2** | **4** | 0 | 0 | **6** |  |
| **4** | **Level 2 and 3** | 0 | **1** | **2** | **1** | **1** | **5** |  |
| **5** | **Level 2 and 3** | 0 | **1** | **2** | **1** | 0 | **4** |  |
| **6** | **Level 2 and 3** | 0 | **1** | **2** | 0 | 0 | **3** |  |
| **7** | **Level 4 and 5** | 0 | **0,5** | **1** | **0,5** | **0,5** | **2,5** |  |
| **8** | **Level 4 and 5** | 0 | **0,5** | **1** | **0,5** | 0 | **2** |  |
| **9** | **Level 4 and 5** | 0 | **0,5** | **1** | 0 | 0 | **1,5** |  |
| **10** | **Level 6** | 0 | 0 | 0 | 0 | 0 | **0** |  |
| **11** | **Level 7** | 0 | 0 | 0 | 0 | 0 | **0** |  |
| **12** | **Level 8** | 0 | 0 | 0 | 0 | 0 | **0** |  |
| **13** | **Non-Contributor** | 0 | 0 | 0 | 0 | 0 | **0** |  |
| **Total Maximum Score Allocation:** | |  | **10** |  |  |  |  |  |

F= A+B+C+D+E

1. Bidder substantiating evidence

# Technical mandatory requirement evidence

## Bidders Certification/Affiliation

1. Attach a copy of valid documentation (letter/certificate/license ) as proof that the bidder is an OEM/OSM or accredited/registered with the OEM/OSM as a partner to provide an enterprise PACS-RIS-VNA Solution **here.**
2. If the Bidder is an agent of the OEM/OSM products, the date the partnership was established and the number of years the partnership has been active shall be provided.
3. Confirmation that the partnership is valid at the time of the bid.

**NOTE (1).** All letters or certificates must be in writing, dated, signed and on the letterhead of the entity that issued it.

**Note (2)**: SITA/WCGHW reserve the right to verify the information provided.

1. Attach a copy of a valid SAHPRA license for the diagnostic monitors proposed in the bid **here.**

If the license is not in the name of the Bidder then, in addition to the license, a Memorandum of Understanding (MOU) or legally binding agreement as proof that the Bidder can supply the diagnostic monitors in the case of a partnership or joint venture.

## Bidders' experience and capabilities

1. Complete table below, noting that:
   1. The Bidder must provide reference details from at least two (02) customers to whom an enterprise PACS-RIS-VNA solution with a similar design, products and architecture including a central enterprise architecture, connected to five remote facilities with synchronized on-prem local PACS-RIS caches was delivered in the last five (05) years from the publication of this bid.
   2. Scope of work must be related.

**NOTE (1)**

The Bidder **must provide all** of the following information when completing **table 25:**

* 1. Company name; and
  2. Contact person, telephone **and/or** e-mail address; **and**
  3. Project scope of Work; **and**
  4. Project start and End date.

**NOTE (2):**

Failure to comply fully to the requirements as indicated above will result in disqualification.

**NOTE (3):**

SITA/ WCGHW reserves the right to verify information provided.

**Table 25:** References

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Company name** | **Reference Person Name, Tel and/or email** | **Project Scope of Work** | **Project Start and End-date** |
| 1 | <Company name> | <Person Name>  <Tel>  <email> | The Bidder must provide reference details from at least two (02) customers to whom an enterprise PACS-RIS-VNA solution with a similar design, products and architecture including a central enterprise architecture, connected to five remote facilities with synchronized on-prem local PACS-RIS caches was delivered in the last five (05) years from the publication of this bid | Start Date:  End Date: |
| 2 | <Company name> | <Person Name>  <Tel>  <email> | The Bidder must provide reference details from at least two (02) customers to whom an enterprise PACS-RIS-VNA solution with a similar design, products and architecture including a central enterprise architecture, connected to five remote facilities with synchronized on-prem local PACS-RIS caches was delivered in the last five (05) years from the publication of this bid | Start Date:  End Date: |

## Bidders Location Requirement

Attached a proof of address from the local authority or a lease agreement from the landlord.

**Note:** SITA/WCGHW reserves the right to verify the information provided.

## Memorandum of Understanding (MOU) or Agreements

Attach a copy of the legally binding agreements/or MOUs entered into for this bid.

**Note:** SITA/WCGHW reserves the right to verify the information provided.

## Bidders Resources Product Certification

Attach a valid copy of certifications from the OEM/OSM as proof of product training.

**Note:** SITA/WCGHW reserves the right to verify the information provided.

## DICOM Conformance Requirements

Attach evidence in the form of the following:

1. The DICOM conformance statement for the PACS solution proposed.
2. The DICOM conformance statement for the RIS solution proposed.
3. The DICOM conformance statement for the VNA solution proposed.
4. The DICOM conformance statement for the CD ROBOT solution proposed.

**Note 1:** If the design of the proposed system combines the RIS and PACS and therefore does not have a separate DICOM statement for each system, the Bidder must clearly state this in the evidence provided.

**Note 2:** SITA/WCGHW reserves the right to verify the information provided.

## HL7 Conformance Requirements

Attach evidence in the form of the following:

1. An official OSM HL7 integration document detailing the versions of HL7 V2.x the solution support.
2. An official OSM HL7 integration document identifying the various inbound and outbound HL7 V2.x message types supported by the proposed products.
3. An official OSM HL7 integration document identifying the various segments and data fields supported by the proposed products.

**Note**: SITA/WCGHW reserves the right to verify the information provided.

## Preference points preferential goals evidence

The Bidder **must**:

* + 1. **Preference Goal Requirements:**

Bidder to select the section for points they wish to claim (Mark as Y=Yes) in **either tables 24A or 24B in section 4.6.1**, dependant on which preference system the Bidder selects in line with **section 4.6.1; and**

Provide a copy of the following relevant evidence for the Preferential Goal points which the Bidder qualifies for as set out in **table 11** in **section 4.6.1** and **attach it here**:

* + - * 1. **Columns A, B and C in tables 24A or 24B**

Copy of relevant proof of B-BBEE status level of contributor as defined in the Broad-Based Black Economic Empowerment Act; **and/ or**

* + - * 1. **Column D in tables 24A or 24B**

Copy of South African Identification Document (ID); **and/ or**

* + - * 1. **Column E in tables 24A or 24B**

Copy of Medical Certificate.

* + 1. Indicate their commitment to claim points for each of the preference points **by signing at par 4.5 in the Invitation to Bid document.**

**NOTE (1):**

**Failure on the part of a bidder to comply to paragraphs (1) and (2) above, will be interpreted to mean that preference points are not claimed.**

## Technical functionality requirements evidence

# The Bidder must attach their responses and evidence to the technical functionality requirements noted in table 18.

The Bidder is required to utilize the unique item number specified. Subsequently, they should generate a distinctive evidence reference number, which could be a binder/folio, chapter, section, or page, among others. This reference number will serve to pinpoint the location of the supporting evidence within Annex A 5.9.

1. WCG ICT policies and ICT requirements

# WCG ICT policies and ICT requirements evidence

The Bidder must confirm that they comply with the following WCG ICT policies and ICT requirements as indicated below as these will be legal contractual binding:

Note: The following additional documents are provided as a reference to the various WCG ICT policies and ICT requirements.

1. Annex C.9.h Anti-Virus Standard
2. Annex C.9.i Network Security Standard
3. Annex C.9.j WCG Endpoint Security Policy 15 Dec 2021
4. Annex C.9.k WCG Incident and Vulnerability Management Policy 15 Dec 2021
5. Annex C.9.l WCG Logical Access Management Policy 15 Dec 2021
6. Annex C.9.m WCG Network Security Policy 15 Dec 2021

Table 26: WCG ICT policies and ICT requirements

|  |  |  |
| --- | --- | --- |
| No. | WCG ICT policies and ICT requirements | Yes/No |
| 1. | The Bidder acknowledges that their IT security team has read and understands the various WCG IT policies relating to radiology workstations and confirms that these policies will not impact the performance and functionality of the proposed solution. |  |
| 2. | All radiology workstations shall be connected to the pgwc.gov.za domain and thus receive the appropriate security policies as required. |  |
| 3. | The WCG uses Microsoft Defender as the standard antivirus software on all radiology workstations. Bidders shall confirm that this software will not impact the performance and functionality of the proposed solution. |  |
| 4. | The Bidder shall load Microsoft Windows 10 22h2 as the standard operating system on all radiology workstations. |  |
| 5. | The Bidder shall supply all software and operating software licensing for the radiology workstations supplied. |  |
| 6. | The Bidder shall ensure that if, during the contract period, the Windows OS is deemed end-of-life by Microsoft, the OS is updated to the latest OEM/OSM-approved OS. |  |
| 7. | All radiology workstations shall use Microsoft Endpoint Manager or Intune for the deployment of patches as approved by WCG. |  |
| 8. | All radiology workstations shall be put in their own Organizational Unit (OU) within Active Directory (AD) for remote support. |  |
| 9. | The Bidder acknowledges that their IT security team has read and understands the various WCG IT policies relating to server infrastructure and confirms that these policies will not impact the performance and functionality of the proposed solution. |  |
| 10. | All servers shall be connected to the pgwc.gov.za domain and thus receive the appropriate security policies as required. |  |
| 11. | The WCG uses Microsoft Defender as the standard antivirus software on all Microsoft servers. Bidders shall confirm that this software will not impact the performance and functionality of the proposed solution. |  |
| 12. | All Microsoft Windows servers shall run Windows Server 2022 or higher. |  |
| 13. | The Bidder shall supply all software and operating software licensing for the servers supplied. |  |
| 14. | The Bidder shall ensure that if, during the contract period, the Windows OS is deemed end-of-life by Microsoft, the OS is updated to the latest OSM-approved OS. |  |
| 15. | All Microsoft servers shall use Microsoft Endpoint Manager for patch management as approved by WCG. |  |
| 16. | All Microsoft servers will be put in their own OU within AD for remote support. |  |
| 17. | For Microsoft, Managed Service accounts shall be used for integration. |  |
| 18. | For Microsoft, Multi-Factor authentication shall be used where needed. |  |
| 19. | All Certificates used shall be obtained from a Certificate Authority (CA). |  |
| 20. | Any replacements/additions to servers shall go through the change control process of the WCG. |  |
| 21. | Where connectivity is required for remote monitoring and remote support the WCG offers 2 options:   * Client-to-site VPN connection through VPNra * Site-to-site VPN using IPSEC. |  |
| 22. | For the IPSEC tunnel, the connection shall only be allowed if initiated from within the WCG network to the vendor. |  |
| 23. | IPSEC tunnel shall terminate in the DMZ area of the WCG firewall. |  |
| 24. | Bidder shall abide by security policies and undertakings as per the attached security-related documents. |  |
| 25. | The IPSEC tunnel will be subject to terms and conditions as agreed between the parties. |  |
| 26. | All networking hardware connected to a SITA WAN or WCGHW LAN shall be compliant with the WCGHW standards list of equipment. |  |
| 27. | The Internet protocol shall be TCP/IP. |  |
| 28. | Networks shall be segmented into separate VLANs, and the configuration thereof will be done in consultation with the Centre for e-Innovation (CeI). |  |
| 29. | The Bidder shall make use of the existing hospital network for image distribution to clinicians. |  |
| 30. | The Bidder shall provide network switch/s to connect servers within racks from where connectivity to the facility network will be provided. |  |
| 31. | The Bidder shall provide redundant links to the facilities network. The media could be either copper or fibre depending on the facility's LAN infrastructure. |  |
| 32. | CeI shall provide important switch configurations for network security purposes. |  |
| 33. | All network infrastructure equipment needs to be updated regularly and end-of-life equipment shall be replaced during the contract period. |  |
| 34. | Bidders are to be aware that this submission will go through an internal governance process to determine security controls and compliance. The successful bidder will be required to provide additional information that may be in the form of solution design documents, relevant security certifications (e.g., ISO27001, PCI-DSS), independent assessments of security controls (e.g., SOC2 Type 2 Report), white papers or website links to security related information. |  |
| 35. | Additionally, the successful bidder will be required to provide the Application type, Application Architecture, Development Platform, Development Language, Database type, and bandwidth requirements as well as indicate if open APIs are available, the solution backup and recovery plan and how data will be accessed and stored. |  |

I, the bidder (Full names)………………………………………………………….representing (company

name)…………………………………………………………….. Hereby confirm that I comply with the above WCG ICT policies and ICT requirements and understand that it will form part of the contract and is legally binding.

Thus done and signed at …………………………………….. On this………day of……………..….20….

……………………………….

Signature

Designation:

# THIRD-PARTY RISK MANAGEMENT (TPRM) ASSESSMENT

# Instructions

1. In terms of the approved SITA Third-Party Risk Management Framework, all Bidders responding to this bid must complete the following section by answering ALL the questions.
2. By completing the Third-Party Risk Management Assessment the Bidder agrees to provide all reasonable supporting documentation when requested to do so, as well as during contract finalisation as this is a pre-award condition of this bid.
3. Any risk identified during the assessment process will have to be mitigated and/or remediated before or during the contract finalisation phase. A detailed mitigation plan, that is acceptable to SITA, may also be required.
4. Supplier due diligence, as contained in the Special Conditions of Contract, is also applicable to this Third-Party Risk Management process.
5. The following 6 (six) risk elements will be assessed:
   1. Company risk: 10 questions;
   2. Financial risk: 6 questions;
   3. Operational risk: 8 questions;
   4. Governance and compliance risk: 6 questions;
   5. Information security and privacy risk: 7 questions;
   6. Reputational risk: 6 questions.

## Evaluation Criteria

### Company risk

* 1. Questions 2, 3, 6, 8, 9, 10:

| **Evaluation criteria** | **Score** |
| --- | --- |
| Yes | 0 |
| Partially meet requirements | 0.5 |
| No | 1 |

* 1. Questions 1, 4, 5:

| **Evaluation criteria** | **Score** |
| --- | --- |
| Yes | 1 |
| Partially meet requirements | 0.5 |
| No | 0 |

* 1. Question 7:

| **Evaluation criteria** | **Score** |
| --- | --- |
| Yes, actively operating for more than 5 years | 1 |
| 2-5 Years actively operating | 0.5 |
| No, actively operating for less than 2 years | 0 |

### All questions for all other risk elements:

| **Evaluation criteria** | **Score** |
| --- | --- |
| Yes | 1 |
| Partially meet requirements | 0.5 |
| No | 0 |

## Third Party Risk Assessment

* 1. The assessment of bidders’ responses to the questions will be determined by the completeness (i.e. all questions answered), undertaking signed (where required) and accuracy of substantiating evidence, when requested. Please note that SITA reserves the right to verify the information provided.

| **Question to assess each risk element** | **Bidders response:**  **Mark relevant box with an “X”** | | |
| --- | --- | --- | --- |
| **Company Risk** | | | |
| 1. Have you listed all related party transactions to be declared between you and SITA or its department in SBD9? | Yes | Partially | No |
| 1. Are you currently involved in litigation against SITA – or do you foresee litigation being instituted within the next 6 months? | Yes | Partially | No |
| 1. Are there any law suits or ongoing litigation that could affect this transaction in any way or the bidder as an ongoing concern? | Yes | Partially | No |
| 1. Is customer service delivery or contract performance actively monitored by you? | Yes | Partially | No |
| 1. Do you have formal strategic planning processes in place? | Yes | Partially | No |
| 1. Are any of your directors or shareholders Prominent Influential People (PIP) or Politically Exposed Persons (PEP)? | Yes | Partially | No |
| 1. Has your company been actively operating as a going concern for more than 5 years? | Yes | 2-5 Years | Less than 2 years |
| 1. Is the company busy with a re-organisational/restructuring process that may impact this transaction? | Yes | Partially | No |
| 1. Are any of your suppliers located in a region where geopolitical risk exposure is high? | Yes | Partially | No |
| 1. Has any current director of the bidder ever served as a director of a company during a period where a Government contract was cancelled? | Yes | Partially | No |
| **Financial Risk** | | | |
| 1. Did you have positive revenue growth in the past three years? | Yes | Partially | No |
| 1. Is the proposed bid price going to be **less than 40%** of your total annual revenue for the previous financial year? | Yes | Partially | No |
| 1. Is the financial health of your company in good standing? | Yes | Partially | No |
| 1. Were your Annual Financial Statement (AFS) unqualified in the last financial year? | Yes | Partially | No |
| 1. Do you have sufficient cash in the bank (2 or more months’ worth of operating cost) to operate under restricted conditions for at least 2 months? | Yes | Partially | No |
| 1. Do you have a clean credit record: No current or pending judgement, adverse listing, business rescue or principal sequestration listing? | Yes | Partially | No |
| **Operational Risk** | | | |
| 1. Do you have operational redundancy (resilience) in terms of technology and energy resources to ensure high availability of services? | Yes | Partially | No |
| 1. Are your dependencies for logistics either fully under your own control **or** managed through supplier performance management contracts? (Choose “Yes” if fully under your own control and “No” for supplier contracts) | Yes | Partially | No |
| 1. Do you have operational procedure standards in place across the organisation, such as change control, release management, access control, incident management, back-up regimes and restore tests, etc? | Yes | Partially | No |
| 1. Do you have human resources management in place, including succession planning and mitigation against key reliance on single individuals? | Yes | Partially | No |
| 1. Do you have sound supply chain processes in place? | Yes | Partially | No |
| 1. Do you have sound third party risk management processes in place (fourth party for SITA)? | Yes | Partially | No |
| 1. Do you have a fully-fledged research and development (R&D) department to ensure continuous improvement? | Yes | Partially | No |
| 1. Do you rely on locally manufactured components or have actively managed the risk relating to lead times or delivery delays? (Choose “Yes” is you rely on locally manufactured components or can actively manage lead times and prevent delivery delays where manufacturing is not local i.e. not in South Africa) | Yes | Partially | No |
| **Governance and Compliance Risk** | | | |
| 1. Do you comply with all legislation, including labour, health and safety regulations? | Yes | Partially | No |
| 1. Do you have the appropriate governance frameworks (Cobit, ITIL, King) in place with due monitoring against set standards? | Yes | Partially | No |
| 1. Do you have an internal audit function compliant with IIA standards (insourced, outsourced or co-sourced) in place? | Yes | Partially | No |
| 1. Do you follow formally documented enterprise risk management processes? | Yes | Partially | No |
| 1. Are all statutory requirements of the entity up to date? Specifically, the following: CIPC Returns, Tax returns, UIF and COIDA. | Yes | Partially | No |
| 1. Do you have comprehensive insurance in place, including cover for assets, business disruption and liability? | Yes | Partially | No |
| **Information Security and Privacy Risk** | | | |
| 1. Are your physical security perimeters appropriately safeguarded? | Yes | Partially | No |
| 1. Do you have video surveillance of areas that will contain SITA information/products? | Yes | Partially | No |
| 1. Do you conduct security and suitability verification of all employees prior to employment? | Yes | Partially | No |
| 1. Do you have identification verification controls in place in all your buildings? | Yes | Partially | No |
| 1. Are your access control protocols verified to be effective by Internal and/or External Auditors? | Yes | Partially | No |
| 1. Do you have Security Information and Events Management (SIEM) processes in place? | Yes | Partially | No |
| 1. Do you have sufficient information security and cyber arrangements in place for employees working from home? | Yes | Partially | No |
| **Reputational Risk** | | | |
| 1. Do you have anti-bribery and corruption, anti-money laundering and fraud prevention practices in place? | Yes | Partially | No |
| 1. Please confirm that neither the company, nor any of its directors has been named in any corruption scandal (choose “Yes” to confirm **not being named** in a corruption scandal) | Yes | Partially | No |
| 1. Do you have a social responsibility programme in place? | Yes | Partially | No |
| 1. Do you have an environmental protection policy, including potential harmful emission or hazardous waste management? | Yes | Partially | No |
| 1. Do you actively manage your organisation’s energy consumption? | Yes | Partially | No |
| 1. Is your employment equity plan up to date and actively managed? | Yes | Partially | No |

## Third Party Risk Management Declaration

* 1. The bidder hereby makes the following declaration and confirm the following information (mark with a “X” in the corresponding column):

| **Statement of Declaration** | **Accept and Confirm** | **Do not accept and Confirm** |
| --- | --- | --- |
| 1. All questions in this assessment were answered accurately. |  |  |
| 1. SITA can request additional supporting documentation, within reason, to confirm the accuracy and completeness of the information provided in this self-assessment. |  |  |

### Declaration of Acceptance

|  |  |  |
| --- | --- | --- |
|  | **Accept all** | **Do not accept all** |
| 1. The bidder declares that all information provided in this assessment is accurate. 2. The bidder understands that any false information may constitute misrepresentation.    1. SITA reserves the right to verify the information provided. 3. By completing the Third-Party Risk Management Assessment the Bidder agrees to provide all reasonable supporting documentation when requested to do so, as well as during contract finalisation as this is a **pre-award condition of this bid.** 4. The bidders understand and agrees that this section will form part of the contract and is legally binding. |  |  |
| **Any additional comments by bidder pertaining to the third-party risk assessment:** | | |

**NOTE: Failing to complete all the questions, or not Accepting the Declaration of Acceptance will lead to disqualification.**

1. Additional documentation
2. Annex C.9.a: INC25696952 PACS-RIS-VNA Architecture Overview diagram.pdf
3. Annex C.9.b: INC25696952 DICOM Modality Service list.xlsx
4. Annex C.9.c: INC25696952 WCGHW Existing Workflows.pdf
5. Annex C.9.d: INC25696952 WCGHW Study Data.xlsx
6. Annex C.9.e: INC25696952 SITA WAN Connectivity Overview.Pdf
7. Annex C.9.f: SAHPGL RDN-XR-01-v1 Guideline for QC in Medical Diagnostic X-Ray Imaging Systems.pdf
8. Annex C.9.g: INC25696952 PACS-RIS-VNA Pricing Schedule
9. Annex C.9.h Anti-Virus Standard
10. Annex C.9.i Network Security Standard
11. Annex C.9.j WCG Endpoint Security Policy 15 Dec 2021
12. Annex C.9.k WCG Incident and Vulnerability Management Policy 15 Dec 2021
13. Annex C.9.l WCG Logical Access Management Policy 15 Dec 2021
14. Annex C.9.m WCG Network Security Policy 15 Dec 2021