

Attachment 1

Functional/Business Requirements Traceability Matrix

Draft EHR 2017

Bidders are instructed to complete a Functional/Business Requirements Traceability Matrix for Electronic Health Record Solution. Bidders are required to describe in detail how their proposed solution meets the conformance specification outlined within each Functional/Business Requirement.

The traceability matrix is used to document and track the project requirements from the proposal through testing to verify that the requirement has been completely fulfilled. The contractor will be responsible for maintaining the contract set of Baseline Requirements. The traceability matrix will form one of the key artifacts required for testing and validation that each requirement has been met (i.e., 100% fulfilled).

The traceability matrix must indicate how the bidder intends to comply with the requirement and the effort required to achieve that compliance. It is not sufficient for the bidder to simply state that it intends to meet the requirements of the RFP. DHHS will consider any such response to the requirements in this RFP to be non-responsive. The narrative should provide DHHS with sufficient information to differentiate the bidder's technical solution from other bidders' solutions.

The bidder must ensure that the original requirement identifier and requirement description are maintained in the traceability matrix as provided by DHHS. Failure to maintain the requirements in the original form may be grounds for disqualification.

How to complete the traceability matrix:

Column Description	Bidder Responsibility
Req #	The unique identifier for the requirement as assigned by DHHS, followed by the specific requirement number. This column is dictated by this RFP and must not be modified by the bidder.
Requirement	The statement of the requirement to which the bidder must respond. This column is dictated by the RFP and must not be modified by the bidder.
(1) Comply	The bidder should insert an "X" if the bidder's proposed solution complies with the requirement. The bidder should leave blank if the bidder's proposed solution does not comply with the requirement. If left blank, the bidder must also address the following: <ul style="list-style-type: none">• Capability does not currently exist in the proposed system, but it planned in the near future (within the next few months)• Capability not available, is not planned, or requires extensive source-code design and customization to be considered part of the bidder's standard capability• Requires an extensive integration effort of more than 500 hours
(a) Core	The bidder should insert an "X" if the requirement is met by existing capabilities of the core system or with minor modifications to existing functionality.
(b) Custom	The bidder should insert an "X" if the bidder proposes to custom develop the capability to meet this requirement. Indicate "custom" for those features that require substantial or "from the ground up" development efforts.

Column Description	Bidder Responsibility
(c) 3rd Party	The bidder should insert an "X" if the bidder proposed to meet this requirement using a 3rd party component or product (e.g., a COTS vendor, or other 3rd party). The bidder must describe the product, including product name, its functionality and benefits in their response.

Introduction

The facilities operated by the Division of Behavioral Health (DBH) and the Division of Developmental Disabilities (DDD) have identified the following major functions and divided the functions into operational tasks. It is the intent these facilities to look to the bidder to provide expertise in describing how their application handles these functions and tasks. The bidder should respond to each question. The goal of these facilities is to implement a commercial, off-the-shelf (COTS) EHR system with as little customization as possible. **Bidders are encouraged to identify when and where any improvements or modifications to their product can improve the workflow.**

The State realizes that not all of the requirements stated in this specification may be COTS functions or operational tasks. While it is hoped that many of the functions and tasks are available from COTS, the State encourages bidders to note any modifications necessary to provide the functions required in this specification, and to meet the design needs of the system.

The major considerations for the procurement, implementation and maintenance of required software and hardware components which are associated with the EHR system are summarized as follows:

1. The system exists to support the functional needs of the DHHS Division of Behavioral Health with an intuitive, user-friendly method of maintaining and accessing patient information.
2. Support direct patient care. The EHR solution must directly support the delivery of acute and extended patient/client care. This includes capturing and tracking patient demographics consistent with Meaningful Use standards. It also includes ensuring accuracy and timeliness of patient information.
3. Support the continuity of care. The information the EHR solution helps improve coordination of patient/client care within DHHS and across organizational boundaries.
4. The solution must seamlessly support the continuity of care as individuals move across care settings (e.g., from acute to extended care) or among healthcare providers (e.g., from State-operated facilities to community service providers).
5. The capacity (or expandability) of the system must be adequate to cover the long range needs of the Regional Centers, up to ten years.
6. The system must offer optimal performance with a minimal expenditure of DHHS personnel resources or funds required for maintenance (e.g., contractor labor).
7. The system must be capable of maintaining comprehensive health records on all current and future patients. Support patient-centric care. To achieve ubiquitous availability of timely and protected information required to care for a specific individual, the EHR solution must be patient-centric—not clinician-, venue- or population-centric. A patient-centric perspective places patients in the center of the healthcare delivery process and focuses information sharing on the integration of patient information from all providers and venues of care.
8. Potential changes could occur due to the passage of legislation. The solution must have the flexibility to comply with all applicable Federal and State rules and regulations as well as required reporting and third party billing
9. The operational features of the software must be advanced in functional considerations and representative of state-of-the-art technical design. Align with industry standards and trends. The EHR solution must be consistent with national HITECH initiatives as well as with national standards for EHRs. It must be compatible with efforts in progress within the community services delivery system to develop behavioral healthcare EHRs. The solution must be based upon and adhere to appropriate national and State data elements, coding transactions and clinically relevant terminology standards (e.g., ICD-CM/10, CPT, LOINC, DSM V TR, NCDPCP, etc.). The solution must follow existing and developing national and State interconnectivity standards such as Health Level 7 (HL7) Clinical Document Architecture's Continuity of Care Document (CCD), and Healthcare Information Technology Standards (HITSP).
10. Include data and functionality. The EHR solution must include functionality that enhances the care delivery process, including development disability, mental health, and clinical assessments and forms. The solution shall also support the analysis of mental health/clinical data and decision-making. Furthermore, it must

contain the full array of functionality that supports any venue of care, and may be tightly coupled to other functional capabilities that are not directly related to patient care but are required to manage an extended stay.

11. Permit future interoperability requirements. The EHR solution must be scalable to eventually provide interconnectivity with other health and human service agencies in Nebraska and private healthcare organization. The State wishes to implement a technically advanced, robust and proven system – not a new and unproven system that could introduce high levels of risk. A proven system that is configurable to meet the needs, business processes, security requirements and reporting requirements. The bidder must be CCHIT certified and be able to exchange healthcare information via electronic interface (HL7) with other certified systems and DHHS systems.

It should be noted that some examples and illustrative phrases are provided throughout this specification. Bidders are cautioned that a specific implementation should not be inferred from an example or illustration, but that an appropriate implementation must be proposed.

Bidders are also cautioned that in the case of a conflict between a description in a narrative section of this document, and a requirement quoted as a specification, the specification shall have precedence.

The State views the electronic health record system as needing the following overall functional components:

1. General System Functionality
2. Patient Flow and Records Retention
3. Health Information Management Requirements
4. Account Management and Billing
5. Clinical Features
 - a. Order Management
 - b. On-line Medication Administration Record (E-MAR)
 - c. Workflow Management
 - d. Documentation
 - e. Integration of Documentation
 - f. Clinical Summary
 - g. Medication Reconciliation Documentation
 - h. Informed Consent Documentation
 - i. Evidence-based resources and clinical decision support
6. Data Management, Data Mining, and Population Health Management Reporting
7. Pharmacy
8. Dietary
9. Integration Capabilities
10. Service and Support
11. System Training

Electronic Health Record Software Functional/Business Requirements

DHHS knows there are many standard features built into commercially available EHR Systems. The functional requirements that follow are those that DHHS staff deem essential. This does not diminish the need or importance of any other features already-developed applications may have. Bidders will be asked if their application meets a specific requirement and to define the process or how their application can be modified to meet specific functional requirements. Bidders will also be asked to define and describe any other functions their application may have.

Each requirement is identified by the following first three characters:

GEN	General System Requirements
PFR	Patient Flow and Record Retention Requirements
HIM	Health Information Management Requirements
ACT	Account Management and Billing Requirements
CLN	Clinical Features Requirements
DAT	Data Management Requirements
PHM	Pharmacy Requirements
DTY	Dietary Requirements
INT	Integration Requirements
SER	Service and Support Requirements
TRN	System Training Requirements

General System Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
GEN-1	The system must allow for a minimum of 1600 users. Describe the ability to scale the proposed system in terms of numbers of concurrent users and total users. Explain any limitations on the system with regards to number of users.				
Response:					
GEN-2	The system must allow more than one user to be in the same record at the same time permitting only one user to make changes within the same part of the record at the same time.				
Response:					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
GEN-3	The system must have the ability to enter all data in real time.				
Response:					
GEN-4	The system must provide customized views and available functionality by user group or role (role-based security). The system must allow non-relevant items to be hidden based on the user group or role.				
Response:					
GEN-5	The system must ensure privacy and security protection for confidential information. Detail how your product tracks access to patient data and how it can be reported. Describe how the system protects confidentiality and integrity of all Protected Health Information (PHI) delivered over the Internet or other known open networks.				
Response:					
GEN-6	The system must allow for administrator rights to oversee the systems, including the ability to configure multiple access rights and security levels based on user security profiles (role-based) The access rights must be customizable with respect to functions such as the ability to import/export data, view data, edit and/or amend data, un-finalize documents, void entries, and to configure and generate reports.				
Response:					
GEN-7	The system must have the ability to lock certain forms and data elements that are available within a given security level for data searching and reporting to ensure data would not be released inadvertently.				
Response:					

GEN-8	The system must audit/track all activity specific to each user and process, including at a minimum, date and time of last login, invalid login attempts, system errors, and all transaction activities, including inquiry. The system must provide the capability to identify and report on inappropriate access to information in the system, based on user-defined criteria. Discuss the administrative tools used within your system for security.				
Response:					
GEN-9	The system must prevent the creation of duplicate user accounts. Detail how this is done.				
Response:					
GEN-10	The system must meet the current and future industry standards of the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Affordable Care Act (ACA), Health Insurance Portability and Accountability Act (HIPAA), Center for Medicare and Medicaid Services (CMS), Joint Commission and Nebraska state regulations.				
Response:					
GEN-11	The system must meet EHR certification and meaningful use stage II or higher requirements set forth by the Office of the National Coordinator for Health Information Technology (ONC). See www.healthit.gov for guidance.				
Response:					
GEN-12	The system must include electronic signature capability and automatic date and time stamping for all entries. The number of signatures associated with a document must not be limited.				
Response:					
GEN-13	The system must enable the user with appropriate access to amend, modify and void entries, but never be able to delete completely.				
Response:					

GEN-14	The system must allow for remote access via handheld devices, tablets, laptops, etc. A scalable mobile app is preferred for working with different devices such as laptops, tablets and cell phones. A mobile tablet is the State preferred device. At the current time, the State of Nebraska uses Windows-based hardware devices using Android app functionality. Describe the mobile offerings for the solutions, on what mobile platforms the solution is based, and the limitations and constraints of the mobile access component.				
Response:					
GEN-15	The system should indicate required fields on input pages and flag a required blank entry after input.				
Response:					
GEN-16	The system must be able to capture a patient signature with electronic documents such as Advance Directives, Informed Consent, Master Treatment Plan, Transition of Care Plan and others. Describe how patient signatures are captured within the system.				
Response:					
GEN-17	The system must support different medical record numbering schemes to accommodate each facility's requirements.				
Response:					
GEN-18	The system must have the capability of maintaining records for all patients in the Regional Centers and Beatrice State Developmental Center. At present time, the census for the Regional Centers is approximately 375 and BSDC is 109. Describe any limitations of the proposed system on the number of records or database size.				
Response:					
GEN-19	The system must incorporate extensive, secure telecommunications capabilities that allow staff and clinicians to access the EHR from remote locations. The State of Nebraska currently utilizes CITRIX for this service. Describe what service are utilized.				
Response:					

GEN-20	The system must provide for user-generated password reset.				
Response:					

Patient Flow and Records Retention Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PFR-1	The system must provide duplicate record checking and alerts. Data elements used to support this must also include aliases. Detail what elements are used to support duplicate record checking.				
Response:					
PFR-2	The system must allow all Admission, Discharge, Transfer, and Leave (ADTL) data to be viewed for any client throughout the system and support the ability to add or remove patients from the census individually.				
Response:					
PFR-3	The system must allow for a digital photograph that can be accessed and printed for various purposes, with the ability to update as needed and retain all previous photographs taken. The patient pictures should be archived chronologically, so that they may be referenced accordingly.				
Response:					
PFR-4	The system must maintain patient legal status and commitment information with changes relevant to patient stay and be able to extract this data for submission to other DHHS agencies (for example, Behavioral health Gun File, etc.). The fields that contain legal status and commitment information must be customizable by the facility.				
Response:					

PFR-5	The system must have the functional capability to collect readmission data for any parameters set by the facility. . Describe how the solution is able to generate information on timeframes between discharge and admission.				
Response:					
PFR-6	The system must have canned census reports and those reports must be modifiable. List the canned census reports and modifications available.				
Response:					
PFR-7	The system must be able to archive patient records, and provide a long-term repository for all clinical patient data with a longitudinal view of the patient's clinical data. Describe how long-term data is managed and retrieved (for example, archived to a different data store, purged, etc.).				
Response:					
PFR-8	The system should be able to set alerts, triggers, or reports at the patient record level for periodic follow up.				
Response:					
PFR-9	The system must allow for the sharing of the Transition Care Record with secure transmission from within the system to outside providers, as well as maintain a confirmation of the transmission with the patient record.				
Response:					
PFR-10	The system must provide an Assign Bed/Transfer/Switch Bed function from the census. The Switch Bed function must allow for simultaneous swap.				
Response:					

PFR-11	The system should allow for reassignment for rooms for patients who are on a "leave" status.				
Response:					
PFR-12	The system should have the capability to import patient health history data from an existing system.				
Response:					
PFR-13	The system should provide a summary care record for each transition of care and referral visit.				
Response:					
PFR-14	The system must be able to calculate real-time length of stay measures for current episode and at the end of each episode. For example, the length of stay in number of days must be increased by one day for every day of hospitalization.				
Response:					
PFR-15	The system should allow a group of patients to be placed on a "leave" status without going into each patient record individually. Additionally, the group should be able to be taken off "leave" status much the same way.				
Response:					
PFR-16	The system should ensure accurate and timely management of providers/staff schedules and user-friendly handling of patient/client appointments.				
Response:					
PFR-17	The system should support features to configure provider/staff availability for appointments.				
Response:					

PFR-18	The system should decrease no-shows with automated client reminder phone calls. (DDD only)				
Response:					
PFR-19	The system should utilize drag-and-drop scheduling features.				
Response:					
PFR-20	The system should allow multi-provider/multi-staff scheduling in a single view.				
Response:					
PFR-21	The system should provide the ability to schedule re-occurring or series appointments with a single entry.				
Response:					
PFR-22	The system should allow a user to reserve/block time slots for specific procedure types.				
Response:					
PFR-23	The system should allow a user to view daily, weekly, or monthly schedules.				
Response:					

Health Information Management Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
HIM-1	The system must work with a speech recognition software (such as Nuance's Dragon Software) to translate dictation directly into the system.				
Response:					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
HIM-2	The system must offer a variety of data entry options, e.g. direct entry, dictation, voice recognition, structured notes, etc. Describe the options of data entry available in the system.				
Response:					
HIM-3	The system must support resident and attending signatures. For example, multiple signatures should be allowed on documentation such as progress notes.				
Response:					
HIM-4	The system should manage documentation deficiencies by user role and by time lapse. For example, the system should alert when a psychiatrist has not completed an annual assessment.				
Response:					
HIM-5	The system must include a summary page for all active patients that includes, at a minimum, history of diagnoses, legal status and commitment type, and attending staff."				
Response:					
HIM-6	The system should allow for deficiency reports to be sent to clinicians online and in paper format.				
Response:					
HIM-7	The system must support automatic alerts of disclosure limitations (such as HIV or substance abuse diagnosis) and potential HIPAA violations. Please describe the alert functionality.				
Response:					

HIM-8	The system should provide automated notification of pending records closure sent as a tickler or email notifications on defined time period from trigger (e.g. client passed away or discharged). The system should send these notifications to defined set of personnel to remind them to complete all necessary documentation (e.g. incident reports and doctor/nurse/interdisciplinary notes).				
Response:					
HIM-9	The system must provide a face sheet that can be customized by facility staff. It must include, at a minimum, current patient picture, demographic data, psychiatric/physical concerns, commitment type and contact data.				
Response:					
HIM-10	The system must maintain a history of case coordinator and treatment team with effective dates.				
Response:					
HIM-11	The system must provide built-in menus for diagnoses and coding for ICD-10, Diagnostic and Statistical Manual (DSM)-IV, DSM-V, NANDA/Nursing Interventions Classification (NIC)/Nursing Outcomes Classification (NOC), and SNOMED CT.				
Response:					
HIM-12	The system should handle client scheduling for both on-campus and off-campus appointments and activities (e.g. reward outings, medical doctor appointments), including transportation, with automated reminders and follow-up, and alerts for family notification (this could have many other features needed to assist).				
Response:					
HIM-13	The system should allow for data entry of outpatient care services provided.				
Response:					
HIM-14	The system must allow for storage of scanned documents and images into an individual patient care record				
Response:					

HIM-15	The system should support both a paperless function and a hybrid function, where the contents of the electronic record can be printed for inclusion in the paper chart.				
Response:					

Account Management and Billing Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
ACT-1	The system must provide a flexible schedule for the generation of patient bills based on patient type and payer/payer health plan or medical service.				
Response:					
ACT-2	The system must continually validate that all necessary information has been entered based on payer/payer health plan billing requirements. The system should provide work lists to users for missing information.				
Response:					
ACT-3	The system must provide for the display of detail on the account and the patient statement including: <ul style="list-style-type: none"> a. Source of payment (i.e. insurance payment, or Blue Cross payment) b. Date of service to which the payment was applied c. Contractual allowances or not-allowed amount d. Co-payment amount e. Co-insurance amount 				
Response:					
ACT-4	The system must support electronic billing of third-party payers with automatic verification of transmittals, retransmission of corrected transmittals, and cancellation of prior transmittals.				
Response:					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
ACT-5	The system must support electronic insurance eligibility checks from public and private payers. Please list clearinghouses with which this functionality exists.				
Response:					
ACT-6	The system should allow a user to enter job cost rates (hourly/unit), the number of hours/units worked, and the resulting pay for clients who perform jobs for a division and are compensated for their work (e.g. clients at BSDC facilities). Upload data to Enterprise One through a contractor-built interface. (Note: this functionality may be used only by DDD)				
Response:					
ACT-7	The system must support billing statement generation that includes account balance, new charges and adjustments. It should also provide a text field to identify spending limitations on an individual's trust account.				
Response:					
ACT-8	The system must provide for accurate record keeping of daily deposit and withdrawal processing.				
Response:					
ACT-9	The system must provide support for Individual Trust Banking, which includes generating an individual balance report with a user-defined date, a petty cash voucher with two signature lines, a 1099 for end of the year interest on trust account, and monthly interest additions.				
Response:					
ACT-10	The system must provide trust fund account reconciliation, statement account reconciliation, and monthly account balance totals.				
Response:					

ACT 11	The system must allow for encounters to be tracked.				
Response:					
ACT-12	The system should allow a user to change individual status on individual accounts, including closing and reactivation. The system should maintain an individual account history for seven (7) years beyond the date of discharge or death.				
Response:					
ACT-13	The system must allow a user to issue a check for a trust fund from a sending facility.				
Response:					

Clinical Features Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
CLN-1	The system must allow users to enter, review, update, and electronically sign all order-related entries connected with any patient. This includes, but is not limited to: medication, lab tests, other tests, diets, consultations, restrictions, statuses, etc.				
Response:					
CLN-2	The system must ensure that only authorized users can electronically sign order-related entries and other clinical documentation.				
Response:					
CLN-3	The system should allow a user to forward patient information to staff, other physicians, etc. Describe the methods by which your system forwards patient information for notification, acknowledgment, co-signatures, etc.				
Response:					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
CLN-4	The system must support configurable order categories and order detail screens.				
Response:					
CLN-5	The system must allow order entry to be accomplished through a single-screen display.				
Response:					
CLN-6	The system must support sequencing/sorting of order displays by user preference, (e.g. chronological, order status, alphabetical, order category, etc.). Please describe the types of sorting available.				
Response:					
CLN-7	The system must provide an audit trail of the users who entered, changed, or cancelled/suspended orders with user ID, date and time for each transaction.				
Response:					
CLN-8	The system must provide the ability to automatically require a co-sign based upon the user role or security settings.				
Response:					
CLN-9	The system should have a clear, efficient process for changing medication doses and frequencies. Describe the steps a prescriber must take to change a Depakote from 500 mg BID to 500 mg QAM and 1000 mg QHS.				
Response:					

CLN-10	The system must support automatic discontinuation of future occurrences of active orders upon patient discharge. Describe how the system handles admission, discharge, and transfer information across multiple components. For example, how medication orders are handled when a patient transfers or discharges.				
Response:					
CLN-11	The system should enable efficient entry of required data elements that will apply to more than one order when entering multiple orders. For example, the prescriber and start date.				
Response:					
CLN-12	The system must provide duplicate order checking for identical active orders and identical unsigned orders. Describe how the system handles duplicate orders.				
Response:					
CLN-13	The system must support a physician-entered order with free text (for example, an order for an outside consultation that needs more description). At least 150 characters is required. Please indicate character limits on text fields in order entry.				
Response:					
CLN-14	The system should allow for medication ordering by trade or generic name only and not by a specific medication product.				
Response:					
CLN-15	The system must expedite notification of STAT orders via multiple delivery mechanisms. Describe the delivery and alert mechanisms used to communicate STAT orders.				
Response:					

CLN-16	The system must support clinical alerts such as drug interactions, allergy interactions, therapeutic duplication, and dose range and limit checking. The system must display clinical alerts at the time of order entry or documentation and the alerts must be able to be viewed at any time, even if overridden. The documentation associated with an override must be able to be retrieved at a later time by a user with appropriate access. Describe how the system handles order conflicts that prompt a clinical alert and how overrides are managed.				
Response:					
CLN-17	The system must include an electronic medication administration record (E-MAR) component. This must manage all orders (medications, treatments, diets, etc.) for users tasked with administration and follow-up duties.				
Response:					
CLN-18	The E-MAR must have the capability to interface in real time with the CPOE system, pharmacy system, vital signs records, automated dispensing machines, and bar code technology. Describe the interface capability of the E-MAR.				
Response:					
CLN-19	The E-MAR must support a method to notify users of new orders without requiring a screen reload and check of all patient records. An obvious and immediate alert or flag is required whenever an order has been placed and is waiting to be acted upon. Please describe the new order alert functionality.				
Response:					
CLN-20	The E-MAR should provide the ability to set automatic reminders to collect effectiveness values at some point after a drug is charted as administered				
Response:					
CLN-21	The E-MAR must provide notification and reporting of orders that have not yet been electronically signed by a provider. Please describe the notification process and report generation.				
Response:					

CLN-22	The E-MAR must provide notification and reporting of orders that have not yet been reviewed by a pharmacist. Please describe the notification process and report generation.				
Response:					
CLN-23	The E-MAR must support the ability to require a second nurse's signature when administering selected medications.				
Response:					
CLN-24	The E-MAR must support automatic charging and inventory control based on administration documentation. This must be customizable by facility and program area.				
Response:					
CLN-25	The E-MAR should provide the ability to electronically send a message to the pharmacy from the E-MAR.				
Response:					
CLN-26	The E-MAR must include comprehensive reporting functionality that allows for tracking of missed administrations, use of PRN medications, administration times that deviate from scheduled times, and other reports as determined by the facility. Describe this functionality in the proposed system. Please list canned reports that exist within the system to accomplish this requirement.				
Response:					
CLN-27	The system must provide workflow reminders from the patient record to reorder existing items, add new items, and complete unfinished or upcoming assessments and/or screening tools. The workflow reminders should link directly to the required tasks.				
Response:					

CLN-28	The system must provide visual cues alerting the physician to orders requiring a co-sign and orders that are about to expire.				
Response:					
CLN-29	The system must highlight or flag if a required document (for example: plan of care, H & P, assessment, transfer document, etc.) has not been initiated within a user-specified period of time. The system must also be able to generate a report to identify these deficiencies. Please describe the process to identify deficiencies.				
Response:					
CLN-30	The system must provide new result indicators for lab, text reports, orders, etc. Describe how this is done.				
Response:					
CLN-31	The system must allow the facility to create and customize workflow reminders and allow them to be adapted by the role of the user.				
Response:					
CLN-32	The system should support processing of multiple orders at a time sorted by time or by tasks, directly from the workflow reminder.				
Response:					
CLN-33	The system should allow for separate documentation categories of medication allergies and prior adverse reactions to medications. Both types of documentation should prompt and alert to the prescriber and reviewing pharmacist.				
Response:					

CLN-34	The system should allow a user to refuse an order on a workflow reminder list and select a reason for refusal, such as “not my patient”. This refusal should be routed back to the originator of the order.				
Response:					
CLN-35	The system must also include discharged patient records on workflow reminders. For example, a recently discharged patient with orders that still need electronically signed.				
Response:					
CLN-36	The system must allow for workflow reminders to be forwarded to other users.				
Response:					
CLN-37	The system should provide the ability for the user to indicate that a workflow reminder task is to be escalated for supervisor review.				
Response:					
CLN-38	The system should contain tools for users to generate workflow reminders from the annual History and Physical, problem lists and nursing care plans.				
Response:					
CLN-39	The system must include a workflow and approval process for off-campus appointments to include an alert system that an appointment request has been entered for approval and notification to users that need to take action on after the request is approved.				
Response:					
CLN-40	The system should provide administrative tools for the facility to build care plans, clinical pathways, guidelines, and protocols for use during client care planning.				
Response:					

CLN-41	<p>The system must support on-line, multi-disciplinary documentation, which includes:</p> <ul style="list-style-type: none"> i. Vital signs (must allow graphing and summary view) ii. Assessments (templates customizable by facility with alerts to incomplete fields) iii. Intake & Output iv. Ongoing clinical documentation such as Treatment Plans, Progress Notes, Problem Lists, etc. (customizable by facility) v. Discharge/Transition of care planning and discharge instructions (customizable by facility) vi. Outside consultations vii. History and Physicals (customizable by facility) viii. Fall, suicide, and seizure precautions ix. Patient education record x. Daily charting xi. Incident reporting xii. Other documentation 				
Response:					
CLN-42	The system must support a highly adaptable format and content for documentation, including customizable templates for progress notes and other assessments.				
Response:					
CLN-43	The system must include a progress note template that is problem-oriented, and has the ability to link to either a diagnosis or problem number.				
Response:					
CLN-44	The system must contain templates for documentation that have point and click features with drop down boxes.				
Response:					

CLN-45	The system should allow for documentation formats for assessments that have graphing capabilities to show monthly, quarterly, and yearly progress				
Response:					
CLN-46	The system should populate fields using data as necessary (e.g. nursing entry like height/weight is then transferred to the nutrition assessment).				
Response:					
CLN-47	The system should create and maintain patient-specific problem lists.				
Response:					
CLN-48	The system should extract data from progress notes, assessments, etc. and link to the Treatment Plan, Nursing Care Plan and Transition of Care Plan.				
Response:					
CLN-49	The system must have the capability to create, review, or amend information on the Treatment Plan regarding a change of status for each unique problem documented in the EHR. This includes, but is not limited to, the date the change was first noticed or diagnosed.				
Response:					
CLN-50	The system should provide the ability to track patient progress against plan of care outcomes and interventions.				
Response:					

CLN-51	The system must be able to sort documents such as progress notes by date, user, encounter type, note type, and note status.				
Response:					
CLN-52	The system should enable orders, which are entered after the plan of care is assigned, to be incorporated into the plan of care.				
Response:					
CLN-53	The system must allow for a summary or snapshot (dashboard) of the client record on one screen. It should be user-defined and customizable. User must be able to view multiple parts of a client record simultaneously on one screen. The summary screen must include at a minimum: patient location, attending practitioner, recent progress notes, and an active medication list.				
Response:					
CLN-54	Describe how the system provides the clinician with immediate access and alerts to new information, messages, and results.				
Response:					
CLN-55	The system should present summary information in a way that facilitates good handoff communication. It should include facility-determined patient-specific information from the last 8 hours and 24 hours, such as PRN medications taken, hours slept, incidents such as a fall, etc. Describe how the facility is able to customize patient summary information.				
Response:					
CLN-56	The system must be able to generate a real-time medication list by a user.				
Response:					

CLN-57	The system must include a medication reconciliation component that allows for documentation of a patient's home or prior facility med list, review by an authorized user, and order entry of medications to start upon admission. This function should give the user the option to leave a medication history as incomplete and allow another user to amend and finalize.				
Response:					
CLN-58	The system must have the capability to order medications directly from the medication reconciliation component. Describe how this is done.				
Response:					
CLN-59	The system should have the capability to gather medication information from a platform such as NeHII.				
Response:					
CLN-60	The system must be able to generate a medication list for a specified date in the past during a patient's stay.				
Response:					
CLN-61	The system must allow for documentation of medication review by an authorized user.				
Response:					
CLN-62	The system must include a component that supports the documentation of informed consent for medications and treatment. It also must be able to record patient signature with documentation.				
Response:					
CLN-63	The system must expedite notification of critical lab results via multiple delivery mechanisms. Describe the delivery mechanisms used to communicate critical lab results.				
Response:					

CLN-64	The system must allow for revisions to the E-MAR by an authorized user. For example, if a medication refusal is documented for a patient and then the patient takes the medication. Describe how documentation in the E-MAR can be revised.				
Response:					
CLN-65	The system must have workflow reminders linked to laboratory results that are flagged as critical.				
Response:					
CLN-66	The system must have a way to link orders (such as a warfarin order that requires the use of two different strengths to make the dose, or an order for insulin linked to an order to obtain a blood sugar reading). Describe how the system is able to link orders.				
Response:					
CLN-67	The system must interface with a drug reference that can be accessed by any authorized user to obtain prescribing information or patient education materials.				
Response:					
CLN-68	The system must be able to limit duration of orders via automatic stop dates by drug class or individual drug product (e.g. 14 day limit on benzodiazepines).				
Response:					
CLN-69	The system should allow each facility to select either narrative charting or exception charting for patient record-keeping (DDD uses exception charting while DBH uses narrative charting).				
Response:					

CLN-70	The system should allow a facility to create documentation that can be used to track quality indicators. Quality indicators may include, but are not limited to: number of infections for a defined period of time, immunization completion rates for all patients admitted within a defined period of time, patients with a BMI greater than 29 for a defined period of time, etc.				
Response:					
CLN-71	The system should allow for simple order entry of a medication with different doses at different times. For example, Depakote 500 mg QAM and 1000 mg QHS should be a linked order and a linked entry on the E-MAR.				
Response:					
CLN-72	The system must use universally-recognized terminology for both the order entry solution and the pharmacy solution.				
Response:					
CLN-73	The system must allow a user to review order history of a specific medication. For example, Depakote dosing over a specified timeframe. Describe how the system presents this information to a user.				
Response:					
CLN-74	The system must clearly indicate the prescriber and attending practitioner on medication lists, E-MAR displays, and E-MAR reports.				
Response:					
CLN-75	On the E-MAR, the administration information for each medication must be presented in a way that includes all the information to a user without scrolling.				
Response:					

CLN-76	The system must be able to track referrals (such as Speech Therapy, Occupational Therapy, Physical Therapy, etc.) and responses to such referrals. Please describe the method by which the solution accomplishes this				
Response:					
CLN-77	The system must require allergy information be added before medication orders can be entered.				
Response:					
CLN-78	The system should provide a flexible, user-modifiable, search mechanism for retrieval of information captured during encounter documentation. For example, the system should have word search functionality that allows a user to search within a patient's electronic record (progress notes, orders, etc.) for a particular word or phrase.				
Response:					

Data Management, Data Mining, and Population Health Management Reporting

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DAT-1	The system should allow certain end users (those with reasonable informatics experience – not software developers) to create or modify data entry forms; in conjunction with this, these users should be able to modify the tables that store the data behind the scenes to facilitate form creation and modification. Users should also be able to save form modifications as templates for future use. Describe the functionality your system offers for the customization of tables and forms.				
Response:					
DAT-2	The system must allow any end user to build an ad hoc report or customize a report by choosing which elements (e.g., line item vs. summary tables or graphs) will be pulled into the report before they run it. This should also include the ability to add sub reports. Describe the functionality your system offers for report customization.				
Response:					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DAT-3	The system must offer the ability to browse the data in any field, as well as the ability to search or browse records based on the value in a particular field. Describe the search functionality offered by your system.				
Response:					
DAT-4	The system must provide flexibility to select, sort, group, and/or filter on multiple fields prior to running a query or report. For example, the system should have the capability to query and identify patients that have a particular condition, are on a certain medication, etc. Describe your system's off-the-shelf report functionality.				
Response:					
DAT-5	The system must generate scheduled reports triggered by facility-defined criteria. For example, an order for a high risk medication triggers a query or report of a patient's medical history. Describe the scheduled/triggering capability of your system.				
Response:					
DAT-6	The system must be able to import from and export reports to other formats (e.g. PDF, Excel, CSV, HTML, XML, etc.). Describe the file formats your system is capable of importing from/exporting to.				
Response:					

DAT-7	<p>The system should enable “cross-talk” between tables containing different types of data to support the creation of complex queries and reports.</p> <p>For example, a report that can look at the relationship between a long-acting injection and a patient’s daily symptoms. Or a report that combines patient acuity information with census information to assist in scheduling of staff.</p> <p>Describe the relational flexibility of your system’s table structure.</p>				
Response:					
DAT-8	<p>The system must report to patient registries for quality management, public reporting, etc. This includes report of Joint Commission and CMS measures through NRI to BHPMS, HBIPS core measure sets, PQRS, and IPFQR. The system must provide canned reports for medication utilization, nursing reports, and Joint Commission Core Measure reports. These should potentially mimic the layout/fields of reports currently used for NRI submission. Describe how your system supports National Hospital Quality Measures and National Patient Safety Goals core measures relating to patient safety. The system must have the capability to create new reports based on changing mandates without incurring additional charges.</p>				
Response:					
DAT-9	<p>The system should provide an off-line reporting database with capability to de-identify the patient and provider information or the ability to export de-identified data directly from the system. Describe how this would be done (e.g., fields containing PHI are flagged, then redacted at point of report generation).</p>				
Response:					
DAT-10	<p>The system should be capable of electronic notifications and routing to specific users or user groups. If routed externally, PHI must be removed.</p> <p>Describe your system’s notification/routing capabilities.</p>				
Response:					

DAT-11	The system must be able to perform data extractions of demographic, legal status, and diagnosis information for reporting to Nebraska's Centralized Data System (CDS) on a weekly basis. Describe your system's data extraction capabilities.				
Response:					
DAT-12	The system must be able to perform data extractions of demographic data related to commitment type at admission and commitment type changes during stay to any of the following: Competency Evaluation, Sanity Evaluation, Competency Restoration, Not Responsible by Reason of Insanity, Mental Health Board Commitment, or Outpatient Mental Health Board Commitment. These extractions are needed on a weekly basis for reporting to the Electronic Commitment Reporting Application (ECRA).				
Response:					

Pharmacy Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PHM-1	The system must include an inpatient pharmacy software solution. This solution must have a screen configuration that is modifiable by the user. Describe what features are modifiable by the user.				
Response:					
PHM-2	The pharmacy solution must comply with federal track and trace requirements, Prescription Drug Monitoring Program (PDMP) reporting requirements, and other state and federal requirements. Describe how the pharmacy solution is able to comply with federal track and trace as well as the ability to send prescription information to a PDMP. See www.nehii.org for more information.				
Response:					
PHM-3	The pharmacy solution must interface with automated dispensing cabinets and controlled substance management solutions. List the dispensing devices to which the pharmacy solution has been interfaced.				
Response:					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PHM-4	The pharmacy solution must be able to collect prescription claim data for third party billing submission, including Medicare Part D benefit plans. Billing submission must be based on doses administered, not dispensed, and be able to account for half-tablets, and multi-dose containers.				
Response:					
PHM-5	The pharmacy solution must include user prompts to correct days' supply for non-oral medications, PRNs, and other administration events as needed.				
Response:					
PHM-6	The pharmacy solution must have the capability to reverse and void claims in real time.				
Response:					
PHM-7	The pharmacy solution must allow for contract (cost) pricing and AWP (wholesale) pricing.				
Response:					
PHM-8	The pharmacy solution must be able to combine separate doses and dosing times for a medication into a single prescription claim. For example: Depakote 500 mg QAM and 1000 mg QHS should be able to be billed on one claim.				
Response:					
PHM-9	The pharmacy solution must be able to handle non-standard dosing frequencies (for example, every other day, M-W-F, daily for 21 days - skip 7 days - repeat, every Monday, etc.)				
Response:					

PHM-10	The pharmacy solution must manage “stop orders” and easily identify “stop orders” on screen and on Medication Summary Report. Provide a report for “stop orders”.				
Response:					
PHM-11	The pharmacy solution should have the capability to track preparation of hazardous drugs.				
Response:					
PHM-12	The pharmacy solution should enable documentation of pharmacist interventions in drug therapy.				
Response:					
PHM-13	The pharmacy solution must have the capability to generate labels both for initial supply and /or cart fill list.				
Response:					
PHM-14	The pharmacy solution must report on all charges sent from the pharmacy system. Describe what canned reports are available with regards to pharmacy charges.				
Response:					
PHM-15	The pharmacy solution should provide standard drug utilization reports with various sort options. For example, antibiotic usage for a defined period of time.				
Response:					
PHM-16	The pharmacy solution must be able to print the cart fill list on demand for either a predefined period of time or a user-defined time period and be able to print the cart fill report by unit.				
Response:					

PHM-17	The pharmacy solution must be able to print a pick list for unit dose cart fills. For example, print a list of medications needed and number of doses of each for a defined timeframe.				
Response:					
PHM-18	The pharmacy solution must have the ability to sort orders for verification according to defined categories of order prioritization, e.g. STAT orders that need verification before regular orders.				
Response:					
PHM-19	The pharmacy solution must have full auditing capabilities. Discuss security and auditing within the pharmacy solution.				
Response:					
PHM-20	The pharmacy solution must have drug-drug interaction checking, with identified interactions viewable at any time that associated orders are in an active status. The system must provide a therapeutic duplication checking feature (ex. More than one medication for pain or constipation on a patient profile).				
Response:					
PHM-21	The pharmacy solution must allow for real-time insurance billing for bulk and multi-dose items such as inhalers, insulin, topical medications, etc.				
Response:					
PHM-22	The pharmacy solution must be able to generate reports that identify patients prescribed more than one medication in a particular drug class. For example, patients taking more than one antipsychotic. Describe how the system is able to identify polypharmacy and generate a report. If the system is able to account for PRN usage of antipsychotics as part of polypharmacy, describe how this is done.				
Response:					

PHM-23	The pharmacy solution must maintain linked orders if orders are linked in the CPOE system.				
Response:					
PHM-24	The pharmacy solution must have the capability to generate a report based on the current use of a medication by active patients.				
Response:					

Dietary Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DTY-1	The system should be capable of interfacing with SureQuest food service management software, or else offer food production management capability comparable to SureQuest. If the bidder offers food production management capability, describe the general function of this product.				
Response:					
DTY-2	The system should provide a history of clients' diet orders and weight record, as well as be able to calculate percent change in weight and send out alerts for significant weight change.				
Response:					
DTY-3	The system must allow for information on diet orders and food allergies entered in one place to be accessible to dietary, nursing, and medical staff. For example, when a dietary change order is entered, it must be sent automatically to the dietary department.				
Response:					

DTY-4	The system must provide a Medical Nutritional Therapy (MNT) Assessment/Screening Form with DHHS-approved fields. The form should be modifiable by individual facility. If other canned dietary/nutrition reports are included in the system, please list.				
Response:					
DTY-5	The system should provide and print food and drug interaction information (such as dietary restrictions for patients on warfarin or MAOIs).				
Response:					
DTY-6	The system should include information on medications that contraindicate with tube feeding. The system should be able to calculate automated tube feedings.				
Response:					

Integration Requirements

An industry-standard HL7 interface is desired.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
INT-1	The system should have the potential to upload information to Nebraska Health Information Initiative (NeHII) (see www.nehii.org). Describe the process for interface with outside entities.				
Response:					
INT-2	The system must include an integrated scanning solution to manage client charts and incoming paper documentation.				
Response:					

INT-3	The system must be able to collect and submit ORYX data to NRI.				
Response:					
INT-4	The system must be able to send laboratory orders to an outside laboratory service and report results from the service within the EHR. This must be coordinated by the contractor.				
Response:					
INT-5	The system must be able to interface with NESIIS, the Nebraska State Immunization Information System. Data exchange must be bi-directional. (See http://dhhs.ne.gov/publichealth/Pages/Data-Exchange.aspx for more information)				
Response:					
INT-6	The system must incorporate test results via standard HL7 interface from: a laboratory service, radiology/imaging service, and other equipment such as ECG, EKG, Holter, and glucometer.				
Response:					
INT-7	The system must provide the capability for electronic transfer of prescription information to an outpatient pharmacy.				
Response:					
INT-8	The system should allow for electronic communication back from an outpatient pharmacy that is able to receive prescriptions via electronic transfer. For example, the outpatient pharmacy is able to send a prescriber a message that is viewed in the EHR.				
Response:					

Service and Support Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SER-1	Describe the ongoing support services offered to your customers.				
Response:					
SER-2	Describe the procedure customers follow to report problems. Include a discussion of methods of contacting the support center, the escalation process, and location of support resources. Indicate the availability of support resources after normal business hours.				
Response:					
SER-3	Describe how updates, enhancements, and new releases are delivered to customers. Indicate how federal and state regulatory changes are made.				
Response:					
SER-4	What is the frequency of software versions and releases?				
Response:					

System Training Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
TRN-1	The vendor must provide train-the-trainer instruction and materials, webinar-based training for users, online user manuals and help for instruction on use of the applications including current data elements. Training materials should reflect all updated information and new versions.				
Response:					

TRN-2	The solution must have online help and training functions built into the software.				
Response:					
TRN-3	Describe the initial training time needed to achieve competency for each role. Describe the proposed approach for providing training after a solution upgrade.				
Response:					

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