



REQUEST FOR INFORMATION

FOR

**ENTERPRISE-WIDE PHYSICIAN
ON-CALL SCHEDULING APPLICATION**

RELEASE DATE: Wednesday, March 8, 2023

VENDOR INQUIRES: Prior to 12:00PM on Wednesday, March 15, 2023

DUE DATE: Prior to 3:00PM on Wednesday, March 22, 2023

INTRODUCTION:

North Broward Hospital District d/b/a Broward Health (“Broward Health”) is a Florida special taxing district that operates a not-for-profit health care delivery system serving the northern two-thirds of Broward County, Florida, and is headquartered in Fort Lauderdale, Florida. The operation and management of Broward Health is independent of county and municipal governments. The governing body of Broward Health is composed of seven members of its Board of Commissioners who are all appointed by the Governor of Florida.

Broward Health operates five (5) hospitals (with approximately 1,500 beds) and over forty (40) satellite facilities, which includes a home health and hospice agency, primary care clinics, and physician offices. Broward Health is one of the largest employers within Broward County with approximately 8,000 employees. Broward Health’s five hospitals are as follows:

- Broward Health Medical Center is a level 1 trauma center and acute care and teaching facility located in Fort Lauderdale, Florida with 716 beds. Salah Foundation Children’s Hospital is a 63-bed level 1 pediatric trauma center with a level 1 pediatric intensive care unit and level 3 neonatal intensive care unit located on the campus of Broward Health Medical Center in Fort Lauderdale, Florida.
- Broward Health North is a level 2 trauma and acute care facility located in Deerfield Beach, Florida with 409 beds.
- Broward Health Imperial Point is an acute care facility located in Fort Lauderdale, Florida with 204 beds.
- Broward Health Coral Springs is an acute care facility located in Coral Springs, Florida with 250 beds.

By submitting information for this RFI, the Contractor understands and agrees that failure to comply with the requirements for redacting and citing applicable Florida law as provided herein shall constitute a full waiver of any assertion by Contractor of any exemption to Florida’s Public Records Laws. In such an instance, Broward Health and Broward Health’s commissioners, executives, principals, agents, and employees shall not be liable in any cause of action following complete release of such records.

Broward Health, as a special taxing district of the State of Florida, is subject to Florida’s Public Records Laws as provided in chapter 119, Florida Statutes. By submitting a Response to this RFI, Contractor understands and agrees that Contractor’s Response to the RFI is subject to Florida’s Public Records Laws. IF CONTRACTOR IS ASSERTING ANY EXEMPTION(S) FROM FLORIDA’S PUBLIC RECORDS LAWS UNDER CHAPTER 119, FLORIDA STATUTES, CONTRACTOR MUST COMPLY WITH THE FOLLOWING CRITERIA OR SUCH EXEMPTION MAY BE CONSIDERED WAIVED: CONTRACTOR MUST SUBMIT ONE (1) REDACTED COMPLETE RESPONSE WITH THE FLORIDA STATUTORY BASIS FOR EACH REDACTION. FILE SHALL BE CLEARLY LABELED WITH “REDACTED AS PART OF THE FILE NAME.

Contractor contact with Broward Health Representatives - Questions regarding the RFI process and protocol as well as questions regarding the scope of work should be directed via e-mail only to bids@browardhealth.org.

Broward Health is seeking responses to this Request for Information (“RFI”) which will determine the scope and/or necessity for possibly developing a future Request for Proposals to provide products and or services as detailed below. The purpose of the RFI is for Broward Health to identify qualified providers of

these products and/or services while also obtaining essential specification and design information for developing the RFP. This information may also assist in assessing the financial feasibility of pursuing this project by obtaining necessary pricing information for budgeting and planning purposes.

SUBMISSION INSTRUCTIONS:

All interested parties are requested to submit complete response information to the qualification criteria in this RFI by to bids@browardhealth.org. A response must be submitted electronically to:

<https://browardhealth.sharefile.com/r-r0d9a140b64e84b22be3b11bf9eca0f81>

If asserting any exemptions to Florida's Public Records Laws, Contractors must submit a redacted response in accordance with the instructions provided herein.

SCOPE OF WORK:

Broward Health is requesting information for an Enterprise-wide Physician on-call scheduling application with the following capabilities:

- Integrated up-to-date, accurate on-call schedule that is visible across the enterprise for all team members and affiliated groups.
- Integration capability with asynchronous communication platforms:
 - a. Integrates with HIPAA compliant text.
 - b. Integrates with HIPAA compliant voice recording capabilities (preferred)
 - c. Allows HIPAA compliant messaging between staff members including voice and photo transmission.

INFORMATION REQUESTED:

In order to efficiently review the information provided, we ask that participating Contractors submit the following information in the sequential order requested:

1. Please provide a brief corporate profile including number of continuous years in business under the company's name, organizational details of the company's corporate structure, number of employees, location of principal office, and the office designated for this engagement. Include a brief summary detailing experience in the specific goods/services requested.
2. Please list at least three (3) current healthcare client references similar in size to Broward Health.
3. Please provide a detailed description of the proposed solution and its capabilities.

4. Include samples of reports the application can generate.
5. Please discuss any restrictions or limitations regarding the number of Broward Health users.
6. Please include a sample timeline and work plan containing milestones for the implementation plan and a detailed contingency plan for flagging problems to ensure the project remains on schedule.
7. Please provide the detailed proposed training format. If multiple options are available, detail each one and include differentiated pricing in pricing section.

PRICING PROPOSAL

Please provide detailed information regarding annual costs, including optional services and any limitations / restrictions regarding the number of Broward Health users. Also include any “no charge” services.

REFERENCE SHEET**Reference No. 1:**

Firm/Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Email: _____

Dates and Type of Service(s) Provided: _____

Reference No. 2:

Firm/Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Email: _____

Dates and Type of Service(s) Provided: _____

Reference No. 3:

Firm/Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Email: _____

Dates and Type of Service(s) Provided: _____
