



SUBJECT: Amendment 1 to Request for Proposal 201804  
RFP TITLE: ECG Services and Equipment  
DATE OF AMENDMENT: May 10, 2018  
DATE OF RFP RELEASE: April 12, 2018  
OPENING DATE: May 16, 2018  
OPENING TIME: 2:00 PM  
CONTACT: Michele Killian, Contracts Manager

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The following shall be a part of RFP 201804. If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

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**RFP CHANGES:**

**Old Language:**

Section 8. RFP TIMELINE

Deadline for submittal of Reference Questionnaires May 11, 2018 @ 2:00 PM  
Deadline for submission and opening of proposals May 11, 2018 @ 2:00 PM

**New Language:**

Section 8. RFP TIMELINE

Deadline for submittal of Reference Questionnaires **May 16, 2018 @ 2:00 PM**  
Deadline for submission and opening of proposals **May 16, 2018 @ 2:00 PM**

**RFP QUESTIONS AND ANSWERS:**

1. Per Scope of Services (on page 8): To get ECG Overread by an offsite cardiologist, you need to transmit the ECG data.
  - a. How many ECG machines are needed at each Facility?

***Each facility has one ECG machine, with the exception of Northern Nevada Correctional Facility which has two machines.***

b. How many ECGs (approx.) are done per year?

*Approximately 3,468 overreads completed per year for all institutions.*

c. How many Regular Overreads are done per year?

*2,880*

d. How many STAT Overreads are done per year?

*588*

2. Are physical POTS copper lines (not VOIP) available at each ECG location for ECG transmissions?

*Yes.*

a. Is a network drop available at each ECG location for ECG transmissions?

*Some sites do have drops available, but both fax and drops will be necessary for connectivity. It is site specific at this time, and will continue.*

b. What is NDOC's preferred method of transmission?

*The preferred method is both fax and internet. It is facility dependent.*

3. Per Section 3.1.3.2 (on Page 8) the RFP states that STAT Overreads are to be returned to the site within three hours. The industry standard turn-around time for STAT Overreads is one hour, and many DOCs (at least 10) have gone to 30 minute STATs.

Knowing this is not only feasible, but common practice; does NDOC want to amend the RFP to require STAT Overreads to be returned within 60 or 30 minutes?

*Yes*

4. Typical methods to send Overread results back to the DOC are Fax, Secure Email, Direct Secure VPN File Transfer, Portal Access, and HL7 EMR integration.

What is NDOC's preferred transmission method to get the Overreads back to the requesting facility?

*Fax and Secure email*

5. Per Section 3.3.3 (on Page 8) the RFP states "**Proposals that do not contain the requisite licensure, may be deemed nonresponsive.**" What is the required licensure? (Other than the NVBL)

*Licensed cardiologist(s), certified/licensed technicians and ability to enter a NDOC facility and/or do business with this agency – no barriers or do not use.*

6. Per Section 4.1.3 (on page 8) the RFP states “*The selected vendor, prior to doing business in the State of Nevada. Must be licensed by the Office of the Secretary of State...*” Does a bidder has to be licensed before the bid or before the contract actually begins?

*The vendor is required to obtain all required licenses prior to the start of services, preferably prior to the facilitation of the contract.*

7. Does the NDOC utilize an EMR? If so, what brand/vendor is used?

*Currently, NDOC does NOT have an EMR in place. NDOC was approved to upgrade our current inmate database, NOTIS, to include an EMR component. Rollout of the completed project is anticipated to occur within the timeframe of this contract.*

8. Are your current ECGs currently being downloaded into your EMR? If not, is this something NDOC may desire sometime within the next 4 years?

*There is no EMR currently – Implementation will occur within the next 4 years (see #5)*

9. Does the Department expect that all or most of the EKG’s will require professional interpretation or is it expected that it will only be an occasional over-read of complicated EKGs?

*Occasional*

10. Per Sections 9.1 and 9.1.5 (on page 21) is it the State’s wish to have the Proposed Vendor download the RFP and use it as a template as to copy the format for their bid submission.

*For ease of evaluation, the proposal must be presented in a format that corresponds to and references sections outlined within this RFP, and presented in the same order. Written responses must be in bold italics and placed immediately following the applicable RFP questions, statement and/or section. Downloading the RFP and using it as a template is at the discretion of the vendor.*

11. Per 11.1.8 (on page 31) the RFP states “The State shall not be obligated to accept the lowest priced proposal, but make an award in the best interest of the State.” This seems fairly vague, is there a formula for what weight is given to which components of the submissions”

*Yes, the evaluation criteria consists of 6 weighted items that include, demonstrated competence, expertise and availability of key personnel, cost, experience in performance of comparable engagements, conformance with the terms of this RFP, and financial stability.*

12. If answers to the questions are not completed by the May 4<sup>th</sup> date, will the submission deadline of May 11<sup>th</sup> be extended accordingly?

*Yes, please refer to the RFP Changes of this amendment.*

**ALL ELSE REMAINS THE SAME FOR RFP 201804.**

*Vendor must sign and return this amendment with proposal submitted.*

Vendor Name: \_\_\_\_\_

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

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

This document must be submitted in the "State Documents" section of vendors' technical proposal.