

Healthcare On-call Solution
The University of Toledo
RFP FY25-15

ADDENDUM #1

THE ADDENDUM COVERS CLARIFICATIONS TO THE SPECIFICATIONS REFERENCED ABOVE.

Clarification Questions

Section 5.2 Project Overview

1. What are the long-term objectives you're hoping to achieve with this solution? *UT Response: To establish a centralized, scalable, and user-friendly on-call scheduling and communication platform that enhances clinical operations, reduces administrative burden, improves provider satisfaction, and ensures rapid, reliable response to urgent patient needs across departments.*
2. How do you envision this project evolving in the next 1-3 years? *UT Response: We anticipate expanding use across all clinical departments, integrating with clinical communication platforms, leveraging AI-driven analytics for demand forecasting, and using reporting insights to optimize staffing and on-call coverage.*
3. What future growth or scalability considerations should we account for? *UT Response: The system must support increasing user volumes, department-level configurations, cross-site scheduling, mobile functionality, and integration with evolving systems such as Epic upgrades, paging, and future communication platforms.*
4. How does this project align with your broader business strategy or vision? *UT Response: This initiative supports our commitment to digital transformation, provider efficiency, and operational excellence by modernizing scheduling infrastructure, reducing provider burnout, and improving care continuity and responsiveness.*

Section 5.3 Scope

1. How many total providers and departments does the project encompass? *UT Response: Approximately 400 providers (including physicians, APPs, residents, and fellows) across 30+ departments within the academic medical center and affiliated clinics.*

Section 5.4 General Questions

1. What are the biggest challenges you're currently facing in your organization that this project could address? *UT Response: We are currently facing fragmented and inconsistent on-call scheduling practices across departments, limited visibility into provider availability, and inefficient*

communication during urgent clinical scenarios. This project aims to centralize and standardize scheduling workflows, improve real-time visibility, and streamline provider-to-provider communication, ultimately enhancing operational coordination and patient care responsiveness.

2. Are there any potential risks or obstacles you foresee with this project? *UT Response: Key risks include integration complexity with existing systems (particularly Epic and communication tools), provider adoption across departments with differing workflows, and potential disruptions during the transition period. Mitigation will require robust training, stakeholder engagement, and a phased implementation approach. A proof of concept would be expected at the outset to reduce some of these risks.*
3. Who are the primary decision-makers for this project, and what is their level of involvement? *UT Response: Departmental Leadership (including physician and administrative stakeholders), CMIO, and CIO*
4. How do you plan to measure the success of this initiative once implemented? *UT Response: Success will be measured by:*
 - *User adoption and satisfaction rates (via post-implementation surveys)*
 - *Reduction in manual scheduling tasks and associated errors*
 - *Improved provider availability accuracy and reduced misrouted calls*
 - *System uptime and integration performance metrics*
 - *Department-level operational efficiency improvements*

Section 5.4 Decision Factors

1. How important are cost, speed, and quality in your decision-making criteria? *UT Response: All three factors are important, but quality and long-term value take precedence. We seek a solution that is not only cost-effective but also reliable, scalable, and clinically effective. Speed of implementation is important, but not at the expense of integration quality or user adoption. A proof of concept would be used to ensure that the key functionalities will be met, without investing in the full integrated implementation.*
2. Are there any specific vendor attributes (e.g., reputation, customer support, experience) that are crucial in your evaluation? *UT Response: Yes. We place strong emphasis on:*
 - *Healthcare-specific experience*
 - *Track record of successful implementations in academic medical centers*
 - *Responsiveness and quality of post-go-live support*
 - *Ability to partner in innovation (e.g., AI integration, Epic interoperability)*
 - *Security and compliance posture*
3. How do you prioritize trade-offs between features, cost, and time-to-market? *UT Response: We prioritize core functionality, integration capability, and provider usability first. Cost and time-to-market are secondary but still significant. A vendor that can demonstrate long-term ROI, strong clinical alignment, and flexible configuration will be viewed favorably, even if the initial deployment timeline is slightly longer.*

Section 5.5 Requirements

1. Section 5.5.1. How many providers (Physicians/APPs/Residents/Fellows) will need to be scheduled?
UT Response: Approximately 400-500 providers across all categories
 - a. Section 5.5.1.: Could you break these down by employed vs. any affiliates? *UT Response: Roughly 90% are employed providers under UTMC or affiliated practice groups; the remaining 10% are affiliate-based, rotating, or community-partner providers who may need occasional on-call inclusion.*
2. Section 5.5.1 A.g.: How many schedules need to be built? *UT Response: An estimated 40-60 active departmental or subspecialty-based on-call schedules, many of which run concurrently and include day/night/weekend rotations.*
3. Section 5.5.1 A.g.: Is the goal to build schedules based on acuity/census or is this asking about daily variances in the need of a call provider (i.e. M-F two providers required to be on call by Sa-Su only one provide needs to be on call)? *UT Response: The system must support both. Schedules should reflect baseline staffing by department and adjust based on volume, acuity, or seasonality (e.g., weekdays vs. weekends, summer vs. flu season).*
4. Section 5.5.1 A.g.: Ability to build schedules based on daily demand – Does this change daily, if so, where are the targets derived from? *UT Response: The goal with this functionality is to be able to retrospectively analyze the daily demand and then prospectively build schedules to meet that demand.*
5. How many locations / facilities would require an on-call schedule? *UT Response: The single hospital is the only location requiring on call presence. Every service line could have on-call requirements.*
6. Are there any specific technical requirements or constraints we need to consider? *UT Response: Yes. All solutions must be HIPAA-compliant, web-based or cloud-hosted, mobile-optimized, and able to integrate with Epic and other core UT systems. Minimal downtime and a high-availability architecture are critica. The solution must fit with existing UToledo technical architecture. I.*
7. Are there any compliance or regulatory requirements that need to be met? *UT Response: Yes. The system must comply with HIPAA, institutional IT security policies, and support audit trails and role-based access. If used for GME programs, it must also support ACGME duty hour compliance tracking.*
8. What resources do you currently have in place to support this project (e.g., hardware, software, team)?
UT Response: We have a dedicated CMIO-led Clinical informatics team, Epic analysts, CIO-led Informatics teams , integration support, and departmental superusers. Infrastructure is in place to support integrations via APIs, HL7, or FHIR.
9. Section 5.5.1. Subsection B.f.: “Ability to assign a supervisor role based on departmental needs” Can you clarify this question. Are you asking if we can automate the assignment of a supervisor on the schedule? Or are you asking if we can allow for a supervisor/administrator with “super user”/administrative capability to be assigned for any department that needs it? *UT Response: The request is for the ability to assign a “supervisor” role per department, allowing certain users to oversee and approve schedules or changes without full administrative access.*

10. Section 5.5.1. Subsection E.a: Which Epic Module(s) would you like an integration to? *UT Response: Epic Provider Master File (SER) for user identity/role data, Cadence for availability/status, Secure Chat for messaging, and On-Call Finder for lookup.*
11. Section 5.5.1. Subsection E.b:
- a. What operator console system would we need to integrate with? *UT Response: VistaPoint is the current console system.*
 - b. Could the existing operator console system referenced here manage Automated Call routing (5.5.2. - A.a. and Reporting On On-Call Activity (section 5.5.4) *UT Response: UToledo utilizes the Cisco UC platform, and the Cisco Call Manager controls all call routing.*
 - c. What kind of data flow or API connectivity is required for system integration? *UT Response: We prefer standards-based APIs (FHIR, REST, HL7) for bidirectional sync with Epic and third-party systems. Real-time availability, shift updates, and user metadata should be accessible programmatically.*
 - d. Are there any integration challenges you foresee with your current infrastructure? *UT Response: UToledo uses a single integration platform for the entire enterprise, and this platform will be replaced over the next year.*
 - e. Do you have an existing IT architecture, and how flexible is it to accommodate new solutions? *UT Response: Yes, our current IT architecture is cloud-friendly, modular, and supports containerized and API-based applications. We are prepared to accommodate best-in-class SaaS solutions that meet security and scalability requirements. Current data and voice network are Cisco based using macro segmentation. The data network is currently being replaced to a new platform.*
12. Section 5.5.2.: Does the University of Toledo have clinical communications and/or call routing system in place today? *UT Response: Cisco Call Manager.*
13. Section 5.5.5 A: Does the University of Toledo use or plan to use Epic On-Call Finder and Secure Chat (Rover and Haiku mobile apps)? *UT Response: Yes. Secure Chat and On-Call Finder are currently in use, and Haiku/Rover are available across most departments.*
14. Section 5.5.5 B.b: "Integration with paging system" which paging system does The University of Toledo use or plan to use in the future? *UT Response: No current integration.*
15. What paging system are they using that needs to be integrated? (is it safe for us to assume this would be replaced with ccc) *UT Response: American Messaging is the pager system. Vistapoint is the software the operators use as a telecom platform. Replacing the telecom platform is a larger lift and outside the scope of an on-call application.*
16. Section 5.5.5 E.: Will providers be clocking in/out for their call shifts? Is there a system being used for this today? *UT Response: There is no current system for providers to clock in/out. The Symplr TASS system is used by hourly staff to clock in/out, but no used by physicians.*

Section 5.6 Technology

1. Are there any on-call scheduling solutions currently in place that will continue to be used? If so, what is the solution and how many schedules exist? *UT Response: No current formal system. Entirely manual and spreadsheets.*
2. Are there any existing platforms or tools that you plan to continue using after this project? *UT Response: The Cisco UC platform will continue to be used with no change planned. Extensive security platforms control the integration process and will remain intact. A new AI enabled data network platform is being implemented which will increase control on external network access.*
3. What is your current tech stack, and are there any limitations to it that we should know about? *UT Response: UToledo runs hybrid data centers and wide macro segmented network. The detailed architecture will be shared on a need to know basis with the selected vendor.*
4. Do you have any existing partnerships with vendors or technologies that should influence this project? *UT Response: UToledo is an Ohio public university and has partnerships established at the State level. For the purpose of this response, the network is Cisco based and also has elements that are part of the State platform.*

Section 5.7.1 Implementation Plan & Timeline

1. What is the University of Toledo's ideal go-live date? *UT Response: UToledo will be changing the data network, integration platform and IAM system over the next year, which needs to be considered in the implementation plan.*
2. Are there any critical dealines or milestones that we should be aware of? *UT Response: No*
3. How flexible is the implementation timeline if adjustments are needed along the way? *UT Response: This implementation would likely be phased roll out by service line. This would be a discussion point with vendors regarding their recommendations based on their prior experience implementing their application/software*

Section 5.8 Budget and Pricing

1. Section 5.8 Subsection A.i.; In addition to the number of Providers that will need to be scheduled in the application, could you clarify the number of hospitals and the number of beds that will be in scope? *UT Response: One hospital 250 bed capacity.*
2. Can you clarify the budget range or any financial constraints for this project? *UT Response: Most of the hardware is now subscription so opex rather than capex.*
3. Is there flexibility in the budget if additional features or changes arise during implementation? *UT Response: Generally an amendment will be required for changes, and dependent on level may require Board of Trustees approval.*
4. Attachment C BAA - Can we provide redlines to the BAA if awarded the contract vs. doing so as part of the submission process? *UT Response: Yes, the BAA can be negotiated upon contract award.*

Additional Request:

A Proof of Concept (POC) test is referenced in Section 5.4.; please confirm in your RFP response; the company would offer a stand alone POC. This POC would run manually and providers would be able to see what the user experience looks like. For the POC, there would be not be any integration or infrastructure setup.

Due to the delay in responding to the Respondent questions, the Request for Proposal RFP FY25-15 Healthcare On Call Solution has been extended to Monday, May 5, 2025 at 3:00 PM (Eastern).

No other changes.

LATE BIDS WILL NOT BE ACCEPTED

This Addendum 1 must be signed and returned with the requested forms listed in the RFP.

Company Name	Signature of Authorized Representative	Date
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Sharon Hunt
Contract Manager
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