

# ADDENDUM 02- RFP DIETARY SOFTWARE

## QUESTIONS/ANSWERS

PROPOSALS DUE TUESDAY, JULY 09, 2024 BY 5:00 P.M. CT.

### QUESTIONS:

1. We would like to respectfully request a week extension for the questions and answer period.

**ANSWER: THE RFP HAS BEEN EXTENDED UNTIL 5:00 P.M., TUESDAY, JULY 09, 2024.**

2. We would like to respectfully request an additional week extension for the due date for proposal submission.

**ANSWER: THE RFP HAS BEEN EXTENDED UNTIL 5:00 P.M., TUESDAY, JULY 09, 2024.**

3. The RFP mentions you would like the ability to customize pre-loaded seasonal menus. Is the expectation that this software provides menus for you, or do you have your own menus you would use?

**ANSWER: Our expectation is there will be menus provided with the software and that we will be able to load current menus that are culturally sensitive to our patient population.**

4. Which Electronic Medical Record (EMR) they use and the length of their patient menu cycle (ex: 7 days?)

**ANSWER:** Current Medical record usage is Cerner (Orecal). Current menu cycle is 6 weeks.

5. TERO requirements may apply to award of contract. Please provide more detail to what this involves, the applicable fees and legislation.

**ANSWER:** Due to this being a purchase and not a project, TERO requirements will not apply for this bid as no work will be performed on site. Per TERO Law LA 01-14 Section 4.AA. States: "Project" shall mean any construction, alteration, or repair of buildings or structures performed for Cherokee Nation or its entities.

6. Can you describe in detail the size and scope of Cherokee Nation Health Services?

**ANSWER:** Cherokee Nation Health Services (CNHS) is the largest tribally-operated health care system in the United States. CNHS is a growing multifaceted health care system.

Cherokee Nation Health Services (CNHS) is committed to providing the highest quality of care and the most advanced, effective treatments for our patients. With almost 160 full-time providers and over 2,200 health services employees, CNHS is the gem of the region in continuity of care. Committed to improving patient access, Cherokee Nation has invested substantially in technology, building new facilities and expanding existing locations. Our hospital and nine health centers are full of talented staff that are dedicated to providing world-class patient care.

W.W. Hastings Hospital is a 58-bed inpatient hospital that Cherokee Nation assumed on October 1, 2008. The continuity of care across the health system is now complete and this is evidenced by tangible improvements to the facility and to service delivery. In December 2020, legislation was signed that will provide \$400 million to fund construction of a brand new, state-of-the-art hospital on the Tahlequah campus that will replace the existing W.W. Hastings building.

CNHS recently opened a new four-story, 469,000 square-foot outpatient health center on the Tahlequah campus in October of 2019. Some of the services offered include: optometry, audiology, physical rehabilitation, behavioral health, radiology, lab, pharmacy, primary care, and dental. The facility also features a new ambulatory surgery center, with five surgical suites, and two-endoscopy suites.

The Jack Brown Center is a 36-bed, co-educational facility located in Tahlequah, Oklahoma, funded by Indian Health Service and operated by the Cherokee Nation. Jack Brown Center provides chemical dependency education and treatment for Native American adolescents. The center serves native youth ages 13-18 who are experiencing substance abuse problems. This minimum 14-week program includes behavior modification, individual, family, and group counseling. Jack Brown Center can treat dual diagnosis as well, and uses evidence based and or best practices in the treatment of the youth.

Jack Brown Center is accredited by both the Oklahoma Department of Mental Health and Substance Abuse Services and Commission for Accreditation of Rehabilitation Services. There is no cost for treatment. Clients must be citizens of a federally recognized tribe.

The Cherokee Nation Family Medicine Residency Program offers Primary Care Track emphasis on a three-year curriculum as outlined by the Accreditation Council for Graduate Medical Education (ACGME).

The program provides progressive learning experiences that develop the attitude, skills, and knowledge to efficiently provide quality patient care. Residents train to become well-rounded, rural-based, physicians that will help address the primary care physician shortage in Oklahoma and the surrounding region.

The family medicine residency training program has been present in Tahlequah, since 2009. In 2020, the program received ACGME accreditation and became the Cherokee Nation Family Medicine Residency Program. In addition, the program received Osteopathic Recognition from ACGME in 2020.

The mission of Cherokee Nation Family Medicine Residency Program is to provide exemplary medical care to our Native American patients with compassion, integrity, and skill. The program also supports the mission of the sponsoring institution, Osteopathic Medical Education Consortium of

Oklahoma (OMECCO), of partnering with individuals, families, and communities to improve our health and quality of life.

7. What type of patients do you serve other than outpatient? Acute, Assisted Living, LTC, other?

**ANSWER:** Originally an Indian Health Service hospital, W.W. Hastings Hospital opened in 1936 on what has since been annexed into the Northeastern State University Campus. In 1984 the hospital moved to its current location on Bliss Avenue and has undergone several expansion projects to serve the growing patient population. Cherokee Nation assumed operations and management of the W.W. Hastings Hospital on October 1, 2008. The current Hastings Hospital is 180,000 square feet with 56 patient beds and was designed to serve about 50,000 patient visits per year.

Current W.W. Hastings Hospital Scope of Service:

- Emergency Department
- Urgent Care
- Intensive Care Unit
- Step Down Unit
- Medical-Surgical
- Pediatric Inpatient Services
- OB/Newborn
- Inpatient and Outpatient Surgery
- Inpatient Dialysis
- Pharmacy
- Laboratory
- Radiology
- Stroke Services – Certified Primary Stroke Center
- Substance Misuse Treatment

On April 6, 2023, Cherokee Nation broke ground to construct a new six-story, \$400 million hospital to replace the current facility. The new hospital will be located on the east side of the Cherokee Nation Outpatient Health Center and encompass:

- 400,000 square feet of space with a connecting bridge to the outpatient center
- 127 patient beds

- Helipad
- Neo-Natal ICU
- Surgery Center
- Hospice care

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8. Is the Dietary software only for W.W. Hastings Hospital and Jack Brown Center?

**ANSWER:** At this time yes.

9. Please confirm the current size and average daily census of the facility or facilities the software will be in use for?

**ANSWER:** Current facility-

- 180,000 square feet with 56 patient beds and was designed to serve about 50,000 patient visits per year
- In construction to open in 2025-
- 127 patient beds
- Helipad
- Neo-Natal ICU
- Surgery Center
- Hospice care

10. How do you currently feed your patients from a service-production perspective? Is it a cyclical non-selective or selective menu, on demand Room Service, Portable Menu Entry, other?

**ANSWER:** *Cyclical non-selective menu*

11. Do you use an EMR, and if so which one? Is an HL-7 interface desired for your new Dietary System?

**ANSWER:** *CN utilizes Oracle Cerner for Electronic Health Record and an interface is desired for the dietary system.*

12. Please define in detail what is to be quoted, Diet Office, Portable Menu Entry, Room Service, Production, POS, other?

ANSWER:

Item	Specification	
Technologic requirement	<ul style="list-style-type: none"> <li>- Interface ability with current electronic medical record</li> </ul>	
Tray ticket printing	<ul style="list-style-type: none"> <li>- Option for simplified or detailed formatting</li> <li>- Ticket options for various levels of care</li> <li>- Identify food dislikes/allergies/diet order</li> <li>- Identification of adapted utensil/equipment needed for meal time/feedings</li> <li>- Identification of meal time utensil/equipment not allowed</li> <li>- Nutrition analysis as noted below</li> <li>- Discontinued order with discharge (wording)</li> </ul>	
Electronic real-time order update	<ul style="list-style-type: none"> <li>- Print current diet order</li> <li>- Eliminate duplicate orders</li> <li>- Digital viewing of current diet order with meal/personal preference options</li> </ul>	
Patient room type identification	<ul style="list-style-type: none"> <li>- Identify isolation/precautions</li> </ul>	
Track patient intake	<ul style="list-style-type: none"> <li>- Automated nutrition intake analysis per meal</li> <li>- Pull meal intake percentage from EMR</li> </ul>	
Analysis of recipes and menu items	<ul style="list-style-type: none"> <li>- Ability to view cost analysis for each: food item, recipe and complete meal</li> </ul>	

	<ul style="list-style-type: none"> <li>- Automatically update recipe when manually added/changed ingredients are made</li> </ul>	
Nutrition analysis	<ul style="list-style-type: none"> <li>- Break down of individual meal items, snacks, beverages and complete meal nutrition analysis detailing: calories, fat- including saturated fat, sodium, carbohydrates- including total fiber, sugar and added sugar, and protein</li> <li>- Above nutrition information available on the ordering menu for patients to view</li> <li>- Automatically report intake for clinical intervention</li> </ul>	
Food/Drug Interaction	<ul style="list-style-type: none"> <li>- Medications noted in EMR with food-drug interactions integrated into the menu</li> <li>- Degree of conflict from food-drug interaction identified</li> </ul>	
Labor cost	<ul style="list-style-type: none"> <li>- Track labor costs per meal with forecasting ability</li> </ul>	
Inventory tracking	<ul style="list-style-type: none"> <li>- Forecasting for ordering based on weekly menu</li> <li>- Automatic menu adjustments for unavailable items</li> </ul>	
Automatic menu substitutions based on diet order	<ul style="list-style-type: none"> <li>- Automatic adjustment to regular menu based on diet order when no meal order/preference is selected</li> </ul>	
Ability to customize pre-loaded seasonal menus	<ul style="list-style-type: none"> <li>- Menu fields drop down box with both pre-loaded and site load ability for alternative</li> </ul>	



	<ul style="list-style-type: none"> <li>- menu items to customize meals</li> </ul>	
Daily prep tallies for kitchen staff	<ul style="list-style-type: none"> <li>- Multiple menu printing options: weekly spreadsheet of regular menu, daily and weekly spreadsheet with regular and alternate menu items, individual meal for each day with diet substitutions</li> </ul>	
Menu options for meals based on diet order	<ul style="list-style-type: none"> <li>- Ability for selection from multiple menu items to customize meal based on diet order and personal preference</li> </ul>	
Bedside ordering	<ul style="list-style-type: none"> <li>- ISO and android compatibility for mobile and online ordering</li> <li>- Meets security requirements</li> <li>- Ordering fields to allow for selection of likes/dislikes, beverage preference</li> <li>- Quick scan QR links to menu from mobile devices</li> <li>- Web links to menu ordering</li> </ul>	

13. VERY IMPORTANT: Please consult with your IT staff to confirm. Is a WEB based/Cloud based solution preferred over a traditional Client/Server application?

**ANSWER:** *Cloud based solution is preferred.*