

**State of Maryland DHMH**  
**Pharmacy Management System RFP – Solicitation No. DHMH/OPASS 17-17110**  
**Response to Offeror Questions #2**  
**June 22, 2016**

On page 37 of the RFP subsection 3.8.1.3 of section 3.8 states:

*“Unless specified otherwise, written deliverables shall be compatible with Microsoft Office, Microsoft Project and/or Microsoft Visio versions 2007 or later. At the Contract Manager’s discretion, the Contract Manager may request one hard copy of a written deliverable.”*

Does the Contract Manager (Phil Hemler) have a preference in regards to which application we use for sections 4.2.2.6.g.i and/or 4.2.2.6.g.ii?

The format and applications used for the production of a deliverable may be agreed in writing between the DHMH Contract Monitor (Phil Hemler) and the Contractor’s Project Manager. The Implementation Plan should clearly identify begin/end dates, milestones, tasks, deliverables and level of effort for resources with roles and responsibilities defined.

**1.14 System shall maintain multiple work queues, such as "orders waiting for approval", "orders waiting to be filled", and "suspended orders"**

In regards to functional requirement 1.14, when you refer to a work queue of orders waiting to be filled, do you mean that the "fills" will be sent electronically to Pharmacy Automation/ Robotics for "filling," or will your pharmacy technicians be filling from labels or batch reports that have a printed fill quantity, or will the orders be sent electronically to dispense machines for removal by nurse?

One of the facilities has a packaging machine that will fill the orders for the patients. The others use a cassette system where pharmacy technicians fill the cassette drawers from a printed fill list. One of the facilities puts all doses of one med in a plastic bag, prints a label, sticks the label on the bag and puts the bag in the drawer. Another facility only prints the labels for the first dose. After that, they just put the medications in the drawers. All facilities use unit dose medications in the cassettes. In some circumstances bulk medications are dispensed. (NOTE: See the description of processing for “self-med” patients in the discussion of requirement 16.5 below.)

At this time, none of the hospitals have dispensing machines on the units for the nurses to remove the medicines. However, we would like for the new Pharmacy Management System to be able to communicate with such machines in case we get them in the future.

**5.8 User shall have the ability to associate at least two prescribers with every patient (Patients have a psychiatric and somatic prescriber)**

In regards to functional requirement 5.8, if you want two prescribers assigned to the patient, do you want one prescriber to default as the ordering physician (with option to change) in case of Pharmacist entered orders? Physician entered CPOE orders of course will default based on prescriber entering orders.

The system needs to accommodate a minimum of two distinct ordering physicians for each patient. This is to allow the correct physician to be notified when a particular order needs to be renewed and for proper tracking of orders. Certain medications are prescribed by psychiatrists and other medications by medical or somatic physicians.

**5.14 User shall have the ability to identify patients as "self-med", meaning self-administration of medications. Patients that are "self-med" are responsible for administering their medication to themselves under the guidance of the nursing staff. The "self-med" medications are dispensed slightly differently than the standard medications at each facility.**

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In regards to functional requirement 5.14, how are "self-med" medications dispensed differently than standard medications? Is the labeling different, is the dispense quantity different, etc?

Both the labeling and dispensing amount is different for these patients. "Self-med" patients are given a specific number of doses of medications according to facility guidelines. They administer the meds to themselves at the appropriate time under the supervision of the hospital staff. Since the patients are administering the medications themselves, the labels must include full administration instructions and all auxiliary labeling (i.e., "May cause drowsiness", etc.). The pharmacies also may provide standard drug pamphlet information like you would get at a retail pharmacy for these patients.

Some of the facilities provide the self-med patients with a 7 day supply of unit doses in a plastic bag with a label. Other facilities dispense 30 days of medication to self-med patients in vials from bulk medications wherever possible, just like one would get in a retail pharmacy.

**6.42 User shall have the ability to view drugs included in Medicaid's Preferred Drug List (PDL) and Medicare's Preferred Drug Program (PDP) for Maryland at medication order entry & approval**

In regards to functional requirement 6.42, are you looking for a pop up list of the Medicaid or Medicare Preferred Drug List, provided by Medicaid/Medicare that can be optionally opened at the time of order entry/verification?

Yes.

**6.53 User shall have the ability to dispense drugs based on NDC or GSN**

In regards to functional requirement 6.53, do you want the user to be able to enter an NDC to select a drug for dispensing?

We want to be able to, but not be required to, dispense drugs by NDC. The State psychiatric hospitals generally do not bill private insurance, Medicare or Medicaid, for the specific drugs that they dispense to patients. Therefore, they do not generally dispense by NDC. There are, however, some exceptions to this rule. In those cases, we may need to be able to identify the NDC that was dispensed.

**8.8 User shall have the ability to identify patients on "self-med" and fill orders as per facility policy**

In regards to functional requirement 8.8, are you looking for an on demand report of "self-med" patients?

The Pharmacy Management System must provide a way for the pharmacists to identify which patients are "self-med" and allow the pharmacist to dispense medication to those patients per facility practices. (See answer to 5.14 above). "Self-med" patients would not be included on the "fill lists" for the units that are generated when the pharmacy is filling a 3-7 day cassette.

**10.4 User shall have the ability to print a sign off sheet or label for a sign off sheet for controlled medications sent to the unit. Sheets must contain a unique tracking number and be customizable by unit**

In regards to functional requirement 10.4, does each controlled substance sheet or label have single patient or order specific details?

The detailed procedures vary a little between the pharmacies, but they all follow the same general steps for dispensing controlled medications. Controlled medications are dispensed in bulk to the units when and order is written for one or more patients on that unit. That is, several unit doses are sent to the

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unit. The controlled medications are not put in the cassette drawers with the other meds for each patient. The general process flow is:

- The nurse on the unit completes a request form and faxes it to the pharmacy.
- The pharmacy creates a sign off sheet with a unique identifier (which we want the new system to generate), and enters the sign off sheet unique identifier in the pharmacy log.
- The pharmacy dispenses the medication in bulk (number of doses dispensed depends on how many orders there are for that drug per unit).
- Pharmacy delivers signoff sheet and controlled medication to unit
- Unit nurse receives medication and signs for receipt
- Unit nurse locks up medicine
- When it is time to administer medication, nurse retrieves medication, administers it to patient and notes administration on the sign off sheet
- When the medications are gone, the nurse returns the completed signoff form to the pharmacy and requests more medication, if necessary
- Pharmacy reconciles the number of doses sent to the unit to the number identified on the sign off sheet

That is the current procedure for dispensing controlled medications. DHMH is flexible in its processing requirements. We are open to new procedures if the Contractor's software can support another method that is less paper intensive, but still has sufficient controls.

**12.4 System shall provide the ability to determine the exact number of all medication and medical supplies ordered by the pharmacy at any point in time (i.e., maintain a perpetual inventory).**

In regards to functional requirement 12.4, is this in regards to drugs and supplies purchased from a Wholesaler? Are you looking for Wholesaler interfaces that can create purchase orders and update inventory quantities automatically in Pharmacy system? Are medical supplies entered as items in the Pharmacy system item file?

The Pharmacy Management System must be able to maintain a perpetual inventory of all items ordered by and dispensed through the pharmacy at each facility in order to satisfy the State auditors. The auditors consider every pill ordered by the pharmacies as State inventory, so they need to be able to identify the exact inventory of the pharmacies at a specified point in time in order to establish a value for the pharmacy inventory, and to track where every pill went. The current HMIS Pharmacy Module cannot support this level of inventory tracking, but the State auditors expect the new system to do so.

Medical supplies ordered directly by the hospital that do not pass through the pharmacy, such as medical gloves and stethoscopes, would not be included in this inventory.

The pharmacies would like to ability for the Pharmacy Management System to interface with a Wholesaler's system to create purchase orders and update inventory quantity automatically in the Pharmacy Management System. This interface functionality is "Desired", not "Required". (See Requirement 17.7 & 17.8)

**12.9 System shall provide the ability to reconcile controlled medications dispensed to units with control sheets returned from unit**

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In regards to functional requirement 12.9, can you explain in more detail how this reconciliation process works? Is this a manual reconciliation based on detailed usage reports printed from Pharmacy system? Please refer to the question on requirement 10.4. Again, this requirement is based on current work flows. If the new Pharmacy Management System has a better way to dispense controlled medications, we are open to that.

**16.5 System shall provide the ability to report what medications were dispensed to a patient at discharge, both one individual patient and all patients at one facility for a specified date range**

In regards to functional requirement 16.5, are you looking for both inpatient and outpatient dispensing capabilities with outpatient dispensing provided at discharge in same manner as "retail" pharmacy dispensing - such as a 30 day supply for use at home?

Yes. When patients are discharged, they are often sent home with a 30 day supply of medications in vials, just like they would get at a retail pharmacy. (Some "self-med" in patients also receive 30 day supplies in vials). The Pharmacy Management System must be able to dispense a 30 day supply and be able to report what one patient received, as well as all discharge doses dispensed for a specified date range.

**How many total users do you expect on the system each facility? How many concurrent users? How many named users?**

Please refer to Appendix 1 – Facility Information for statistics on the number of pharmacy staff at each facility. We expect all or nearly all pharmacy staff to be concurrently using the system. In addition, there may be approximately 4 DHMH IT staff who will need to log into the system for support purposes.

**Would you expect that the contractor will train your project team to build the client-specific maintenance files that support the system, or that the contractor's team will do so?**

DHMH expects the Contractor's team to be responsible for building the client-specific maintenance files that support the system. However, DHMH will make their IT and pharmacy staff available to support the process. The Contractor's Implementation Plan should clearly identify the roles, responsibilities and number of hours expected for both Contractor and DHMH staff.

**Will you utilize a train-the-trainer approach, or would you expect that the contractor will train all end-users?**

DHMH expects the Contractor to provide the initial training for the DHMH IT staff and Pharmacy staff. We expect that the 3-4 DHMH IT staff will be trained, as well as all of the pharmacy staff who are employed at implementation time. We expect the training to take place a few weeks before the "go live" at each pharmacy, although the staff at two pharmacies could be trained at the same time to save on training costs. We do not expect any prescribers or nurses to be trained at this time. Please refer to Appendix 1 – Facility Information for Statistics on the number of pharmacy staff at each facility. DHMH will be responsible for training any new staff that join our team after the pharmacies have been trained, but we would like access to on-line training material, if possible, for this purpose.

**What systems will you be looking to interface to?**

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The new Pharmacy Management System will receive Admission, Discharge and Transfer information, as well as possibly patient diagnosis information from the existing HMIS ADT module. It is expected that the DHMH staff will work with the Contractor's staff to develop this interface, with DHMH staff being primarily responsible for the programs that extract the data from the HMIS ADT module and the Contractor staff being primarily responsible for the programs that load the data into the Pharmacy Management System.

The new Pharmacy Management System is also expected to interface with the Talyst OS-PAC (Autopac) JV-500SL packaging machine that is currently in use at one of our pharmacies.

DHMH requires that the new Pharmacy Management System have the capability to interface with an Electronic Medical Records (EMR) system, a wholesale drug vendor, and an automated dispensing machine that would be utilized on a hospital floor using standard healthcare communication protocols, such as HL7. DHMH does not have an EMR or dispensing system on the units at this time, but we would like to new Pharmacy Management System to be flexible enough to communicate with such systems in case we are able to acquire them in the future.

Please refer to Section 17 in Appendix 5 – Functional and Business Requirements for more requirements regarding interfaces.

**It is unclear whether the DHMH wishes to have the application hosted on site or remotely? Can you please clarify if DHMH is looking for a vendor hosted solution?**

DHMH is expecting to host the application.

**What is the available budget for this project?**

State Procurement regulations prevent DHMH from revealing this information.

**Can you provide us with the entire RFP in Microsoft Word format, so that we may properly answer them?**

State Procurement regulations prevent DHMH from releasing the RFP in Word format.

**Is the DHMH looking for a Computerized Physician Order Entry system as well, or just an interface to such an application?**

DHMH is looking for the new Pharmacy Management System to provide Computerized Physician Order Entry. We want to purchase that functionality now, even though we are not implementing immediately. Once we get the new Pharmacy Management System installed in all four pharmacies, DHMH intends to implement the CPOE and MARs functionality provided by the new software, but we cannot commit to a timeline for that now.

**Is the DHMH looking for an electronic medication administration record (eMAR) system as well, or just an interface to such an application?**

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DHMH does not have an eMAR system at this time. We are expecting the new Pharmacy Management System to, at a minimum, allow the nursing staff to print a paper MAR for each patient from the orders that have been entered in the system. Currently, the nurses at each of the hospitals are either hand writing the MARs or they are typing them in Microsoft Word, then printing them out and putting them in the patient's charts. We would also like the new Pharmacy Management System to allow the hospital staff to enter non-medication orders, such as a Treatment Order that says "Take blood pressure every day", into the system and print those out for the patient's records.

Ideally, the hospitals would like to implement an electronic MAR where the nurses are entering when they administer a medication directly into the MAR on the computer, rather than writing it on a piece of paper. However, we have not included that functionality in this RFP. If you offer this functionality in your suite of products, you may suggest that product in the Technical Proposal (See RFP Section 4.2.2.6.c) and include the pricing for it under the Options tab on the Pricing Sheet. The price of such software will not be included in the Total Evaluated Price of the Proposal.