**744-R1717 HCPC Pharmacy System**

**ADDENDUM 2**

DATE: April 27, 2017

PROJECT: HCPC Pharmacy Replacement

RFP NO: 744-R1717 HCPC Pharmacy System

OWNER: The University of Texas Health Science Center at Houston

TO: Prospective Proposers

This Addendum 1 forms part of and modifies The Request for Proposal Number 744-R1717 HCPC Pharmacy Replacement (“RFP”) dated April 03, 2017, with amendments and additions noted below.

Below are responses in RED to questions for the RFP:

RFP No.: 744-R1717 HCPC Pharmacy System

1. Do you have a max budget for purchase?

We do not disclose this information.

1. Please provide an overview of the existing interface diagrams.
	1. Cerner Invision to/from Pharmacy
		1. ADT – ADTs are sent from Invision to Pharmacy one way only
		2. Billing – Billing is sent from Pharmacy to Invision one way only
		3. One-way or Bi-Directional? One way only
	2. Allscripts Sunrise to Pharmacy
		1. ADT – ADTs are not sent from Sunrise to/from Pharmacy – Sunrise only sends one way to Pharmacy: allergies, height/weight and diagnoses
	3. MedSelect - MedSelect is an automated dispensing cabinet. HCPC currently has MedDispense cabinets. Currently the physician’s medication orders entered in Sunrise print as a hard copy document in the Pharmacy. The pharmacist then enters the orders in to the Medics system that are linked to the automated dispensing cabinets in the medication room on each nursing unit.
		1. ADT – currently sent from Pharmacy system to MedDispense carts via MedDispense interface (see PowerPoint diagram)
		2. Orders - currently sent from Pharmacy system to MedDispense carts via MedDispense interface (see PowerPoint diagram)
		3. Usage - currently sent from Pharmacy system to MedDispense carts via MedDispense interface (see PowerPoint diagram)
2. Does an eMAR exist, if so which company? Yes – Allscripts Sunrise
3. What the HCPC workflows as mentioned
	1. Please provide workflow diagrams (See attached – w/o Alan)
4. Define “seamless interoperable” data sharing? We are seeking a system that will accept orders, allergies, height/weight and diagnoses (and other data as appropriate) from Sunrise, send order verification information back to Sunrise, send billing information to Invision, accept ADTs from Invision and send/receive medication information to/from Medication dispensing system.
5. Please provide diagram of desired interface capabilities that you would like to have with the pharmacy system. (see attached – w/o Alan)
6. What does your staff structure resemble for this project?
	1. Pharmacists - Two: one staff pharmacist and the Director
	2. Technicians – None assigned at this time
	3. IT Staff (2 interface specialists, 2 analysts, 4 desktop support)
	4. Others? N/A
7. Is this a desired function or mandatory function?
	1. automatically that medication is FDA approved per diagnosis - Desired, not mandatory
	2. determines if medication is off-label standard of practice - Desired
	3. ability to calculate dosages based upon different weights - Desired
8. What wholesaler does the pharmacy use? McKesson
9. Are you looking for the system to operate as a more retail/ltc style system in a post-consumption billing model?

No, not from Pharmacy’s perspective. Current profiles in Pharmacy that accurately reflect processed doctors’ orders are our goal

1. Does the pharmacy print the MAR or the nurse by accessing the pharmacy system? – Typically/currently in an emergency, Pharmacy prints MARs from the Pharmacy system and delivers to the units.

The MAR from Sunrise is all electronic and medications administered are entered there by the nurse. Pharmacy only prints an MAR in the event of downtime in which Sunrise MAR is not available. Nurses use these during scheduled and unscheduled downtimes if Pharmacy has the opportunity to print.

1. Is there another definition or term used for “extemporaneous” medication labels? Can you provide an example of how these are used?

Pharmacy prints labels to place on patient-specific medications (topicals, injectables, etc.) from the Medics system. Need to be able to do this going forward also.

**Addendum Controlling.**  In the event there is a conflict between the RFP and this Addendum 2, this Addendum will control.

**END OF ADDENDUM 2**