

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

666



**FROM:** Riverside County Regional Medical Center (RCRMC)

**SUBMITTAL DATE:**  
04/17/2014

**SUBJECT:** Approval of a multi-year agreement for Pre-Admit Tracking/Electronic Patient Flow Dashboard System from Teletracking Technologies, Inc. [\$562,460 Hospital Fund]. District 5.

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve and execute a multi-year Amendment to License Agreement for the Pre-Admit Tracking/Patient Flow Dashboard System (software and licensing) from Teletracking Technologies, Inc., for an initial amount of \$214,421 without securing competitive bids in accordance with Ordinance 459.4, and,
2. Authorize the Purchasing Agent to renew the annual Licensing Agreement for an amount of \$87,021 per year for up to four (4) years, provided any adjustments to the fee do not exceed the Consumer Price Index.

**BACKGROUND:**

**Summary**

RCRMC is implementing measures to optimize patient flow during patient admissions and discharges. The Pre-Admit Tracking/Electronic Patient Flow Dashboard system (including custom reporting solution and patient flow dashboard applications) is designed to monitor real-time status of hospital-wide flow operations. This is an add-on module to an existing Teletracking (Bed Tracker) software system.

*Lowell Johnson*  
Lowell Johnson, Interim CEO

| FINANCIAL DATA                                | Current Fiscal Year: | Next Fiscal Year: | Total Cost: | Ongoing Cost:                 | POLICY/CONSENT<br>(per Exec. Office)  |
|---|----------------------|-------------------|-------------|-------------------------------|---|
| COST  | \$ 214,412           | \$ 87,012         | \$ 562,460  | \$ 0                          | Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/> |
| NET COUNTY COST                               | \$ 0                 | \$                | \$          | \$ 0                          |   |
| <b>SOURCE OF FUNDS:</b> RCRMC Enterprise Fund |                      |                   |             | <b>Budget Adjustment:</b> No  |   |
|   |                      |                   |             | <b>For Fiscal Year:</b> 13/14 |   |

**C.E.O. RECOMMENDATION:**

APPROVE

County Executive Office Signature

BY: *Debra Cournoyer*  
Debra Cournoyer

**MINUTES OF THE BOARD OF SUPERVISORS**

Prev. Agn. Ref.:

District: 5

Agenda Number:

**3-70**

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIPNIS  
DATE: 5/2/14  
Departmental Concurrence

Purchasing: *Mark Seiler*  
Mark Seiler, Assistant Director

- A-30
- 4/5 Vote
- Positions Added
- Change Order

**DATE: 04/17/2014**

**PAGE: 2 of 2**

**BACKGROUND:**

**Summary (continued)**

RCRMC lacks an adequate Bed Board tool necessary to track patient flow and communicate with clinical departments about patient bed occupancy. The current method of hand written logs and telephone/fax communication between the Staffing Office and patient care units leads to inefficiencies in our ability to obtain real-time bed occupancy data pending discharges. The consequent barriers to admissions and/or discharges result in unnecessarily long waits for patients.

This Pre-Admit Tracking/Electronic dashboard system offers the following:

- Real-time view of current occupancy, incoming and outgoing patients
- Displays Key Performance Indicators as easy to read visual indicators
- Indicators are presented in ratio to target graphics
- Integrates data for many sources such as the ED and OR
- Displays performance goals against actual minute-by-minute indicators
- Allows patient placement leaders to instantly know available bed capacity in the system and which units
- Provides physicians and other care givers the knowledge to be proactive in the flow process by knowing how many patients must be discharged in order to admit new patients.

**Impact on Residents and Businesses**

Decreasing admission delays will free up Emergency Department beds sooner in an already heavily impacted department. Improving patient discharge times will result in decreased lengths of stay and decreased operating costs while maximizing revenue. Patients will wait in the ER for less time, and upon discharge they will get home sooner.

Huron Consulting Group has several initiatives underway to improve patient throughput. Tracking of performance metrics are required to successfully implement these initiatives and to hold departments accountable. Successful implementation and tracking of these performance measures is dependent upon data points received from the proposed Pre-Admit Tracking dashboard system. Improving efficiency in patient flow will result in decreased Length-of-Stay, higher patient satisfaction, and cost savings to the tax payers of Riverside County.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

The Teletracking System components and prices are as follows:

Initial Purchase:

Pre-Admit Tracking/Patient Flow Dashboard software      \$127,400

Monthly expenses:

|                                       |            |
|---------------------------------------|------------|
| Pre-Admit Tracking System             | \$5,725    |
| Custom Reporting Solution application | \$800      |
| Patient Flow Dashboard application \$ | <u>726</u> |
| Licensing Fee Total                   | \$7,251    |

**Contract History and Price Reasonableness**

The County will benefit from the agreement with Teletracking Technologies because failure to do so will require the purchase and installation of a whole new Pre-Admit Tracking System at significantly higher cost to the County. Therefore, purchase of the add-on Pre-Admit tracking dashboard to the current Bed Tracking software package is less costly than purchasing a new stand alone system. Similar dashboards from other vendors would require replacement of the current bed tracking system. Teletracking is the sole distributor of the Pre-Admit Tracking System and has verified that the pricing offered RCRMC is equal to or better than that offered other Government Hospitals.



March 31, 2014

To: Purchasing Agent

From: Lowell Johnson, Chief Executive Officer  
Riverside County Regional Medical Center (RCRMC)

Subject: Sole Source Procurement; Request for: Teletracking Technologies, Inc. as the Sole Source Vendor for Pre-Admit Tracking/Electronic Patient Flow Dashboard add-on applications.

The below information is provided in support of RCRMC requesting approval for a sole source vendor. Outside of a duly declared emergency, the time to develop a statement of work or specifications is not in itself justification for sole source.

- 1. Supply/Service being requested:**  
Hardware upgrade and software add-on module to existing Teletracking Bed Tracking software.
- 2. Supplier being requested:**  
Teletracking Technologies, Inc.
- 3. Alternative suppliers that can or might be able to provide supply/service:**  
Other electronic bed board applications are available but would require additional hardware over and above this request and replacement of the existing Bed Tracking system. Costs would be substantially higher for a new stand alone system versus purchasing an add-on module to the existing Bed Tracking system.
- 4. Extent of market search conducted:**  
RCRMC's current Siemens/Soarian Healthcare Information dashboard, for clinical documentation, does not offer an electronic patient flow dashboard and does not have any plans for development in the near future.
- 5. Unique features of the supply/service being requested from this supplier, which no alternative supplier can provide:**  
Other electronic bed board applications are available but would require additional hardware over and above this request in addition to replacement of the existing Bed Tracking system. Implementation of the Teletracking Pre-Admit tracking board is reliant on, and functions in concert, with the existing Bed Tracking software. Costs would be substantially higher for purchasing a new stand alone system to replace the existing Bed Tracker system versus purchasing an add-on module to the existing software.

**6. Reasons why my department requires these unique features and what benefit will accrue to the county:**

Riverside County Regional Medical Center is currently implementing measures to reduce time associated with admission and discharge of patients. The Pre-Admit Tracking/Electronic dashboard system (including custom reporting solution and patient flow dashboard applications) is designed to monitor real-time status of hospital-wide flow operations. This Patient Flow Dashboard offers live snapshots of an organizations' operational performance, helping discover and avoid delays as they develop.

RRCRCM does not have any similar Bed Board tool to track patient flow and communicate with clinical departments other than hand written logs and telephone/fax communication between the Staffing Office and patient care units. Inefficiencies in ability to obtain real-time bed occupancy, pending discharges, and barriers to admissions or discharges result in delays in patient flow.

The proposed software package offers the following:

- Real-time view of current occupancy, incoming and outgoing patients
- Displays Key Performance Indicators as easy to read visual indicators
- Indicators are presented in ratio to target graphics
- Integrates data for many sources such as the ED and OR
- Displays performance goals against actual minute-by-minute indicators
- Allows patient placement leaders to instantly know available bed capacity in the system and which units
- Provides physicians and other care givers the knowledge to be proactive in the flow process by knowing how many patients must be discharged in order to admit new patients.

**7. Price Reasonableness including purchase price and any ongoing maintenance or ancillary costs from the supplier:**

Other electronic bed board applications are available but would require additional hardware in addition to this request as well as replacement of the current Bed Tracking system. Costs would be substantially higher for a replacement stand alone system versus purchasing the add-on module to the existing Bed Tracking software.

Monthly estimated expenses are of \$7,251.00 which include Pre-Admit Tracking System (\$5725.00), Custom Reporting Solution application (800.00), and Patient Flow Dashboard application (726.00).

**8. Does moving forward on this product or service further obligate the county to future similar contractual arrangements or any ongoing costs affiliated with this sole source? (Maintenance, support, or upgrades, if so, please explain).**

Monthly estimated expenses are \$7,251.00 which include Pre-Admit Tracking System (\$5725.00), Custom Reporting Solution application (800.00), and Patient Flow Dashboard application (726.00).

**9. Period of Performance:** Five years of software support w/application software upgrades.

*[Signature]*  
Department Head Signature

3-31-14  
Date

Purchasing Department Comments:

Approve

Approve with Condition/s

Disapprove

Not to exceed: \$ 214,421  
Amount through 6-30-2019

✓ One time

Annual <sup>\$</sup> 87,021

Purchase

Annual

*[Signature]*  
Purchasing Agent

4-29-14  
Date

14-491  
Approval Number

14-491A  
Approval Number

(Reference on Purchasing Documents)



**RIVERSIDE COUNTY INFORMATION TECHNOLOGY PROCUREMENT FORM**  
To be completed for all departmental purchases of IT systems, services or renewals

2014  
01197  
Tracking Number for  
Internal Use Only

| <b>REQUESTED PURCHASE:</b> PRE-ADMIT TRACKING/ELECTRONIC BED BOARD   |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
|--|---|-------------|------------------------|-------------|-------------|---------------------|--|--|--|---------------------|--|--|--|---------------------|--|--|--|
| <b>DEPARTMENT/AGENCY:</b> NURSING ADMINISTRATION, RCRM   |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>CONTACT NAME/PHONE:</b> MARYGRACE HEDGE – EXT. 64747; OFELIA ACOSTA – EXT. 64780  |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>PURCHASE REQUEST:</b> <input checked="" type="checkbox"/> NEW EQUIPMENT/SERVICES <input type="checkbox"/> UPGRADE <input type="checkbox"/> REPLACEMENT                            |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>PURCHASE TYPE:</b> <input type="checkbox"/> PROFESSIONAL SERVICES <input checked="" type="checkbox"/> SOFTWARE <input type="checkbox"/> HARDWARE <input type="checkbox"/> RENEWAL |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>DESCRIBE REQUESTED PURCHASE</b>   | Amend the existing Tele Tracking contract to include the following: Implementation services, license and service and support of Pre-Admit Tracking with the electronic bed board system together with enrichment tools therefore and custom reporting solution and patient flow dashboard applications. There are monthly estimated expenses in the amount of \$7,251.00 that include Pre-Admit Tracking System (\$5725.00), Custom Reporting Solution application (\$800.00), and Patient Flow Dashboard application (\$726.00). |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>BUSINESS NEEDS ADDRESSED</b>  | Yes; a Feasibility Analysis was completed and signed off by all necessary department managers.  |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>ARE THERE ANY OTHER COUNTY SYSTEMS THAT PROVIDE THE SAME FUNCTIONALITY?</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN  |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>BUSINESS CRITICALITY</b><br><input type="checkbox"/> Run the business<br><input checked="" type="checkbox"/> Grow the business<br><input type="checkbox"/> Transform the business | <b>BUSINESS IMPACT (SELECT ALL THAT APPLY)</b><br><input type="checkbox"/> Support current operations<br><input type="checkbox"/> Reduce Expenses<br><input type="checkbox"/> Improve Customer Service<br><input checked="" type="checkbox"/> Improve Operational Efficiencies  |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>BUSINESS RISKS</b>  | Financial:<br>Operational:<br>Customer:   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>ALTERNATIVE SOLUTIONS</b>   | 1. [Solution]<br>2. [Solution]<br>3. [Solution]   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>TRANSACTION</b> <input checked="" type="checkbox"/> Cash Purchase <input type="checkbox"/> Lease Purchase Lease Years: _____  |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| <b>PURCHASE COSTS</b><br>\$127,400.00<br><br><b>TOTAL COST:</b><br>\$127,400.00  | <b>COST BENEFIT ANALYSIS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>ALTERNATIVE STATUS QUO</th> <th>ALTERNATIVE</th> <th>ALTERNATIVE</th> </tr> </thead> <tbody> <tr> <td>Current Annual Cost</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ongoing Annual Cost</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Cost Savings</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |             | ALTERNATIVE STATUS QUO | ALTERNATIVE | ALTERNATIVE | Current Annual Cost |  |  |  | Ongoing Annual Cost |  |  |  | Annual Cost Savings |  |  |  |
|  | ALTERNATIVE STATUS QUO  | ALTERNATIVE | ALTERNATIVE            |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| Current Annual Cost  |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| Ongoing Annual Cost  |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |
| Annual Cost Savings  |   |             |                        |             |             |                     |  |  |  |                     |  |  |  |                     |  |  |  |





**RIVERSIDE COUNTY INFORMATION TECHNOLOGY PROCUREMENT FORM**  
To be completed for all departmental purchases of IT systems, services or renewals

Tracking Number for  
Internal Use Only

|  |                             |  |  |  |
|--|-----------------------------|--|--|--|
|  | Net Annual Savings          |  |  |  |
|  | Project Implementation Cost |  |  |  |
|  | Project Payback Period? yrs |  |  |  |

Department Head Signature: *[Signature]* Date: 3/10/14

**RCIT RECOMMENDATION – for purchases and renewals under \$100,000**

Recommended:  Yes  No (Non-recommended requests submit to TSOC)

By: *Wesley P. Colvin* Date: 3/31/2014

Chief Information Officer Signature: *[Signature]* Date: 31 Mar 14

**RCIT explanation for non-recommended requests:**

[Empty box for explanation]

**TSOC RECOMMENDATION for purchases and renewals over \$100,000 and RCIT non-recommended purchases or renewals**

Recommended:  Yes  No (In no, provide explanation below)

TSOC Chair Signature: *[Signature]* Date: 4/2/14

**TSOC explanation for denied requests:**

[Empty box for explanation]

## Cournoyer, Debbie

---

**From:** ABarry@huronconsultinggroup.com  
**Sent:** Tuesday, May 27, 2014 10:19 AM  
**To:** Cournoyer, Debbie  
**Cc:** rnamerow@huronconsultinggroup.com; jolsen@huronconsultinggroup.com  
**Subject:** FW: Scan from Executive Office  
**Attachments:** 20140522113623671.pdf

Debbie,

In regards to the Teletracking F11, Huron verifies the accuracy of this submission.

Amberly Barry RN, BSN, PHN  
Senior Director  
Huron Healthcare  
12230 El Camino Real, Suite 230  
San Diego, CA 92130  
P 951-541-3829  
[abarry@huronconsultinggroup.com](mailto:abarry@huronconsultinggroup.com)  
[www.huronconsultinggroup.com](http://www.huronconsultinggroup.com)



## PREAMMITTRACKING® AMENDMENT TO LICENSE AGREEMENT

This PreAdmitTracking® Amendment to License Agreement (“PreAdmitTracking® Amendment”) is made this \_\_\_\_\_ day of \_\_\_\_\_, 2014 (“PreAdmitTracking® Amendment Effective Date”) by and between TeleTracking Technologies, Inc. (“TeleTracking”), that has its principal place of business at The Times Building, 336 Fourth Avenue, Pittsburgh, Pennsylvania 15222, and Riverside County Regional Medical Center (“Hospital”) that has its principal place of business at 26520 Cactus Avenue, Moreno Valley, CA 92555. This PreAdmitTracking® Amendment shall be subject to the following terms and conditions:

### WITNESSETH:

Whereas, TeleTracking and Hospital entered into a License Agreement dated July 25, 2012 (“Agreement”) providing for (a) onsite implementation services related to the XT transition of BedTracking® System, and (ii) continued license and service and support of BedTracking® System together with enrichment tools therefor; and

Whereas, Hospital has requested and TeleTracking agrees to provide for the following services (“Services”): (a) implementation services, license and service and support of PreAdmitTracking® with the **electronic bedboard®** (hereinafter referred to as “PreAdmitTracking®”) System together with enrichment tools therefor and **Custom Reporting Solution™** and **Patient Flow Dashboard™** applications; and (b) continued license and service and support of BedTracking® System together with enrichment tools therefor by way of an amendment to the Agreement.

Now, therefore, in consideration of the mutual covenants and agreements herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, the parties do hereby agree as follows:


1. TeleTracking and Hospital agree that the Agreement will be amended to provide for the insertion of the attached Attachments 1 and 2 and Exhibits B, C and D providing for the Services set forth herein. Hospital agrees to complete the implementations on or before September 30, 2014 (“Implementation Deadline”) provided that there are no delays of a material nature which are attributable to TeleTracking’s conduct or lack of conduct, in compliance with the terms set forth in the Agreement.
2. Hospital has elected to license PreAdmitTracking® System, which can only operate in conjunction with Hospital’s license of BedTracking® System. Consequently, the term of any BedTracking® license must extend to include any term associated with PreAdmitTracking® System in accordance with the terms and conditions of this Agreement.
3. This PreAdmitTracking® Amendment is effective and binding upon TeleTracking and Hospital upon the first day of the month following the latest System Acceptance Date and continuing thereafter for each and every consecutive month for sixty (60) months (“PreAdmitTracking® Term”). PreAdmitTracking® Term is a “Term” as it is used and defined in the Agreement. Hospital and TeleTracking agree to extend the Terms associated with continued license and service and support of BedTracking® Systems together with enrichment tools for each through the PreAdmitTracking® Term.
4. Any new Systems will be deemed to be accepted by the Hospital upon the delivery to TeleTracking of a signed Delivery and Acceptance Certificate upon the successful completion of an applicable System implementation in accordance with TeleTracking’s System Implementation Plan as set forth in the Statement of Work annexed hereto as Attachment 1 (each such completion being an “Acceptance Date”).
5. Hospital’s obligation for payment to TeleTracking pursuant to this PreAdmitTracking® Amendment beyond the current fiscal year end is contingent upon and limited by the availability of Hospital funding from which payment can be made. No legal liability on the part of the Hospital shall arise for payment beyond June 30 of each calendar year unless funds are made available for such payment. In the event that such funds are not forthcoming for any reason, Hospital shall immediately notify TeleTracking in writing; and this PreAdmitTracking® Amendment shall be deemed terminated, have no further force, and effect, but for those terms which as stated in the Agreement specifically survive termination, by way of example, the confidentiality provisions.

6. The Agreement shall remain in full force and effect and its terms and conditions will apply with the same force and effect to XT-based **BedTracking®** and **PreAdmitTracking®** Systems together with the enrichment tools for each except as expressly set forth herein.
7. The Agreement, together with this **PreAdmitTracking®** Amendment, sets forth the entire understanding of the parties with respect to the Services and shall supersede all prior negotiations among the parties with respect to these matters.

In witness whereof, the parties have signed this **PreAdmitTracking®** Amendment on the day and year first above written.

TeleTracking Technologies, Inc.

Riverside County Regional Medical Center

By:   
Name: Michael Gallop  
Title: President  
Date: 5/19/14

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

FORM APPROVED COUNTY COUNSEL  
BY:  5/23/14  
NEAL R. KIPNIS DATE

**EXHIBIT B TO LICENSE AGREEMENT**  
**PreAdmitTracking® System**

**HOSPITAL:** Riverside County Regional Medical Center  
Installation Address: 26520 Cactus Avenue  
Moreno Valley, CA 92555  
Contact:  
Phone Number: (951) 486-4000

**Hospital Initials:** \_\_\_\_\_

**PAYMENT SUMMARY**

\$93,550.00 Due to TeleTracking by Hospital for implementation (installation and training and travel associated therewith) of PreAdmitTracking® System, payable upon the earlier of the Implementation Deadline or the System Acceptance Date, net thirty (30) days from the date of the invoice.

\$5,725.00 per month Due and payable to TeleTracking by Hospital for license and service and support of PreAdmitTracking® System together with enrichment tools therefor, commencing on the first day of the month following the earlier of the Implementation Deadline or the Acceptance Date, and continuing thereafter for each and every consecutive month throughout the PreAdmitTracking® Term, net thirty (30) days from the date of the invoice.

**NON-PROPRIETARY HARDWARE SUPPLIED BY TELETRACKING UNDER THIS EXHIBIT TO THIS AGREEMENT<sup>1</sup>**

One (1) *additional* four (4) port dialogic card if Hospital utilizes analog phone lines, to be shared between Systems (Specified hardware is not required if Hospital utilizes Voice Over Internet Protocol. Software and associated licenses will be used in place).

One (1) four (4) port dialogic card (for Test System)

**NON-PROPRIETARY HARDWARE WHICH MAY BE SUPPLIED BY HOSPITAL UNDER THIS EXHIBIT TO THIS AGREEMENT**

Large-Screen/Flat Panel TV (50" or larger) with minimum 720p resolution

**NON-PROPRIETARY SOFTWARE SUPPLIED BY HOSPITAL UNDER THIS EXHIBIT TO THIS AGREEMENT**

None

**PROPRIETARY SOFTWARE SUPPLIED BY TELETRACKING UNDER THIS EXHIBIT TO THIS AGREEMENT**

PreAdmitTracking® application (latest XT release)

**PREADMITTRACKING® INCLUDES:**

Implementation Services: See Statement of Work annexed hereto as Attachment 1 and the Test System Protocols and Procedures document annexed hereto as Attachment 2.

License: As provided in the Agreement as amended.

Service and Support: As provided in the Agreement as amended.

Travel: Travel expenses incurred by TeleTracking personnel assigned to the implementation services described herein.

**ADDITIONAL SOFTWARE AND SERVICES WHICH ARE INCLUDED WITH PREADMITTRACKING® IN THE FEE**

- One-way Inbound HL7 ADT Interface Connect from BedTracking®
- Unlimited Concurrent Network Station Licenses<sup>2</sup>
- Test System (Package 1B)
- PatientTracking Portal™ view

5.19.2014

<sup>1</sup> The application server, database server, test server and all related non-proprietary hardware and software shall be shared between BedTracking® and PreAdmitTracking® Systems.

<sup>2</sup> Hospital acknowledges and agrees that TeleTracking's warranty as to System capability and capacity to perform is limited to 400 concurrent connections under normal usage.

**EXHIBIT C TO LICENSE AGREEMENT**  
**Custom Reporting Solution™ Application**

**HOSPITAL:** Riverside County Regional Medical Center  
Installation Address: 26520 Cactus Avenue  
Moreno Valley, CA 92555  
Contact:  
Phone Number: (951) 486-4000

**Hospital Initials:** \_\_\_\_\_

**PAYMENT SUMMARY**  
\$22,850.00

Due to TeleTracking by Hospital for implementation (installation and training and travel associated therewith) of **Custom Reporting Solution™** application, payable upon the earlier of the Implementation Deadline or the successful implementation of **Custom Reporting Solution™** application, net thirty (30) days from the date of the invoice.

\$800.00 per month

Due and payable to TeleTracking by Hospital for license and service and support of **Custom Reporting Solution™** application, commencing on the first day of the month following the earlier of the Implementation Deadline or the successful implementation of **Custom Reporting Solution™** application, and continuing thereafter for each and every consecutive month throughout the **PreAdmitTracking®** Term, net thirty (30) days from the date of the invoice.

**NON-PROPRIETARY HARDWARE SUPPLIED BY HOSPITAL UNDER THIS EXHIBIT TO THE AGREEMENT**  
Uses existing **Bed Management Suite™** non-proprietary hardware

**NON-PROPRIETARY SOFTWARE SUPPLIED BY HOSPITAL UNDER THIS EXHIBIT TO THE AGREEMENT**  
Uses existing **Bed Management Suite™** non-proprietary software  
Microsoft SQL Server with requisite number of Microsoft SQL licenses  
Microsoft Reporting Services

**PROPRIETARY SOFTWARE SUPPLIED BY TELETRACKING UNDER THIS EXHIBIT TO THE AGREEMENT**  
**Custom Reporting Solution™** application (latest XT release)

**CUSTOM REPORTING SOLUTION™ APPLICATION INCLUDES<sup>3</sup>:**

Implementation Services: See Statement of Work annexed hereto as Attachment 1 and the Test System Protocols and Procedures document annexed hereto as Attachment 2.

License: As provided in the Agreement as amended.

Service and Support: As provided in the Agreement as amended.

Customization: As provided for in herein.

Travel: Travel expenses incurred by TeleTracking personnel assigned to the services described herein.

**ADDITIONAL SOFTWARE AND SERVICES WHICH ARE INCLUDED WITH CUSTOM REPORTING SOLUTION™ APPLICATION IN THE FEE**

Development of up to ten (10) Custom Reports templates using **Custom Reporting Solution™** application

5.19.2014

<sup>3</sup> Additional implementation resources are available upon request for additional fees.

**EXHIBIT D TO LICENSE AGREEMENT**  
**Patient Flow Dashboard™ Application**

**HOSPITAL:** Riverside County Regional Medical Center  
Installation Address: 26520 Cactus Avenue  
Moreno Valley, CA 92555  
Contact:  
Phone Number: (951) 486-4000

**Hospital Initials:** \_\_\_\_\_

**PAYMENT SUMMARY**

\$11,000.00 Due to TeleTracking by Hospital for implementation (installation and training and travel associated therewith) of **Patient Flow Dashboard™** application, payable upon the earlier of the Implementation Deadline or the successful implementation of **Patient Flow Dashboard™** application, net thirty (30) days from the date of the invoice.

\$726.00 per month Due and payable to TeleTracking by Hospital for license and service and support of **Patient Flow Dashboard™** application, commencing on the first day of the month following the earlier of the Implementation Deadline or the successful implementation of **Patient Flow Dashboard™** application, and continuing thereafter for each and every consecutive month throughout the **PreAdmitTracking®** Term, net thirty (30) days from the date of the invoice.

**NON-PROPRIETARY HARDWARE SUPPLIED BY TELETRACKING UNDER THIS AGREEMENT**

None

**NON-PROPRIETARY HARDWARE SUPPLIED BY HOSPITAL UNDER THIS EXHIBIT TO THE AGREEMENT**

See **PreAdmitTracking®** Exhibit

**NON-PROPRIETARY SOFTWARE SUPPLIED BY TELETRACKING UNDER THIS EXHIBIT TO THE AGREEMENT**

See **PreAdmitTracking®** Exhibit

**NON-PROPRIETARY SOFTWARE SUPPLIED BY HOSPITAL UNDER THIS EXHIBIT TO THE AGREEMENT**

See **PreAdmitTracking®** Exhibit

**PROPRIETARY SOFTWARE SUPPLIED BY TELETRACKING UNDER THIS EXHIBIT TO THE AGREEMENT**

**Patient Flow Dashboard™** application (latest XT release)

**PATIENT FLOW DASHBOARD™ APPLICATION INCLUDES:**

Implementation Services: See Statement of Work annexed hereto as Attachment 1 and the Test System Protocols and Procedures document annexed hereto as Attachment 2.

License: As provided in the Agreement, as amended.

Service and Support: As provided in the Agreement, as amended.

5.19.2014

Attachment 1  
Statement of Work



336 Fourth Avenue  
The Times Building  
Pittsburgh, PA 15222-2004  
800-927-0294

## **Implementation Services Statement of Work**

Prepared for

**Riverside County Regional Medical Center**

**October 24, 2013**





## Table of Contents

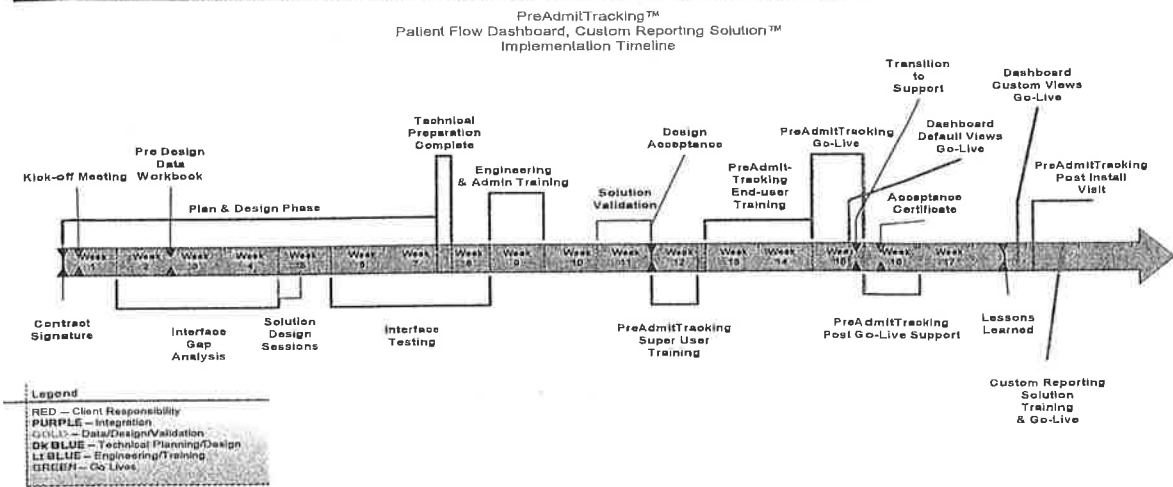
|   |    |
|---|----|
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| Client Information                            |   |   |   |
|---|---|---|---|
| 1.1   | Riverside County Regional Medical Center ("Hospital") Client Number: 0660<br>26520 Cactus Avenue<br>Moreno Valley, CA 92555   |   |   |
| Project Scope                                 |   |   |   |
| 2.1   | TeleTracking will deliver the following configured to the Hospital's physical environment and workflow: <ul style="list-style-type: none"> <li>• PreAdmitTracking® Application</li> </ul>   |   |   |
| 2.2   | Included are the following in-scope HL7 interface(s) related to the above application:<br>Advantage Package <ul style="list-style-type: none"> <li>• Standard ADT Feed from Siemens Invision</li> <li>• Bed Request Order Entry Interface from Siemens Sorian</li> <li>• Confirmed/Pending Discharge Order Interface from Siemens Sorian</li> <li>• Bed Result Order Entry Interface to Siemens Sorian</li> <li>• Discharge Planning Interface from Siemens Sorian</li> </ul> <p>According to the Technical Assessment, the Hospital is interested in the above interfaces. It is noted that the Siemens Sorian System is projected to go-live in the 4<sup>th</sup> quarter of 2013.</p> |   |   |
| 2.3   | <ul style="list-style-type: none"> <li>• The Patient Flow Dashboard™ application will be installed and configured remotely</li> </ul>   |   |   |
| 2.4   | Included are the following services to support the Custom Reporting Solution™ application: <ul style="list-style-type: none"> <li>• Up to ten (10) custom reports that will be delivered by onsite TeleTracking staff</li> </ul>  |   |   |
| 2.5   | Included are the following databases and hardware related to the project: <ul style="list-style-type: none"> <li>• Production, test/training environments will be installed remotely by a Technical Services Engineer.</li> <li>• The installation will occur on the current TeleTracking hardware.</li> <li>• A fully function test system will be installed remotely by TeleTracking Technical Services and this system will be used for data staging and staff training.</li> </ul>  |   |   |
| Implementation Services Resource Summary      |   |   |   |
| 3.1   | <table border="0"> <tr> <td style="width: 30%;"><b>PreAdmitTracking® Application</b></td> <td>Remote Engineering (1 resource)<br/>Onsite Solution Validation, Training and Post Go-Live Support (4 resources)<br/>Onsite Post-Installation Visit (1 resource)</td> </tr> </table>   | <b>PreAdmitTracking® Application</b>          | Remote Engineering (1 resource)<br>Onsite Solution Validation, Training and Post Go-Live Support (4 resources)<br>Onsite Post-Installation Visit (1 resource) |
| <b>PreAdmitTracking® Application</b>          | Remote Engineering (1 resource)<br>Onsite Solution Validation, Training and Post Go-Live Support (4 resources)<br>Onsite Post-Installation Visit (1 resource)   |   |   |
| 3.2   | <table border="0"> <tr> <td style="width: 30%;"><b>Patient Flow Dashboard™ Application</b></td> <td>Remote</td> </tr> </table>  | <b>Patient Flow Dashboard™ Application</b>    | Remote  |
| <b>Patient Flow Dashboard™ Application</b>    | Remote  |   |   |
| 3.3   | <table border="0"> <tr> <td style="width: 30%;"><b>Custom Reporting Solution™ Application</b></td> <td>Onsite Training and Go-Live (1 resource)</td> </tr> </table>   | <b>Custom Reporting Solution™ Application</b> | Onsite Training and Go-Live (1 resource)  |
| <b>Custom Reporting Solution™ Application</b> | Onsite Training and Go-Live (1 resource)  |   |   |
| 3.4   | <table border="0"> <tr> <td style="width: 30%;"><b>Total Resources</b></td> <td>7 TeleTracking Resources</td> </tr> </table>  | <b>Total Resources</b>                        | 7 TeleTracking Resources  |
| <b>Total Resources</b>                        | 7 TeleTracking Resources  |   |   |
| 3.5   | An implementation services "week" or Post Installation Visit "PIV" typically runs from Monday 12pm through Thursday 2pm unless described otherwise below. The Implementation Manager will determine where best to schedule resources.   |   |   |



| Implementation Timeline and Project Team Members   |   |   |  |   |
|--|---|---|--|---|
| 4.1  | Anticipated Project Timeline  | Twelve (12) to Sixteen (16) calendar weeks for PreAdmitTracking®<br>Per contract, implementation completion will be on or before _____.   |  |   |
| 4.2  | Anticipated Kick off  | January 2014  |  |   |
| 4.3  | Anticipated Completion  | Q2 2014   |  |   |
| 4.4  | TeleTracking Team   | <ul style="list-style-type: none"> <li>• Implementation Manager (Single Point of Contact)</li> <li>• Integration Analyst</li> <li>• Technical Analyst</li> <li>• Business Analyst</li> <li>• Technical Services Engineer</li> <li>• Training Specialist</li> <li>• Application Specialist</li> <li>• Reports Analyst (Patient Flow Dashboard™ Application)</li> <li>• Business Intelligence Analyst (Custom Reporting Solution™)</li> </ul>   |  |   |
| 4.5  | Hospital Team   | <p>The Hospital will make available the following appropriately skilled staff for work assignments when indicated by the project plan:</p> <ul style="list-style-type: none"> <li>• Information Technology Project Lead</li> </ul>  |  |   |
| 4.6  |   | <table border="0"> <tr> <td> <p>IT Resources:</p> <ul style="list-style-type: none"> <li>• Interface Analyst</li> <li>• Network/LAN Administrator</li> <li>• Hardware/Server Resource</li> <li>• Telecommunication Analyst</li> <li>• Database Administrator (aka DBA)</li> </ul> </td> <td> <p>Clinical/Departmental Resources:</p> <ul style="list-style-type: none"> <li>• Inpatient Nursing representative(s)</li> <li>• Housekeeping Management</li> <li>• Patient Placement Management</li> <li>• Infection Control</li> <li>• Decision Support</li> <li>• Others as identified</li> </ul> </td> </tr> </table> | <p>IT Resources:</p> <ul style="list-style-type: none"> <li>• Interface Analyst</li> <li>• Network/LAN Administrator</li> <li>• Hardware/Server Resource</li> <li>• Telecommunication Analyst</li> <li>• Database Administrator (aka DBA)</li> </ul> | <p>Clinical/Departmental Resources:</p> <ul style="list-style-type: none"> <li>• Inpatient Nursing representative(s)</li> <li>• Housekeeping Management</li> <li>• Patient Placement Management</li> <li>• Infection Control</li> <li>• Decision Support</li> <li>• Others as identified</li> </ul> |
| <p>IT Resources:</p> <ul style="list-style-type: none"> <li>• Interface Analyst</li> <li>• Network/LAN Administrator</li> <li>• Hardware/Server Resource</li> <li>• Telecommunication Analyst</li> <li>• Database Administrator (aka DBA)</li> </ul> | <p>Clinical/Departmental Resources:</p> <ul style="list-style-type: none"> <li>• Inpatient Nursing representative(s)</li> <li>• Housekeeping Management</li> <li>• Patient Placement Management</li> <li>• Infection Control</li> <li>• Decision Support</li> <li>• Others as identified</li> </ul> |   |  |   |



| Key Project Milestones |  |  |
|------------------------|--|--|
| 5.1                    | Contract and Statement of Work                         | Client and TeleTracking                          |
| 5.2                    | Project Kickoff and Establish Weekly Planning Sessions | Week 1 – Implementation Manager/Client Team      |
| 5.3                    | Integration Analysis                                   | Week 2 – Integration Analyst                     |
| 5.4                    | Pre-Design Data Workbook (Due two weeks after kickoff) | Week 3 – Client Team                             |
| 5.5                    | Solution Design  | Week 5 – Business Analyst and Technical Analyst  |
| 5.6                    | Remote engineering of Test/Training environment        | Week 7 – Technical Analyst/Technical Engineer    |
| 5.7                    | Technical Preparations Complete                        | Week 8 – Client Team                             |
| 5.8                    | Remote engineering of Production environment           | Week 9 – Technical Services Engineer             |
| 5.9                    | Solution Validation (Design approval required)         | Week 11 – Business Analyst and Client Team       |
| 5.10                   | Education – Super User Training (Train-the-Trainer)    | Week 12 – Application Specialist                 |
| 5.11                   | Education – End User Training                          | Weeks 13 - 14 – Client Team                      |
| 5.12                   | Go-Live, Post Go-Live and System Acceptance            | Weeks 15 – 16 – Application Specialist           |
| 5.13                   | Transition-to-Support                                  | Week 16 - Client Team and Technical Support      |
| 5.14                   | Lessons Learned  | Week 17 - Implementation Manager and Client Team |
| 5.15                   | Configuration of the Patient Flow Dashboard™           | <60 days - Reports Analyst and Client Team       |
| 5.16                   | Post Install Visit                                     | 30 days after go-live – Application Specialist   |
| 5.17                   | Custom Reporting Solution™ application delivery        | >120 days - Business Intelligence Analyst        |



## TeleTracking Professional Services Responsibilities

### Planning

- |     |   |
|-----|---|
| 6.1 | TeleTracking utilizes a combination of the principles of the Project Management Institute along with industry standards for IT system implementation methodology. All project management is conducted remotely by the assigned Implementation Manager who will be supporting multiple projects simultaneously.  |
| 6.2 | Upon completion of the Statement of Work and receipt of a signed contract addendum, TeleTracking will designate an Implementation Manager to work in collaboration with the Hospital's Project Manager to create a mutually agreeable customized project plan. A formal project kickoff meeting will be scheduled when mutual resources are available. Both parties will mutually develop and agree on the agenda and key outcomes for kickoff and all planning meetings. |
| 6.3 | TeleTracking will execute and control the system implementation plan in conjunction with the Hospital's Project Manager and planning team. During the implementation, the designated TeleTracking Implementation Manager will be the primary contact and is responsible for managing project tasks and issue resolution. The customized project plan will be maintained and distributed regularly.  |
| 6.4 | The majority of the planning phase will consist of technical preparations, data collection, solution design and integration planning, educational planning and go-live planning.  |

### System Design

- |     |   |
|-----|---|
| 6.5 | A TeleTracking Business Analyst will conduct onsite solution design in a series of meetings in collaboration with the Hospital's team. This is in an effort to determine the optimal design for process automation and system configuration.  |
| 6.6 | Data collection is a collaboration of efforts between TeleTracking's Business and Technical Analyst and the Hospital's project team for the purpose of collecting key data relating to the layout of campuses, buildings, locations, users, pagers, physicians and other critical information for the solution. |
| 6.7 | Future workflow processes and application configuration will be determined and documented in a deliverable known as the Solution Design Document.   |

### Integration

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| 6.8  | The TeleTracking Interface Analyst will conduct and provide the results from an analysis for all in scope interfaces. This analysis will provide a road map for integration tasks to support the overall design of the solution.   |
| 6.9  | TeleTracking's Integration Analyst will work in collaboration with the Hospital's analyst to configure TeleTracking's integration engine and test each in scope interface on a transactional basis. The analysts will collectively ensure the proper delivery of the end to end integration solution which includes analysis, development, validation and deployment of interfaces to support the overall system design. |
| 6.10 | All in scope interfaces will be delivered prior to solution validation to support the desired application design and workflow. Any in scope interface to be delivered after solution validation will be delivered after go-live and subject to additional implementation service fees.   |

### Installation and Deployment of Solution

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| 6.11 | The TeleTracking Implementation Manager will be responsible for coordinating remote engineering which may include software installation or upgrades, application database build, establishment of additional IVR (inbound calling) and paging connectivity (outbound), ADT configuration, application and IT administration training. |
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| 6.12                                       | The Implementation Manager will determine where best to schedule resources. However, onsite schedules typically run from Monday 12:00pm until Thursday at 2:00pm, unless specified otherwise.  |
| 6.13                                       | The production and test/training environment will be installed remotely by TeleTracking Technical Services Engineer on existing server hardware in use with the currently installed <b>BedTracking®</b> application. TeleTracking will allocate four (4) hours of remote effort to support a test/training system refresh.   |
| 6.14                                       | TeleTracking Technical Support will configure MS SQL Reporting Service and install the <b>Custom Reporting Solution™</b> application software.   |
| <b>Solution Validation</b>                 |  |
| 6.15                                       | A comprehensive solution validation will be conducted onsite by the TeleTracking Business Analyst and Application Specialist after engineering and prior to the start of training. Solution validation is a collaborative effort with members of the Hospital's project team. A complete and comprehensive solution validation checklist will be used to facilitate the solution validation process.   |
| 6.16                                       | One key facet of solution validation is the Patient/Bed Census Reconciliation and verification of interfaces. An engineering quality validation will be completed and the TeleTracking Application Specialist will establish custom console views. A configuration report will be generated for client reference.  |
| 6.17                                       | The Design Document deliverable will be presented for client approval at the conclusion of Solution Validation and prior to the start of training. Design approval is a prerequisite to the commencement of staff training.  |
| <b>Administrator and End User Training</b> |  |
| 6.18                                       | As an industry thought leader, TeleTracking is committed to developing a culture of delivering critical resources, education and information to Riverside County Regional Medical Center. We understand the key elements that are required to inform and educate our clients and will provide the highest quality programs and tools to achieve that goal. The Implementation Manager and TeleTracking Training Resources will collaborate with the hospital's project team to establish a training program for implementation.  |
| 6.19                                       | TeleTracking will provide a solution Training Program Overview which outlines the appropriate training curriculum. The class duration, recommended attendees as well as training parameters are outlined here. From training schedules to class curricula and reference materials, TeleTracking will customize your hospital's instructor led training program. Sessions are handpicked from our comprehensive catalog of training classes to accommodate the products and solution design.  |
| 6.20                                       | All IT Administration and Application Administration training will be conducted by a remote Education Services resource. The remote administrative training has been grouped into small manageable sessions. TeleTracking's goal is to prepare hospital application administrators to handle 80% of the small to moderate tasks and troubleshooting needed to effectively support their facility.  |
| 6.21                                       | <p>The TeleTracking System Administration Certification program provides the opportunity for the Hospital's designated staff to be recognized as the certified administrator by completing the Admin Training Curriculum during the project and up to 60 days after a successful go-live. Upon completion, a voucher will be provided for the specified administrator to attend an Advanced Admin workshop within six (6) months. These workshops are held quarterly, either in a designated city or remote (Hospital is responsible for travel costs).</p> <p>System Administration Certification Requirements:</p> <ul style="list-style-type: none"> <li>• System Administrators must be identified on the Education Assessment for training</li> <li>• System Administrators must complete all of the required webinars for their role.</li> <li>• System Administrators must also complete the Admin workshop, either remotely or on-site.</li> </ul> |



|                                |   |
|--------------------------------|---|
| 6.22                           | <p>TeleTracking employs a train-the-trainer model, providing Hospital trainers with the tools and knowledge needed to train their peers. The training will include labs, scenarios, training materials, and interactive involvement from the training staff associated with some of the classes. If a lab exist, it is required. Those who complete all classes and all labs will receive a TeleTracking Trainer Certification.</p> <p>Trainer Certification Requirements:</p> <ul style="list-style-type: none"> <li>• Trainers to be identified for training</li> <li>• Trainers to complete BOTH the classroom and lab for which they are scheduled.</li> <li>• Trainers to be on time for class and participate in activities as scheduled.</li> </ul>  |
| 6.23                           | <p>In a given training week, the TeleTracking resource is onsite the following core hours:</p> <p>Monday- 1:00pm-5:30 pm<br/>         Tuesday- 7:00am-5:30 pm<br/>         Wednesday- 7:00am-5:30 pm<br/>         Thursday- 7:00am-2:00 pm</p>  |
| 6.24                           | <p>Upon special request, day 2 and day 3 core hours (where applicable) can be adjusted forward or backward up to a maximum of two (2) hours based upon a sliding scale concept. For example, sliding the scale forward two hours would result in training from 9:00am – 7:30pm with a one hour break mid-day. Sliding the scale backward two hours would result in training from 5:00am – 3:30pm with a one hour break mid-day. Day 1 and day 4 core hours are fixed and cannot be changed. It is recommended that no more than 25 students attend a given training class.</p>  |
| 6.25                           | <p>This project does not provide for evening, night shift or weekend training. The Hospital shall be solely responsible for any additional training of its employees in excess of the training provided by TeleTracking as outlined above.</p>  |
| 6.26                           | <p>Unlimited access to TeleUniversity. The TeleUniversity Platform is complete with over 100 Computer-Based Training (CBT) modules. Each CBT also provides training materials that may be printed for future reference. Computer-Based Training is provided with this SOW and the TeleTracking Implementation Manager will provide access instructions. TeleTracking will also provide certain printed instruction materials related to specific staff and management training. However, clients will have unlimited access to electronic copies of training guides.</p>  |
| 6.27                           | <p>Following onsite staff training, the TeleTracking associate will confirm system readiness for go-live activation. This is a continuation of the checklists and tools used during the solution validation.</p>  |
| 6.28                           | <p>The TeleTracking associates will conduct reports education on Thursday morning of the go-live activation as described in the Training Program Overview and sample Training Schedule. The Patient Flow Scorecard, a performance monitoring tool, will be configured at this time. An alternate day/time may be coordinated with the TeleTracking Implementation Manager.</p>  |
| <p><b>Solution Go-Live</b></p> |   |
| 6.29                           | <p>TeleTracking will work collaboratively with the Hospital to follow best practices for a successful solution go-live. Key facets of these best practices include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Regularly scheduled go-live planning meetings</li> <li>• The establishment of a command center to support facility-wide go-live</li> <li>• Establish an escalation plan that identifies the chain of command for decision making and to document the process for communicating changes that affect end-users</li> <li>• Ensure all super users and Subject Matter Experts (SME's) have been trained and are available for supporting each shift</li> <li>• Establish a hospital support resource schedule that includes night and weekends as needed</li> </ul> |





|                                |  |
|--------------------------------|--|
|                                | <ul style="list-style-type: none"> <li>Establish an issue management form and schedule daily meetings to review status of go-live</li> </ul>   |
| 6.30                           | Go-Live is typically planned for the start of the dayshift (usually 7:00am) on Tuesday. An alternate day/time may be coordinated with the TeleTracking Implementation Manager.   |
| 6.31                           | TeleTracking will be present onsite for go-live support. Our associates will assist management and staff and monitor system performance.   |
| 6.32                           | The onsite Application Specialist will conduct a post implementation quality audit. Our Client Performance Optimization Report (CPOR) is an effort to confirm implementation deliverables have been met. The CPOR will be available for future Post-Installation Visit reference. CPOR results and trend reports will be provided and Computer Based Training links will be identified to help compensate any user deficiencies.   |
| 6.33                           | <p>During a go-live, the TeleTracking resource will be onsite the following core hours:</p> <p>Monday- 1:00pm-5:30 pm<br/>           Tuesday- 7:00am-5:30 pm<br/>           Wednesday- 7:00am-5:30 pm<br/>           Thursday- 7:00am-2:00 pm</p>  |
| 6.34                           | Upon special request, day 2 and day 3 core hours (where applicable) can be adjusted forward or backward up to a maximum of two (2) hours based upon a sliding scale concept. For example, sliding the scale forward two hours would result in go-live support from 9:00am – 7:30pm with a one hour break mid-day. Sliding the scale backward two hours would result in go-live support from 5:00am – 3:30pm with a one hour break mid-day. Day 1 and day 4 core hours are fixed and cannot be changed. Additional go-live support may be added to the project scope for an additional fee upon client request. |
| 6.35                           | Multiple project activities will occur after go-live to include, but not be limited to, Lessons Learned, Transition to Support, Post-Installation Visit and any in scope analytical applications (e.g. <b>Patient Flow Dashboard™</b> and <b>Custom Reporting Solution™</b> ).   |
| 6.36                           | The TeleTracking Implementation Manager will conduct a “Lessons Learned” discussion for purposes of assessing project planning efforts.  |
| 6.37                           | The project team will be offered a formal “Transition to Support” meeting for purposes of reviewing access to 24/7 TeleTracking Technical Support.   |
| <b>Patient Flow Dashboard™</b> |  |
| 6.38                           | <p>TeleTracking will provide a <b>Patient Flow Dashboard™</b> remote demonstration reflecting default views while educating the Hospital staff on the available configuration options.</p> <ul style="list-style-type: none"> <li>One (1) <b>BedTracking®</b> dashboard per campus</li> <li>One (1) Patient Flow dashboard per campus</li> </ul>   |
| 6.39                           | The TeleTracking Reports Analyst will work in collaboration with the project team to review the requested configuration changes for the <b>Patient Flow Dashboard™</b> application views.  |
| 6.40                           | TeleTracking’s Reports Analyst will provide redesigned dashboard views to the project team for final approval.   |



| Post-Installation Visit    |  |
|----------------------------|--|
| 6.41                       | TeleTracking will provide the Hospital with one (1) post-installation visit ("PIV") to be scheduled to occur at a mutually convenient time thirty (30) to forty-five (45) days after the successful go-live. PIVs not utilized within ninety (90) days of go-live will be forfeited. A focused review of application reports and the Patient Flow Scorecard will be conducted during the visit.  |
| 6.42                       | The Post-Installation Visit will begin onsite from 12 noon Monday and be completed by 2:00pm local time on Thursday.   |
| Custom Reporting Solution™ |  |
| 6.43                       | TeleTracking will conduct an onsite needs assessment for the purposes of defining the in scope custom reports which will be used in conjunction with the <b>Custom Reporting Solution™</b> application.  |
| 6.44                       | TeleTracking will build, deliver and review ten (10) requested custom reports during the onsite sessions for the <b>Custom Reporting Solution™</b> for the campuses defined in this Statement of Work. Designated staff will receive report building and report generation instruction.  |
| 6.45                       | A final Client Summary will be provided within two weeks of the onsite visit to complete the <b>Custom Reporting Solution™</b> deliverable.  |
| Client Responsibilities    |  |
| 7.1                        | <p>The Hospital will make available the following appropriately skilled staff for work assignments when indicated by the project plan:</p> <ul style="list-style-type: none"> <li>Information Technology Project Lead</li> <li>Interface Analyst</li> <li>Network/LAN Administrator</li> <li>Hardware/Server Resource</li> <li>Telecommunication Analyst</li> <li>Database Administrator (aka DBA)</li> <li>Inpatient Nursing representative(s)</li> <li>Housekeeping Management</li> <li>Patient Placement Management</li> <li>Infection Control</li> <li>Others as identified</li> </ul> |
| 7.2                        | The Hospital project team will attend planning meetings as scheduled by both organization's Implementation and Project Managers. Project meetings will be mutually scheduled during the planning and design phase to collect data and identify appropriate contacts for various data collection and task activities. These meetings are critical to the success of the project; therefore attendance by appropriate designated team members is required.   |
| 7.3                        | It is expected that the Hospital project team will work in conjunction with the TeleTracking implementation team to complete all tasks by the agreed upon deadlines as defined in the project plan referenced above. If the Hospital responsibilities are not accomplished accordingly and additional TeleTracking resources are required to complete tasks, the Hospital may incur additional fees.   |
| 7.4                        | A Pre-Design Data Workbook initiates the data collection effort and will be requested within two weeks of project kickoff. A completed Pre-Design Data Workbook is a pre-requisite to design sessions. Existing BedTracking® database information will be retrieved and used as the foundation data.   |



|      |  |
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| 7.5  | The Hospital's technical preparations will meet or exceed the technical requirements as indicated in TeleTracking Technical reference documents. This includes all application servers and database environments. The hospital is responsible for the installation and ongoing management of the MS SQL environment.   |
| 7.6  | The Hospital's DBA staff will install MS SQL Reporting Services for use with <b>Custom Reporting Solution™</b> .   |
| 7.7  | Installation and configuration of an additional four (4) telecommunication lines at the application server for Interactive Voice Response ("IVR") to meet the capacity outlined on the agreement.  |
| 7.8  | The Hospital will provide HL7 ADT and clinical interface feeds to support in scope interfaces and provide each interface per TeleTracking's HL7 specification. This will include an integration analyst/team member to work in collaboration with TeleTracking's project team. The Hospital's analyst will be responsible for any modifications to the ADT and/or other HL7 feeds to meet the HL7 specification or additional considerations outlined in a Technical Assessment Report or lastly, as identified while working in collaboration with the project team during application design.  |
| 7.9  | Provide TeleTracking with critical data collection information including but not limited to Room/Bed Master File, End User List, Pager List, according to the Pre-Design Data Workbook. The expected effort is to occur the first two weeks of project planning.   |
| 7.10 | Installation and configuration of all internal or 3 <sup>rd</sup> party paging solutions to allow for connectivity to the TeleTracking application server.   |
| 7.11 | All network related setup, management, and maintenance activities including but not limited to:<br><br><ul style="list-style-type: none"> <li>Network security management</li> <li>Network user creation or management</li> <li>LAN design or component installation (other than application server and peripherals)</li> <li>Windows Domain or Active Directory management as well as single sign-on configuration</li> <li>Client network authentication/access control</li> <li>Connecting mobile devices to the network</li> <li>Browser upgrades/patches and deployment of the URL</li> <li>Server and workstation operating system upgrades/patches</li> </ul> |
| 7.12 | Provide TeleTracking technical support with remote access capabilities into the TeleTracking server and according to Hospital and TeleTracking policies.   |
| 7.13 | Early identification of TeleTracking Application Administrators who are capable of administering and maintaining the system long term is critical. TeleTracking will conduct virtual IT and Application Administration training once during remote engineering.  |
| 7.14 | It is expected that the project team will fully participate as scheduled in all deployment activities to insure a successful go-live.  |
| 7.15 | It is assumed that management, trainers, and staff will attend training sessions as defined during planning.   |
| 7.16 | TeleTracking uses a "train-the-trainer" approach to training. It is imperative that Hospital trainers are identified and are committed to satisfying ongoing training needs at the Hospital. The Hospital shall be solely responsible for any additional training of its employees in excess of the training provided by TeleTracking as outlined above.   |



|      |   |
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| 7.17 | A two (2) week period will be identified for modification of the <b>Patient Flow Dashboard™</b> default views. The Hospital team will participate in a remote introductory session and remote configuration meeting(s) in order to reach configuration completion within the allotted time. The Hospital's project team will approve redesigned dashboard views prior to the final configuration changes of the <b>Patient Flow Dashboard™</b> application. |
| 7.18 | The key department managers will be expected to plan for the post installation visit in advance with the TeleTracking Implementation Manager so that questions may be identified, system reports may be reviewed and additional training may be scheduled.  |
| 7.19 | The Hospital will forfeit its rights to the visit under circumstances where visit dates have been confirmed in writing to the agreement of both parties and are subsequently cancelled by the Hospital with less than 30 days' notice to TeleTracking.  |
| 7.20 | The Hospital will designate key management, IT or decision support staff to receive <b>Custom Reporting Solution™</b> report building training.   |

### Reference Documents

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|------|---|
| 8.1  | Due to the proprietary nature and intellectual property content, the following project reference documents may be supplied by the TeleTracking Implementation Manager at the start of project planning or upon request after contract or Statement of Work signature. |
| 8.2  | Implementation Guide  |
| 8.3  | Sample Timeline for the <b>PreAdmit Tracking™</b> , <b>Patient Flow Dashboard™</b> and <b>Custom Reporting Solution™</b>  |
| 8.4  | Sample Project Plan   |
| 8.5  | Customer IT Resource Requirements   |
| 8.6  | Technical Specifications  |
| 8.7  | Technical Assessment  |
| 8.8  | SQL Database Recommendations  |
| 8.9  | HL7 Specification   |
| 8.10 | Pre-Design Data Workbook  |
| 8.11 | The Design Phase <b>Playbook</b>  |
| 8.12 | Training Overview   |
| 8.13 | Sample Training Schedule  |
| 8.14 | Lessons Learned   |
| 8.15 | Transition to Support   |
| 8.16 | Post Install Visit Planning Document  |
| 8.17 | Scope Change Request Form   |



| <b>Risks and Concerns</b>      |  |
|--------------------------------|--|
| 9.1                            | None   |
| <b>Out of Scope</b>            |  |
| 10.1                           | The below are defined as out of scope. If requested by the Hospital, certain services may be placed in scope by way of a contract change and revision to this accompanying Statement of Work. Scope changes after contract and SOW execution will be managed by way of the Scope Change Management process outlined below. |
| 10.2                           | Onsite project planning and management services  |
| 10.3                           | Onsite application installation and engineering  |
| 10.4                           | Additional hardware or license(s)  |
| 10.5                           | Pending Transfer Order Interface   |
| 10.6                           | Lab and Radiology Order Interfaces   |
| 10.7                           | Enhanced interface support   |
| 10.8                           | User Acceptance Training and Testing (beyond what is defined above)  |
| 10.9                           | Additional test server engineering tasks not identified above  |
| 10.10                          | <b>Custom Reporting Solution™</b> Test Package   |
| 10.11                          | <b>Patient Flow Dashboard™</b> Test Package  |
| 10.12                          | Additional reports for the <b>Custom Reporting Solution™</b> application   |
| 10.13                          | Additional views/dashboards for the <b>Patient Flow Dashboard™</b>   |
| 10.14                          | Onsite IT and Application Administration training  |
| 10.15                          | Full staff training (not train-the-trainer model)  |
| 10.16                          | Additional training not identified in the agreement  |
| 10.17                          | Customization to TeleTracking software   |
| 10.18                          | TeleTracking graphical floor plan views  |
| 10.19                          | Additional batch data uploads by TeleTracking are out of scope. (A batch data upload will be performed one time. Following this, Hospital application administrators will add, delete or modify data points such as Room/Bed, User Logins, Pagers, etc. From this point forward the Hospital will maintain data files.)    |
| 10.20                          | Voice (VOX) file recording after initial upload  |
| 10.21                          | Evening and night shift training or go-live support  |
| <b>Scope Change Management</b> |  |
| 11.1                           | The TeleTracking Implementation Manager will initiate a 'Scope Change' Form if the agreement or addendum to an existing agreement and this Statement of Work has been signed and a change is warranted.  |
| 11.2                           | Scope change requests which result in the need for additional onsite implementation support, additional interfaces, applications, phone lines, etc. will change the overall scope and pricing of the Implementation Services and will require a sales quote and contract addendum.   |
| 11.3                           | Additional onsite implementation resources are available at the rate of \$7,600/week for dayshift services. Premium rates are charged for late evening, nightshift, weekend or holiday support and will be quoted upon   |



|   |  |
|---|--|
|   | request.   |
| <b>Revision History</b>   |  |
| 12.1  | SOW Initiated on: October 24, 2013   |
| 12.2  | Change Date/Reason:<br>October 28, 2013:<br>2.2 removed interfaces that are out of project scope<br>2.4 removed additional 10 custom reports that are out of project scope<br>2.5 changed limited test system refresh to fully functional test system remote installation<br>5.2 and 5.3 indicated anticipated kickoff and completion timeframes<br>6.44 removed additional 10 custom reports that are out of project scope<br>11.5-11.7 addition of out of scope interfaces<br>October 29, 2013<br>Corrected section numbering throughout document    |
| <b>Authorization and Acceptance</b>   |  |
| 13.1  | This Statement of Work is effective when signed by both parties and accompanied by an agreement. The terms of this Statement of Work shall control in the event of any conflicts between the services described here and the provisions of the agreement.  |
| 13.2  | A successful implementation service shall refer to a completed TeleTracking system implementation which functions and performs in accordance with TeleTracking documentation. TeleTracking documentation is defined as documentation, advertising, promotional and marketing materials, and user manuals relating to the TeleTracking system including those on its website, <a href="http://www.teletracking.com">http://www.teletracking.com</a> , and on the TeleTracking intranet site which will be made available to the Hospital after go-live. |
| 13.3  | Acceptance shall mean that a TeleTracking system is acknowledged by the Hospital to function and perform in accordance with TeleTracking documentation. The TeleTracking system will be deemed to be accepted by the Hospital upon the delivery to TeleTracking of a signed Delivery and Acceptance Certificate for new installations.   |
| <b>Signature</b>  |  |
| Prepared by: Barb Wills, Program Manager, Sales Support                         |  |
| TeleTracking Technologies Inc.  | Riverside County Regional Medical Center   |
| By: _____   | By: _____  |
| Name: <u>Kirk Stephen</u>   | Name: _____  |
| Title: <u>Executive Vice President, Chief Financial Officer</u>                 | Title: _____   |
| Date: _____   | Date: _____  |
| TeleTracking Technologies<br>336 4 <sup>th</sup> Avenue<br>Pittsburgh, PA 15222 |  |

Attachment 2

Test System Protocols and Procedures

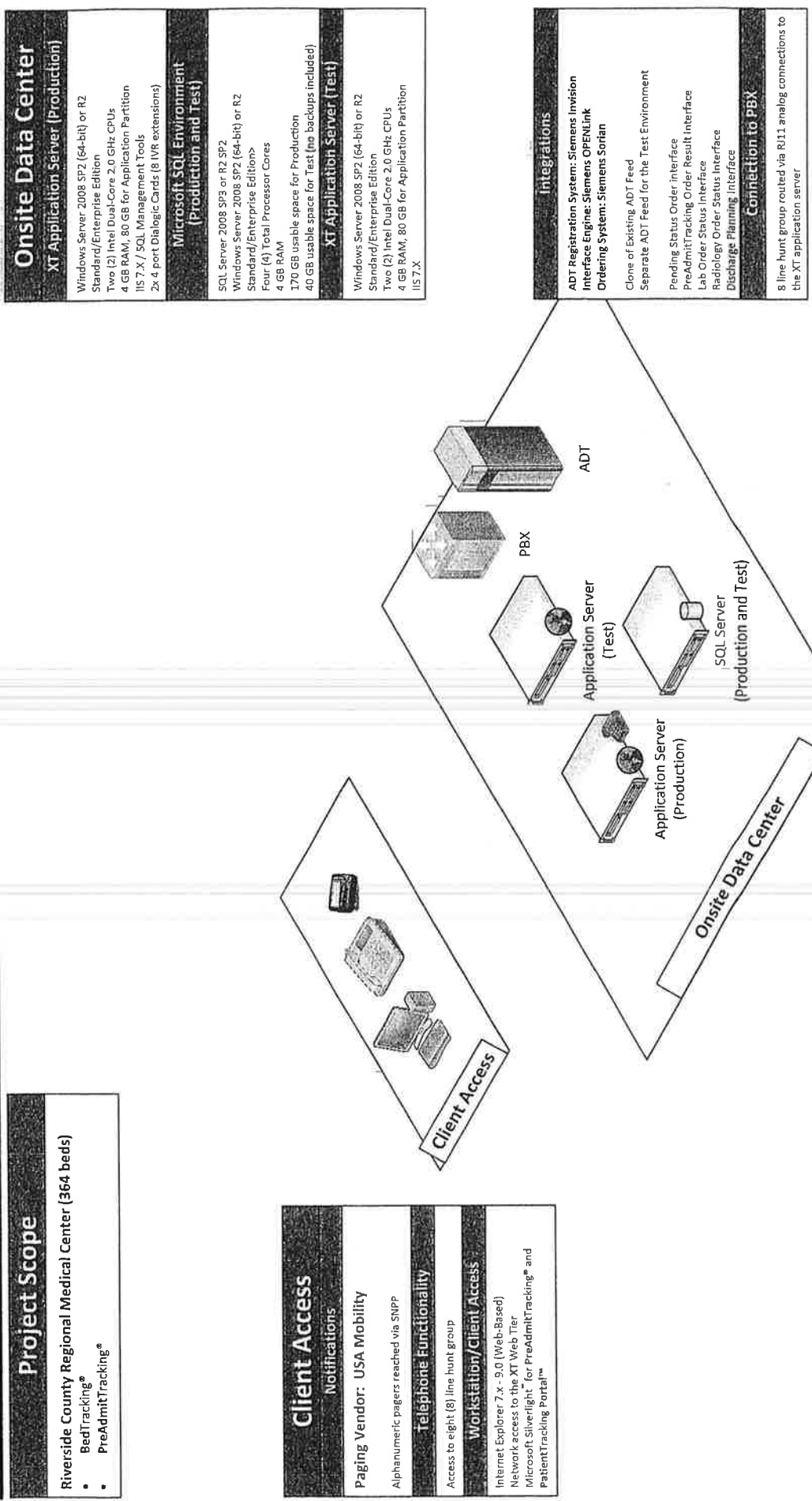


Test System  
Protocols and Procedi



# TeleTracking Technical Architecture Diagram

## Riverside County Regional Medical Center



### Project Scope

- Riverside County Regional Medical Center (364 beds)
- BedTracking®
  - PreAdmitTracking®

### Client Access

- Notifications**
- Paging Vendor: USA Mobility**
- Alphanumeric pagers reached via SNPP
- Telephone Functionality**
- Access to eight (8) line hunt group
- Workstation/Client Access**
- Internet Explorer 7.x - 9.0 (Web-Based)
- Network access to the XT Web Tier
- Microsoft Silverlight™ for PreAdmitTracking® and PatientTracking Portal™

### Notes

- XT represents TeleTracking's current platform and includes BedTracking® and PreAdmitTracking™.
- This diagram does not represent actual specifications of hardware being procured or used by the hospital. This diagram represents TeleTracking's current hardware recommendations for the scope of this project.
- Please refer to the Technical Assessment Overview for additional details regarding the implementation scope and hospital bed sizes initially and long-term.

### Onsite Data Center

**XT Application Server (Production)**

Windows Server 2008 SP2 (64-bit) or R2 Standard/Enterprise Edition

Two (2) Intel Dual-Core 2.0 GHz CPUs

4 GB RAM, 80 GB for Application Partition

IIS 7.X / SQL Management Tools

2x 4-port Dialogic Cards (8 IVR extensions)

### Microsoft SQL Environment (Production and Test)

SQL Server 2008 SP3 or R2 SP2

Windows Server 2008 SP2 (64-bit) or R2 Standard/Enterprise Editions

Four (4) Total Processor Cores

4 GB RAM

170 GB usable space for Production

40 GB usable space for Test (no backups included)

### XT Application Server (Test)

Windows Server 2008 SP2 (64-bit) or R2 Standard/Enterprise Edition

Two (2) Intel Dual-Core 2.0 GHz CPUs

4 GB RAM, 80 GB for Application Partition

IIS 7.X

### Integrations

ADT Registration System: Siemens Invision

Interface Engine: Siemens OPENLink

Ordering System: Siemens Sorlan

Clone of Existing ADT Feed

Separate ADT Feed for the Test Environment

Pending Status Order Interface

PreAdmitTracking Order Result Interface

Lab Order Status Interface

Radiology Order Status Interface

Discharge Planning Interface

### Connection to PBX

8 line hunt group routed via RJ11 analog connections to the XT application server



### TeleTracking Technologies Technical Assessment

This document concludes the Technical Assessment process conducted by TeleTracking's Technical Sales Consultant. This process was undertaken to identify the technical requirements that are required to implement the proposed TeleTracking solutions. Included in this document is a technical assessment overview which explains TeleTracking recommendations, risks and/or concerns that were uncovered, technical statements made by both parties, and any assumptions made in regards to the implementation of TeleTracking solutions. A technical diagram has also been included to help illustrate the technical architecture that will be implemented.

Once your Implementation Manager is assigned, he or she will become the point of contact for all technical and project related questions from that point forward.

|  |
|--|
| <b>Hospital Name/Health System:</b> Riverside County Regional Medical Center   |
| <b>Contact Name:</b> Paul Woodward   |
| <b>Sales Executive:</b> Ayo Anise  |
| <b>TeleTracking Technical Sales Consultant (TSC):</b> Jeremy Eckhart   |
| <b>Assessment Date Range:</b> April – September 2013   |
| <b>Date of Referenced Materials:</b> CMS XT Technical Information Reference (05/20/2013) & SQL Server Database Recommendations for TeleTracking CMS (03/08/2013)                   |
| <b>Type of Assessment:</b> Retention of currently installed TeleTracking application and the implementation of additional applications at Riverside County Regional Medical Center |



### Overview

TeleTracking's Technical Sales Consultant determined that TeleTracking can successfully implement the proposed solutions at your facility according to the following technical diagram(s) [attached]. The recommended architecture is based on the answers supplied during the technical discussions conducted by TeleTracking's TSC and the participants from Riverside County Regional Medical Center (RCRMC). To ensure a successful implementation of the solutions being presented, listed below are any potential risks, technical declarations, and/or assumptions along with TeleTracking's recommendations.

Accepted/Understood: \_\_\_\_\_ Date \_\_\_\_\_

### Implementation

**Base Implementation** - The assessment is based on RCRMC's intention to implement the proposed TeleTracking powered by XT™ (XT) applications at the following facility.

#### Riverside County Regional Medical Center (364 Beds)

- Implementation of the PreAdmitTracking® application
- Implementation of the Patient Flow Dashboard™ application
- Implementation of the Custom Reporting Solution™ application
- Retention of the BedTracking® application installation

### HL7/ADT Interface

**ADT Specifics** - During the assessment, RCRMC has confirmed that **one (1)** ADT feed is established to the current BedTracking® application server from the hospital's installation of Siemens Invision. This feed contains data elements and events for all TeleTracking applications. As part of this project, any interface changes required to support the implementation will occur on this existing feed.

**Additional Interfaces** - After a review of all available interfaces for this application, it was determined that interface opportunities exist to the hospital systems listed below. No other interface opportunities were identified.

- **Pending Status Order Interface** - This interface includes the following order types. All orders listed below are accomplished by HL7 Order [ORM] messages being sent to the TeleTracking application.
  - **Bed Request Order:** This order creates 'Active Bed Requests' within the PreAdmitTracking® application. It is often used with, but not limited to, documentation/tracking systems for Emergency Departments and other hospital intake areas. This interface is critical for an optimal workflow by expediting the bed assignment process.
    - **System Identified:** Siemens Sorian
  - **Pending Transfer Order:** This order is for Inpatient Level of Care Change requests which require an off-unit bed. When this order is received from an external system, a Pending Transfer Request' will be generated for the patient. This automates the process to notify both sending and receiving patient units and expedites the bed assignment process. This interface is critical for an optimal workflow by expediting the bed assignment process. The order can also be configured to complete the Physician Order Transfer Milestone.
    - **System Identified:** Cerner

- **Discharge Order(s):** These order(s) will update a patient's status to 'Pending' or 'Confirmed' discharge status within PreAdmitTracking®. This interface is used to automatically populate a hospital-wide list (PreAdmitTracking®) or unit specific view (PatientTracking Portal™), and will help improve and automate planning. The Pending Discharge status is intended to be estimation that a given patient will be discharged today or at a known future. The Confirmed discharge status is intended to indicate that a given patient has been issued Physician discharge orders.
  - **System Identified:** Siemens Sorian
  
- **Order Results from the TeleTracking system** - To enable this interface, the hospital must be using the 'Pending Status Order Interface' (mentioned above). With this interface and once a 'Bed Assignment' is made in the TeleTracking application, an HL7 formatted Order Result [R01] message will be sent outbound. TeleTracking has found that this is most often used in conjunction with the hospital systems located in the intake areas which require a bed assignment to close out work cases and/or have the ability to receive and display the 'Bed Assignment' details once assigned in the TeleTracking application. Those details include the assigned bed for the patient, the real-time bed status of the bed with any housekeeping updates, and patient placement comments.
  - **System Identified:** Siemens Sorian
  
- **Discharge Planning Interface** - Provides HL7 based Advanced Discharge Planning integration with external EMR, HIS, and Care Management systems. This flexible solution can be configured to capture user defined discharge milestones and provide increased visibility of these very important patient details within the PreAdmitTracking® and PatientTracking Portal™ applications. Examples of discharge milestones include: Family Notified, Discharge Teaching, and Transportation Arranged. The interface can also provide real time updates to the patient's projected discharge date/time and allows for automatic Pending Discharge Status transitions.
  - **System Identified:** McKesson InterQual
  
- **Lab Order Interface** - Lab Orders are HL7 formatted O01 messages that will display an Icon within the TeleTracking application. There are four statuses that are identified by a color of Ordered (Red), In Process (Yellow), Resulted (Green) or Cancelled (Grey). The Lab Order can have multiple Orders on a single patient and does not list specific results but is used for informational purposes.
  - **System Identified:** No System Identified
  
- **Radiology Order Interface** - Radiology Orders are HL7 formatted O01 messages that will display an Icon within the TeleTracking application. There are four statuses that are identified by a color of Ordered (Red), In Process (Yellow), Resulted (Green) or Cancelled (Grey). The Lab Order can have multiple Orders on a single patient and does not list specific results but is used for informational purposes.
  - **System Identified:** No System Identified

As the above interfaces would impact the project scope, RCRMC has provided TeleTracking the following responses for the consideration of these interfaces.

- During this assessment RCRMC commented that there was definite interest in using all of the available interfaces for TeleTracking applications, but a final decision was not made on whether they would be included in the scope of this project or whether they would be added at a future time.

### Considerations and/or Concerns:

- During this assessment it was noted by **RCRMC** that the Siemens Sorian system would go live in the fall of 2013. If project timelines allow, TeleTracking would like to align the interface testing required for this project with the Siemens Sorian project deployment.

### Network and Remote Access

**Server Hardware Location** - **RCRMC** has stated that all server hardware for this implementation will reside at the location listed below.

- Onsite Main Data Center

Under the current network conditions (bandwidth, common domain, etc), end-users will be allowed access to the web-tier of the applications from the facility workstations included in this assessment. With this said, **RCRMC** has identified no concerns around hosting the proposed applications from this centralized location.

**TeleTracking's Remote Access** - TeleTracking requires remote access to the application server and recommends the use of Bomgar that will be provided at no cost to the client. As a result, **RCRMC** has selected the following preference.

- Bomgar Software Access

**XT Application Specifics** - **XT** is a web-based application and SSL was discussed for allowing an extra layer of security from the client workstations to the web-tier of the system. **RCRMC** understands that enabling this feature must be decided during project planning and prior to the engineering week. In addition, **RCRMC** is responsible for the necessary SSL certificates.

**Active Directory Integration** - **XT** may be configured to allow end-users to use their network/domain credentials (Active Directory Integration only - LDAP currently not supported) to access the application. This will eliminate the end-user from being introduced to another username and password to gain access to the application. Within this configuration, TeleTracking will target either a specific domain controller or the network domain (if the domain is configured to always respond with an active domain controller). Once the authentication store has been configured, the setting will be applied to the user level within the application. Please note - this configuration will still require the end user's account to be created and any product specific values to be applied within the application first.

**Single Sign-on** - When integrated with Active Directory (as described above), the **XT** system can be configured for authentication via single sign-on. When this feature is active and the **XT** URL is configured as a trusted intranet site in Internet Explorer, the currently logged on user credentials will be passed to the **XT** system and authenticated against Active Directory. Because of this, there could be issues with shared workstations, which should be configured with a link to a specific **XT** URL that will force manual user authentication.

**Workstation/Internet Explorer Requirements** - Internet Explorer 7.x - 9.0 will be required for system access. If Internet Explorer v8.0 or v9.0 is to be used, the **XT** URL must be accessed in Compatibility Mode. For those workstations that will be accessing the **electronic bedboard®** (e.g. bed control, transfer center), **RCRMC** will need to follow or exceed the elevated workstation requirements (e.g. 2.0 GHz and 2 GB RAM).

- **RCRMC** has explained that all workstations are standardized on Internet Explorer v8.0.



**Microsoft Silverlight** - As Microsoft Silverlight v3.0+ will be required on those workstations accessing either the PreAdmitTracking® and/or PatientTracking Portal™ applications, it was discussed as part of the assessment.

- RCRMC has explained that the Microsoft Silverlight plug-in will be pushed to each workstation as part of this project. [As it is only deployed in a limited fashion throughout the hospital currently.]

**Patient Flow Dashboard™ Application** - Each client workstation will require Internet Explorer 7.x - 8.0 for system access in addition to Adobe Flash Player Plug-in version 9.01.124 (or newer).

**Application Server and Hardware**

**Application Server** - RCRMC has a TeleTracking application installed on the XT platform. Based on the details below, it was determined that the current XT application server will be used for this implementation. This server will host the XT services, HL7 software, web server and the IVR system.

- Details provided by RCRMC suggest that the application server meets TeleTracking’s recommendations

**Application Server Specifics** - The specifications outlined below consider the total licensed bed size for the facility included within this assessment. These details assume that the server model selected will support the necessary storage requirements, PCI cards provided by TeleTracking, and any peripheral that requires serial connections.

|                   | Client Provided Details                     | TeleTracking Specification                                       |
|-------------------|---|--|
| Server Model      | HP Proliant DL380 G7                        | Physical Server Required   |
| Operating System  | Windows Server 2008 R2                      | Microsoft® Windows Server 2008 R2 Standard/Enterprise Edition    |
| BIT-Level         | 64-bit                                      | 64-bit   |
| CPU Cores         | (2) Xeon Quad Core                          | Four CPU Cores   |
| RAM               | 8 GB  | 4 GB   |
| Available Storage | 260 GB                                      | 80 GB application partition,<br>40 GB operating system partition |
| PCI Slots/Cards   | One Existing Full Height / Half Length Card | Two (2) Full Height / Half Length PCI (PCIe or PCIx)             |
| Serial Ports      |   | None required  |

**Considerations and/or Concerns:**

- Due to the licensed bed count at RCRMC, an additional 4 Port Dialogic Card will be added to meet the 8 required lines for this project. During this assessment this was discussed with RCRMC and the Dialogic Voice Card specifications were sent to RCRMC to ensure their server could accommodate the additional card.

**Microsoft SQL Server and Hardware**

**Microsoft SQL Server/Environment** - Currently, RCRMC has Microsoft SQL versions of TeleTracking applications installed. Being that existing, shared and dedicated Microsoft SQL environments are all allowed, each environment was discussed and the results are outlined below.

Based on the below, RCRMC has suggested that this existing environment will be used for this implementation.



- Details provided by RCRMC suggest that the environment meets TeleTracking’s recommendations

**Microsoft SQL Environment** - The specifications outlined below consider the total licensed bed size for the facility included within this assessment. These details assume that this environment will be established with the proper disk architecture to support optimal performance (e.g. RAID configurations) and the required Microsoft SQL Server licensing model.

|                     | Client Provided Details                            | TeleTracking Specification  |
|---------------------|--|---|
| Server Model        | HP DL380 G7  |   |
| Operating System    | Windows Server 2008 R2                             | Microsoft® Windows Server 2008 R2 Standard/Enterprise Edition                                 |
| SQL Version         | SQL Server 2008 R2 SP1                             | Microsoft® SQL Server 2008 SP3, Microsoft® SQL Server 2008 R2 SP2 Standard/Enterprise Edition |
| BIT-Level           | 64-bit   | 64-bit  |
| CPU Cores           | (2) Xeon Quad Core                                 | 4 CPU Cores   |
| RAM                 | 8 GB   | 4 GB  |
| Available Storage   | D: 193 GB Free<br>E: 291 GB Free<br>G: 150 GB Free | 170 GB For Prod / 55 GB for Test  |
| Local / SAN         |  |   |
| SQL Licensing Model |  | Per-Processor / Per-Core Model Recommended  |

**SQL Database Installation Procedures and Maintenance Plans** - TeleTracking’s engineers will provide default maintenance plans to the hospital’s DBA staff during this installation. These plans are not a requirement and clients are urged to modify or replace these plans with maintenance plans that will meet their organizational standards. In addition, RCRMC understands that the installation, configuration, monitoring, and maintenance of this Microsoft SQL environment will be the responsibility of the hospital’s DBA staff.

**Custom Reporting Solution™ Requirements** - As this application is being proposed, additional Microsoft SQL requirements were discussed. As part of this application implementation, TeleTracking will provide the facility DBA staff with a set of instructions that outline the configuration of SQL Reporting Services being used to support the Custom Reporting Solution™ application.

In response, representation from RCRMC has agreed to this process and has suggested that the production Microsoft SQL environment will be used to support this application’s installation. The below requirements will need to be met on the production Microsoft SQL Environment:

- Microsoft SQL Reporting Services (SSRS)
- IIS v7.0 for Windows Server 2008 R2
- Additional storage of (15 GB) to support the application’s Business Intelligence database
- Cumulative Update 8 for SQL Server 2008 SP3 or Cumulative Update 1 for SQL Server 2008 R2 SP2

**Telecom and Paging**

**Analog/VOIP Configurations** - As XT can be configured with VOIP/SIP software rather than analog voice cards, each configuration was discussed. As a result RCRMC has decided that the organization will continue the use of RJ-11 type connectors at the server to support the IVR system. As an important note, the IVR system will accept incoming calls only