1. How long is the project implementation estimated to be?

   The Infor/Lawson project timeline is approximately 18 months – go live planned for spring 2018. The Perioperative Services Supply Chain redesign is a part of ERP readiness.

2. What if anything has been done on the project thus far?

   Kaizen team consisting of supply chain analysts, central processing technicians, operating room nurses, and materials coordinators have completed the labeling standardization, and are embarking upon supply storage optimization in the operating rooms.

3. Are there any processes that have been mapped thus far?

   Some of the process maps are completed but there is more to be done.

4. What, if anything, has been tried in the area of organizational change management to date?

   Change management is a component of the Perioperative Services Supply Chain Redesign, and the group has taken Kizen approach to this.

5. Is training the existing team or stakeholders important to UC Davis health system as part of an organizational change management program?

   Yes. We will need training material detailing the impact on the existing workflows but we will lead it internally.

6. Is there a vendor that UC Davis has already used in this area that will be competing for this work?

   Not that we are aware.

7. For us to complete, how important is it to have an office and field services representatives in northern California?

   Preferred but not required.

8. Since we are privately-held we tend not to disclose our financial status (because much of that information will become public) is it required that we do so to compete for this business or can we provide statements from a financial institution such as Dunn & Bradstreet that certifies our excellent financial standing over our 21 year history?
We will accept statements.

9. Given the OCM nature of this scope of work, there really aren’t products associated with our work, can you please advise on how we should answer this?

Please answer where your services can relate.

10. How much weighting will the evaluation committee place on having already completed work for the University of California system?

The scoring is done based on cost per quality points. UC experience will be looked at favorably during the quality scoring.

11. (somewhat related to number 1 above), we have similar clients in Texas and Illinois, how important is it that we have relevant clients within California?

Preferred but not required

12. Are you able to provide the current implementation roadmap which outlines the key milestones/tasks of the Infor Cloudsuite System Implementation? (Referencing Screening Question 10.a.)

This will be shared with the selected partner.

13. Can you please clarify Engagement Deliverable 1.f? Would UCDHS consider working with a subcontractor for direct support of inventory redesign execution (e.g. for physical labor support)? (Referencing Engagement Deliverables 1.f.)

Yes

14. Can you please clarify Engagement Deliverable 1.e. “Identify supply (bin/shelf) storage and quantities between OR supply room and PODs”? (Referencing Engagement Deliverables 1.e.)

Currently, there is a main supply room where cases are picked and excess inventory is stored. There are additional supply carts located in surgical pods, and shared amongst 8-10 operating rooms. We are looking for help identifying quantity and optimum location for storage between the main supply room and surgical pod storage.

15. Are consigned inventories/vendor managed inventories considered in scope for this engagement? (Referencing Engagement Deliverables 1.d.)
Yes

16. Has UCDHS already defined any measures of success for this project? (Referencing Engagement Deliverables 1.g.)

No. We would like help in identifying the KPIs.

17. Are any other departments (e.g. Cardiology, Radiology) considered in scope for any of the activities or deliverables outlined in this document? Can you please confirm the three major departments exploring conversion to perpetual inventories? (Referencing Screening Question 5)

No. Only Perioperative Services.

18. Has UCDHS completed the vendor master cleanse? (General Question)

In process.

19. The RFP title might be interpreted to imply a focus on the organizational change management component of the services requested. The RFP calls out services that include organizational and process redesign and inventory optimization as well as change management. Please characterize the importance of change management (interpreted to address elements such as sponsorship, stakeholder alignment, communications, training, and the like) in relation to organizational and process redesign and inventory optimization. Our objective in requesting this information is to align our staffing with the importance UCDHS places on these various elements.

The components of change management are critical to maintaining and sustaining process improvement initiatives for the perioperative services supply chain. We have a strong alignment of executive sponsors stakeholders. To that extent, we are requesting assistance in communication, training and process changes.

20. Please list the Infor Cloudsuite Healthcare Procure-to-Pay modules in scope.
   a. Requisition
   b. Procurement
   c. Contracts
   d. Inventory
   e. Receiving
   f. Accounts Payable

21. The Infor modules support a set of leading practices. Will UCDHS revise its processes to conform to these leading practices or are there circumstances when UCDHS would
not? Where the same processes is employed in the operating room and surgical centers within scope, will UCDHS adopt the same standard process in all?

It is the organization’s intent to conform to best in class/standard processes.

22. Has or does UCDHS plan to engage a system integrator to configure the Infor Cloudsuite Healthcare Procure-to-Pay modules? If so, please describe how UCDHS envisions the division of responsibility for organizational and process redesign and inventory optimization between the system integrator and the consultant selected to perform the services described in this RFP?

We have selected Infor/Lawson as the implementation partner. Responsibilities as described in the RFP are specific to the Perioperative Services Supply Chain process redesign. The UCDHS team will serve as the medium between Infor/Lawson and the engagement partner selected through this RFP.

23. Please provide a copy of the high-level implementation plan for the Infor modules at UCDHS referenced in the Overview (page 7).

Will be shared with the selected partner.

24. Please describe your expectations regarding the content of the post-implementation Audit Report noted as item 5 of Scope (page 7).

We would like to measure ongoing effectiveness of the processes post implementation. To that extent, our expectation is for the engagement partner to create a tool that will help the organization audit the overall impact and sustainment.

25. Please provide an organization chart or description of the Infor project implementation team.

Scope of the RFP is specific the Perioperative Supply Chain redesign. See the attached organization chart.

26. Please provide an organization chart of the UCDHS’s change management organization, if any.

None currently exist.

27. Which positions would be assigned to this project, if any, and at what level of FTE commitment?
1.0 FTE Inventory Optimization Manager
1.0 FTE Inventory Analyst
There will be other SME from perioperative services assigned, as needed.

28. Please provide an organization chart of each of the organizations impacted by this work. Work is confined to perioperative services which includes the Main Operating room.

See attached organization chart.

29. Question 4 of the Qualification Statement (page 17) states: “Provide gross revenue figures for 2014 and percentage growth from 2010-2014 for total company revenue, revenue associated with health care information systems, and revenue for the products included in your response.” Are information systems vendors such as Infor eligible to respond to this RFP? What are the components UCDHS anticipates will be included in “revenue associated with health care information system” (e.g., hardware and software license revenue, configuration services, change management services)?

Anyone interested in eligible to respond. Intent is to understand your healthcare business – please respond as you deem appropriate.

30. Question 1 of the Screening Questions (page 18) states: “Provide a brief description of prior experience in business process redesign for OR inventory fulfillment, PAR optimization, migration to periodic (inventory), consignment supplies and EMR integrations.” Does UCDHS anticipate a brief description for each of these or for the group as a whole?

Please respond as you deem appropriate.

31. Please identify the number of users impacted by the implementation program: Users of the modules by sub-process by location (if collocated as the centralized group, please confirm).

The RFP is specific to perioperative services so impact is confined to a group.

32. It is noted that the Purchasing Department is “centralized”. Is that across all Supply Chain Departments? When did the “centralization” occur? In other words, is there a standard set of processes and procedures that are used across the board (assume based on RFP that policies are consistent in line with the State Board of Regents)?

The RFP is specific to UCDHS and its perioperative services division.
33. What are the tools that are currently used to support these impacted business processes. There is mention of manual processes and hard copy. Is any technology currently being used consistently?

No

34. Which automated change management tools, if any, does UCDHS employ on an ongoing basis (e.g., for communication, training, assessment). Does UCDHS have a strong preference for using these tools?

No

35. What current supply chain functions are performed by Supply Chain personnel, by SPD, and by Perioperative personnel?

<table>
<thead>
<tr>
<th>Function</th>
<th>Periop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisitioning</td>
<td>Periop</td>
</tr>
<tr>
<td>Purchasing</td>
<td>Periop</td>
</tr>
<tr>
<td>Receiving</td>
<td>SCD/Periop</td>
</tr>
<tr>
<td>Case cart assembly</td>
<td>SPD</td>
</tr>
<tr>
<td>Inventory management</td>
<td>Periop</td>
</tr>
<tr>
<td>Inventory and restock of core storage areas</td>
<td>Periop/SCD</td>
</tr>
<tr>
<td>Restocking of suites</td>
<td>Periop</td>
</tr>
</tbody>
</table>

36. Where are common OR supplies predominately stored?

SPD and OR Core

37. Is any automation currently used for the periodic inventory system (e.g., Pyxis machines, ParEx, etc.)?

No

38. What records or reports will be available to determine usage of supplies?

PO history and potentially manual inventory sheets.

39. Are any other Infor CloudSuite Healthcare modules being implemented besides Supply Chain, such as Enterprise Asset Management, Analytics for Healthcare or Mobile Supply Chain Management?

Mobile Supply Chain only

40. What are the existing procurement and financial systems? Will CloudSuite be integrated or interfaced with them?

Kuali. Yes – it will be interfaced.
41. Is an item master module included in the Infor CloudSuite Healthcare?

Yes

42. What perioperative processes are now manual and paper-based?

Inventory Management

43. What surgical information system(s) is/are now in place? Are preference cards automated? Are pick lists automated? Is there an interface with the ORIS with Infor CloudSuite Healthcare technology?

Epic Optime has automated preference cards and pick lists. The integration is planned.

44. Describe current process for procedure card management for managing and updating procedure cards and pick lists for surgical cases.

Preference cards are not in scope.

45. Can you share current operational supply chain metrics? Namely:
   Number of cases picked / day, per week Unknown
   Case picking completeness / accuracy rate Unknown
   # of distinct areas where supplies are stored within periop services: 8
   Number and dollar of case cart returns per day: not available
   Number of product related OR suite delays: not available
   Number of stock outs – not available
   Percentage rush orders / total number of replenishment orders per month: not available
   Number of preference cards - Unknown
   Inventory turnover rates (by category A, B, C) at various sites. Not available
   Perioperative customer satisfaction level over time: Not available

This information could be research if needed for the awarded vendor

46. When evaluating potential consultants, is experience with Infor Cloudsuite:
   a) Nice to have but similar experience is acceptable
   b) Strongly preferred and could sway the evaluation
   c) Essential – Don’t bid without it

A – Nice to have.

47. When evaluating potential consultants, is experience with OR supply chain processes:
   a) Nice to have but similar experience is acceptable
   b) Strongly preferred and could sway the evaluation
   c) Essential – Don’t bid without it

C – Essential
48. Will UCDHS dedicate any staff to the Redesign project? If so, how many and in what capacity?

Please see #24

49. Is it UCDHS’ preference to have this project be consultant-driven (i.e. consulting team interviews staff and does all project work) or staff-driven (i.e. consultants lead an internal team through all phases of redesign)?

Staff driven.

50. On page 7 there is reference to the contract period running concurrently with the Infor Cloudsuite ERP project implementation. Are there specific dates set yet for the implementation?

Spring 2018

51. Is the Infor implementation only for Procure-to-Pay (P2P) modules or is it a broader ERP implementation?

Procure-to-Pay only.

52. Is there requirement for specific Infor Cloudsuite P2P knowledge / expertise?

No, but nice to have.

53. Will process changes focus on best supporting Infor tool capabilities or should we focus on leading practices?

Leading practice

54. Will UC Davis require end user training services (i.e., video or demand, instructor-led courses, end user self-study guides)?

Yes