

# RFP Template

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Secure Mobile Messaging Solution  
for Healthcare Provider Organizations

# How to Use This Template

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The healthcare landscape is shifting to a smarter, better connected, user-friendly way of communicating. As more organizations are discovering just how important healthcare communications are to their long-term success, clinical communication solutions are enabling doctors, nurses, and the entire care team to share and act on information quickly and efficiently across the enterprise, from anywhere at any time.

As a healthcare organization looking to implement or upgrade your clinical communications solution, we've compiled the fundamental questions you'll want to include in your vendor RFP. The key goal of these questions is to determine:

- Was this solution built for the healthcare enterprise and the future of healthcare?
- Is it easy to use? And can it be adopted quickly?
- Is the solution stable and reliable?
- Has the vendor proven themselves? How many customers and users do they have?

Selecting an industry-leading provider that can answer all of these questions not only makes the implementation process easier but will also help ensure a long-lasting partnership where your success is paramount.

Healthcare communication vendors commonly have overlapping functionality, but the usability, effectiveness, and adoption of a solution often hinge on slight differences in design and usability. Therefore, it's incredibly important to ask potential vendors to walk through the functionality in a live demo so you can make an apples-to-apples comparison.

Perhaps the most fundamental difference between vendors in the care team collaboration space lies in those with purpose-built solutions versus those where messaging is simply a bolt-on feature to a larger product. While secure texting has helped maintain HIPAA compliance in years past, more advanced vendors offer a comprehensive communication platform that helps care teams and staff break out of the four hospital walls and communicate with the entire organization.

To help you select the right vendor, we've put together this extensive Request for Proposal (RFP) template to help address the following:

- More organizations are discovering the value of healthcare communications
- The landscape is increasingly complex and overlapping functionality among vendors only complicates the decision-making process.
- Subtle details can have a big and sometimes negative impact, so you need to know the right questions to ask.

# Tip Sheet

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To help you on your vendor selection journey, we've compiled a list of success tips gathered from over 1,200 secure communication implementations.

## Vendor Background

Avoid secure messaging point solutions. Future-proof your purchase by selecting a vendor with broad communication platform capabilities. That means multi-site support, an all-staff licensing model (not just clinical staff), and support for direct patient communication. Steer clear of solutions that are overly complex, limited in their ability to scale, or come with layers of hidden costs.

## Feature Set

Key features like role-based messaging, dynamically populating calendars, priority messaging, escalated messaging, and paging alerts should be available for any communication solution you're considering.

## Communicating with Patients

To remain competitive, more and more health systems are catering to the convenience of patients. Patient-facing, text-based communication and virtual care options are helping bring healthcare to the patient, wherever they are. Look for vendors providing all-in-one, integrated provider/patient solutions to help future-proof your organization to the coming wave of telehealth and virtual care.

## Technical Capabilities

Integrations are key for workflows. Ask vendors for demonstrated ability to integrate with the EHR, nurse call, lab systems, scheduling, and more. Also, watch out for on-premise solutions with hardware and software to manage; these can substantially increase your total cost of ownership. Instead, look for vendors that are 100% cloud-based – these result in lower costs and near zero downtime.

### **Administrative Controls**

These systems exchange sensitive patient data, so robust IT controls are mandatory. Look for solutions that allow easy remote lockouts for lost or stolen devices and that support enforcing security and other IT policies. Finally, make sure it supports batch uploads of users.

### **Data & Analytics**

Data tracking and analytics are the most direct way to measure the value you're getting from your healthcare communication investment. Vendor solutions should provide configurable reports and dashboards of key performance indicators, including active users, message volume, and role activity.

### **Security**

HITRUST certification means a faster, easier selection process and reassurance that the solution you choose has been thoroughly and regularly vetted by an expert 3<sup>rd</sup> party.

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## 1. Executive Summary

Please present a high-level synopsis of your response to the RFP. The Executive Summary should be a brief (2-5 page) overview of the ability to meet the needs of **[HEALTHCARE ORGANIZATION]** as defined in the System Requirements section and should identify the main features and benefits of your solution.

## 2. General Information & Background

Please provide an operations summary of your company, including:

- Office location(s)
- Incorporation (State)
- Number of years in operation
- Number of employees
- Organization structure (public/private etc.)
- Business functions (product/service lines)

## 3. Overview of Requirements

**[HEALTHCARE ORGANIZATION]** is accepting proposals from qualified firms to provide a secure, robust, reliable, easy-to-use healthcare communication solution to be used for improving care team collaboration in a healthcare environment.

The solution will be an integral part of both internal communication processes and clinical workflows at **[HEALTHCARE ORGANIZATION]**. The system must be available to initiate and deliver messages 24 hours a day, 7 days a week, 365 days a year.

**Vendor solutions must be able to demonstrate high proficiency in the following areas:**

- Broad communication capabilities across the health system
- Security
- 3<sup>rd</sup> party integrations (EHR, nurse call, etc.)
- Patient communications
- Virtual care

## 4. Schedule & Submittal Instructions

All questions about this Request for Proposal must be submitted in writing and delivered electronically to **[HEALTHCARE ORGANIZATION NAME | ADDRESS]** on or before the required due date. Written answers to the questions will be provided to all respondents of the RFP in accordance with the schedule of events. Questions received after the deadline for submitting questions will not be answered.

## Schedule of Events

Task	Date
Initial RFP release date	Date
Deadline for submission of questions (time w/time zone)	Date
Deadline for submission of proposals (time w/time zone)	Date
Contract award (estimated)	Date

## Submittal Instructions

### 1. Cost to Prepare and Submit Responses

All costs incurred in the preparation and submission of responses to the RFP shall be the responsibility of the Respondent.

### 2. Late Proposals

Proposals received after the due date and time will not be considered and will be returned unopened to the sender. Regardless of the method used for delivery, Respondents shall be wholly responsible for the timely delivery of submitted proposals.

### 3. Preparation

Proposals should be prepared in such a way as to provide a straightforward, concise delineation of capacities to satisfy the requirements of the RFP. Expensive bindings, color displays, promotional materials, etc., are not necessary or desired. Emphasis should concentrate on conformance to the RFP instructions, responsiveness to RFP requirements, and on completeness and clarity of content. All proposals and accompanying documents become the property of [HEALTHCARE ORGANIZATION].

### 4. Questions

Questions should be forwarded before the question deadline date above to the contact email address provided with the Proposal Delivery Instructions below.

Note that questions and answers will be shared with all registered participants in the RFP process.

### 5. Proprietary Information

[HEALTHCARE ORGANIZATION TO INSERT STANDARD PROPRIETARY INFORMATION POLICY]

### 6. Proposal Delivery Instructions

Submit proposals and mark boxes or envelopes plainly as indicated below:

[HEALTHCARE ORGANIZATION]

Person or department to deliver to

Address 1

Address 2

Email Address

RFP: Name/Number

Opening Date: Date

For: Secure Healthcare Communication Platform

Or via email to:

[Email address]

## 5. Proposal Response & Presentation

### A. Proposal Submittal Options

[HEALTHCARE ORGANIZATION] may choose to receive proposals in hard copy or by email:

- **Hard-Copy Proposal:** Each proposal response shall consist of (#) binder(s)—submit one master, (#) paper copies, and (#) electronic copy response in single document in Adobe PDF format only on a USB thumb drive. Clearly label and index binders with appropriate section and sub-section numbers as referred to herein.
- **Email Proposal:** Email a single copy of the proposal response to the contact stated in section 4.6. The proposal response must be a single document in Adobe PDF format only.

### B. Format of Response

Label and include the following sections in the proposal following the structure of Section 7 below. Please maintain the section numbering below, number each page individually and provide a table of contents:

1. **Business Overview** – A description of the respondent's company, including the organization's experience and history with providing services to similar organizations.
2. **Pricing** – Provide pricing information. See Section 7 of this RFP for more detailed instructions.
3. **Solution** – Provide a high-level summary of your proposed solution.
4. **System Requirements** – Complete the matrix in Section D of this RFP to confirm your solution's fit with our requirements.
5. **Implementation and Support** – Describe the approach to be taken, including, but not limited to, how the project will be organized and the number and types of staff involved. Provide a schedule of events that clearly indicates the time sequence for tasks that are required to perform major components of the implementation. See Section F of this RFP for more detailed instructions.
6. **References** – Provide three customer references by completing the Customer Reference form in Section G of this RFP.
7. **Additional Information** – Respondent(s) may provide additional information that is relevant to this proposal for consideration. Additional information must be limited to two pages or less.

**[HEALTHCARE ORGANIZATION]** reserves the right to require any or all Respondent(s) to either make a presentation that illustrates their abilities relative to this effort and/or attend an interview session to gauge their suitability to provide services for this project. If so requested, the Respondent(s) shall make their personnel available within ten (10) calendar days of request.

## 6. Scope of Work

The scope of this solution is to provide a secure, robust, reliable, and easy-to-use clinical communication solution to be used for secure communications in a healthcare or related environment. The solution will be an integral part of the internal communication processes at **[HEALTHCARE ORGANIZATION]**. The system must be available to initiate and deliver messages 24 hours a day, 7 days a week, 365 days a year.

Use the Response Codes below for each requirement when responding to the matrix in Section D below.

Response Code	Definition
1: Meets Requirement	The requirement will be met by the core functionality of the system proposed. This functionality is already operational at other sites.
2: Under Development	Requirement will be met by software that is currently under development, in beta test, or not yet released. Provide target release date.
3: Minor Modification	Requirement will be met with minor modifications to existing software. All work will be performed by the vendor and pricing must be included. This work must be noted in the project plan and schedule.
4: Major Customization	Requirement will be met by major modifications to existing software or by new custom software development. All work will be performed by the vendor and any additional costs must be noted.
5: Third-Party	Requirement can be provided through a third-party solution partner. When responding with this code, provide details of the third party components to be used and how they will meet the requirement. Also state clearly whether the third-party solution is included in your proposal, or will need to be arranged separately by us. If it is included in your proposal, it must be included in your pricing response as a line item.

6: Other Tools	Requirement will be met by the use of proposed software tools such as a report writer, query language or spreadsheet. When responding with this code, provide details of the other tool(s) to be used and how they will meet the requirement. Also state clearly whether the third-party solution is included in your proposal, or will need to be arranged separately by us. If it is included in your proposal, it must be included in your pricing response as a line item
7: Not Available	Vendor cannot meet requirement.

## 7. Sample Request for Proposal (RFP)

### A. Business Overview

#### a. Background

Provide a summary of your company including:

- Office location(s)
- Incorporation (state)
- Number of years in operation
- Number of employees
- Organization structure
- Business functions (product/service lines)

#### b. Experience

Describe your company's experience providing mobile communication services to healthcare clients.

Include the following:

- Number of years providing mobile communication solutions
- Number of clients using your mobile communication solution

### B. Pricing

Provide a detailed pricing quote for your solution including any fees associated with licensing, installation, training, and support.

### C. Solution

Provide a high-level summary of your proposed solution.

## D. System Requirements

Please acknowledge whether your proposed solution satisfies the requirements described in the following table:

### Overview Questions

Req. No	Requirement	Response Code	Comments/Explanation
1.1	List the three largest health systems (by number of users) currently using your solution.		
1.2	How many weekly active users do you have on your platform? What's the total message volume from those users?		
1.3	What is your system's uptime reliability? Is that information tracked publicly in real time?		
1.4	Can all employees (clinical and non-clinical) at different facilities communicate seamlessly? Which of your customers are doing this today?		
1.5	How does your solution support role-based communication? Can you tie it to the shift schedule for both clinical and non-clinical staff?		

## Feature Requirements

Req. No	Requirement	Response Code	Comments/Explanation
2.1	Send and receive secure messages on mobile devices		
2.2	Send and receive secure messages using a web portal		
2.3	Send and receive secure messages from mobile devices to web and web to mobile devices		
2.4	Receive message alerts/ notifications. Include details of any ability to override do-not-disturb settings		
2.5	Support for user-level role assignments		
2.6	Ability to auto-escalate unacknowledged messages and to define these escalation rules		
2.7	Ability to customize alert tones		
2.8	Ability to receive backup email and SMS notifications		
2.9	See when sent messages have been delivered and read		
2.10	Search for and select message recipients from directory		
2.11	Send secure texts within groups		
2.12	Ability to create distribution lists		
2.13	Send and receive images		
2.14	Send and receive files		
2.15	Send and receive videos		
2.16	Send and receive voice notes		
2.17	Set message lifespan		
2.18	Ability to recall messages once sent		
2.19	Set a custom status		

2.20	Receive messages from a legacy paging solution within application		
2.21	Other		Please Specify

## Virtual Care Communication Capabilities

Req. No	Requirement	Response Code	Comments/Explanation
3.1	Does solution support direct communication with patients?		
3.1a	Portal-free, text-based communication		
3.1b	Integrated voice (VoIP)		
3.1c	Integrated video (VoIP)		
3.2	Does solution support 1-on-1 conversations?		
3.3	Does solution support group conversations?		
3.4	Is the patient messaging capability built into the native application?		
3.5	Do patients need to download a separate application or use a portal?		
3.6	Do providers maintain control when initiating patient conversations?		
3.7	Does solution have a search function to find specific patients?		
3.8	Does solution allow conversations with patients to be archived or saved to the EHR?		
3.9	Can patient lists be uploaded in batches?		

## Technical Capability Requirements

Req. No	Requirement	Response Code	Comments/Explanation
4.1	Does solution require the purchase of smartphones or mobile devices?		If "Yes", please provide details.
4.2	Does solution require server(s) on-premise?		If "Yes", please provide details.
4.3	Does solution require ongoing software updates?		
4.4	Does solution require downtime for routine maintenance?		
4.5	Is solution 100% cloud-based?		
4.6	Does solution offer transparent reporting of system uptime?		
4.7	Provide verifiable system uptime for the past 12 months (e.g. 99.99%).		
4.8	Are messages sent and received in real-time?		
4.9	Is solution location agnostic?		
4.10	Does solution permit messaging to end-user mobile devices from a PC and from a mobile device to a PC?		
4.11	Does solution work on Wi-Fi networks?		
4.12	Does solution work on cellular networks?		
4.13	Can users access solution via web portal/PC?		Please specify any operating system and browser limitations.
4.14	Please list all supported mobile devices (including tablets and wearables).	N/A	Please specify.
4.15	Please provide architectural and workflow diagrams for solution.	N/A	Please attach to submission.

## Analytics & Insights

Req. No	Requirement	Response Code	Comments/Explanation
5.1	Does solution offer pre-built analytics dashboards?		
5.2	Does solution offer real-time data around message volume?		
5.3	Can message volume be broken down by cohort?		
5.4	Can message volume be broken down by title and department?		
5.5	Does solution provide data for the number of active users?		
5.6	Does solution track message volume at the individual user level?		
5.7	Does solution provide message volume by device type?		
5.8	How many weeks/months/years in the past can data be pulled?		
5.9	Does solution offer weekly & monthly message volume reports?		

## Administrative Controls Requirements

Req. No	Requirement	Response Code	Comments/Explanation
6.1	Does your solution contain an administrative portal?		
6.2	Can administrators set session timeouts at an organization level?		
6.3	Can administrators set system locks at a user level?		
6.4	Are administrators able to add/delete/modify/suspend users?		
6.5	Does solution allow users/administrators to set message lifespans?		
6.6	Can administrators remotely lock users from an account without affecting that user's entire device?		
6.7	Does the solution support the use of a numeric PIN for authentication?		
6.8	Does the solution support biometric scanning for logging into the app?		
6.9	Does the solution support expedited logins through QR code scanning?		
6.10	Are administrators able to interact with MDM systems through solution?		

## Integration Requirements

Req. No	Requirement	Response Code	Comments/Explanation
7.1	Does solution support EHR integration?		If "Yes", please provide details.
7.2	Does solution support Nurse Call integration?		
7.3	Does the solution support Virtualized Nurse Call through a VoIP / PBX integration?		
7.4	Does the solution support on-call or other scheduling software integration?		If "Yes", please provide details.
7.5	Does the solution support VoIP integration?		
7.6	Does the solution support SAML integration?		
7.7	Does the solution support Single Sign-On (SSO)?		
7.8	Does the solution integrate with interface engines? Which ones?		
7.9	How easily does your solution integrate with other hospital information systems?		If "Yes", please provide details of how.
7.10	Does the solution support phone system integration?		If "Yes", please provide details.
7.11	Does the solution support integration with other clinical systems and departments (e.g. lab, pharmacy, etc.)?		If "Yes", please provide details.
7.12	Does solution support answering service integration?		If "Yes", please provide details.
7.13	Does solution support any other 3rd party system integrations?		If "Yes", please provide details.
7.14	Does the solution support MDM system integration?		If "Yes", please provide details.
7.15	Does the solution support Active Directory and/or LDAP integration?		If "Yes", please provide details.

## Security Requirements

Req. No	Requirement	Response Code	Comments/Explanation
8.1	Is solution HIPAA compliant?		Please provide details.
8.2	Is solution HITRUST certified?		Please provide evidence.
8.3	Are messages encrypted in transit?		Please provide details.
8.4	Are messages encrypted at rest?		Please provide details.
8.5	How is data encrypted? Please specify which areas are encrypted (e.g. user passwords, message contents, etc.)		Please provide details.
8.6	Can unique usernames or numbers be assigned to each account?		
8.7	Is there a default inactivity time-out for the application?		
8.8	Does the solution offer a message archiving option? Vendor-hosted, client-hosted, or 3rd party?		Please provide details.
8.9	Do you have a disaster recovery plan in place?		Please provide details.
8.10	Do controls exist to safeguard your facility and equipment from unauthorized use or theft?		Please provide details.
8.11	Do controls exist to safeguard access to your data center?		Please provide details.
8.12	Have you been associated with any HIPAA Security Rule violations?		If "Yes", please provide details.
8.13	Have you implemented safeguards to protect ePHI?		Please provide details.
8.14	Do you regularly perform security risk assessments?		Please provide details.
8.15	Have you performed a self or external evaluation of your operations in accordance with HIPAA Security Rule?		Please provide details.

## E. Audit Log

Provide an overview of the audit log functionality of your solution. Please address the following questions:

- How is audit log secured?
- How is audit log sent to client?
- How is audit log stored by client?
- What data is included in audit log?
- Does the log file contain patient identifiable health data? Can this be managed?

## F. Implementation & Support

### a. Implementation Process

Describe your solution's implementation process including:

- Details of project stages, including vendor staff involved in each
- Details of the involvement required by our staff (including role, activities and responsibilities, and the likely level of involvement in hours)
- Support service during implementation
- User and administration training process
- Timeline for implementation
- Maximum/minimum number of users supported by solution

### b. Support System

Provide a detailed description of your support system for the proposed solution. Additionally, describe policies/procedures for the following:

- Update and maintenance process
- Support documentation
- Problem/resolution process
- Available support levels and service levels associated with each. Please indicate in your pricing response which service level is included in your costed solution.

## G. References

Provide three references from healthcare clients that have implemented your proposed healthcare communication solution. Please include:

- Client name and address
- Contact name and phone number
- Details of the customer installation, including products and integrations implemented as well as length of product or services in place

## H. Additional Information

Respondent(s) may provide additional information that is relevant to this proposal for consideration. Additional information must be limited to two pages or less.