

**KING'S DAUGHTERS
MEDICAL CENTER**

INVITATION FOR BIDS

**Hospital-Wide Telemetry and Patient Monitoring System
Single-Phase Turnkey Implementation**

IFB No. KDMC-RHTP-TELEMETRY

Issued: October 7, 2026

Proposals Due: October 28, 2026 at 12:00 P.M. CT

King's Daughters Medical Center
427 Highway 51 North
Brookhaven, Mississippi 39601

Funded in whole or in part through the Mississippi Rural Health Transformation Program (RHTP). Procurement is intended to comply with 2 CFR Part 200 and applicable award terms.

Procurement Schedule and Submission

Event	Date / Requirement
Public notice / IFB issued	October 7, 2026
Deadline for written questions	October 20, 2026 at 5:00 P.M. Central Time
Optional site visit / pre-proposal conference	Not scheduled
KDMC responses / addendum	October 22, 2026
Sealed bid submission deadline	October 28, 2026 at 12:00 P.M. Central Time
Opening of the bids	October 28, 2026 at 2:00 P.M. Central Time
Bid review / responsibility verification	October 29-31, 2026
Notice of intent to award	November 3, 2026
Submission to MSDH for required pre-execution review	November 3, 2026
Contract execution / notice to proceed	Following required State review and written approval; estimated November 19, 2026 or later
Mandatory project deadline	Complete installation, integration, testing, final acceptance, and final invoicing no later than June 30, 2027

KDMC may amend this schedule by written addendum. Proposals received after the sealed bid submission deadline will be rejected.

The Notice of Intent to Award does not create a contractual commitment. Final award, contract execution, and notice to proceed are contingent upon completion of required State review and receipt of written approval from the Mississippi State Department of Health (MSDH) and any other required approving entity. No commitment is authorized before such written approval is received.

Delivery Method

Submit one complete bid in a sealed, opaque envelope or package. The exterior must be clearly marked "SEALED BID - KDMC TELEMETRY SYSTEM - DO NOT OPEN" and must identify the bidder. A searchable PDF copy may be included on a USB drive inside the sealed package for administrative convenience; the signed paper bid controls in the event of a discrepancy. Bids must not be submitted by email.

Questions may be submitted only to the Procurement contact as described below. Bidders must not contact clinical staff, board members, evaluators, or other KDMC personnel regarding this IFB except as expressly authorized in writing by the Procurement contact. Oral interpretations are not binding.

- Procurement contact: Jeff Richardson, Chief Development Officer
- Email: jrichardson@kdmc.org
- Subject: KDMC Telemetry IFB
- Physical delivery, if required: King's Daughters Medical Center, 427 Highway 51 North, Brookhaven, MS 39601, Attn: Jeff Richardson, Chief Development Officer

Notice to Offerors

This is a formal sealed-bid procurement. Bids will be publicly opened at the date, time, and place stated in this Invitation for Bids (IFB). Award will be made in writing to the responsible bidder submitting the lowest responsive bid that conforms to all material terms and conditions of this IFB. Mandatory technical and contractual requirements are evaluated for responsiveness on a pass/fail basis and are not weighted or scored.

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1. Purpose and Background

King's Daughters Medical Center (KDMC) seeks proposals from qualified manufacturers, integrators, or authorized resellers to furnish, install, configure, integrate, test, train, support, and place into service a complete hospital-wide telemetry and patient monitoring system. The procurement will be awarded as one contract and implemented as one coordinated phase, rather than separate Phase 1 and Phase 2 purchases.

KDMC's objective is a turnkey solution that modernizes an aging telemetry environment, expands monitoring capacity, improves centralized surveillance, supports positive patient identification and electronic clinical data flow, and reduces manual processes and the risk of transcription error. The selected solution must operate reliably in a rural acute-care hospital environment and integrate with KDMC's Meditech electronic medical record environment.

1.1 Project Scope at a Glance

Component	Planning Quantity / Scope
Telemetry transmitters	28 wearable wireless transmitters with ECG/arrhythmia; at least 6 configured for SpO2
Telemetry capacity	At least 32 centrally licensed sectors initially; proposal must explain expansion to at least 128 sectors
Central infrastructure	Redundant, virtualized central monitoring architecture; all licenses and implementation services
Bedside monitors	34 fixed/transport-capable display monitors: 6 ICU, 17 ED, 6 PACU, 7 OR, less duplicated counting where transport modules dock; offeror must reconcile final topology
Transport/parameter modules	36 transport-capable multiparameter monitor/modules: 6 ICU, 17 ED, 6 PACU, 7 OR
Central workstations	Telemetry workstation plus ICU and ED monitoring/workstation capacity, displays, UPS, printing/recording, and remote display connectivity
EMR integration	HL7 ADT and results; 12-lead export and document/PDF workflow as supported; Meditech integration
Wireless/network	Complete assessment, design, materials, cabling, wireless coverage/remediation, verification, time synchronization, and documentation
Services	Project management, installation, configuration, clinical education, biomedical training, go-live, post-go-live support, warranty, and service

Quantities are planning estimates derived from current needs and market research. Offerors must validate the design and identify any proposed quantity changes, assumptions, exclusions, and cost effects. Any alternate topology must meet or exceed the clinical capacity and functionality described.

2. Procurement Conditions

- The procurement is conducted as a formal sealed-bid process pursuant to the provisions of 2 CFR 200.320(b)(1). Award will be made in accordance with the sealed-bid requirements and award criteria stated in this IFB.
- Offerors may propose any manufacturer or equivalent solution that satisfies the stated performance requirements. A proposal may not be rejected solely because it differs from products reflected in KDMC's market-research quotations.
- Any contractor that materially developed or drafted this IFB's specifications, requirements, or statement of work is ineligible to compete. Vendor quotations used by KDMC as market research do not authorize a vendor to control the solicitation.
- KDMC may reject any or all bids, waive immaterial irregularities, request written clarification of immaterial matters when permitted, and cancel or reissue the IFB when in KDMC's best interest.

- All bid preparation costs are the offeror's responsibility. Bid materials may become subject to applicable public-record laws. Offerors must clearly mark claimed confidential or proprietary material and provide the legal basis for withholding it; blanket designations are unacceptable.
- Bidders must disclose actual or potential organizational conflicts of interest and all subcontractors, distributors, and implementation partners.
- Award is contingent on funding availability, approval, successful contract negotiation, verification that the contractor is not excluded or debarred, and any required pass-through entity review.

3. Single-Phase Scope of Work

The selected contractor shall be solely accountable for a complete, integrated, operational system under one implementation plan and one acceptance process. Subcontracting does not relieve the prime contractor of responsibility.

Mandatory completion deadline. The entire project must be installed, integrated, configured, tested, placed into production, finally accepted by KDMC, and fully invoiced no later than June 30, 2027. The bidder's proposed schedule must demonstrate a credible path to this deadline and include sufficient time for interface validation, training, remediation, stabilization, final acceptance, and submission of all invoices. Failure to affirmatively commit to this deadline may render a bid nonresponsive.

1. Conduct site discovery, clinical workflow assessment, wireless/network assessment, and final system design.
2. Provide all hardware, software, licenses, accessories, mounting, power protection, servers/virtual appliances, workstations, displays, printers/recorders, batteries, chargers, patient cables, sensors, and consumables required for initial go-live.
3. Provide, furnish, install, terminate, label, test, certify, and document all low-voltage/data cabling required for the proposed system, including cabling from applicable network/telecommunications closets and equipment locations to patient rooms, bedside monitor locations, telemetry/central monitoring stations, nursing or clinical workstations, remote displays/repeaters, and other system endpoints. The contractor is responsible for field-verifying cable routes and lengths and for including all associated cable, connectors, terminations, patching, J-hooks/pathways, penetrations, labor, testing, and related materials in the firm-fixed base proposal. Also provide all wireless coverage or remediation, configuration, time synchronization, integration, and testing necessary for the proposed system, except only those customer-furnished items expressly identified in the proposal and accepted by KDMC in writing.
4. Install and configure all equipment while maintaining patient-care continuity and infection-control requirements.
5. Build and validate Meditech interfaces, including ADT and results, and implement available 12-lead and document/PDF workflows.
6. Configure clinical parameters, alarm limits, alarm escalation, user roles, reporting, and cybersecurity controls with KDMC stakeholders.
7. Provide clinical super-user and end-user education, biomedical/technical training, written procedures, and one year of online learning access or equivalent.
8. Provide cutover, go-live, after-hours support, post-go-live stabilization, remediation, documentation, and final acceptance support.
9. Provide warranty, service, preventive maintenance information, parts availability, software support, and lifecycle/upgrade roadmap.

3.1 Departments and Use Environments

- Telemetry / medical-surgical areas: twenty-eight (28) wearable transmitters and centralized surveillance.
- Intensive Care Unit: six (6) advanced bedside monitors with invasive pressure and capnography capability; six (6) transport-capable multiparameter modules.
- Emergency Department: eleven (11) general bedside monitors, four (4) advanced bedside monitors, two (2) wireless/roll-stand monitors, and seventeen (17) transport-capable multiparameter modules.
- Post-Anesthesia Care Unit: six (6) bedside monitors and six (6) transport-capable multiparameter modules.

- Operating Rooms: seven (7) advanced bedside monitors and seven (7) transport-capable multiparameter modules, including anesthesia/defibrillator synchronization as applicable.

4. Technical and Clinical Requirements

4.1 Enterprise Central Monitoring

- Redundant, virtualized central monitoring architecture designed to avoid a single point of failure and sized for all proposed departments.
- Initial license capacity of at least thirty-two (32) patient sectors for telemetry and sufficient sectors for all bedside-monitored locations; scalable to at least one hundred twenty-eight (128) sectors without wholesale replacement.
- Continuous waveform and numeric surveillance, arrhythmia analysis, ST-segment analysis, QT/QTc monitoring, alarm review, trends, event storage, and reporting.
- Role-based user access, audit logging, configurable retention, downtime/recovery procedures, and export capabilities.
- Central workstations with UPS, clinical-grade displays, printing/thermal recording as proposed, and remote display/repeater support.
- Network time synchronization and consistent time stamps across monitors, servers, interfaces, and the EMR.

4.2 Wearable Telemetry

- Twenty-eight (28) wearable wireless telemetry transmitters with patient-visible or local alarm capability where clinically appropriate.
- ECG monitoring using appropriate AHA lead sets; arrhythmia, ST, and QT/QTc capability.
- At least six (6) transmitters equipped for Nellcor, Masimo, or clinically equivalent SpO2 monitoring, with reusable sensors and cables included.
- Rechargeable battery solution for all transmitters, including at least forty (40) total batteries or an equivalent rotation capacity, four multi-bay chargers or equivalent throughput, mounts, and initial disposable pouches.
- Ingress protection, drop resistance, disinfection compatibility, battery runtime, roaming behavior, signal-loss notification, and patient-location capabilities must be described.

4.3 Bedside and Transport Monitoring

- General monitors: modular or configured units supporting ECG, SpO2, NIBP, temperature, early warning scoring, battery operation, and central monitoring connectivity.
- Advanced monitors: larger display and module capacity suitable for ICU, higher-acuity ED, and OR use; ECG, SpO2, NIBP, temperature, at least two invasive blood pressures, and capnography where specified.
- Transport-capable monitor/module: wireless enabled, integrated battery, ECG, SpO2, NIBP, invasive pressure and temperature capability, capable of maintaining patient association and data continuity during transport and docking.
- OR/PACU compatibility: analog output and defibrillator synchronization capability where required; mounting and cable management appropriate to each room.
- All monitors must be current production, new (unless KDMC expressly approves otherwise), FDA-cleared for intended use, UL/ETL listed as applicable, and supported for at least seven years from acceptance.

4.4 Accessories and Mounting

The bid must include every accessory needed for intended use: ECG trunks and lead sets, 12-lead cables where specified, SpO2 modules/cables/sensors, NIBP cuffs and hoses, invasive pressure modules/cables, capnography modules and initial sampling supplies, temperature connections, batteries, power cords, rolls/paper, wall arms, quick-release mounts, roll stands, cable hooks, chargers, UPS devices, and all adapters. State included quantities and unit prices for additions.

5. Interoperability, Infrastructure, and Cybersecurity

5.1 Meditech and HL7 Integration

- Support bidirectional or unidirectional HL7 ADT messaging for patient demographics and positive patient identification, as appropriate to the proposed architecture.
- Transmit validated discrete trended results to Meditech with mapping, testing, error handling, reconciliation, and interface monitoring.
- Support 12-lead ECG export and document-management/PDF output where technically available; clearly identify dependencies or third-party fees.
- Include all vendor interface licenses, professional services, test environments, travel, and go-live support. Identify costs owed to Meditech or another third party separately.
- Provide an interface control document, data dictionary, mapping workbook, test scripts, error queues, and support escalation procedures.

5.2 Network and Wireless

- Perform a predictive and active wireless assessment for all covered clinical areas and validate roaming, capacity, interference, redundancy, and signal strength.
- Provide a complete bill of materials and labor for all required network/wireless infrastructure and endpoint low-voltage/data cabling, including cable runs to patient rooms, bedside monitor locations, telemetry/central monitoring stations, nursing or clinical workstations, remote displays/repeaters, and all other system endpoints. Include cable, connectors, terminations, patch panels/patching, J-hooks/pathways, wall or ceiling penetrations, firestopping as applicable, labeling, testing/certification, and as-built documentation. The bidder shall field-verify routes and lengths and include these costs in the firm-fixed base bid.
- State all customer responsibilities for switches, VLANs, fiber/backbone infrastructure, electrical circuits, virtual hosts, storage, backups, firewall rules, DNS, NTP, certificates, and remote access. For clarity, KDMC will not be responsible for furnishing or installing endpoint low-voltage/data cabling to patient rooms, bedside monitors, telemetry/central stations, workstations, remote displays/repeaters, or other proposed system endpoints unless a specific exception is clearly identified by the offeror and expressly accepted by KDMC in writing.
- All cabling installation, including cabling above ceilings and through walls, must comply with applicable code, infection-control requirements, firestopping requirements, and recognized structured-cabling standards. The contractor is responsible for coordinating and performing the cabling work needed for a complete operational installation. Any proposed exclusion for conduit, core drilling/penetrations, fiber/backbone work, union labor, hazardous-material controls, or other pathway work must be specifically identified and priced; no cabling-related exclusion will be implied.

5.3 Cybersecurity and Privacy

- Provide a current Manufacturer Disclosure Statement for Medical Device Security (MDS2) or equivalent and a software bill of materials (SBOM) in a machine-readable format where available.
- Describe encryption in transit and at rest, identity and access controls, multifactor authentication for remote access, audit logs, secure configuration, vulnerability management, patching cadence, malware protection, certificate management, backup/restore, and incident notification.
- Identify operating systems, databases, third-party components, ports/protocols, cloud services, data flows, data residency, end-of-support dates, and known unsupported components.
- Remote access must be approved by KDMC, time-limited where feasible, logged, and compliant with KDMC security requirements. No default or shared vendor credentials may remain at go-live.
- Contractor must execute a Business Associate Agreement if it creates, receives, maintains, or transmits protected health information on KDMC's behalf.

6. Implementation, Training, and Acceptance

6.1 Single-Phase Implementation Plan

Bidders shall submit one integrated implementation plan covering the entire scope. Department-by-department cutover waves may be used within the single phase for patient safety, but the project shall remain one coordinated contract, schedule, acceptance program, and final completion milestone.

All milestones, corrective work, final acceptance documentation, and invoices must be completed and submitted by June 30, 2027. Offerors must identify any schedule risk or KDMC dependency that could affect this deadline and propose a mitigation plan.

Minimum Milestone	Required Deliverable
Kickoff and discovery	Governance, contacts, detailed schedule, risk register, workflow and site validation
Design approval	Final topology, capacity calculations, drawings, network/wireless design, responsibility matrix, cybersecurity package
Build and interfaces	Configured servers/licenses, interface mapping, unit/integration testing, downtime plan
Installation	Installed/certified devices, mounts, cables, workstations, labels, asset records
Training	Super-user, end-user, IT and biomedical training; attendance and competency records
Go-live	Cutover plan, onsite clinical/technical support, after-hours escalation, issue log
Stabilization	Post-go-live support, defect correction, performance validation, documentation
Final acceptance and invoicing	All tests passed, deliverables received, punch list closed, warranty start confirmed, and final invoice submitted no later than June 30, 2027

6.2 Training

- At least four (4) clinical super-user sessions of approximately three (3) hours each, accommodating at least eight (8) participants per session, or an equivalent plan justified by the offeror.
- Role-based end-user training for telemetry, ICU, ED, PACU, OR, respiratory therapy, and other affected users across shifts.
- Biomedical service training sufficient for KDMC personnel to perform approved preventive maintenance, first-line troubleshooting, and parts replacement without voiding warranty.
- IT/interface/security training covering administration, backups, logs, interface monitoring, user management, and escalation.
- At least one (1) year of online learning access or equivalent reusable materials; train-the-trainer content and editable quick-reference guides.

6.3 Acceptance Testing

- Inventory and visual inspection; serial numbers and asset data delivered.
- Electrical safety, network connectivity, wireless coverage/roaming, battery runtime, alarm transmission, central display, remote display, printing, reporting, time synchronization, and failover tests.
- Departmental clinical workflow testing, including admission/transfer/discharge, patient association, transport, alarm response, 12-lead/document workflows, and data reconciliation.
- Meditech interface validation using agreed test cases and production verification without unacceptable duplicate, missing, delayed, or mismatched results.
- Cybersecurity configuration review and closure of critical/high findings attributable to the supplied system.
- Thirty consecutive days of stable production operation after go-live, with no unresolved Severity 1 defect and an agreed resolution plan for lower-severity items.

KDMC's payment schedule will be negotiated but should retain at least ten percent (10%) of the contract value until final acceptance. Shipment, installation, or beneficial use alone does not constitute final acceptance.

7. Bid Format

Organize the bid in the following order. Material deviations must be clearly identified. Failure to satisfy a material mandatory requirement may render the bid nonresponsive.

1. Executive summary and identification of prime contractor, manufacturer, authorized reseller status, and key subcontractors.
2. Completed signed cover letter, acknowledgment of addenda, and bid validity period of at least 180 days.
3. Technical narrative and completed Appendix A requirement matrix, using Comply / Partially Comply / Does Not Comply / Not Applicable, with explanation and document references.
4. Detailed solution architecture, quantities, bill of materials, licenses, departmental topology, diagrams, and customer-furnished requirements.
5. Interoperability, Meditech/HL7, network, wireless, cybersecurity, privacy, and data ownership response.
6. Single-phase implementation plan, staffing, schedule, cutover, risk management, testing, training, and acceptance approach demonstrating completion and final invoicing no later than June 30, 2027.
7. Warranty, service levels, support organization, escalation, preventive maintenance, parts, software upgrades, product lifecycle, and end-of-support commitments.
8. Company qualifications, key personnel resumes, financial capacity, litigation/disputes, and at least three comparable hospital references.
9. Completed Appendix B pricing schedule, including total evaluated price, recurring costs, optional items, assumptions, exclusions, freight, travel, taxes, third-party fees, and five-year total cost of ownership.
10. Completed certifications and federal compliance representations in Appendix C.

8. Bid Evaluation and Award

Following the public bid opening, KDMC will determine whether each bid is responsive to the material requirements of this IFB and whether each bidder is responsible and capable of successful performance. Mandatory technical, implementation, interoperability, cybersecurity, certification, and completion requirements will be evaluated on a pass/fail basis. KDMC may request clarification of an immaterial matter when permitted, but will not permit a bidder to revise price or cure a material nonresponsive condition after bid opening.

Review Area	Method
Material technical and clinical requirements	Pass / Fail
Meditech integration, network/wireless, and cybersecurity requirements	Pass / Fail
Implementation, training, acceptance, and June 30, 2027 completion commitment	Pass / Fail
Required certifications and bid forms	Pass / Fail
Bidder responsibility	Responsible / Nonresponsive
Award basis	Lowest evaluated firm-fixed price among responsive bids from responsible bidders

Among responsive bids submitted by responsible bidders, award will be made in writing to the bidder submitting the lowest evaluated firm-fixed price. In determining the lowest bid, KDMC will consider only price-related factors expressly stated in this IFB, including applicable transportation costs, discounts, and disclosed life-cycle costs. KDMC will document the basis for any bid rejected as nonresponsive or any bidder determined nonresponsive.

8.1 Responsibility and Due Diligence

- Ability to perform the contract, financial and operational capacity, licenses and authorizations, integrity and business ethics, past performance, and compliance with public policy.
- Verification of SAM.gov exclusion status and required certifications before award.
- KDMC reserves the right to determine that a bidder is nonresponsive based on documented evidence and applicable procurement procedures.

9. Contract and Federal Requirements

The resulting contract will include the following requirements, as applicable to the award and final scope. The final contract and pass-through entity terms control if they impose stricter requirements. Offerors must identify objections in their proposals. The resulting contract shall incorporate all applicable contract provisions required by 2 CFR 200.327 and Appendix II to 2 CFR Part 200, as amended, including all provisions applicable based upon the nature and dollar value of the final contract. The contractor shall comply with applicable flow-down requirements to subcontractors and lower-tier contractors.

9.1 Core Commercial Terms

- Firm-fixed price for the complete base scope, except expressly identified unit-priced or allowance items approved in writing.
- No substitution, quantity change, or additional charge without KDMC's prior written change order.
- Title, risk of loss, freight terms, taxes, and delivery responsibilities must be stated. KDMC prefers delivered pricing and will not accept undisclosed freight or travel charges.
- Performance schedule, delay notification, remedies, warranties, indemnification, insurance, confidentiality, data security, audit access, record retention, governing law, and dispute provisions acceptable to KDMC.
- Termination for cause and convenience, including the manner of termination and basis for settlement.
- Administrative, contractual, and legal remedies for breach, with appropriate sanctions and penalties.
- Access by KDMC, the pass-through entity, federal awarding agency, Inspectors General, Comptroller General, and their authorized representatives to pertinent records as required by law or award terms.
- Records must be retained for the period required by 2 CFR 200.334 and the award, and longer when litigation, claims, audits, or other exceptions apply.

9.2 Required Federal Provisions

Provision	Applicability / Offeror Commitment
Debarment and Suspension	No award to an excluded party; contractor must flow down applicable requirements and notify KDMC of status changes.
Byrd Anti-Lobbying Amendment	For bids/awards over \$100,000, submit the required certification and, if applicable, disclosure of lobbying with non-federal funds.
Clean Air Act / Federal Water Pollution Control Act	For contracts over \$150,000, comply with applicable standards, orders, and regulations and report violations as required.
Domestic Preferences	Comply with 2 CFR 200.322 to the greatest extent practicable and provide requested product-origin information.
Prohibition on Certain Telecommunications and Video Surveillance	Comply with 2 CFR 200.216 and applicable 2 CFR 200.471 cost restrictions.
Recovered Materials	Comply with 2 CFR 200.323 and applicable solid-waste procurement requirements.

Provision	Applicability / Offeror Commitment
Contract Work Hours and Safety Standards Act	Applicable to covered contracts over \$100,000 involving mechanics or laborers; comply with statutory and regulatory requirements.
Rights to Inventions	Applicable only if the contract involves covered experimental, developmental, or research work.
Equal Employment Opportunity / Davis-Bacon / Copeland	Apply only if and to the extent the final work is a covered federally assisted construction contract or required by program legislation/award terms.

9.3 Socioeconomic and Competition Requirements

KDMC will take applicable affirmative steps under 2 CFR 200.321 to use small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor-surplus-area firms when possible. The prime contractor shall support KDMC's documentation by identifying such subcontractors and outreach. The selected contractor shall take the applicable affirmative steps described in 2 CFR 200.321 with respect to subcontracting opportunities and shall provide documentation of such efforts upon request by KDMC. Offerors shall not impose geographic preferences unless an applicable exception is documented.

9.4 Price and Cost

KDMC will perform and document the required cost or price analysis under 2 CFR 200.324 before award or modification. Offerors must provide sufficient itemized pricing, discounts, labor rates, assumptions, and supporting information to permit evaluation of price reasonableness. Cost-plus-a-percentage-of-cost and percentage-of-construction-cost contracting methods are prohibited.

Appendix A - Requirement Response Matrix

Complete every row. Add rows as needed. In the Response column, please only check one for C=Compliant, PC=Partially Compliant, NC=Non-Compliant, NA=Not Applicable. 'Reference' must identify the proposal section and page. Material qualifications must be stated in the explanation column.

ID	Requirement	Response	Reference / Explanation
A1	Single prime contract and one coordinated implementation phase	☐ C ☐ PC ☐ NC ☐ NA	
A2	Complete turnkey scope with all hardware, software, licenses, accessories, installation, integration, training, and support	☐ C ☐ PC ☐ NC ☐ NA	
A3	28 wearable telemetry transmitters with ECG/arrhythmia, ST and QT/QTc	☐ C ☐ PC ☐ NC ☐ NA	
A4	At least 6 telemetry channels with SpO2	☐ C ☐ PC ☐ NC ☐ NA	
A5	Rechargeable battery rotation and multi-bay charging sufficient for continuous operations	☐ C ☐ PC ☐ NC ☐ NA	
A6	Redundant virtual central monitoring infrastructure	☐ C ☐ PC ☐ NC ☐ NA	
A7	Initial telemetry capacity of at least 32 sectors and expansion path to at least 128	☐ C ☐ PC ☐ NC ☐ NA	
A8	Central workstations, UPS, displays, printing/recording, and remote display support	☐ C ☐ PC ☐ NC ☐ NA	
A9	ICU: 6 advanced bedside monitors and 6 transport-capable modules	☐ C ☐ PC ☐ NC ☐ NA	
A10	ED: 11 general, 4 advanced, 2 wireless/roll-stand monitors, and 17 transport-capable modules	☐ C ☐ PC ☐ NC ☐ NA	
A11	PACU: 6 bedside monitors and 6 transport-capable modules	☐ C ☐ PC ☐ NC ☐ NA	
A12	OR: 7 advanced bedside monitors and 7 transport-capable modules	☐ C ☐ PC ☐ NC ☐ NA	

ID	Requirement	Response	Reference / Explanation
A13	Invasive pressure, capnography, 12-lead, mounts, cables, and all required accessories by department	☐ C ☐ PC ☐ NC ☐ NA	
A14	Meditech HL7 ADT and discrete results integration	☐ C ☐ PC ☐ NC ☐ NA	
A15	12-lead export and document/PDF workflow, or clear equivalent/limitation	☐ C ☐ PC ☐ NC ☐ NA	
A16	Vendor responsibility for complete network/wireless assessment and remediation, including all required endpoint low-voltage/data cabling to rooms, bedside monitors, central/telemetry stations, workstations, remote displays/repeaters and other system endpoints; furnish/install/terminate/label/test/certify cabling and provide as-builts	☐ C ☐ PC ☐ NC ☐ NA	
A17	NTP/time synchronization	☐ C ☐ PC ☐ NC ☐ NA	
A18	MDS2/equivalent, SBOM, secure remote access, patching and vulnerability management	☐ C ☐ PC ☐ NC ☐ NA	
A19	Super-user, end-user, IT and biomedical training	☐ C ☐ PC ☐ NC ☐ NA	
A20	Onsite go-live, after-hours escalation and post-go-live stabilization	☐ C ☐ PC ☐ NC ☐ NA	
A21	Acceptance testing and 30-day stable operation	☐ C ☐ PC ☐ NC ☐ NA	
A22	Minimum five-year bedside-monitor warranty or explain alternative; all other warranties stated	☐ C ☐ PC ☐ NC ☐ NA	
A23	Seven-year minimum supportability/lifecycle commitment from acceptance	☐ C ☐ PC ☐ NC ☐ NA	
A24	Five-year total cost of ownership disclosed	☐ C ☐ PC ☐ NC ☐ NA	
A25	Firm commitment to complete installation, integration, testing, final acceptance, and final invoicing no later than June 30, 2027	☐ C ☐ PC ☐ NC ☐ NA	

Appendix B - Pricing Schedule

Provide a firm total for the base scope. Use additional pages for a detailed bill of materials. Do not leave a required cost hidden in narrative or subject to later quotation.

Item	Base Scope	One-Time Price
1	Enterprise central monitoring infrastructure, servers/VM services, licenses, time server	\$ _____
2	28 telemetry transmitters, SpO2 capability, batteries, chargers, lead sets, sensors and accessories	\$ _____
3	Telemetry central workstation, displays, UPS, printer/recorder, remote displays/connectivity	\$ _____
4	ICU monitors, modules, mounting, accessories, installation	\$ _____
5	Emergency Department monitors, modules, workstations, mounting, accessories, installation	\$ _____
6	PACU monitors, modules, mounting, accessories, installation	\$ _____
7	Operating Room monitors, modules, mounting, accessories, installation	\$ _____
8	Meditech/HL7 gateway, licenses, mapping, interface professional services and testing	\$ _____
9	Wireless/network design and equipment; all required endpoint cabling to rooms, bedside monitors, central/telemetry stations, workstations, remote displays/repeaters and other system endpoints; cable, connectors, terminations, pathways/patching, labor, testing/certification and documentation	\$ _____
10	Project management, clinical education, biomedical/IT training, go-live and stabilization	\$ _____
11	Freight, travel, insurance, permits, fees and all other base-scope costs	\$ _____
12	Contingency/allowance items specifically authorized by KDMC (describe)	\$ _____
	TOTAL FIRM-FIXED BASE BID PRICE	\$ _____

Five-Year Total Cost of Ownership

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
Software/subscriptions	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Hardware support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interfaces	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Cybersecurity/remote support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Preventive maintenance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Training	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Consumables	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Annual total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Required Pricing Disclosures

- Bid validity: _____ days (minimum 180).
- Offeror commits to complete installation, integration, testing, final acceptance, and final invoicing by June 30, 2027: [] Yes [] No.
- Payment milestones and proposed retainage: _____.
- Freight / shipping terms and amount: _____.

- Taxes included or excluded, with basis: _____.
- Customer-furnished infrastructure and estimated KDMC cost: _____.
- Third-party/Meditech charges included or excluded: _____.
- Hourly rates for approved out-of-scope work: _____.
- Optional enhancements and unit prices: attach schedule.
- Assumptions and exclusions: attach a complete schedule; none will be implied.

Appendix C - Certifications

The undersigned, authorized to bind the bidder, certifies that the bid is accurate and complete and that the bidder accepts the solicitation requirements except as expressly identified.

- ☐ The bidder and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions.
- ☐ The bidder will comply with applicable federal contract provisions, award terms, and flow-down requirements.
- ☐ No federal appropriated funds have been paid or will be paid to influence or attempt to influence covered federal actions; the offeror will submit Standard Form LLL if disclosure is required.
- ☐ The bidder has disclosed all actual or potential conflicts of interest and any relationship with a person involved in this procurement.
- ☐ The bidder did not draft or materially develop KDMC's specifications, requirements, statement of work, or solicitation.
- ☐ The bidder has not engaged in collusion, bid rigging, price fixing, or other anticompetitive conduct.
- ☐ The bidder will comply with applicable prohibitions on covered telecommunications and video surveillance equipment or services.
- ☐ The bidder's pricing includes all costs necessary to provide the proposed base solution except those clearly identified in the bid.

Authorized Certification	Response
Legal name of bidder	
Address	
UEI (if applicable)	
Name and title of signer	
Signature	
Date	

Acknowledgment of Addenda

Addendum No.	Date	Acknowledged By

Appendix D - Reference Form

Provide at least three comparable acute-care hospital implementations, preferably including Meditech integration and a hospital of similar scale. Repeat this form for each reference.

Reference Field	Response
Organization	
Location / bed count	
Contact name and title	

Reference Field	Response
Telephone / email	
System and scope	
Contract value	
Implementation / go-live date	
Meditech version / interfaces	
Departments and monitor counts	
Subcontractors used	
Current service relationship	
Permission to contact	