Tender

For

Software for IPD Services

At

All India Institute of Medical Sciences, Jodhpur

NIT Issue Date	**:**	**December 26, 2014**
NIT No.	**:**	**Admn/Tender/23/2014-AIIMS.JDH**
Pre-Bid Meeting	**:**	**January 06, 2015 at 04:00 PM.**
Last Date of Submission	**:**	**January 30, 2015 at 03:00 PM.**

All India Institute of Medical Sciences, Jodhpur
Basni Phase - II, Jodhpur, Rajasthan-342005.
Telephone: 0291- 2012978, email: aoadmin@aiimsjodhpur.edu.in
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All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan, an apex healthcare institute being established by an Act of Parliament of India under aegis of Ministry of Health & Family Welfare, Government of India, invites sealed tenders for supply & installation of the Software for IPD Services at the institute. You are requested to quote your best offer along with the complete details of specifications, terms & conditions.

S.No	Tender No.	Item Description	EMD (Rs.)
01.	Admn/Tender/23/2014.AIIMS.JDH	Software for IPD Services	Rs. 2,00,000

Quotation should be sealed and super-scribed with tender number and address to:

"Administrative Officer
All India Institute of Medical Sciences, Jodhpur
Basni, Phase-II
Jodhpur-342005, Rajasthan".

The sealed quotations should reach the Institute, latest by 30th January 2015 at 03:00 PM and it will be opened on same day at 04:00 PM in the Conference Hall, Academic Block, AIIMS Jodhpur in the presence of the bidder(s) or their authorized representative(s), who will present at the scheduled date and time.

Terms & Conditions:

1. **Preparation and Submission of Tender:** The tender should be submitted in two parts i.e. Technical Bid and Financial Bid. The Technical Bid and the Financial Bid should be sealed by the bidder in two separate covers "**Technical Bid for Tender for Supply of Software for IPD Services"** and "**Financial Bid for Tender for Supply of Supply of Software for IPD Services"**. Both Sealed Envelopes should be kept in a main/ bigger envelope super-scribed as **"Tender for Supply of Software for IPD Services".**

2. **Earnest Money Deposit:** The bidder shall be required to submit refundable amount as Earnest Money Deposit (EMD) of Rs. 2,00,000 (Rs. Two Lakhs only) and a non-refundable tender fee for an amount of 1,000/-(Rupees One Thousand only) by way of demand drafts. The demand drafts shall be drawn in favour of "All India Institute of Medical Sciences, Jodhpur". **In case of Earnest Money Deposit, the bidder can submit it in the form of Demand Draft/ Banker Cheque/ Bank Guarantee from a commercial bank**.

3. **Tender Fee:** Tender fee will be Non-refundable amount of Rupees One thousand only (Rs.1000/-).

4. **Validity:** The quoted rates must be valid for a period for **180 days** from the date of closing of the tender. The overall offer for the assignment and bidder(s) quoted price shall remain unchanged during the period of validity. If the bidder quoted the validity shorter than the required period, the same will be treated as unresponsive and it may be rejected.

   In case the tenderer withdraws, modifies or change his offer during the validity period, bid is liable to be rejected and the earnest money deposit shall be forfeited without assigning any reason thereof. The tenderer should also be ready to extend the validity, if required, without changing any terms, conditions etc. of their original tender.

5. **"PRE –BID Meeting" with the intending bidders shall be held on 06th January, 2015 from 04:00 P.M. onwards at AIIMS, Jodhpur.**

6. In case the tenderer withdraws, modifies or change his offer during the validity period, bid is liable to be rejected and the earnest money deposit shall be forfeited without assigning any reason thereof. The tenderer should also be ready to extend the validity, if required, without changing any terms, conditions etc. of their original tender.

7. **The ownership of the module should reside with the Institute.**

8. **The software's user manual, design and architectural flow diagram and help files should be provided with the software module.**

9. **The software offered should provide seamless integration with existing modules running in the Institute.**

10. **Delivery & Installation:** All the Software ordered shall be delivered & installed within **30 days** from the date of issue of purchase order. All the aspects of safe delivery, installation and commissioning shall be the exclusive responsibility of the supplier.

    If the supplier fails to delivered, installation and commissioning of the Software on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value. The successful tenderer will also provide required training for supplied items at AIIMS, Jodhpur.

    The Software should be manufactured after adoption of latest technology.

11. **Guarantee / Warrantee Period:** There should be a **two years (02)** comprehensive warranty for the software and should allow for any modifications to be made according to the requirements of the growth of the institution through respective admin panel free of cost, except major recoding.

12. **Documents:**
    a. All pages of the Tender should be numbered and indexed.
    b. The bidder shall provide in its tender the required as well as the relevant documents like technical data, literature, drawings etc. to establish that the goods and services offered in the tender fully confirm to the goods and services specified by the purchaser in the tender documents. For this purpose the bidder shall also provide a clause-by-clause commentary on the technical specifications and other technical details incorporated by the purchaser in the tender documents to establish technical responsiveness of the goods and services offered in its tender duly indicating relevant page numbers in the product literature.
    c. The bidder shall provide a list of major Government and Private Institutions where its relevant bid item has been supplied during last one year.

13. **Payment Terms:**
    a) 90% payment of the total order value shall be released after the successful installation/ commissioning of the ordered Software against the submission of the inspection report.
    b) Balance 10% of the order value shall be released after the submission of the performance security.

14. **Right to call upon information regarding status of work:**
    The AIIMS, Jodhpur will have the right to call upon information regarding status of work/ job at any point of time.

15. **Performance Security:** The supplier shall require to submit the performance security in the form of irrevocable Bank Guarantee (BG) / or Fixed Deposit Receipt (FDR) issued by any Nationalised Bank for an amount equal to the 10% of the order value and should be kept valid for a period of 60 days beyond 2 years of Comprehensive warranty.

16. **Arbitration:** If any difference arises concerning this agreement, its interpretation on payment to the made there-under, the same shall be settled out by mutual consultation and negotiation. If attempts for conciliation do not yield any result within a period of 30 days, either of the parties may make a request to the other party for submission of the dispute for decision by an Arbitral Tribunal containing Sole Arbitrator to be appointed by the Secretary, Department of Legal Affairs. Such

requests shall be accompanied with a panel of names of three persons to act as the sole arbitrator. In case of such arbitrator refusing, unwilling or becoming incapable to act or his mandate having been terminated under law, another arbitrator shall be appointed in the same manner from among the panel of three persons to be submitted by the claimant. The provision of Arbitration and Conciliation Act, 1990 and the rule framed there under and in force shall be applicable to such proceedings.

17. **Breach of Terms and Conditions:** In case of breach of any terms and conditions as mentioned above, the Competent Authority, will have the right to cancel the work order/ job without assigning any reason thereof and nothing will be payable by AIIMS, Jodhpur in that event the security deposit shall also stands forfeited.

18. **Insolvency etc:** In the event of the firm being adjudged insolvent or having a receiver appointed for it by a court or any other order under the Insolvency Act made against them or in the case of a company the passing any resolution or making of any order for winding up, whether voluntary or otherwise, or in the event of the firm failing to comply with any of the conditions herein specified AIIMS, Jodhpur shall have the power to terminate the contract without any prior notice.

19. **Force Majeure:** If, at any time during the subsistence of this contract, the performance in whole or in part by either party of any obligation under this contract is prevented or delayed by reasons of any war or hostility, act of public enemy, civil commotion, sabotage, fire, floods, explosion, epidemics, quarantine restriction, strikers lockout or act of God (hereinafter referred to as events) provided notice of happening of any such eventuality is given by party to other within 21 days from the date of occurrence thereof, neither party hall by reason of such event be entitled to terminate this contract nor shall either party have any claim for damages against other in respect of such non-performance or delay in performance, and deliveries have been so resumed or not shall be final and conclusive.

    Further, that if the performance in whole or in part of any obligation under this contract is prevented or delayed by reason of any such event for a period exceeding 60 days, either party may, at least option to terminate the contract.

20. Bidder shall submit a copy of the tender document and addenda thereto, if any, with each page of this document should be signed and stamped to confirm the acceptance of the entire terms & conditions as mentioned in the tender enquiry document.

21. **Demonstration:** The Bidders may be required to demonstrate the Hospital Information System Software during the technical evaluation, if required, failing which their bids/offer shall be rejected. The firms are intimated that they should get ready for demonstration and only 15 days will be provided for arrangement of demonstration and no request for extending time for demonstration will be entertained. Failure to demonstrate, their offer will be summarily rejected.

22. The software should be easy to use and should require minimum manual operation. The software should have a user familiar interface.

23. The software should be able to avoid congestion while transmitting high volumes of data and images in real time.

24. Signed & stamped compliance sheet of the technical specification of the goods with technical printed literature must be enclosed with the bid.

25. After due evaluation of the bid(s) Institute will award the contract to the lowest evaluated responsive tenderer.

26. Conditional bid will be treated as unresponsive and it may be rejected.

27. The Institute reserves the right to accept in part or in full or reject any or more tender(s) without assigning any reasons or cancel the tendering process and reject all tender(s) at any time prior to award of contract, without incurring any liability, whatsoever to the affected bidder or bidder(s).

28. Applicable Law:

- The contract shall be governed by the laws and procedures established by Govt. of India, within the framework of applicable legislation and enactment made from time to time concerning such Commercial dealings / processing.

- Any disputes are subject to exclusive jurisdiction of Competent Court and Forum in Jodhpur, Rajasthan, India only.

- The Arbitration shall be held in accordance with the provisions of the Arbitration and Conciliation Act, 1996 and the venue of arbitration shall be at Jodhpur. The decision of the Arbitrator shall be final and binding on both the partied.

- Force Majeure: Any delay due to Force Majeure will not be attributable to the supplier.

Annexure-I
Technical Specification

1. The software should be customized to the electronic footprint of the purchasing institution, modifications should be possible online.
2. It should be modular and installable in a modular manner according to the growth of the institution.
3. The software modules should work as standalone and also be seamlessly linked to new installed modules as required.
4. The software should work equally off of a Cloud configuration web server or in house data center server using LAN network.
5. The software should only be accessible to authorized users.
6. The software should be accessible from anywhere in the world to an authorized user.
7. The software should be able to support as many number of simultaneous users as required at no extra cost.
8. The software should come with a comprehensive hard copy and soft copy user manual.
9. The software should allow operating of multiple peripheral and satellite centers of the main institution from the same software system.
10. The software should allow confidential tenured sharing of patient, academic or administrative information with authorized offsite users anywhere in the world.
11. The software should be able to work both on Windows and MAC systems without any modifications. It should be compatible with both Windows and MAC browsers.
12. The software should cater to all functions and services being carried out/ being provided by the institution including medical paramedical, academic, logistic and financial.
13. There should be provision for recording of purchase of ambulances, maintenance details, make, model number etc.
14. There should be provision for reporting of ambulance usage in terms of miles, time schedules and destinations
15. There should be provision for reporting of scheduled maintenance, annual maintenance and servicing
16. There should be provision for reporting of ambulance driver logs
17. There should be provision for reporting of equipment, drugs and disposables and medical gases present in each ambulance, their consumption and replenishment.
18. There should be provision for reporting of equipment like defibrillators etc present on board the ambulance and their maintenance and replacement.
19. There should be provision for reporting of duty hours of the ambulance personnel with overtime etc.
20. There should be a provision to select the bed category.
21. There should be provision to select male, female and child beds separately.
22. There should be provision for displaying the vacant beds available for that particular consultant on the admissions panel.
23. There should be provision for the beds to be displayed in only those wards which are allocated to the specialty of which the doctor is requesting the vacant bed for admission.
24. There should be provision for displaying the male and female bed vacancies separately.
25. There should be provision that once the patient has been allocated a bed his/her name should appear on the bed only after the required admission charges have been paid.
26. The name of patients who are not required to pay the admission charges should appear on the allocated bed immediately.
27. The name of the patient should be removed from the bed in the event of discharge, discharge on request, death, leaving the hospital against medical advice, or the patient absconding.
28. Reports generated should be total admissions, male female and child admissions, discharges, mortality, disease wise mortality, LAMA and Abscond reports all within a specified date range.
29. There should be provision for bed reservation should be possible for cases of academic interest.

30. There should be provision that interdepartmental crossover should not usually occur in admissions but there should be a provision to permit inter department crossover when wards are differentiated according to department.
31. There should be provision for the numbering of each and every bed in each and every ward of the hospital
32. There should be provision for the display of vacant and occupied beds at all points where this information is required such as public relations officer, superintendent, administrator, central admissions, consultants and residents etc.
33. There should be provision for the admission and discharge of patients and update information from all admissions and discharges of the hospital.
34. There should be provision for in patient transfers from one service to another and one ward to another reflecting in real time the patient transfer on the bed.
35. It should provide bed occupancy chart of each and every ward in the hospital for stations which require this information such as public relations officer, superintendent, central admissions etc.
36. There should be provision of placing requests for ICU and ventilator beds for electively operated patients which should be attended by the bed coordinator of the hospital.
37. There should be provision for Bed availability, or non availability as the case may be should be messaged to the requesting person.
38. There should be provision for Patient admission is to be messaged to the admitting consultant.
39. Bed reservation should be possible especially in ICU, HDU and ventilator areas so that requirements can be met in the most efficient manner.
40. It should permit addition of beds to the hospital wards.
41. It should permit categorization of beds at the time of addition.
42. It should permit reports of bed occupancy including percentage within specified date range.
43. It should permit differential occupancy reports.
44. It should permit reduction of beds from wards for maintenance.
45. It should permit closure of beds for repairs.
46. There should be provision for adding or subtracting beds from any ward and adding and subtracting entire wards from clinical services to make room for renovations, ward repairs etc.
47. There should be provision that when any ward is temporarily or permanently withdrawn from the hospital its contained beds should not show as vacant beds for admissions or intra hospital transfers
48. There should be provision for a ward list of the entire hospital where each ward name is a link, clicking the link of the ward name should display the bed chart of that ward, the chart should display the individual beds with the specialty to which they belong, the name and number of the patient occupying the bed and the name of the consultant in charge displayed on the bed.
49. There should be provision for a vacant bed chart/Menu which should show the vacant beds of all wards, HDU's and ICU's of the hospital
50. It should have provision for requesting ICU and ventilator beds and these requests should appear on the monitor of the Hospital ward coordinator who can then allocate beds in the order of requests received or in order of medical priority
51. There should be provision for searching for patients in the various wards either by scanning the bar code of the registration card, or by patient's name, district or father's name.
52. There should be a provision to select the bed category from the different types of beds (General, semi private, private, ICU, HDU, Ventilator beds etc.) present in the hospital.
53. There should be provision that once a bed has been allocated, its colour should change on the bed panel and it should show allocated status. If the bed charges have not been paid within a time interval specified by the institution there should be a provision to set the bed free for further admissions by the consultant.
54. The Name of the patient should also be removed from the bed if the patient does not report for admission to the ward in the time interval specified by the institution.
55. There should be provision that the admission can be reviewed by the consultant at the time of allocating the bed.
56. There should be provision for the consultant to cancel the admission at any time.
57. There should be provision for automatic generation of cash refund at the time of cancellation of the admission.

58. There should be provision for intra ward change of bed by consultants, but this should happen only on vacant beds.
59. There should be provision for pre discharge 12 hours prior to expected discharge.
60. There should be provision for designated time intervals for bed allocation, payment for admission, reporting to ward.
61. There should be provision for SMS alerts to the admitting consultant in case of a patient defaulting on admission.
62. There should be provision for cancellation of admission from central admissions.
63. There should be provision for ward supervisor to be operated by authorised login only.
64. There should be provision for ward supervisor to monitor daily admissions and discharges
65. There should be provision for ward supervisor to monitor vacant, allocated and pre discharge beds on a day to day basis
66. There should be provision for ward supervisor to monitor in hospital patient movements and transfers.
67. There should be provision for ward supervisor to handle emergency bed requests.
68. There should be provision for online submission of waiting list patients to the Theatre list
69. There should be provision for sending the pre anaesthetic checkup form online with each patient's record.
70. There should be provision for display of all investigations to the anesthesiologist for assessing patient fitness.
71. There should be provision for display of all patient clinical details to the anaesthesia consultant.
72. There should be provision for listing of the approximate time of the operative procedure and the requirement of blood/blood products on the anaesthesia list itself.
73. There should be provision for sending the theatre list to the Anaesthesia services coordinator online.
74. There should be provision for sending the theatre list to the consultant who is conducting that particular OR
75. There should be provision for listing the operative procedure, special instruments and requirement for blood/blood products with each patient record
76. It should provide access to the anaesthesia consultant for evaluating the patient record to decide the fitness of the patient for surgery.
77. There should be provision for the return of unfit patients to the waiting list with the reason for being unfit recorded by the consultant anesthesiologist so that the surgeon is informed and can correct the deficiencies.
78. There should be provision for chronologic scheduling of the patients in order of priority.
79. There should be provision that the final approved surgical list should have provision for special anaesthesia equipment or drugs/gases mentioned by the consultant anesthesiologist.
80. There should be provision that The final anaesthesia list should have information about the theatre in which it is to be conducted.
81. It should have provision for the anesthesiologist to mark the patient for an HDU/ ICU/ Ventilated Bed post operatively.
82. There should be provision that the final approved list should have information about which patients are likely to require post operative ICU/HDU care.
83. There should be provision that the final OT list should display the Name, age Sex, Ward, Bed, Consultant, Diagnosis, Operative Procedure, Instrument set, Requirement for blood, requirement for ICU bed, requirement for ventilation etc.
84. If an ICU bed is required the system should flash the vacant ICU beds, or warn if no vacant ICU bed is available at present.
85. There should be provision that The final operation list should be displayed on the following logins - anaesthesia consultant, anaesthesia coordinator, Theatre In-charge, theatre coordinator, TSSU in-charge and coordinator, CSSD in-charge and coordinator. Resident staff attached to the Particular consultant. Ward Staff wherever the operated patients and post operative patients will be shifted.. ICU consultants who are on call on that particular day if necessary.
86. There should be provision for prescription of preoperative post operative and intra operative medication by the anaesthesia consultant or resident with processing of the prescription from the OT or ward stores and if necessary from the central hospital store.

87. It should have provision to provide a comprehensive online intra-operative anaesthetic data recording form for recording of patient data such as vital parameters, end tidal CO2, ventilation and settings, duration of surgery, blood loss, medications, mode of anaesthesia etc.
88. There should be provision for searching records by the anaesthesia technique employed, medications used anaesthetic complications and any other search criteria set by the department of anesthesiology.
89. There should be provision for uploading of patient related hard copy documents, radiology films photographs etc for complete maintenance of the patients anaesthesia record.
90. There should be provision for a pain scoring chart and pain services monitoring and dosing chart
91. There should be provision for a regional analgesia dosing chart.
92. There should be provision for patients to be referred for pre anaesthetic checkups to anaesthesia consultants ever apart from the Operation list as an ordinary referral.
93. There should be provision for online requisition of blood by providing an online form in which all patient details regarding the transfusion can be filled in.
94. There should be provision that the online form should also have provision for filling in the donor information for the patient.
95. There should be provision that submitting the online form should generate a blood/blood product request with the blood bank which appears in chronological order on the computer of the blood bank in-charge.
96. There should be provision that if the blood requirement is checked in the OT list and the patients blood request has not been made and sample sent to the blood bank, the system should generate a warning message - “Blood not requested” so that the appropriate blood request may be made.
97. There should be provision to mark the blood requests with three levels of priority, “Elective” for requirements more than 48 hours after the request. “Emergency” for requirements within 48 hours and “urgent” within 1-24 hours.
98. There should be provision that the requests appear on the blood bank computer in chronological order of the respective priority.
99. At the blood bank with various levels of priority there should be provision for replying to the request with availability or non availability of the required blood / blood products.
100. It should have provision that once the availability has been replied the appropriate unit is cross-matched and kept available according to the chronological order and priority.
101. It should have provision that once The blood will be issued from the blood bank on request for issue by the resident.
102. It should have provision that once Issued units will automatically debit from the blood bank stock.
103. There should be provision that transfusion form is opened only with authorised login through inpatient record.
104. There should be provision that one more authorised person is required to scan their own ID card for the transfusion form to open
105. There should be provision that the bag number bar code of the patient is scanned before transfusion form opens.
106. There should be provision that if the relevant bag has not been issued to the patient from the blood bank then the system should not open the relevant transfusion form.
107. There should be provision that the time of transfusion is mandatory to record the time of transfusion on the form,
108. There should be provision that it is mandatory to record the end time of transfusion on the transfusion form.
109. There should be provision that when the end time of transfusion is recorded it is mandatory to check the transfusion reaction “yes” no box
110. There should be provision that if “yes is checked to the transfusion reaction an adverse substance reaction reporting form is mandatory to be filled in.
111. It should have provision for recording transfusion reactions and the administered medication and the outcome for the patient.
112. It should have provision for Reports - number of units of blood issued according to type, blood products according to type.
113. It should have provision for issue of blood to patients not admitted in the AIIMS on payment.

114. It should have provision that once a request is made for a patient not admitted in AIIMS a registration card has to be made.
115. It should have provision that once registration card is made some verification documents are uploaded to the patient record on payment.
116. It should have provision that once the documents are uploaded and the fees deposited the relevant unit of blood is crossmatched and issued for the patient at the blood bank counter.
117. It should have provision for issuing donor cards based on donor details
118. It should have provision for pre donation of blood for patients undergoing stated treatment.
119. It should have provision for auto donation of blood.
120. It should have provision for a blood bank counter which caters to blood requests from other hospitals
121. It should have provision for making a patient registration card for requisitioning blood
122. It should have provision for uploading the following documents to the blood requisition - Patient demographics, hospital particulars, diagnosis, blood requisition, one photo identity of requesting person.
123. It should have provision for receiving samples for cross matching purposes.
124. It should have provision for realizing payment if any for issuing blood
125. It should have provision for realizing different categories of charges like cross matching charges, packing charges etc.
126. It should have provision for requisition of blood components
127. It should have provision for issue of blood components.
128. There should be provision that the donor details are recorded in the registration coard
129. There should be provision that each bag of whole blood is numbered individually
130. There should be provision that stock reports of whole blood by group are available within a specified date range showing available and issued bags
131. There should be provision that production of blood components is recorded
132. There should be provision that blood component bags are also individually numbered
133. There should be provision that reports of blood component bags are available in chronological order of expiry date.
134. There should be provision that sample receipt of the patient is recorded through user login
135. There should be provision that cross match of blood or components is recorded through user login.
136. There should be provision that cross match procedures are mandatorily validated by the doctor on call.
137. There should be provision that requisitioned blood moves to the earmarkec category is available
138. There should be provision that earmarked blood returns to open stock if the request is cancelled.
139. There should be provision that earmarked blood is issued only after the patient demographic label is stuck on the bag.
140. There should be provision that earmarked blood is issued only when required to be transfused.
141. There should be provision that loss of blood due to expiry, infection, spoilage, bag damage, freezing etc can be recorded and deducted from stock.
142. It should have provision for disabling all payment points if free category or BPL check box is checked.
143. It should have provision for uploading documents certifying the BPL or free category status
144. It should have provision for approval of the BPL/ free category status by competent authority before any free services are provided.
145. It should have provision for alteration of BPL/ free status if there is any change in the same for the patient.
146. The software should have provision for accessing various medical calculators, a few examples are - body surface area calculator according to Dubois's formula
147. There should be provision for a Fluid volume calculator according to weight of the patient.
148. There should be provision for a Burn fluid volume calculator according to weight
149. There should be provision for a Blood volume calculator according to the weight of the patient.
150. There should be provision of a Glasgow Coma Scale Calculator for neurosurgical and neurological patients.
151. There should be provision of parenteral nutrition calculators.

152. The software should have provision for online filling of all the clinical information about any patient in customized case records which are specific to each department.
153. There should be provision for customized case records according to each and every specialty of which patients are being treated in the hospital.
154. If more than one hospital visit is done the case record of each visit should be able to be filled independently and appear as a link in reverse chronological order.
155. There should be provision for a comprehensive history module which records all the clinical history of the patient.
156. There should be provision for a general examination module which enables recording of all the general examination details of the patient.
157. There should be a provision that all entries to a particular case sheet should be recorded through the login of the person making the entries.
158. There should be provision that entries made to the case sheet by a trainee should only be editable by a consultant.
159. There should be provision that any number of specialty case sheets may be added to the case sheet module in future.
160. There should be provision for specialty wise diagrams in the case sheet module which are used for recording visual details of the patient.
161. There should be provision for printing of a completed case sheet in case a hard copy record is needed.
162. There should be provision that the printed case sheet will carry the patients demographic details together with the registration bar code on every page so that they are easily identified.
163. There should be provision for recording the daily progress of all the inpatients.
164. There should be provision for recording the progress of the non operated patients should be different from that of operated patients.
165. There should be provision for recording detailed progress of ICU patients and the fields for recording this progress should be additive.
166. There should be provision for the progress parameters to be displayed graphically. Within a specified date range
167. There should be provision for the printing of patients progress parameters within a specified date range.
168. There should be provision for the software to take account of all surgical procedures, non surgical interventions and any other form of medical treatment provided by the hospital together with their charges for different categories of patients.
169. There should be provision that these hospital lists of procedures and treatment should reflect on the panel of all personnel of the relevant department.
170. There should be provision for assigning of procedures and treatment from the lists and automatic billing at the cash counters for the same.
171. There should be provision that payment requirement is overridden for non paying categories.
172. There should be provision that more than one operation can be assigned to a patient in one calendar day.
173. There should be provision for assigning a Chief Resident in every on call department.
174. There should be provision for chief resident to identify themselves.
175. There should be provision that references after working hours go to the chief resident.
176. There should be provision for the chief resident to admit patients.
177. There should be provision for bedside references to be sent only to chief residents after working hours in various departments.
178. It should have provision for chief residents to approve death certificates after working hours.
179. There should be provision for logins of resident staff employed for service posts.
180. There should be provision for operation only by authorized username and password.
181. There should be provision for residents to fill casheets which record the name of the completing doctor.
182. There should be provision for residents to order investigations and perform all inpatient functions for the patient
183. There should be provision for issue of discharge only after approval by the authorized consultant

184. There should be provision for issue of death certificate only after approval by authorized consultant.
185. There should be provision for application of leaves online.
186. There should be provision for personnel and residents to assign duty to other colleagues in the same department.
187. The module should provide for bar coding of each and every instrument set in the hospital
188. The module should provide for bar coding of each and every disposable equipment set in the hospital
189. The module should provide for tracking of instrument sets from the CSSD to the instrument repository to the theatres and procedure rooms and back to the CSSD in each sterilization cycle.
190. The module should provide for listing of the instrument sets according to specialty, type and number and their selection for each individual procedure.
191. The module should provide for information of the instrument set selected to be automatically transmitted to the CSSD, equipment repository and concerned theatre.
192. The module should provide for the sending of the instrument set to the particular place of use by check into the system and its receipt at the place of use by check out.
193. The module should provide for reversal of the above process at the end of the operation till the instrument set reaches the CSSD and from there the instrument repository after sterilization.
194. The module should provide for display of the usage age of each instrument set with message warning against over use.
195. There should be provision for surgeons making up instruments sets for each procedure according to their own preference in the CSSD database.
196. There should be provision that surgeons can designate instruments sets for particular procedures at the time of assigning operations.
197. There should be provision for these instrument sets to be stored in the CSSD database and when that particular case is scheduled by that surgeon the instrument set should be automatically selected.
198. There should be provision for coding of instruments sets automatically by the system in the order of creation.
199. There should be provision for use of these codes for linking to particular operative procedures.
200. There should be provision for equipment intake utilization, maintenance and condemnation of all equipment in the hospital.
201. There should be provision for single point of entry of intake details of the equipment.
202. There should be provision for entry of AMC and condemnation dates
203. There should be provision for issue of equipment against online indent
204. There should be provision for department and location wise display list of equipment
205. There should be provision for display of spare parts of the equipment (both consumable and non consumable)
206. There should be provision for display of consumption details of consumable items like radiology films, ultrasound rolls etc for each individual equipment and collectively.
207. It should have provision for preparing printed discharge for each admitted patient
208. It should have provision for including all the necessary information in a customized manner on the discharge.
209. It should have provision for including results of selected investigations including pictures and x ray files.
210. It should have provision for drug prescription and use of the save prescriptions menu for prescribing required drugs at discharge
211. It should have provision for allotting follow up dates at the time of discharge.
212. It should have provision for the allotted follow up dates to display in the OPD list of the respective consultant on that particular date.
213. It should have provision for checking that the paperwork of the patient such as operation notes, clinical notes, progress notes, police information and medico-legal information is complete before the discharge can be printed.
214. It should have provision for marking the patient as discharge on request, left against medical advice and abscond.

215. It should have provision for in the event of a no discharge leaving of hospital, the check over ride should be removed.
216. It should have provision for the discharge to carry the patient's demographic details and bar code on the printed discharge.
217. It should have provision for more than one discharge for each additional hospital visit.
218. It should have provision for display of all discharges in reverse chronological order with link.
219. It should have provision for marking patient as medico-legal at the time of admission
220. It should have provision for generating a customized police information form according to the format of the institution.
221. It should have provision for the police form should be auto generated and be printable in as many copies as required.
222. It should have provision for Received copy of police form should be uploadable to the patient record as a hard copy.
223. It should have provision for uploading of medico legally sensitive investigations such as X rays CT scans and injury reports etc. to the patient record.
224. It should have provision for printing labels for tagging medico legally sensitive materials such as removed bullets etc.
225. It should have provision for auto generating a police report form at the time of the expiry or death of the patient.
226. It should have a check that the discharge of a medico legal patient should not be printed until all the medico legal formalities have been completed and checked by a consultant.
227. It should have provision for catering to any number of central and peripheral Operation theatre and ICU and Ward store locations of any category
228. It should have provision for intake stock of all inpatient stores medical and non medical in these stores
229. It should have provision to account for stock and equipment acquired by different acquisition processes.
230. It should have provision for automatically updating stock from the intake.
231. It should have provision for inventory management and stock reports
232. It should have provision for issue of prescriptions
233. It should have provision for issue of indents
234. It should have provision to automatically debit issued prescriptions and indents from stock
235. It should have provision for low stock alerts
236. It should have provision for expiry alerts
237. It should have provision for alerts for refrigerated drugs
238. It should have provision for debiting stock which has been rendered unusable due to any reason such as breakage, damage to sealed packing, pest attack, expiry etc.
239. It should have provision for online indents
240. It should have provision for receiving indents
241. It should have provision for intake of equipment by different acquisition processes
242. It should have provision for indent of equipment of all kinds
243. It should have provision for issue of indented equipment online
244. It should have provision for recording AMC of equipment
245. It should have provision for accessories supplied with various equipments
246. It should have provision for consumables supplied with various equipments
247. It should have provision for acquisition of consumables online
248. It should have provision for indicating out of stock items
249. It should have provision for replacing condemned equipment
250. It should have provision for issuing consumables on indent
251. It should have provision for generating reports of all equipment and consumables as required
252. It should have provision for uploading all hard copy documents related to stores and equipment intake and processing with each transaction.
253. It should have provision for searching of store items
254. It should have provision for searching for equipment items
255. It should have provision for generating inventory reports for each individual store point and for the institution collectively.

256. It should have provision for catering to hospital kitchen
257. It should have provision for intake of kitchen stock of various kinds including consumable items, fuels, foods, utensils, equipment and distribution items.
258. It should have provision for recording various types of diet and their components
259. It should have provision for recording the caloric contents of the various foodstuffs and diets.
260. It should have provision for dietary prescription for individual patients.
261. It should have provision for automatic distribution of dietary prescription to various wards
262. It should have provision for preparing special diets for nasogastric feeding etc according to pre determined formulae.
263. It should have provision for a calorie, protein, fat and carbohydrate calculator for the various diets.
264. It should have provision for noting injection and medication reports by nurses.
265. It should have provision for filling nursing assessment forms.
266. It should have provision for daily nursing reports.
267. It should have provision for cross checking blood transfusion bags
268. It should have provision for noting administration of general instructions.
269. It should have provision for printing treatment reports
270. It should have provision for recording administration of iv fluids
271. It should have provision for recording blood transfusion and blood transfusion reactions.
272. It should have provision for recording general nursing instructions for any department.
273. It should have provision for enabling fetal monitoring for the patient.
274. It should have provision for ICU patient monitoring online
275. It should have provision for display of all required ICU parameters for a patient
276. It should have provision for theatre calendar.
277. It should have provision for recording and displaying theatre sessions and times according to date.
278. It should have provision for including customized ICU monitoring charts.
279. It should have provision for displaying vacant theatre sessions on each day
280. It should have provision for booking theatre sessions by individual surgeons depending on their theatre day
281. It should have provision for increasing the number of theatre sessions in concordance with increase in number of physical theaters.
282. It should have automatic cancellation of theaters on institutional holidays
283. It should have provision for emergency override of elective cases with emergency patients if such need arises. This over ride works only with consent of both consultants.
284. It should have provision for recording all the operative procedures being performed in the hospital according to different departments
285. It should have provision for patient referral to other consultants in the hospital.
286. It should have provision for categories of patient referral
287. It should have provision for requesting transfer of patients from the consultant the patient is being referred to.
288. It should have provision for reference reply online
289. It should have provision for acceptance of patient transfer.
290. It should have provision for patient transfer reflected on the bed panel of the ward.
291. It should have provision for patient search by scanning the barcode
292. It should have provision for patient record search according to various clinical search criteria.
293. It should have provision for patient search according to operative procedures and complications.
294. It should have provision for generating and printing customised reports of hospital statistics.
295. It should have provision for scaleability according to the physical growth of the institution to incorporate new buildings and additional facilities
296. It should have provision for the addition of specialties and superspeciality departments.
297. It should have provision for addition of all categories of additional personnel and users.
298. It should have provision for administrative privileges for hospital administrators such as superintendent, deputy superintendent, various coordinators.
299. It should have provision for monitoring of cash flow from inpatient services
300. It should have provision for upgrade and customisation.
301. There should be a provision for payment at any cash counter in the hospital.
302. There should be provision for cash counter operator's logins.

303. There should be provision for bar code scanning at cash counter.
304. There should be a provision for category wise payment.
305. There should be a provision for printable bill display.
306. There should be a provision for partial or complete payment.
307. There should be provision for advances and credit card payments.
308. There should be a provision for printed cash receipts.
309. There should be provision for printing the day cash report.
310. It should have provision for dated cash reports.
311. There should be provision for a Cash Supervisor.
312. There should be provision for the cash supervisor to print all dated cash reports.
313. There should be provision automatic deduction of paid services from advances.
314. There should be provision for realising credit and debit card payments.
315. There should be provision for making refunds.
316. There should be provision for flagging due payments on the patient record.
317. There should be a service termination due limit to be set by the institution.
318. There should be provision for payment check on services and investigations.
319. It should have provision for refund of tests/ procedures not performed
320. It should have provision for dated cash reports at all levels in categories and department wise distribution.
321. There should be provision for WHO specific surgical safety check list.
322. There should be provision for generation of reports from the data, as and when required.

Annexure-II

TECHNICAL BID

Name of Firm/Contractor/Supplier	
Complete Address & Telephone No.	
Name of Proprietor/Partner/Managing Director/Director.	
Phone No:- Mobile No:- Email Id:-	
Name and address of service centre nearby Jodhpur.	
Whether the firm is a registered firm Yes/No (attached copy of certificate)	
PAN No. (enclose the attested copy of PAN Card)	
Service Tax No. (enclose the attested copy of Service Tax Certificate)	
VAT No. (enclose the attested copy of VAT Certificate)	
Whether the firm has enclosed the Bank Draft/Pay Order/Banker's cheque of Earnest Money Deposit.	
Whether the Firm/Agency has signed each and every page of Tender/NIT	
Please provide full list of consumables.	
Any other information, if necessary	

Authorized signatory of the bidder with seal.

Annexure-III

Format for Financial Bid

(To be submitted on the letterhead of the company / firm)

S.No	Particular	Rate	Vat/Taxes	Amount
01	Software for IPD Services			
	Grand Total			

1. I/We have gone through the terms & conditions as stipulated in the tender enquiry document and confirm to accept and abide the same.
2. No other charges would be payable by the Institute.