



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

**REQUEST FOR INFORMATION
FOR
MOBILE APPLICATION FOR APPOINTMENT SCHEDULING, REGISTRATION AND
ADMINISTRATION FOR ANY MEDICATIONS, VACCINES, AND TESTING**

**RFI # 34360-08125
OCTOBER 15, 2024**

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Health (TDH), Community Health Services (CHS) and Communicable and Environmental Disease and Emergency Preparedness (CEDEP) divisions issues this Request for Information ("RFI") for the purpose of gathering information for a mobile application for appointment scheduling, registration and administration for any medications, vaccines, and testing as needed. The mobile application could be used for any events such as an emergency or outbreak. The current process includes paper handling of all forms and manual uploading of immunizations into the Tennessee Immunization Information System (TennIIS). This will streamline the process allowing the application to electronically schedule, register, dispense, and record vaccination in TennIIS. The vendor must support bidirectional interfacing using HL7 communications with TennIIS, as directed by the state. The mobile application will provide an efficient way to mass dispense medications or vaccines and improve efficiency and modernize the process. We appreciate your input and participation in this process.

2. BACKGROUND:

During the global emergency, the Community Health Services (CHS) and Communicable and Environmental Disease and Emergency Preparedness (CEDEP) divisions experienced a high demand for vaccines and the processes in place were inefficient. The Vaccine Registration Administration System (previous software application) took a lot of manpower to run and did not have the sprints available to completely fix the system to provide efficient electronic recording of vaccinations. Prior to that, paper was the only option with increased workload and full-time employees assigned to entering data correctly. TDH needs a system that is mobile and easily adaptable to the constantly changing needs in public health. The divisions would like to modernize the processes and be able to schedule, register and administer medications and vaccines with ease.

3. COMMUNICATIONS:

3.1 Please submit your response and any questions to this RFI to:

Jessica Taylor, Competitive Procurement Assistant
Procurement Management Office
Division of Administrative Services

Andrew Johnson Tower, 6th Floor
 710 James Robertson Parkway
 Nashville, TN 37243
 Phone: (615) 532-7560
Jessica.Lynn.Taylor@tn.gov

3.2 Please reference RFI # 34360-08125 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

	EVENT	TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		October 15, 2024
2.	Written "Questions & Comments" Deadline	2:00 p.m.	October 21, 2024
3.	State Response to Written "Questions & Comments"		October 24, 2024
4.	RFI Response Deadline		October 31, 2024

5. GENERAL INFORMATION:

- a. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- b. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.
- c. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI # 34360-08125

TECHNICAL INFORMATIONAL FORM

1. RESPONDENT LEGAL ENTITY NAME:
2. RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3. Briefly describe experience with developing and implementing a mobile application for scheduling, registration and administration for any medications, vaccines, or testing which could be lab testing, blood draws or respiratory samples through oral or nasal cavities. This is dependent on the outbreak TDH is facing, including the ability to add new or edit existing templates as needed and in a timely manner, is customization completed by TDH or by vendor, etc. Also, the ability to have the application in multiple languages.
4. Describe your experience working in the public health domain, and specifically immunization information systems.
5. Describe how you would design the application including the roles that would be available for different users.
6. Describe how you would make it easily adaptable and flexible to be used by one person or families.
7. Describe how you would interact with different systems to update patient information. The system should provide unique identifying information and allow reporting to produce de-identified data when necessary.
8. Describe how data collected would be maintained and protected.
9. Describe your reporting and interoperability capabilities, and your ability to design a user-friendly interface.

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):
2. Describe the typical price range for similar services or goods.

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State:
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