

**Delaware Health and Social Services
Division of Public Health**

APPENDIX G

*Delaware Health
And Social Services*
Division of Management Services

PROCUREMENT
DATE: February 3, 2026

RFP HSS 26 031

**DELAWARE EMERGENCY MEDICAL REPORTING SYSTEM (DEMRS) DE -Trac
FOR**

DIVISION OF PUBLIC HEALTH

Date Due: February 16, 2026, AT 1:00 PM

ADDENDUM 5: Please Note:

THE ATTACHED SHEETS HEREBY BECOME APART OF THE ABOVE-MENTIONED
SOLICITATION.

1. Addendum to RFP – RESPONSES TO VENDOR QUESTIONS

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SUBMITTED VENDOR QUESTIONS & DIVISION'S RESPONSES

RFP #HSS-26-031

DELAWARE EMERGENCY MEDICAL REPORTING SYSTEM DE-Trac

12/1/25

Q1) Section I, Overview, reads, “The State of Delaware Department of Health and Social Services, Division of Public Health, seeks professional services for Immunization Quality Improvement Plan Compliance Site Visits.” Can you clarify the purpose of the RFP?

A1) The purpose of this RFP is to identify and purchase a Statewide Electronic Patient Care Reporting System for the State of Delaware and to obtain a web-based EMS data collection and reporting system, as well as a patient tracking system, that will fulfill the published functional and technical system requirements.

Q2) Section IV, C, RFP Evaluation Process, Criteria Weight and Scoring. Under the heading “Meets mandatory RFP Provisions,” the pass/fail criteria include the following: “USB flash drives properly submitted.” Can you please confirm that USB flash drives are not required for submission?

A2) No Flash Drive is needed

Q3) Section IV, C, RFP Evaluation Process, Criteria Weight and Scoring. Under the heading “Meets mandatory RFP Provisions,” the pass/fail criteria include the following: “Forms properly submitted – Organizational Chart, Flow Chart, Project Milestones/Schedule, Training Plan.” Can you please indicate where these forms and the directions for completing them can be found in the RFP?

A3) Vendor is to submit their forms as part of the proposal.

Q4) Section IV, C, RFP Evaluation Process, Criteria Weight and Scoring. Under the heading “Qualifications of Vendor,” criterion a) is “Does the vendor provide Administrative Oversight?” Can you please define the expectations for Administrative Oversight, which is not mentioned elsewhere in the RFP?

A4) Administrative Oversight is a qualification of the vendor: To provide a fully functional administration tool for the system that will allow for OEMS and DHSS to manage, maintain and configure the systems as needed for the Emergency Managers, Hospital/LTC Staff, EMS users, and Authorized Stakeholders.

Q5) Section IV, C, RFP Evaluation Process, Criteria Weight and Scoring. Under the heading “Qualifications of Vendor,” criterion b) is “Past experience in successfully operating quality

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programs of a similar type and with a similar population.” Can you please explain the expectations of the quality program referenced in this evaluation factor?

A5) Technical compliance: Products must meet all Federal, State, and Local regulations, statutes, codes, and ordinances

Legal compliance: Subscriptions will not violate copyright or patent rights

Functional requirements: Products must fulfill all business requirements outlined in the solicitation

Version compatibility: Products must remain current with NEMSIS version changes over time

Performance history: Vendor should provide evidence of sustained customer satisfaction and NEMSIS compliance without probationary status, supported by concrete deliverables

Q6) Section IV, C, RFP Evaluation Process, Criteria Weight and Scoring. Under the heading “Qualifications of Vendor,” criterion c) is “Quality Assurance Program details.” Can you please define the expectations of the quality assurance program, which is not mentioned elsewhere in the RFP?

A6) Vendor shall provide a QAP which shall, at a minimum, include the following:

- a) Quality assurance methodology
- b) Best practices associate with implementing a system of the size required by OEMS.
- c) Procedures and tools that will be used to ensure delivery of quality products to OEMS.
- d) Defined roles for OEMS relating to the review of deliverables for quality.
- e) Sample “Test Plan” documentation that the vendor has utilized successfully during previous installations.
- f) Sample “Test Plan” documentation that the Contractor has utilized successfully during previous installation.
- g) Sample “Test Results” documentation that the contractor has utilized successfully during previous installations.

Q7) Section IV, C, RFP Evaluation Process, Criteria Weight and Scoring. Under the heading “Qualifications of Vendor,” criterion e) is “Proposal includes Organizational Chart, Flow Chart, Project Milestones/Schedule, and Training Plan.” Can you please direct the proposer to the requirement, expectation, or format for these plans?

A7) Vendor is to submit their forms as part of the proposal. See Appendix B.

Q8) To ensure accurate scoping and pricing, can the State clarify whether the EMSPS Patient Tracking System is intended to replace the current statewide EMS data/ePCR system, operate alongside it, or function independently?

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A8) The Patient Tracking System and EMS data/ePCR are two separate systems, Patient Tracking System will not replace EMS data/ePCR System.

Q9) Can the State define the functional scope of “EMS data collection, reporting, and patient tracking” as intended in this procurement?

A9) The primary purpose of this project is to centralize and standardize EMS service provider data into a statewide data collection and reporting system, which provides local agency and statewide EMS system evaluation and improvement through reporting and statistical analysis. It is the Office of EMS’ goal to integrate and/or interface System data with partner database applications to the greatest extent possible, such as Delaware’s Trauma, CARES, and future registries. Such integration and/or linkage of these data will provide:

- On-going development and evaluation of Delaware’s EMS system.
- Better planning and design of injury prevention programs.
- Faster and more accurate data sharing with the Delaware Office of Highway Safety to provide dispatch, scene, and transport times.
- The enhancement of public safety’s access to trauma and/or mass casualty data in real time; and
- Timely outcome information.

Q10) To correctly scope workflows and technical design, can the State define which patient categories (e.g., transported, non-transported, public-health encounters, MCI victims, evacuees) are expected to be tracked, and over what timeframe (e.g., scene only, EMS episode, full disposition, multi-facility movement)?

A10) The primary purpose of this project is to centralize and standardize EMS service provider data into a statewide data collection and reporting system, which provides local agency and statewide EMS system evaluation and improvement through reporting and statistical analysis. It is the Office of EMS’ goal to integrate and/or interface System data with partner database applications to the greatest extent possible, such as Delaware’s Trauma, CARES, and future registries. Such integration and/or linkage of these data will provide:

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- The enhancement of public safety’s access to trauma and/or mass casualty data in real time; and
- Timely outcome information.

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Q11) Can the State confirm whether the EMSPS system is expected to receive or report any hospital disposition or outcome data, or if the scope is limited strictly to EMS encounter data and patient tracking information?

A11) Yes, from the Hospitals as well, NEMSIS outcome fields should be available for hospitals to enter.

Q12) What business problems or outcomes is Delaware aiming to address with the EMSPS Patient Tracking System?

A12) Provide an ePCR system that enables field providers to efficiently capture patient data and standardizes EMS information for statewide collection and reporting.

Q13) Does “EMS data collection and reporting” refer to full ePCR creation, a statewide EMS data repository, or both?

A13) Both, the vendor should be able to collect, receive and process per NEMSIS guidelines.

Q14) Can the State describe what constitutes a complete “patient tracking record” for Delaware’s intended use.

A14) A complete tracking record is a record of patient tracking from initial contact with EMS to destination.

Q15) Does patient tracking include patient movement between locations (scene, EMS unit, hospital, alternate care site), or only data capture?

A15) Yes, patient tracking includes movement between locations.

Q16) Does patient tracking include patient status updates, provider handoffs, or chain-of-custody tracking?

A16) Yes, patient tracking includes patient status updates, provider handoffs and chain of custody tracking.

Q17) Are hospitals, alternate care sites, or public health locations expected to participate directly in patient tracking workflows?

A17) Yes, hospitals, alternate care locations and public health locations are expected to participate in patient tracking workflows.

Q18) Does the State expect EMS agencies to retire their existing ePCR vendors if the EMSPS system includes full ePCR functionality?

A18) The State uses one system, and agencies do not have their own vendor.

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Q19) Will agencies be allowed to continue submitting ePCRs from third-party systems, and if so, does Delaware require a hybrid ingestion model?

A19) The State of Delaware requires direct entry.

Q20) Does Delaware want the vendor to propose workflow best practices for patient tracking and EMS data collection, or will State SMEs define workflows?

A20) Yes, the state wants the vendor to propose best practices for patient tracking and EMS data collection.

Q21) Does Delaware expect a phased onboarding of agencies/facilities, or a single statewide go-live?

A21) We expect a single statewide go live.

Q22) Can the State provide data dictionaries, schemas, export formats, and image storage formats for the current system hosted by the existing vendor?

A22) No, the State cannot provide data dictionaries, schemas, export formats, and image storage formats for the current system.

Q23) Are there statutory or grant-related deadlines driving the contract and implementation timelines?

A23) Yes, there are statutory and grant related deadlines driving the contract and timelines.

Q24) Does Delaware expect ESAR-VHP volunteer user accounts to automatically provision into the EMSPS system?

A24) Per Addendum 2, The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q25) What ESAR-VHP platform/vendor does Delaware currently operate?

A25) Per Addendum 2, The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q26) What ESAR-VHP data elements must be used or displayed within the system?

A26) Per Addendum 2, The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface

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are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q27) Should the ESAR-VHP integration be one-way or bidirectional?

A27) Per Addendum 2, The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q28) Should ESAR-VHP volunteers have access to or interact with the EMSPS system?

A28) Per Addendum 2, The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q29) Should ESAR-VHP credential or deployment information control user access or assignment workflows?

A29) Per Addendum 2, The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q30) Should ESAR-VHP volunteer activity be tied to patient tracking records?

A30) Per Addendum 2, The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q31) What HAN platform/vendor is currently used in Delaware?

A31) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q32) Does Delaware's HAN system provide accessible APIs or data feeds for integration?

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A32) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q33) Should HAN alerts be displayed, stored, linked to incidents, or trigger workflow changes in the EMSPS system?

A33) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q34) Are users expected to acknowledge or respond to HAN alerts within the system?

A34) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q35) What categories of HAN alerts should be ingested (e.g., advisories, warnings, emergency notice)?

A35) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q36) Should HAN alerts influence patient routing, resource allocation, or patient tracking workflows?

A36) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q37) Should HAN alerts appear in mobile devices used by field EMS personnel?

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A37) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q38) Should the HAN integration be one-way or bidirectional?

A38) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q39) Can the State confirm whether all participating systems and agencies (including the HAN platform owner and Delaware’s ESAR-VHP/volunteer management program) have already agreed to support integration with the EMSPS system, or if these integrations are conceptual at this stage and dependent on future inter-agency approvals, MOUs, or data-sharing agreement?

A39) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q40) How many years of historical EMS data does Delaware want converted—full historical, or a specific range?

A40) Delaware would like from March 2013-present to be converted.

Q41) Should the vendor assume future integration with CAD systems, HIE, hospital dashboards, or trauma registry systems?

A41) Yes, the vendor should assume future integration with CAD systems, HIE, hospital dashboards, or trauma registry systems.

Q42) Can the State provide current counts for users, EMS agencies, hospitals, and expected system access groups to support accurate configuration and pricing?

A42) Yes, the State can provide current counts for users, EMS agencies, hospitals, and expected system access groups to support configuration and pricing.

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Q43) No.2 lists automotive liability insurance; can you please confirm if this coverage would be required due to the type of work/product being delivered because of this RFP?

A43) [Unsure of relevancy to RFP.](#)

Q44) Is there a listing of the features or functionality, or a description of the desired SaaS solution, the state would like to see in a new EMSPS Patient Tracking System? Those were not included in Appendix B.

A44) [No, there is not a listing of the features or functionality, or a description of the desired SaaS solution.](#)

Q45) Who are the typical ‘users’ (i.e. those logging into the system) of the EMSPS Patient Tracking System?

A45) [The typical users are DPH, Hospital Staff, EMS Providers, and Shareholders.](#)

Q46) How many ‘users’ log into the system on a daily, weekly, or monthly basis?

A46) [The daily number of users is 350.](#)

Q47) What types of users ‘roles’ are anticipated for this system? (e.g. DPH staff, EMS staff, other)

A47) [The types of users are DPH Staff, Emergency Managers, Hospital/LTC Staff, EMS users, and authorized stakeholders.](#)

Q48) What product/supplier is the current EMSPS system?

A48) [The current supplier is Image Trend.](#)

Q49) What organization is hosting the current EMSPS Patient Tracking System? The product vendor/supplier, the state, or other?

A49) [Image Trend is the current organization hosting the patient tracking system.](#)

Q50) Are there systems or platforms that the new EMSPS Patient Tracking is intended to integrate with (other than ESAR-VHP, HAN, and NEMSIS 3.5 mentioned in the Appendix B Scope)?

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A50) Per Addendum 2, HAN is a subset of ESAR-VHP. The ESAR (Emergency System for Advance Registration) will not interface with the Delaware Emergency Medical Reporting System (DEMRS). As such, all activities, requirements, development tasks, testing, and deliverables related to an ESAR–DEMRS interface are expressly excluded from the Scope of Work. (Section 1.1- Background and Purpose and 1.2.2 Configuration and Customization Phase.)

Q51) Can the State clarify the perceived discrepancy between the following two sections of the RFP?

a. Section IV.B.12 “multi-vendor solutions (joint ventures) will be allowed only if one of the venture partners is designated as the ‘prime contractor’.” “Services specified in the proposal shall not be subcontracted without prior written approval by the State of Delaware...”. AND

b. Section IV.B.13 “The use of subcontractors will not be permitted for this project”

A51)

a. The current Agreement with Image Trend does allow sub-contractors

b. Remove

Q52) Regarding the USB flash drive- How would you like for the it to be provided?

A52) USB flash drive was mistakenly entered. No USB flash drive is required.

Q53) After pre-bid meeting, can additional questions be submitted to Bonfire for response?

A53) No; The pre-bid meeting is the last opportunity for vendors to ask questions.

Q54) What should be included in the proposal?

A54) The requirements are outlined in the RFP.