Consolidated Q & A

1. Who is in charge of the solutions architecting? Is it the vendor or does the mission have their own.
A: The vendor but the architecture of the existing ReHealth ePHR can be used as an example.

2. Are we in charge of the UI Design? Or is there already a UI design provided?
A: The vendor. UI Design can be based on the ReHealth application, which is build using Bootstrap.

3. Who will provide the mechanicals for the UI design? Or are we expected to create them (eg. Icons, PSD slices, etc.)?
A: IOM will provide with a project logo and all other logos required for the application. No special icons are expected to be needed.

4. For data captured when internet is not available, is the data auto-synced or will have to be updated manually and in batches?
A: uploaded manually, single files and batches.

5. Is this a desktop application or a web based application (what browsers will be supported) or a mobile application (iOS and/or android)?
A: Sorry for not specifying this is the TOR. It will be a web application supporting all major browsers.

6. Aside from English language, are there any additional languages to be supported?
A: System language is Italian (see BR_018). Translations are provided by the project.

7. What are the preferred development language and tools? Are they open to use Open sources?
A: Microsoft based, .Net, C#, Javascript, IIS

8. What is the preferred database to be used?
A: Microsoft SQL Server, please note the first approach should be to use the existing ReHealth database or a modified copy of it for storage of PHR Lite data

9. What was the scope of the Re-Health ePHR system piloted in Siracusa Region in 2017?

A. The complete scope of the ReHealth project. Italy was one of the first countries to join that project and Siracusa was selected as pilot province. Siracusa is a province in the region of Sicily, and this project is financed by the Health Council of the Region of Sicily.

10. How is PHR created/updated from the CAMP, hospitals and clinics?
A. The PHR is currently not used in Italy anymore.

11. Is there an existing interface (i.e. upload/download function or data exchange between Re-Health ePHR and the ER system?
A. No

12. Can a migrant with STP or fiscal code, visit a different CAMP from the CAMP where he/she received the STP code?
A. Yes

13. Who will be the owner of the CAS system data?
A. The Regional Health Council will be the owner of the data inserted in the ePHR Lite platform.

14. Is there only one(1) Landing Port in Siracusa?
A. Yes. However, consider that the project will pilot the new tool in Siracusa, and then will extend it to the rest of Sicily (9 provinces). Therefore, the ports involved could be more. This also depends on the evolution of landings in Sicily, which are currently decreasing.

15. "During pre-registration of migrant at the Landing Port, what information is gathered by the:
a. Police
b. Doctor"

A. "As explained in the TOR:
a. Police registers migrant (pre-registration, identity not confirmed until they become regular migrants or assigned a legal status)
b. Migrant undergoes initial medical check (triage) at the port "

16. Where is the pre-registration information currently stored?
A. Police system and on paper

17. Is there a form or document given to the migrant after pre-registration? If there is, what information does the form or document contain?
A. There is no standard form, most migrants are not given any form or document.

18. What pre-registration information is also required at the CAMP and/or Hospital?
A. Basic biodata

19. Is a migrant identified or tagged as a member of a group (i.e. family, batch of migrants) during pre-registration?
A.  No

20. Will it happen that a migrant is NOT pre-registerred at the Landing Port?

A. No

21. "Is the STP code only issued by the ASP of Siracusa representative at the CAMP and hospitals? How is the STP code generated?"
A. The STP Code can be issued by the Hospital, the ASP or the Medical Staff at CAS - generally at any health service the migrant has access to. The generation of STP codes is managed by every ASP, there is no standard format.

22. "Are data gathered in the Consultorio (for pregnant women) be made part of the pregnant migrant's health record?
For children sent to Vaccination systems, what information is gathered to be made part of the child's health record?"
   A. Yes, PI and vaccination history if available

23. How long does a migrant stay in the CAMP?
A. Indefinite
24. How many CAMPs are existing in Siracusa?
A. 11 in the Siracusa area at the moment, however the number can vary by the month.

25. Since the Re-Health ePHR system was already implemented in 2017, are requirements mentioned in the BR section of the TOR only refer to the CAS application?
A. Yes

26. "What medical services will be performed at the CAMP for:
a. new migrants
b. existing migrants (with STP, with Fiscal code)."

A.
Depends on the facilities of each camp and the conditions and necessities of the migrant, please refer to PHR Lite template for medical requirements

27. If migrant came from the landing port and needs to see a specialist, will migrant be sent to the CAMP first or can go directly to the clinic/ specialist?
A. Kindly refer to TOR background information:
3. Migrant undergoes initial medical check (triage) at the port
3a. Migrants with serious medical condition including pregnancy (1% of landings) are given a referral slip (white paper) and taken to the hospital
3b. Migrants without serious medical condition are sent to the camps

28. What data will be entered and/accessed by cultural mediators from CAS application?
A. Roles have yet to be defined.

29. Is there an existing exchange between Re-Health ePHR and the ER System? How will data be exchanged between CAS application and ER system?
Will CAS application also retrieve data from ER system?
A. No, please refer to TOR and Scope of work: • Add functionality to produce HL7 XML file for data exchange

30. Is it possible for a migrant to visit a specialist without being issued either an STP or fiscal code?
A. Yes, if he pays for it

31. Can a specialist who has no access to ER system provide medical service to a migrant? If yes, how will the medical service be transferred to the ER System?
A. Yes. Data transfer from other systems to the ER system is not subject of this project.

32. Can a specialist (clinics) access CAS application and also upload reports/medical evaluation in CAS application?
A. Yes, if you refer to the system to be developed.

33. "Who will be the users of CAS application? Who are the current users of Re-Health ePHR?"
A. CAS Medical staff and cultural mediators, GPs and other medical staff providing health care services to migrants ReHealth project participants

34. Can doctors in hospitals be given acceess to CAS application?
A. Yes

35. Who will be the Administrator of CAS application?
A. ASP Siracusa and IOM

36. Will CAS application application support multiple file import or upload?
A. Import of fillable version of PHR Lite, upload of attachments. Same basic functionalities as ReHealth

37. Are there existing style guide or general UX behavior to be followed for the UI designs of the CAS application application?
A. No

38. "Where will the CAS application application retrieve epidemiological surveillance data? What type of reports need to be generated by CAS application application?  Are reports from CAS application application require consolidation of data from Re-Health ePHR and ER systems?"

   A.  All medical data captured in the system is defined in the PHR Lite template.
       For reporting please refer to BR_016.

39. The BRD_021 mentions the 'ability to upload specialist report' and 'ability to capture follow-up examinations' as existing functionalities. What system is being referred here?

   A.  ReHealth ePHR system. The lite system must have similar functionalities for upload of attachments and follow-up medical visit. The basic idea is to build a Lite version of ReHealth based on the PHR Lite medical form template attached to the TOR.

40. "The current IT systems in the TOR says that the following does not exist in the CAMP:
a. wifi or internet connection
b. intranet
Will the project include provision for internet connection at the CAMP?
Will provision for computer, laptops or tablets are included in the scope of the project?"

    A.   All CAS will be provided with the required IT equipment.

41. What is the target no. of users of the CAS application?
A. To be defined.

42. Is migration of manual data to the CAS application application part of the project scope?
A. No

43. Aside from ER system and Re-Health ePHR what other system interfaces will be done with CAS application?
A. None in the scope of this project.

44. "In BR_009, will the link between the CAS application application to ER System provide for:
a. import/export of HL7 XML file and PDF file
b. direct link to ER System database"

    A.   Please refer to the TOR scope of work: Initially the linkage/interface can be provided by export/import functionality of a HL7 XML file and/or printout on paper/PDF

45. Is the electronic PHR lite pdf is a fillable pdf? Will it only be uploaded in the CAS system or also in ER system?
A. Yes. Upload to CAS only.

46. "What is meant by the requirement ""DB structure compatibility with curent Re-Health ePHR""? What is the technology stacked used by Re-Health PHR and ER System?"

    A.   This refers to the option of storing the ePHR Lite data in the current ReHealth database or in a database that has the same/similar structure as the ReHealth database. The ER system is JAVA based.

47. What is preferred technology stack for the CAS system?
A. Microsoft. Same as ReHealth.

48. Is the electronic PHR lite pdf a fillable pdf? Will it only be uploaded only in the CAS system or also in ER system?
A. See above

49. Kindly, elaborate on BR_019.

A. Siracusa is the pilot site. The system will later be used in other CAS throughout Sicily.

50. What is the preferred development methodology for the project?
A. Agile, product based.

51. What is the target Go Live date of the CAS application?
A. As soon as possible

52. Who will be responsible for the deployment of the application to Siracusa province?
A. IOM/ASP

53. Where will the CAS application be hosted?
A. Either cloud based or on ASP premises

54. Kindly elaborate on what is expected with scope on "Enable implementation of all BRs with priority 2".
A. All BRs (Priorities 1 and 2) as listed in the TOR and scope of work shall be part of the proposal.