



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: May 14, 2009

PSC#865

BIRTH DEFECTS ACTIVE SURVEILLANCE SERVICES

FOR

DIVISION OF PUBLIC HEALTH

Date Due: JUNE 23, 2009  
11:00 AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF  
THE ABOVE MENTIONED BID.

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**RFP PSC # 865 BIRTH DEFECTS ACTIVE SURVEILLANCE SERVICES  
Questions/Answers from Pre-Bid meeting held 5/14/09 And Additional Questions  
submitted by 5/24/09**

Q1: Because we are just now getting the CD for the procedure manual and case abstraction form at the pre-bid meeting, will there be an extension to questions that can be asked?

A1: Yes, you will have until 5/24/09 to ask questions then the questions and answers will be presented to the Bureau of Contracts and Grants for finalization on 5/25/09 and sent out by email and posted on the website on 5/26/09.

Q2: Will the data be kept at DPH or elsewhere?

A2: The data will ultimately be entered into the Natus system but how that happens will need to be explained in your proposal whether electronically or paper format. The procedure manual addresses the security requirements.

Q3: Would we develop our own data collection tool or is there another one that we should use?

A3: No, we have developed an abstraction form that is included on the CD provided but the form may change. (A hard copy was provided) NATUS is the current data system being used which is also used for metabolic and hearing screening. If you don't use NATUS then you would have to make sure that whatever tool you do use to collect your data could also transfer electronically to Natus.

Q4: Do you have a total funding amount?

A4: No, we are estimating \$100K to \$110K per year but you should submit what you feel is appropriate for this project.

Q5: Are there any reporting requirements?

A5: Yes, the reporting requirements are specified in Delaware Code, Title 16 which is included in the procedure manual.

Q6: Is it a requirement that nurses do the extraction process?

A6: Yes.

Q7: Could a physician be the supervisor?

A7: Yes.

Q8: Is there any interfacing with Infant Mortality?

A8: Yes, some IM money will be used for this. Currently, Infant Mortality does not have a system that will interface with Natus but we are working on a module to add to this system to capture data from our infant mortality programs. Note: This answer may be slightly different than what was stated at the pre-bid meeting. These written answers are the official response.

Q9: Will there be an interface with DHIN?

A9: Not at this time but possibly in the future. We are hopeful that the Natus system will be web-based within the next year.

**RFP PS828**

**Pre-Bid Meeting Questions**

**08/08/08**

Q8: Are we expected to go back and repopulate the data base from the beginning?

A8: No, you will be starting from this point and be going forward with new data.

Q9: Will we have access to birth/death certificate information?

A9: Yes, you will but there is a lag time on that data because of the time it takes to clean the data up. You will also have access to the fetal death file and hospital discharge records.

Q10: Will be able to access the vital statistics prior to that?

A10: I don't think so but submit that question in writing.

Q11: Will we receive any hospital discharge records from out of state, for example, if someone lived in Claymont but was discharged from Crozier?

A11: I am not sure how vital statistics handles those situations. I am assuming that they do not receive that information but submit the question in writing.

Comments added after pre-bid meeting:

Project will be expected to interface with the Birth Defects Advisory Council. Make sure it is mentioned in the proposal that all records were to be electronic to avoid using paper as much as possible. Finally, it is not our expectation at this time that contractor go back and enter data from previous but it may be a future expectation.

Questions regarding RFP No. PSCO-865  
Submitted by Christiana Care Health System by  
5/24/2009

Q12: How is the Division planning to communicate changes in birth defects reporting and increase cooperation from providers? Will the Division be responsible for this communication?

A12: *The Division will inform providers about changes in reporting; the form of that communication has not been finalized.*

Q13: Will the development of a web-based reporting system (to allow for passive reporting by providers) fall to the Division or to the contractor? (For example, if Dr. Smith delivers a baby with a cleft palate she is able to report it electronically)

A13: *The Division of Public Health is planning to go web-based but the timeline for implementation is unknown.*

Q14: Title 16 states that "The Department may adopt, promulgate, amend and repeal any rules and regulations necessary to accomplish the purpose of this subchapter..." Do any rules and regulations presently exist separately from the active surveillance procedure manual that has been made available to Christiana Care?

A14: *No.*

**RFP PS828**

**Pre-Bid Meeting Questions**

08/08/08

Q15: Are we correct to assume that vital statistics data and hospital discharge data will be provided to the contractor by the state?

A15: **No. The contractor will submit a request for data form directly to Health Statistics.**

Q16: Does the Division already have a plan for how that data (birth cert, death cert, hospital discharge data, passively reported birth defects, newborn screening, etc) will be shared with the contractor?

A16: **A plan is not needed as the contractor will be requesting the data needed from Health Statistics.**

Q17: When the state provides the data (question 15) will the data already be restricted to the diagnosis codes we choose and the birth date range we request?

A17: **The contractor will be able to specify what variables are needed on the data request form.**

Q18: Does the state currently receive hospital discharge data for Delaware residents from any out of state hospitals?

A18: **No.**

Q19: How many months after birth will it take for the contractor to receive vital statistics records including the birth cohort file, infant death certificates, and fetal death records?

A19: **Typically the release of this data lags about 18 months.**

Q20: How many months following a discharge will it take for the contractor to receive hospital discharge data?

A20: **About 18 months**

Q21: Presumably the NATUS system will need revision to enable entry of the data elements of the abstract form included in the procedures manual. What is the timetable for the Division to ensure that this happens?

A21: **This would just involve adding fields which should have a turn around time of about a month.**

Q22: Can registry data be transferred electronically into the current Natus System or must it be entered manually?

A22: **The Birth Defects Registry is a module within the Natus System and information. We are unsure if birth defect registry from another source such as A.I. duPont will transfer electronically as it would depend on the system.**

Q23: Will the abstractor hired by the contractor be able to carry a laptop computer and enter the abstract data directly into the registry?

A23: **Yes.**

Q24: Does the state expect the data from the registry to be analyzed by the contractor or by epidemiologists at the Division?

A24: **Analysis will be performed by Division epidemiologists.**

**RFP PS828**

***Pre-Bid Meeting Questions***

**08/08/08**

Q25: Can data from the Natus System be exported into a data file for the purposes of analysis?

A25: **Yes.**

Q25a: What type of data file?

A25a: **The system currently exports to Excel which then can be put into SPSS or SAS.**

Q25b: What query language?

A25b: **Sequel.**