State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER: WEH13008

PAGE: 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER
304-558-0067

VENDOR:
RFQ COPY
TYPE NAME/ADDRESS HERE

SHIP TO:
HEALTH AND HUMAN RESOURCES
WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET
WELCH, WV
24801 304-436-8710

DATE PRINTED: 10/18/2012

BID OPENING DATE: 10/23/2012 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

ADDENDUM NO. 01

1. TO PROVIDE PRE-BID SIGN IN SHEETS FROM THE MANDATORY PRE-BID MEETING.
2. TO PROVIDE ANSWERS TO QUESTIONS RECEIVED FOR THIS SOLICITATION.
3. TO PROVIDE SAMPLE REPORTS AS A RESPONSE TO QUESTION NO. 8
4. TO PROVIDE A REVISED COST SHEET.
5. TO PROVIDE THE ADDENDUM ACKNWOLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.

END OF ADDENDUM NO. 01

SIGNATURE	TELEPHONE	DATE

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: WEH13008
Addendum Number: 01

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

[ ] Modify bid opening date and time

[✓] Modify specifications of product or service being sought

[✓] Attachment of vendor questions and responses

[✓] Attachment of pre-bid sign-in sheet

[ ] Correction of error

[✓] Other

Description of Modification to Solicitation:

1. To provide pre-bid sign in sheets.
2. To provide answers to questions received.
3. To provide sample reports in response to question #8
4. To provide a revised cost sheet
5. To provide addendum acknowledgment.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.

2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

WEH12008

SIGN IN SHEET

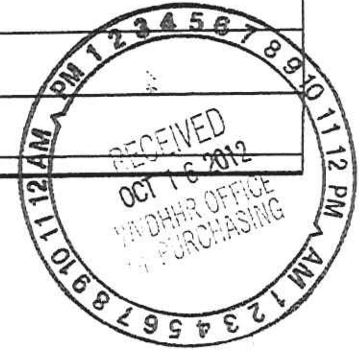
Request for Proposal No.

PLEASE PRINT

Date: 10-10-2012

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: Bureau of Office Services	11S270 Jackson St	PHONE 630-323-2600
Rep: Christine Weisbrodt	Burr Ridge, IL 60527	TOLL FREE 1-800-5-BUREAU
Email Address: christine@bureauhq.com		FAX 630-521-4177
Company: SoftScript, Inc	2444 Wilshire Blvd	PHONE 310·570·2052
Rep: Brandon Phillips	Ste 280	TOLL FREE 800·909·9950
Email Address: bphillips@softscript.com	Santa Monica, CA 90403	FAX 310 526 8497
Company: TRANSCRIPTION South INC	13555 Automobile BLVD	PHONE 800 6304733
Rep: JOHN CARDINAL	Suite 530	TOLL FREE
Email Address: JC@tsouth.com	CLEARWATER FL 33762	FAX 8006304735
Company: M3 Medical	8420 W. Bryn Mawr #620	PHONE 7737752800
Rep: Sean Kirby	Chicago, IL 60601	TOLL FREE
Email Address: SKirby@m3medical.us		FAX 7737762800
Company:		PHONE
Rep:		TOLL FREE
Email Address:		FAX



WEITZOOW

SIGN IN SHEET

Request for Proposal No.

PLEASE PRINT

Date: 10-10-12

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: Diskriter Inc	3257 W. Liberty Ave	PHONE 412-344-9700 ext 317
Rep: Jon Gabster	Pittsburgh, PA 15216	TOLL FREE 800-242-1622
Email Address: JGABSTER@DISKRITER.com		FAX 412-306-6618
Company: iMedX, Inc.	4 Corporate Dr. Suite 380	PHONE 203-332-7060
Rep: Luther (Brad) Runyon	Shelton CT 06484	TOLL FREE 800-221-0244 x 247
Email Address: brunyon@imedx.com		FAX 740 646-6680
Company: Perry Johnson & Associates	755 W. Big Beaver Rd	PHONE 313-790-2882
Rep: Rafal Modzelewski	Suite 1375	TOLL FREE 800-~~790-2~~ 803-6330
Email Address: jhubbard@pjats.com	Troy, MI 48084	FAX 248-247-3454
Company:		PHONE
Rep:		TOLL FREE
Email Address:		FAX
Company:		PHONE
Rep:		TOLL FREE
Email Address:		FAX

WEH 13008

SIGN IN SHEET

Page 3 of 3

Request for Proposal No.

PLEASE PRINT

Date: 10-10-12

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: Acusis	4 Smithfield St. Pittsburgh PA	PHONE 412-209-1281
Rep: Patty Barrett	15222	TOLL FREE
Email Address: patty.barrett@acusis.com		FAX 412-209-1299
Company: Sargent's Transcription Services	210 Main Street	PHONE 814-536-8908
Rep: Jesper P. Nielsen	Johnstown, PA 15901	TOLL FREE 800-727-4349
Email Address: jnielsen@sargents.com		FAX 814-539-7579
Company:		PHONE
Rep:		TOLL FREE
Email Address:		FAX
Company:		PHONE
Rep:		TOLL FREE
Email Address:		FAX
Company:		PHONE
Rep:		TOLL FREE
Email Address:		FAX

ACUSIS® 0007

HIGHER STANDARDS™

medical transcription services

2444 Wilshire Blvd., Suite 280
Santa Monica, CA 90403
t 310.570.2052 / 800.909.9950
f 310.526.8497 / c 310.590.8150
bandreassi@softscript.com
www.softscript.com

BRANDON PHILLIPS
Director of Customer Relations

100% USA Based Medical Transcription

Patty Barrett, CMT, AHDI-F
Vice President, Account Management/US Operations

T. 412.209.128
F. 412.209.129
M. 724 331.766

patty.barrett@acusis.com
www.acusis.com

4 Smithfield Street, 9th Floo
Pittsburgh, PA 1522

M3 Medical Management Services, Ltd.

Sean Kirby
Operations Manager

8420 W. Bryn Mawr Ave. Suite 620
Chicago, IL 60631

Ph: (773) 775-2800
Fax: (773) 775-3366
Skirby@m3medical.us

13555 Automobile Blvd.
Suite 530
Clearwater FL 33762
Ph. 727.571.3302
Fx. 727.571.1317

John Cardinal
Vice President

jc@tsouth.com

www.tsouth.com 800.630.4733

Dave Olson
Director - Pharmacy Operations
& Account Management
Pharmacy Solutions

Cardinal Health
1330 Enclave Parkway
Houston, TX 77077
281.749.4759 dir
832.754.4351 mobile
281.749.2017 fax
dave.olson@cardinalhealth.com

cardinalhealth.com

WEH13008

Jeffrey R. Hubbard
President

Perry Johnson & Associates, Inc.
Medical Transcription Services

755 W. Big Beaver Rd., Suite 1375
Troy, Michigan 48084
E-mail: jhubbard@pjats.com

Phone: (800) 803-6330
Cell: (313) 790-2882
Fax: 248-247-3454

Jon Gabster, RHIA
Director of HIM Sales

Diskriter
HIM SOLUTIONS SINCE 1947

P: 1-800-242-1622 x 317
C: 412-295-7298
F: 412-306-6618

jgabster@diskriter.com
www.diskriter.com

THE SARGENT'S GROUP

Jesper P. Nielsen
Director of Strategic Planning
jnielsen@sargents.com

210 Main Street
Johnstown, PA 15901

Phone: 1-800-727-4349
Fax: (814) 539-7579

www.sargents.com

WEH 13008

Jeffrey R. Hubbard
President

Perry Johnson & Associates, Inc.

Medical Transcription Services

C/O Premier House
36-48 Queen Street
Horsham, West Sussex, RH13 5AD

Phone: +44-(0) 8082 343975
Mobile: +44 2088 168342
E-mail: jhubbard@pjats.com

Medical Transcription
Front-End Speech Recognition
Transcription Enterprise ASP
Coding & Auditing
LTAC & Rehab Auditing
HIM Consulting
HIM Interim Manageme
HIM Clerical Support

HIM SOLUTIONS SINCE 1947.

Sargent's Court Reporting Service, Inc.
Sargent's Personnel Agency, Inc.
Sargent's Transcription Service, Inc.

www.sargents.com

Phone: 1-800-727-4349

Addendum 1

WEH13008 Transcription/Dictation Services

Q.1. Cash Flow: Is the hospital prepared to address the issue of significant increases in DNFB days? Estimates have shown that when there is no QA performed by the overseas companies, DNFB days increase by 9 – 11%, translating to serious cash flow losses. That can translate to millions of dollars for Welch.

A.1. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into written subcontracts for performance or work under the contract without written permission of the Agency. Item No. 3.1.1.16 states "An accuracy rate of 98% is required as determined by sample review. Vendor shall be responsible for all necessary quality control procedures in this regard. Quality control reports will be provided to the Health Information Manager quarterly."

Q.2. Delayed Record Completion resulting in Unmet Billing Deadlines: Is the hospital prepared to fall short of billing deadlines imposed by the third party payers? This is due to drafts going back and forth with ESL medical transcribers not understanding the subtleties of our language. In this instance, millions of dollars may lost, not just delayed..

A. 1. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into written subcontracts for performance or work under the contract without written permission of the Agency.

Q.3. HIPAA Compliance: Please be aware of companies that have "shell offices" but whose transcription operation is overseas based. These companies have been structured with layers of protection for them from HIPAA issues, mandates and sanctions. Either a company is truly 100% USA or it is not. A Business Associate Agreement will not stand up against a company that has an overseas operation. And, is the hospital prepared to spend tens of thousands of dollars chasing down a corporate veil from an off-shore company?

A.3. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into written subcontracts for performance or work under the contract without written permission of the Agency. Vendor's base of operation must be located in the jurisdiction that HIPPA/HITECH laws apply. Vendor must agree to comply with Federal Regulations contained in Title XIII, Subtitle D of the American recovery and Reinvestment Act of 2009, Pub.L. No 111-5 that was passed into law in February of 2009. This act is made up of The Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Health Information Technology of Economic and Clinical Health Act (HITECH Act).

Q.4 <u>Legal Issues</u>: If a medical transcriber is required to testify in a malpractice lawsuit, or the quality of transcription impacted the care provided to the patient, and that becomes a material issue in a case, is the hospital prepared to fight these barriers?

A.4 It will be the responsibility of the vendor to provide such.

Q.5. <u>Auditability</u>: Is the Hospital prepared to dance through the corporate veil of an off-shore company when it desires to audit its operation?

A.5.Vendors base of operation must be located in the jurisdiction that HIPPA/HITECH laws apply. It will be the responsibility of the vendor to provide requested documentation/reports as needed by the agency.

Q.6. <u>Queries</u>: How off-shore coders and transcribers handle the many queries that present themselves as the hospital attempts to obtain the correct patient reimbursement? Obtaining timely answers from physicians is difficult enough. Does the hospital want the additional task of queries coming timely and accurately from ESL medical transcriptionists?

A.6. The Vendor as an independent contract is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract.

Q.7. <u>Service:</u> Will service calls be taken by off-shore technical service workers? Will their ESL become a problem in understanding the subtleties of the problem's nature? Will the off-shore company have a technical service worker at the hospital's doorstep in the morning to immediately fix a problem? Is there a charge for on-site service calls?

A.7. Vendors base of operation and all services of the operation must be located in the jurisdiction that HIPPA/HITECH laws apply. It will be the responsibility of the vendor to provide requested assistance as needed by the agency. The Vendor as an independent contract is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract.

Q.8 Do you have a sample of a blank report we can review so we can accurately price?

A.8. See Attachment 1.

Q.9. Do you prefer the price to be per report, per page or per line rate?

A.9. Vendor must provide all dictation and transcription services as required in for the quoted price per line which is defined as 65 text characters with spaces.

Q.10. Can you tell us the current contract pricing structure you have and who the current contractor is?

Q.16. What was the bid opening date of the current contract?

A.16. 07/09/2009 http://www.state.wv.us/admin/purchase/Bids/FY2010/BO20090709.html

Q.17. What do you need for the certification of transcriptionist?

A.17. Vendor must include the transcriptionist identifier (name, initials, or a unique identifier), a description experience, and qualifications and/or certifications of each transcriptionist.

Q.18. Is there any type of vendor preference discount for an out-of-state disabled veteran owned business?

A.18. No.

Q.19. Item No. 3.1.1.24.1.3 States "The system must allow specific users to generate productivity reports, assign jobs, and perform job inquiries from any touch tone telephone." Does this actually apply to the contract as this reads as if it is applicable to the way things were done years ago?

A.19. Please delete Item No. 3.1.1.24.1.3.

Q.20. What does Item No. 3.1.1.24.2.3.17 Listen review order (FIFO/LIFO) mean?

A.20. User should have the choice of to listen to FIFO/LIFO. The user should be able to playback so that they can listen and pick up where they left off.

Q.21. What is meant by Item No. 3.1.1.24.5.8 The system must be able to automatically print reports based on user defined data and time settings.

A.21. Should read, "The system must be able to automatically print reports based on user defined date and time settings."

Q.22. Do you want us to certify that files are encrypted?

A.22. **Yes**

WELCH COMMUNITY HOSPITAL

CLINIC NOTE

NAME:
MR Nº:
PHYSICIAN:
DATE:

SUBJECTIVE COMPLAINT: Complaining of menopausal symptoms, hot flashes, also vaginal itching and irritability. Short duration of her period. Also complaining of a tiny lump in her left breast. Urinating a lot, three times during the night. No GSUI. No pain on urination.

Gravida 2, para 2-0-0-2. No medical diseases.

Surgery: Bilateral tubal ligation.

Medications: Prilosec, Estroven, fish oil.

LMP 05/20/2012. Last Pap smear 5-6 years ago. Last Pap smear was normal.

OBJECTIVE FINDINGS: Vital signs normal. BMI 33. Age 48. Breasts: Nodulation both the left and right breasts. No nipple discharge. No skin discoloration or dimpling. Abdomen: Obese, soft, nontender. Pelvic exam: External genitalia, BUS normal. Marital introitus. Prolapsed vagina. Cervix parous, nontender. Unable to palpate the uterus and adnexa, but no tenderness over these areas.

ASSESSMENT:
1. Menopausal syndrome.
2. Fibrocystic changes of both breasts.
3. Urinary frequency.

PLAN:
1. CBC normal. CMP: Elevated cholesterol.
2. Urinalysis normal.
3. ThinPrep done.
4. Mammogram.
5. Return to clinic in 2 weeks.
6. Advised the patient to exercise and watch her diet. We will repeat the cholesterol test in 3-6 months.

CLINIC NOTE
NAME:
MR Nº:
DATE:

_______________________________ _______________
Dennis Tumbokon, M.D. Date

DT/Bka
D:05/31/2012 11:14 CST
T:05/31/2012 13:22 CST
Job:1935652 Document:2095365

WELCH COMMUNITY HOSPITAL

OPERATIVE RECORD

NAME:
MR Nº:
ROOM:
DATE:

SURGEON: David Eells, M.D.
ANESTHETIST:

ASSISTANT: Charlotte Buckner, FNP
ANESTHETIC: General

PREOPERATIVE DIAGNOSIS: Left upper lobe bronchial lesion.

POSTOPERATIVE DIAGNOSES: Left upper lobe bronchial lesion causing complete obstruction and complete obstruction of the right middle lobe secondary to endobronchial tumor.

PROCEDURE: Bronchoscopy with biopsy of the left upper lobe and right middle lobe.

HISTORY: This 59-year-old white male presented to the hospital with hemoptysis. X-rays of his chest demonstrated complete collapse of the left upper lobe. The patient was also febrile at this time. The patient was admitted to the hospital and started on antibiotics, and we felt a bronchoscopy was distinctly indicated.

DETAILS OF THE PROCEDURE: As such, the patient was taken to the operating room where anesthesia was induced and endotracheal tube was placed. Then via the endotracheal tube, the fiberoptiscope was passed. On looking down the right-sided orifices, I saw the right upper lobe was completely patent. However distally, the mid lobe orifice was completely occluded with an obvious endobronchial tumor. I avoided that area for the time being and went to the left side. On going to the left side, immediately on coming to the left upper lobe orifice, there was bleeding and I had not even touched anything. I just used some suction. The bleeding was very brisk and I had to suction, suction, suction to try to get this to even visualize anything. I then did a blind biopsy there and remarkably after doing a blind biopsy, the bleeding tended to abate. I went back to this area and I could see that the left upper lobe orifice was completely occluded very near the takeoff. I biopsied it again in a couple of locations in order to get good specimens and then I stopped and went back to the right side. On the right side, I then biopsied the middle lobe orifice a couple of times, again causing some bleeding. I waited a while. I went back to the left side and assured myself that the bleeding had stopped. Then I went back to the right side and assured myself there that it had stopped.

I terminated the procedure at this point. Please note, the carina was completely pristine.

The patient tolerated the procedure well and was sent to recovery in stable condition.

David Eells, M.D. Date

DE/Bps
D:05/31/2012 13:42 CST
T:05/31/2012 14:42 CST
Job:1935963 Document:2095473

cc: Dr. David Eells
Dr. Michael Kelly

WELCH COMMUNITY HOSPITAL

DISCHARGE SUMMARY

NAME:
MR Nº:
ADM. DATE:
DIS. DATE:

DISCHARGE DIAGNOSES:
1. Alcohol abuse.
2. Multi-substance drug abuse.
3. Hepatitis C.
4. Tuberculosis with negative sputums.

HISTORY OF PRESENT ILLNESS: The patient is a 42-year-old gentleman who was admitted initially at the request of Dr. as the patient had been requesting alcohol detoxification.

When I went in to see the patient today, he reported he has not had a drink in 2-3 days, is not having any tachycardia, shakes, hallucinations or seizure-like activity and he wants to go home. I offered the patient rehab or an outpatient followup. He stated he would rather just follow up with Dr.. I called Dr. and spoke with first his nurse and then with him. Their recommendation was not to give this gentleman any Librium at discharge, but just set him up for an outpatient appointment for assistance with his detoxification. I stressed to the patient how important it is that he stops drinking and using any type of substances. He needs full treatment for his tuberculosis. He understands this and still states he wants to go home.

The patient denies any chest pain, palpitations, shortness of breath. No nausea, vomiting, diarrhea or abdominal pain.

On exam, he is awake, alert and oriented, speaking in full and complete sentences. He has no peripheral tremors on exam. His temperature was 98.1, heart rate 62, respirations 20, blood pressure 123/78, O2 saturation was 97%. In general, he is awake, alert and oriented. Speaking in full and complete sentences. Mucous membranes are moist. Conjunctivae pink. Neck: No masses. Cardiovascular system: Regular. Lungs were clear without wheezes or rales. Extremities without edema.

DISPOSITION: The patient is to be discharged to home. He was encouraged not to drink or use any substances. He is to follow up with Dr. as scheduled. Our social worker, Robin Pruitt, is in the process of getting the gentleman set up with

assistance for his alcohol and polysubstance addiction through Princeton Crisis Center. The patient will be discharged after that has been set up.

_____________________________ _____________
Milagros M. Vidot, M.D. Date

MV/Bka
D:05/31/2012 11:29 CST
T:05/31/2012 13:28 CST
Job:1935695 Document:2095375

WELCH COMMUNITY HOSPITAL

HISTORY AND PHYSICAL EXAMINATION

NAME:
MR Nº:
PHYSICIAN:
ADM. DATE:

CHIEF COMPLAINT: This is an 8-year-old female who presented to the ER with the chief complaint of fever and chills, vomiting, diarrhea and generalized abdominal pain.

BRIEF PRESENTING HISTORY: This is an 8-year-old female who presented to the ER with the chief complaint of fever with chills which began today morning. She had a vague history of sweating with a fever, but the fever was associated with shivering. She also had begun throwing up and had only half a glass of Sprite since the morning. The vomit had no blood or bile in it. She had had three loose stools with no blood or bile in them. She also began having generalized abdominal pain, dull, intermittent in nature and cramping in quality post vomiting and diarrhea. The abdominal pain was not aggravated or relieved, but was intermittent, 5/10 in intensity. She had decreased urine output with the last urination being just before presentation to the ER.

REVIEW OF SYSTEMS: Review of systems was positive for fever with chills, vomiting, diarrhea and a periumbilical abdominal pain.

PAST MEDICAL HISTORY: Past medical history was not contributory other than a previous admission for acute gastroenteritis and dehydration following which she was evaluated by her primary care physician Dr. Iqbal with no recommendations.

IMMUNIZATIONS: Immunizations were up to date.

DEVELOPMENTAL HISTORY: Developmental history was within normal limits.

BIRTH HISTORY: This was the product of a full term normal vaginal delivery.

PHYSICAL EXAMINATION:

GENERAL: On physical examination, she was stable, comfortable, but appearing fatigued.

HEAD, EAR, EYE, NOSE AND THROAT: Examination was normocephalic, atraumatic. Extraocular movements were intact. Pupils were equal and reactive

to light and accommodation. Red reflex was present. Eyes were sunken. The lips were dry. The mucous membranes were dry. The pharynx was not erythematous. There was no lymphadenopathy.

RESPIRATORY: Respiratory system was clear to auscultation bilaterally with good air exchange.

CARDIOVASCULAR SYSTEM: There was sinus tachycardia secondary to dehydration and fever. S1 and S2 were present with no murmurs, clicks, gallops or rubs.

CENTRAL NERVOUS SYSTEM: Power, tone and reflexes are within normal limits. She seemed fatigued, but was alert and oriented. Post IV normal saline bolus and IV antibiotics she became active as well.

ABDOMEN: Abdomen was soft, not distended, not tender, with bowel sounds present in all four quadrants. Rovsing sign and obturator sign were negative.

EXTREMITIES: Extremities were warm with all pulses present.

SKIN: Skin with no pallor, cyanosis or jaundice, but with poor skin turgor and dry.

PERTINENT POSITIVE LABORATORIES: The CBC was within normal limits. BMP was within normal limits. She was unable to void in spite of having received a normal saline bolus while in the ER. Chest x-ray was done. Flu was negative. Rapid Strep was negative.

ASSESSMENT AND PLAN: This was an 8-year-old female who received an IV normal saline bolus while in the ER and IV Rocephin following which her condition dramatically improved. Her eyes were no longer sunken. Her mucous membranes were moist. Her lips were moist and she felt more active and was no longer fatigued.

She was to be placed under observation on the medicine/surgical floor with the diagnosis of severe dehydration secondary to acute gastroenteritis. She was to continue receiving IV normal saline at maintenance post infusion of 20 mL per kg, IV normal saline bolus and was to receive Rocephin 1 gram daily pending blood culture reports. She also was to be placed on clear liquids as tolerated and to be gradually advanced to regular diet if she was to continue having no vomiting. She was also to receive Tylenol 50 mg per kg every 6 hours p.r.n. for fever. Her urinalysis, urine culture and blood culture were pending.

0021

Anish H Trehun, M.D. Date

AHT/Bmj
D:09/15/2012 17:06 CST
T:09/16/2012 09:13 CST
Job:2025220 Document:2186874

WELCH COMMUNITY HOSPITAL

SURGICAL PATHOLOGY REPORT

PATIENT NAME:
SEX: **AGE:** **ROOM:** **HOSP#** **DATE:**
SURGEON: Dr. Amir Eshel **SURGICAL PATH #:** S12-203

SPECIMEN SUBMITTED:
1. Uterus.
2. Left ovary and tube.

OPERATION: Total abdominal hysterectomy and left salpingo-oophorectomy and cystoscopy.

PREOPERATIVE DIAGNOSIS: Enlarged uterus and bleeding.

POSTOPERATIVE DIAGNOSIS: Enlarged uterus and bleeding.

GROSS DESCRIPTION:

A. Specimen consists of uterus in two parts with the corpus uteri measuring 7 x 6 x 4.5 cm whereas the cervix uteri measuring 5.5 x 4 x 3.5 cm. The combined weight is 143 grams. The bilateral cornu of corpus uteri showed the intact short proximal segments of the tubal tissues with both exhibiting a lateral blind-like pouch configuration. Each segment measures 2.2 cm in length and 0.4 cm in diameter. Located 2 cm beneath one segment of the intact tubal tissue is the presence of the attached black suture.

The cervix uteri presents with a round endocervical canal measuring 1.2 cm in diameter. Longitudinal sectioning of the cervix shows the presence of multiple distended nabothian cysts with the largest measuring 0.7 cm in greatest dimension and four sections are submitted labeled from A1 to A4.

The round endometrial cavity measures 0.4 cm in diameter. Longitudinal opening shows the superficially hemorrhagic endometrium measuring 0.5 cm in thickness whereas the myometrium has a maximum thickness of 1.9 cm.

One section from the grossly unremarkable fundus is submitted labeled as A5.

Serial, close-interval, longitudinal full-thickness sections include the main endomyometrial walls showing no detectable leiomyoma, and four sections are submitted labeled from A6 to A9.

Longitudinal sectioning of one proximal tubal tissue at one cornu shows the widely dilated lumen. The other contralateral tubal tissue is sectioned transversely showing a concentric dilatation of the lumen. Three sections from each tubal tissue at each cornu are submitted labeled as A10.

B. Left ovary and fallopian tube. The left ovary presents as an almost round, white, multinodular firm tissue measuring 2.6 x 2.2 x 1.3 cm. The largest distended opaque round firm cyst measures 0.6 cm in diameter. Full-thickness longitudinal sectioning of the ovary shows the peripherally distributed cystic follicles whereas centrally located elongated white corpus albicans measuring 0.6 cm in greatest dimension. Two sections of the ovary are submitted labeled as B1 and B2.

The attached irregular tortuous left fallopian tube tissue with intact fimbria measures 3 cm in length and 1 cm in maximum diameter. The proximal end shows the conglomeration of five distended round to oblong opaque firm cysts with the largest measuring 0.6 cm in diameter. Transverse sections of the tubal tissue show no obvious gross remarkable feature and three sections to include the distended paratubal cysts are submitted labeled B3.

MICROSCOPIC DESCRIPTION:

A. The sections of the ectocervix show no epithelial dysplasia. Scattered minimal lymphocytes are present in the superficial stroma. The sections of the endocervix show distended nabothian cysts, nondysplastic squamous metaplasia of surface and glandular epithelia. The stroma has variable mixed inflammatory infiltrates with dense lymphocytic infiltrates mixed with mature plasma cells in the stroma of the transformation zone.

The sections of the fundus show proliferative endometrium.

The sections of the main endomyometrial walls show in addition focal small cystic change of the endometrial glands. There is prominent migration of the endometrial glands and accompanying stroma into the myometrium.

The three longitudinal sections of one tubal tissue at one cornu show widely dilated lumina with scattered lymphocytes in the mucosa. The other separate transverse sections of contralateral tubal tissue show concentric widely dilated lumina and marked interstitial fibrosis.

B. The sections of the left ovary show cystic follicles, corpora albicantia, atretic follicles, focal stromal fibrosis and germinal inclusion cysts.

The sections of the left fallopian tube show moderate to marked interstitial fibrosis, mesonephric duct remnants and the grossly observed conglomerated cysts to be represented histologically by paratubal cysts.

FINAL PATHOLOGICAL DIAGNOSIS:

I. Uterus with intact bilateral short proximal tubal tissue at bilateral cornu (weight of 143 grams):

A. No epithelial dysplasia of ectocervical tissue.
B. Nondysplastic subcutaneous metaplasia of surface lining and glandular epithelia of endocervical tissue.
C. Proliferative endometrium.
D. Adenomyosis.
E. Widely dilated and marked interstitial fibrosis of lumina of intact proximal tubal tissue at bilateral cornu.

II. Left ovary and fallopian tube:

Cystic follicles, focal stromal fibrosis and germinal inclusion cysts of left ovary.

Moderate to marked interstitial fibrosis, mesonephric duct remnants and conglomerated paratubal cysts of left fallopian tube.

Antonio Dy, M.D.   Date

September 17, 2012, Monday, 12:37 p.m.

AD/QBmj
D:09/17/2012 11:37 CST
T:09/17/2012 12:30 CST
Job:2026071 Document:2187880

WEH13008 Dictation/Transcription Services
COST PROPOSAL

Estimated Quantity of Lines of Transcription*	Description of Service	Cost Per Line (65 text characters entered)**	Total Cost
300,000	Transcription Reports provided within 24 hours	$______	$______
40,000	Discharge Summaries provided within 48 hours	$______	$______
50,000	STAT Reports provided within 90 minutes	$______	$______
60,000	H & P Reports	$______	$______
		Grand Total	$______

Contract will be awarded to the lowest responsible vendor meeting all specifications. Vendor must provide all dictation and transcription services for the quoted price per line.

*Estimated # of Lines of Transcription services is only an estimate and is neither a guarantee of a minimum nor maximum quantity to be purchased during the life of this contract. Actual usage volumes will be dependent upon the facility's requirements.

**A line of transcription is defined as 65 text characters entered.

____

Name of Authorized Representative **Title**

____

Vendor Signature **Date**

____

Vendor Address

____

Vendor Remit to Address

____

Telephone **Fax** **E-mail**

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WEH13008

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[ ] Addendum No. 1
[ ] Addendum No. 2
[ ] Addendum No. 3
[ ] Addendum No. 4
[ ] Addendum No. 5
[ ] Addendum No. 6
[ ] Addendum No. 7
[ ] Addendum No. 8
[ ] Addendum No. 9
[ ] Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

____
Company

____
Authorized Signature

____
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.