MINISTRY OF HEALTH
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Future Clinical Record for Israel

Request for information (RFI) No. 138-2026 for defining the future clinical record framework for the Israeli Healthcare system

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Chapter 1: Background

1.1 Purpose of the Request for Information (RFI)

The purpose of this RFI is to initiate a structured dialogue with qualified suppliers regarding the purchase, development and implementation of a National Electronic Health Record (EHR) platform for Israel's healthcare system.

The RFI aims to gather feedback and innovative ideas from potential vendors to ensure that the proposed solution meets the evolving needs of Israel's healthcare system. Responses to this RFI will inform the future procurement process and help shape a resilient and adaptable EHR platform capable of supporting transformative change across the healthcare system.

1.2 Definition of EHR as it pertains to the requested solution

An EHR is a "longitudinal electronic record of a patient's health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, diagnoses and treatment, medications, allergies, immunizations as well as radiology images and laboratory results."[1]

For the purpose of this RFI, the Electronic Health Record (EHR) should be understood not only as the longitudinal clinical record itself, but as a central component within a broader clinical information ecosystem.

The EHR serves as the authoritative clinical record, while also enabling seamless interoperability with complementary and adjacent systems (clinical, operational, administrative, research and analytical systems), which together support care delivery, continuity of care, decision-making and innovation across the healthcare system.

1.3 Scope of the Initiative

This initiative is led by the Ministry of Health and additional stakeholders across the Israeli healthcare system, who are collaborating to advance a shared EHR solution that will serve over 38 hospitals and 19,000 beds, and a couple of thousand HMO clinics nationwide. The initiative may expand over time to include additional healthcare organizations, insurers, and service providers, in alignment with national policy and regulatory decisions.

This initiative began in 2024 with establishment of the **Committee for the National EHR**, a government-mandated inter-organizational body, which defined a vision and

[1] Guideline 100. Electronic health record system | International Social Security Association (ISSA)

criteria for a national EHR. The committee includes representatives from most of the public organizations in the Israeli healthcare ecosystem. The initiative may develop and expand to include other organizations in the future.

While the initiative is being coordinated at the national level through the Ministry of Health and the Committee for the National EHR, participating healthcare organizations currently operate with a high degree of autonomy regarding technology strategy, procurement, implementation, and operations.

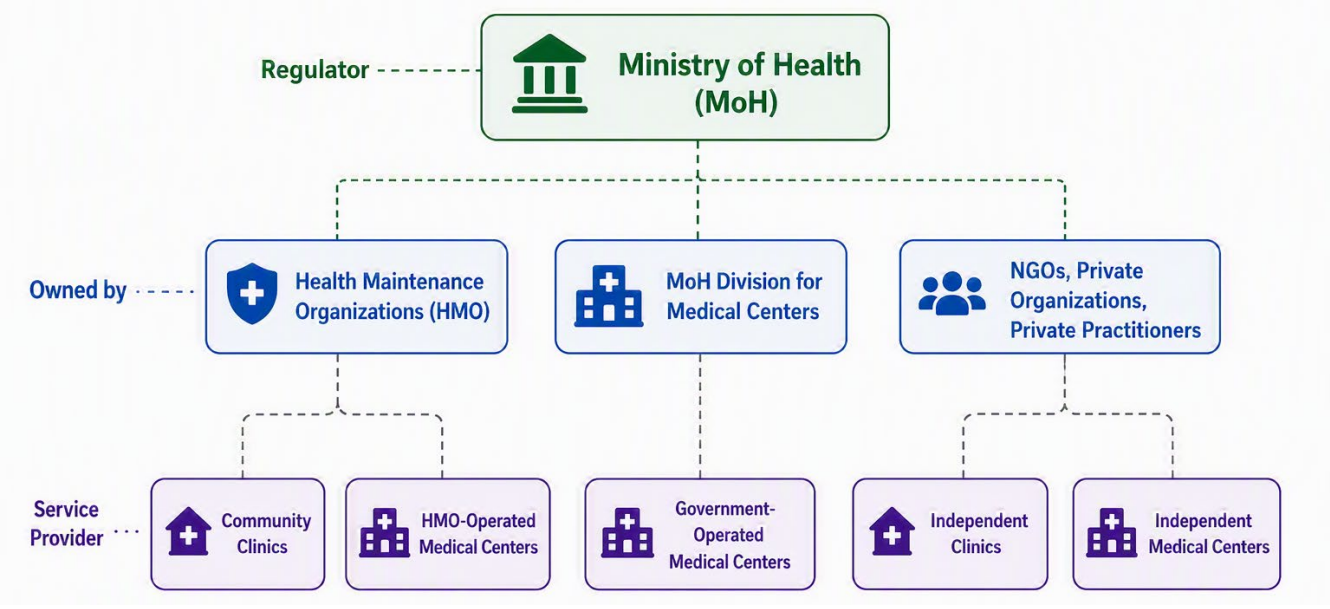
This initiative seeks to explore approaches that can support greater alignment and collaboration across the healthcare system while recognizing the independent governance, operational needs, and strategic priorities of participating organizations.

Although these organizations operate within a national healthcare framework, they are independent entities with distinct governance structures, management, operational responsibilities, and business interests.

Overview of the Israeli Healthcare System Structure:

Israel has a national healthcare system in which 9.5 million citizens and residents are granted basic national health insurance. The standards and scope of health services are determined by the Ministry of Health, which regulates public and private healthcare organizations and operates government-owned medical centers. Public Health Maintenance Organizations (HMOs) act as the insurers and main service providers for primary and secondary care, while public hospitals are the largest service providers for acute and tertiary care.

Figure A – Israeli Healthcare system structure



Primary and Secondary Care

There are four HMOs (Kupot Holim) that are legally designated as the public health insurers for the country's residents and serve as central operators of healthcare services. The HMOs deliver community-based primary care (family medicine, pediatrics, gynecology), which is intended to be the initial and most fundamental point of contact with the patient and takes place at local clinics across the country. Primary care physicians are the cornerstone of the HMOs' care system, serving as case managers who oversee the entire continuum of care for the insured within the healthcare system.
In addition to primary care, the HMOs directly provide a significant portion of secondary care—specialist services such as orthopedics, ophthalmology, and others—which are intended to be the second point of contact, offering consultation and treatment in specific areas of expertise.

Some specialist care is provided in outpatient clinics located within medical centers, with the HMOs acting as the insurer for these services.[2]

Among the 4 HMOs, Clalit is the largest HMO and insures half of Israel's population, while Maccabi insures about a quarter, and Meuhedet and Leumit together insure the final quarter of Israel's 9.5 million-strong population.

Figure B – Classification of HMO's by market share and patients insured (2024)

HMO	Market Share (2024)	Patients Insured (millions) (2024)
Clalit	51%	4.9
Maccabi	27%	2.6
Meuhedet	14%	1.3
Leumit	8%	0.7

Acute and Tertiary Care

Acute and Tertiary care in Israel is concentrated mainly in medical centers, which provide advanced medical services requiring greater expertise, including complex procedures, emergency medicine, and inpatient services. Hospitals function as service providers for the HMOs and receive direct payment from them for the care they provide to the HMOs' insured members.

Israel's healthcare system includes a diverse set of medical centers of different types (general, psychiatric, geriatric and rehabilitation), operated by the Ministry of Health, Clalit, and independent or private entities, as detailed in Figure C below.

The governmental medical centers employes approximately 64,000 doctors, nurses, allied health professionals and administrators.

[2] Public report on the activities of Health Maintenance Organizations, 2024 – Israel Ministry of Health

Figure C – Classification of Medical Centers [3]

	General		Psychiatric		Geriatric & Rehabilitation	
	Centers	Beds	Centers	Beds	Centers	Beds
MoH	11	7,974	9	2,894	5	2,224
Clalit	8	5,030	2	348	3	936
Independent & Private	24	4,343	1	277	35	25,287
Total	**43**	**17,347**	**12**	**3,519**	**43**	**28,447**

Challenges to the Israeli Healthcare System

The Israeli healthcare system faces significant challenges driven by rapid population growth, an aging demographic, and a shortage of medical personnel. Population growth in Israel is about 2% per year, much higher than the OECD average, and the proportion of elderly citizens is rising sharply. By 2040, nearly 1.8 million Israelis will be aged 65 and over, leading to increased chronic illnesses and higher health expenditures for the elderly, projected to reach 44% of total health spending by 2050.

There is also a notable shortage of medical staff, with fewer doctors and nurses per capita than the OECD average. This shortage is expected to worsen due to retirement and emigration, increasing the workload and risk of burnout among clinicians. Expanding clinical roles such as physician assistants and nurse practitioners is becoming increasingly necessary.

Chronic disease management is a growing concern, with heart disease, cancer, diabetes, and respiratory illnesses leading to greater demand for complex health services and rehabilitation. Mental health issues are also on the rise, exacerbated by recent events such as the COVID-19 pandemic and the "Iron Swords" war, with significant gaps in access to care, especially for disadvantaged populations.

Additional challenges include staff burnout from administrative overload and slow IT systems, as well as a shift toward more community-based care, requiring new models such as home hospitalization and urgent care centers. The rapid pace of technological change presents both opportunities and challenges, necessitating the adoption of advanced solutions like artificial intelligence and telemedicine. There is also a growing

[3] Data from the Israel Ministry of Health, 2024

need for holistic and preventive medicine, integrating lifestyle, mental health, and social support into patient care.

In summary, while Israel's healthcare system is advanced, it must address these challenges to continue evolving and improving care delivery.

Israel's Current EHR Landscape

Healthcare organizations in Israel currently use a range of EHR systems that have supported clinical care and core operational processes over many years. These systems were developed and implemented in different organizational contexts and continue to play an important role in day-to-day healthcare delivery.

Israel's healthcare system has used EHR systems for many years. However, evolving clinical, technological, and organizational needs require a review of the EHR capabilities needed for the future, including scalability, integration capabilities, technological flexibility, and operational resilience.

Current challenges have led to a clear understanding that there is a need to move toward a unified national system - one that can adapt and meet the demands of the healthcare landscape. This shift is seen as essential to ensuring that healthcare delivery remains reliable, efficient, and responsive to changing needs.

1.4 Vision for the Israel National EHR Initiative

The Committee for the National EHR established criteria for the desired solution:

1. **Optimal information sharing with other units and systems within the organization, with other medical centers, and with community care providers.**
   The medical record will enable convenient and efficient two-way communication and information exchange between the hospital's internal units, with additional systems within the organization (clinical, operational, and administrative), with other medical centers, including private institutions, and with the HMOs in the community. This capability will support continuity of care and streamline workflows with external systems.

2. **Optimal users experience**
   The medical record will provide healthcare professionals with a reliable, fast, and intuitive tool that presents clinical information clearly. The objective, among other things, is to maximize direct interaction between caregivers and patients and to help reduce burnout among clinical staff.
3. **Flexibility to perform customization and adaptation**
   The medical record will enable changes and adjustments to support a variety of healthcare specialties and workflows and respond to rapidly evolving needs from the field.
4. **Patients as end-users of the EHR**
   The medical record will adopt a patient-centered approach, recognizing patients as active partners in the care process and enabling meaningful access to relevant health information and interactions.
   The system will enable active patient involvement by providing clinical information tailored to the patient's characteristics and will encourage patients to submit holistic information themselves to enhance their engagement and control in the treatment process.
5. **Ensures optimal treatment delivery to patients**
   The medical record will provide the care team with a supportive work environment, enabling them to deliver the best possible care to the patient.
6. **Ensures patient safety**
   The medical record will comprehensively and proactively assist the care team to promote and improve patient safety and prevent safety incidents.
7. **Secure data storage and protection of patient privacy**
   The medical record will comply with strict information security protocols, featuring advanced authorization mechanisms and safeguards against cyber threats and data breaches.
8. **Supports future technologies and innovative integrations**
   The medical record will enable rapid and convenient development and implementation of a wide range of existing and future technologies.
9. **Supports clinical trials and ensures information accessibility for research endeavors**
   The clinical record will provide convenient access to comprehensive medical information to support clinical trials and research.

1.5 Regulatory Standards

The future EHR solution must abide by the international and domestic regulatory standards listed below:

- ISO Health Informatics – Electronic Health Record Communication ISO 13606-1:2019

- Israel Ministry of Health Standards for Medical Record Management – (see appendix) אמות מידה רשומה רפואית
- The Medical Information Mobilization Law , 2024 – (see appendix) חוק ניוד מידע רפואי

In addition to clinical and medical record regulations, the solution must comply with applicable cross-cutting regulatory requirements, including accessibility, information security, privacy protection, and relevant national legislation.

Chapter 2: Description of the RFI Process

2.1 Aims of the RFI

The key aims of the RFI are to:

1. Communicate Israel's plans to procure a solution and related services to support the implementation of a National EHR
2. Understand the range of interested suppliers and solutions potentially capable of meeting the National EHR Initiative requirements
3. Collect insights from interested suppliers on the proposed scope, procurement method, project plan and implementation strategy, as well as on innovation approaches to meet the initiative's targeted outcomes while achieving best value for money.

Consequently, the Israel Ministry of Health wish to invite any interested parties to participate in this Request for Information. All responses will be considered. Please note that responses to the consultation questions shall not constitute an obligation on behalf of the parties in any way and are merely to facilitate our internal considerations and informing the future procurement.

The Israel Ministry of Health strongly encourage potential suppliers to put forward any innovative ideas and suggestions pertinent to this request, as this is the opportune time to provide feedback. We are also interested in information relating to the successes and challenges in deploying and supporting such solutions across all healthcare settings in both public and private healthcare sector organizations of a similar scale and complexity to the scope of this initiative.

2.2 RFI Process and Timeline

This RFI is composed of a questionnaire to be filled out by the respondents.

Questions or requests for clarifications regarding the RFI must be submitted no later than the date listed for Vendors submit RFI questions via email in table 2 – “RFI timeline”.

The questionnaire must be submitted no later than the date listed for RFI Questionnaire Submission Deadline in table 2 – “RFI timeline”. Please submit questions and the final response to email address: HR-tenders.hativa@MOH.GOV.IL

Questions and clarification requests should be submitted in the following format, referencing the chapter, section and question number.

Table 1- RFI Questions and Clarification Requests

Chapter	Section / Topic	Question no.	Comment \ Question

Following the review of the RFI the Israel Ministry of Health may invite the respondents to participate in additional engagement activities, such as presentation or live demonstration of their proposed solutions in Israel. The Ministry of Health are not obligated to invite the respondents. Providing a live demonstration will be scheduled, it will be conducted according to specified use cases which evaluate how well the vendor's solution addresses complex scenarios from a broad, system-level perspective. More detailed guidelines will be provided at a later stage to the vendors. Invitation to the demo does not impose any obligation on the Ministry of Health to select your organization as an EHR provider.

Table 2- RFI timeline

Stage	Date
Vendors submit RFI questions via email	IDT corresponding to 14:00 UTC 17:00 on September 15th 2026
RFI Questionnaire Submission Deadline	IDT corresponding to 14:00 UTC 17:00 on October 20th 2026
Demo Meetings	TBD

The Ministry of Health will be entitled to address or not address questions and/or requests for clarification.

After the responses have been received, the Ministry of Health will be entitled to request written or oral clarifications, supplements or additional information from any respondent to this RFI or from other entities, at their discretion.

The Ministry of Health may invite the respondents to present the response before its representatives. It will be clarified that The Ministry of Health are not obliged to invite the respondents. The Ministry of Health may allow a demonstration of the respondent's system as part of the meeting and may ask the respondent additional questions.

2.3 Legal provisions

This RFI is not a request for proposal and is not part of a tender process and/or any competitive process and, subsequently, does not establish any commitment on the part of the Ministry of Health towards any of the respondents and does not constitute a basis for a contractual agreement of any kind between the Ministry of Health and the respondents. The RFI is designed solely to obtain information, based on the specified therein, and once the information is received, the Ministry of Health will consider any further action with regards to the RFI, if any.

The RFI does not constitute any commitment on the part of the Ministry of Health to publish a tender and/or competitive process with regards to this RFI, or involve any

party in a future tender, if one is published, and this process does not establish an undertaking or promise to any of the respondents and/or person and/or entity.

A response to this RFI does not provide an advantage in a tender / competitive process as specified, if any is published, and does not guarantee compliance with the threshold criteria or any other criteria with regards to a tender / competitive process as specified.

If the Ministry of Health decide to publish a tender and/or competitive process as specified, it will be entitled to demand in the tender / competitive process services that differ from the ones presented in this RFI and will be entitled to present additional or different conditions than those presented in this RFI, at its discretion.

The Israel Ministry of Health reserve the right and discretion to determine the conditions of the tender, the manner of the contractual arrangement, the terms of contract, pricing and any other matter pertaining to the process.

Respondents to the RFI are asked to note the data and/or documents included in their submitted response that they believe constitute a trade secret. Subject to the law, the Ministry of Health will maintain confidentiality and will not disclose and/or transfer information that constitutes a trade secret that came into its possession as part of this RFI, except for the Ministry of Health employees and consultants who require said information to perform their jobs. It is further clarified that respondents to the RFI may submit documents and proof in which non-relevant details to this RFI have been redacted.

Every respondent to this RFI declares its consent to the Israel Ministry of Health being able to use all or some of the information it provided for the purpose of preparing a tender or for any other purpose they deem suitable.

The respondent that submits information in response to this RFI undertakes that the information that is submitted and/or any use that is made thereof will not violate any third-party copyright or trade secret. The respondent will be wholly liable for any demand and/or claim that is attributed to an alleged violation of a third party's rights as specified.

The respondent to this RFI declares that it is waiving in advance any claim, including with regards to intellectual property, and/or claim and/or demand from the Ministry of Health or from any of their agents over information included in its response to this RFI or as part of any subsequent requests for clarification.

All expenses incurred in the preparation of the response to this RFI and in its submission are the sole responsibility and at the sole expense of the respondents. Respondents will not be entitled to any compensation or indemnity or reimbursement or payment of any kind from the Ministry of Health for submission of the response to this RFI, and The Ministry of Health will not be liable in this regard.

The Ministry of Health may revoke this RFI at any stage and for any reason.

2.4 Questionnaire Structure

This questionnaire is composed of 4 sections:

A. Vendor information and experience

B. System Requirements

- **i. Technological requirements**
- **ii. Data Management**
- **iii. Functional requirements for medical centers**
- **iv. Functional requirements for community care**
- **v. Lab, Imaging and Devices**
- **vi. Functional Modules**

C. Implementation and operations requirements

D. Pricing

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Chapter 6: Pricing

This section covers key aspects of EHR solution pricing, including the basis and structure of pricing models, distinctions between one-time and recurring costs, package inclusions, pricing for additional modules, and scalability considerations related to user volume and scope.

	Topic	Subtopic	#	Question	Response
A	Pricing	Pricing Model	1	Please describe the respondent's pricing model for an EHR solution and distinguish between one-time costs and recurring costs.	
			2	Which licensing models are supported for medical centers? Please indicate the relevant options and whehteris posible to change licensing models during the contract period?	per user
					per concurrent user
					per provider
					per encounter
					per bed
					per organization
					site licenses
			3	Which licensing models are supported for community and primary care? Please indicate the relevant options	per user
					per concurrent user
					per provider
					per encounter
					per organization
					site licenses
			4	What is the licensing model for a combination of medical centers and community care?	
			5	What is typically included in the standard pricing package for your EHR solution? I.e., modules included in the standard package	
			6	How is pricing structured for additional modules or capabilities beyond the standard package, if applicable?	
			7	Which non licensing cost components typically apply (i.e. cloud services, implementation, training, support)?	
			8	What is the pricing approach for customer-requested enhancements? Please describe the pricing structure (e.g., fixed price, time & materials, dedicated team) and typical lead times	

	Topic	Subtopic	#	Question	Response
			9	Detail your pricing model for AI capabilities, including how token usage or other usage-based costs are managed, made predictable, and optimized for cost-effectiveness for customers.	
		Scalability and Volume Considerations	10	How does pricing typically scale with increased scope (number of users, facilities, or usage volume)? Please describe at a high level whether volume or scale considerations are reflected in the pricing approach.	
			11	Please provide a typical cost estimate for licensing in the standard package for a healthcare system with organizations of varying sizes. For example, if the licensing model is per named user, please provide cost estimates for organizations with 5,000 users, 10,000 users, and 50,000 users.	
		Regulatory Changes	12	How do you address state-mandated regulatory changes that may affect pricing?	

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Chapter 3: General Vendor Information

This section gathers essential information about the vendor's corporate profile, operational reach, support capabilities, representation in Israel, staffing, research and development, and relevant experience with large-scale EHR projects.

	Topic	Subtopic	#	Question	Response
A	**Respondent Profile**	**The Responding Corporation**	1	Name of the Corporation	
				Corporation Number	
				Form of Association	
				Year founded	
				Address	
				Website	
				Briefly describe the development of the vendor's EHR program (Year established, relevant acquisitions, etc.)	
		Contact Information	2	Name of the Respondent	
				Position	
				Telephone	
				Email	
		Vendor geographic presence (market outreach)	3	Please list the main countries/regions where the EHR solution is deployed in production and since when	
				Country, year of deployment initiation	
				Country, year of deployment initiation	
				If relevant, the respondent may add rows with its additional locations	
		The Respondent's Support Center	4	Location	
			5	Operating Hours	
			6	List the languages spoken at the Support Center. Can the respondent offer support services in Hebrew?	
		Representation & Operating Model	7	Please describe the respondent's operating model in target jurisdictions outside of its core operations. The response should include, at a high level:	
			i	The respondent's work with local partners, including integrators or subsidiaries	
			ii	The scope of the local partner's operations	
			iii	If the respondent operates an Israeli branch	
			iv	If so, specify its address and details of contact	

	Topic	Subtopic	#	Question	Response
		Workforce & R&D	8	Please provide a high level overview of the workforce supporting the EHR solution (R&D, clinical involvement, support, training). Please describe the extent of clinicians' involvement (i.e. doctors, nurses, pharmacists) in the development and ongoing evolution of your EHR solution.	
		R & D, Technology	9	Please describe the respondent's research and development (R&D) capabilities in relation to its EHR solution and technology partnerships. Also include at a high level the proportion of organizational resources or budget typically allocated to R&D activities related to the EHR solution	
			10	List key technology partners for EHR solutions:	
			i	Cloud providers the respondent currently works with. Is there flexibility to work with other cloud providers?	
			ii	Interoperability standards bodies	
B	**Relevant Experience**	**Relevant EHR Projects and References**	11	**Case Studies:** **Please describe 2 large-scale EHR projects. For each project describe:**	
			i	Year of implementation	
			ii	Scope of the project - Implementation in multiple care settings (primary, community, and acute care)	
			iii	Scale of the project - Number of medical centers and beds, number of community sites and patients treated, number of community clinics and primary care physicians	
			iv	Solution modules implemented in each project	
			v	Implementations at national or leading organizations, including references and contacts	
			vi	Share lessons learned from previous large-scale implementations	
			vii	Projects in which the EHR solution was implemented in a language other than English (especially RTL languages)	
			iix	Do you have documented evidence or case studies demonstrating measurable benefits from implementations of your solution, including clinical, operational, workforce, quality, or financial outcomes?	

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Chapter 4: Data Management

This section focuses on the data model and data management capabilities that serve as the foundation for analytics and reporting performed outside the clinical record. It examines how clinical and operational data are structured, governed, validated, secured, and made accessible for secondary use, research, and enterprise analytics. The objective is to assess the platform's readiness to support high quality, scalable, and compliant data consumption by external analytics and BI solutions.

	Topic	Subtopic	#	Question	Response	Comments
A	Clinical Data Model, Quality & Standardization	**Clinical Terminologies & Coding**	1	Does the solution support multiple clinical terminologies (e.g., ICD, SNOMED)? Please specify which are supported.		
			2	Can terminologies be imported, exported, versioned, and managed (lookup, mapping)? Is terminology management native or provided via integration?		
		Medical Standards (FHIR / HL7 / DICOM)	3	Does your information object model align with international standards such as FHIR (e.g., Episode of Care, Encounter, Record)?		
		Cross-Organizational Information Exchange & Data Aggregation	4	Does the platform provide a built-in capability to aggregate and make available clinical, operational, and population health data across multiple healthcare organizations and independent deployments for national-level reporting, analytics, and oversight?		
			5	Does the platform provide built-in capabilities for patient information exchange between healthcare organizations? Please describe the supported interoperability standards, information exchange mechanisms, patient matching capabilities, consent management approach, and how external patient information is accessed and presented within clinical workflows.		Please elaborate on your response here.
		Data Validation	6	What capabilities does the platform provide to ensure clinical data quality and completeness? Please describe data validation controls, mandatory data entry requirements, consistency checks, duplicate detection, and data quality monitoring capabilities. Can organizations define and maintain their own validation rules and business rules through a configurable rules engine?		Please elaborate on your response here.

	Topic	Subtopic	#	Question	Response	Comments
		Logical Deletion & Document Versioning	7	How are updates and changes to clinical documents handled? Are document versions tracked and viewable? Can deleted data be viewed (subject to authorization)?		Please elaborate on your response here.
		Templates for Mandatory Data Capture	8	Are configurable templates supported to ensure capture of critical data in the process of data entry? Are alerts or hard stops available when required data is missing?		
		Metadata & Audit	9	Does the system support mandatory metadata fields (timestamp, user, location)? Can organizations configure mandatory fields independently? What audit logs are captured and how can they be accessed?		
B	**Clinical Document Management & Archiving**	**Ingestion & Automatic Classification**	10	Can the system extract clinical entities from scanned documents, PDFs, images, or free text? Does it support automatic classification of documents based on the file's meta data and content?		
		Archiving, Retention & Restore	11	Does the system support creation of medico-legal case summaries based on information contained within the patient record (per patient visits, time frame, etc)?		
			12	How is archived data stored and managed? What capabilities exist for data retention, archiving, and restore?		Please elaborate on your response here.
C	**Secondary Data Use, Research & Clinical Trials**	**Cohort Discovery**	13	Does the platform support patient consent management and the ability for patients to opt out of secondary use of their data for research, analytics, or other non-care purposes?		
			14	Can authorized research users independently identify and define patient cohorts based on configurable inclusion and exclusion criteria without vendor involvement or technical development?		
		De-identification	15	Are there capabilities to de-identify or anonymize patient data for research use?		
		Clinical Trial Operations	16	Are there tools to support operational management of clinical trials?		
		CTMS / EDC Integration	17	Does the solution integrate with CTMS and/or EDC systems?		
		Standards Support	18	Is there support for common research data standards (e.g., OMOP)?		
		Cross-Institution Collaboration	19	Is it possible to identify eligible patients across institutions for collaborative research?		

	Topic	Subtopic	#	Question	Response	Comments
		National Epidemiological Support Capabilities	20	How is your system designed to support managing clinical information on a broad national scale, and what are its specific capabilities to assist in the collection, analysis, and accessibility of epidemiological data for national needs, including during emergencies?		
D	**Analytics & BI**	**Out-of-the-Box Dashboards**	21	Are standard dashboards and reports available at organizational or national level? Can organizations configure their own management view using a reporting tool supplied as part of the system?		
		Self-Service Operational Reports	22	Can users independently build reports or dashboards? Are alerts or scheduled reports supported? Which tools and methods are used to exporting data to data warehouse?		
		Data Warehouse Integration	23	Is data export or integration with an organizational data warehouse supported?		
		Mobile-Responsive	24	Are reports and dashboards optimized for mobile devices?		
E	**Clinical Terminology & Semantics**	**Terminology Management & Mapping**	25	Does the system support clinical terminology management and contextual usage (e.g., SNOMED CT, LOINC), including mapping and external terminology catalogs? Please describe support for multiple clinical terminologies and coding systems, and the ability to transition between terminologies, including any mapping, migration, or operational considerations		Please elaborate on your response here.
F	**Data Migration**	**Data Migration**	26	How does the system support migration of historical clinical data from legacy systems for initial synchronization (both structured and unstructured), including preservation of medical history and data integrity? Are there tools used to maintain data integrity?		
			27	Is there a documented data migration methodology that has been successfully applied in previous projects for migrating data from legacy systems? Please describe the approach and experience.		Please elaborate on your response here.

Chapter 4: Technical Requirements

This section outlines the foundational technical requirements of the platform, focusing on architecture, infrastructure, security, scalability, interoperability, and operational resilience.

It examines the system's ability to support enterprise grade deployment, integration, performance, and governance at scale, while ensuring compliance with regulatory, security, and operational standards.

The objective is to assess the technical robustness and long term sustainability of the proposed solution.

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
		Hosting & Cloud Configuration	1	Please describe the platform's supported hosting and cloud deployment models (e.g., SaaS, self-hosted, and hybrid), including the division of responsibilities between the vendor and the customer for the management and operation of the various solution components.		Please elaborate on your response here.
			2	Does the platform support deployment in a cloud environment located exclusively in Israel, and what configurations are available to ensure that all data, processing, backups, and system operations remain in Israel? Please describe the available deployment options. In addition, please specify whether the solution supports a multi-cloud architecture, identify any dependencies on a specific cloud provider, and describe the ability, effort, limitations, and prerequisites for migrating the solution between cloud providers		Please elaborate on your response here.
			3	Please describe the platform's multi tenant architecture for supporting multiple hospitals in a distributed environment, including separation mechanisms for single site and multi site deployments. Please provide relevant architecture documentation.		Please elaborate on your response here.
			4	Please describe the information security architecture of the proposed hosting configuration. Relevant security architecture documentation should be attached.		Please elaborate on your response here.

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
A	Architecture, Infrastructure & Operations		5	Describe your approach to cloud-native innovation, detailing how your platform integrates with and leverages advanced cloud services, e.g., platform-as-a-service and serverless functions, to enable continuous modernization and feature development, and how this compares to traditional VM-based deployments. In addition, please describe the solution's cloud architecture approach, including whether it is designed as a cloud-native platform, leverages cloud provider managed services (including managed Kubernetes services), is deployed on cloud-based virtual machines, or is deployed on self-managed Kubernetes infrastructure. Please indicate the primary architecture model and any supported alternatives.		Please elaborate on your response here.
		Platform Architecture & Runtime Model	6	Does the platform support modern, flexible application architectures (e.g., web based, microservices, containerized, OS agnostic deployment), and what constraints apply?		Please elaborate on your response here.
		High Availability & Business Continuity (HA/DR)	7	Please describe the backup, HA, and DR architecture of the solution, including site separation, RPO/RTO targets, SLA commitments, and business continuity mechanisms. Please provide relevant architecture documentation.		Please elaborate on your response here.
			8	In the event of a system failure or data corruption, what mechanisms exist for point-in-time data recovery? Please describe the recovery process, including how transactions are preserved, the granularity of recovery points, maximum data loss window, expected recovery time, and how data integrity is validated post-recovery		Please elaborate on your response here.
		Scalability, Performance & Observability	9	What uptime and performance SLAs are committed, how are they monitored, and can the vendor provide customer references demonstrating compliance?		Please elaborate on your response here.
			10	Describe the platform's observability and monitoring capabilities, including infrastructure and application performance monitoring, logging, audit trails, tracing, alerting, dashboards, and system usage monitoring. Please describe the available tools, metrics, and reporting capabilities for monitoring system health, performance, utilization, and user activity.		Please elaborate on your response here.

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
			11	Please describe the platform's support for automatic scalability, including auto scaling, scale out, and scale in capabilities. Please explain how the environment can be automatically expanded or reduced through the dynamic addition or removal of resources (e.g., compute, memory, storage, servers) based on load and demand		Please elaborate on your response here.
		End User Platforms & Devices	12	Please describe support for mobile devices, tablets, browsers, and endpoint workstations, including backward compatibility (minimum five OS versions), support for modern platforms without device or browser restrictions, and any applicable limitations. Please indicate whether the platform provides full native support for mobile devices, including data entry capabilities, and describe the security controls available to protect data accessed, stored, or processed on mobile devices.		Please elaborate on your response here.
		Third Party Software Dependencies and Compliance	13	Please provide a complete list of required third party software dependencies, including mandatory components, minimum technical requirements, licensing obligations, flexibility of substitution, and applicable compliance standards.		Please elaborate on your response here.
		Databases	14	Please list all required and supported database technologies, including database types, products, versions, licensing requirements, and scalability characteristics.		Please elaborate on your response here.
B	**Hebrew and Multilingual Language Support**	**Bidirectional (RTL/LTR) User Interface Support**	15	Provide a detailed plan and timeline for full, native bidirectional RTL/LTR and multilingual support for Hebrew, including specific technical and UI/UX considerations for mixed Hebrew-English content, advanced search capabilities, semantic understanding, complex display scenarios, printing, and output, e.g., reports, labels, forms. Detail the estimated effort for code changes and extensive testing required, and how you propose collaboration with local experts for linguistic and clinical validation.		Please elaborate on your response here.
			16	Please describe the platform's support for bidirectional (RTL/LTR) and multilingual operation, including mixed language handling, automatic translation capabilities, and support for Hebrew, Arabic, Russian and Amharic across UI and communication channels (SMS, WhatsApp). Please describe which languages are supported.		Please elaborate on your response here.

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
		Output, Printing and Search	17	Please describe support and configuration capabilities for multilingual and bidirectional (RTL/LTR) printing and output, including Hebrew/English mixed documents, PDF generation, and all required print types (e.g., reports, labels, wristbands).		Please elaborate on your response here.
	Interoperability & Integration	**Users chat**	18	Does the system support creating a structured clinical consultation request to another clinician for a specific patient, with automatic inclusion of relevant patient record information, similar to referral workflows?		
		APIs – Inbound & Outbound	19	Please describe the platform's overall integration architecture and approach for importing, exporting, exchanging, and accessing data. Include all supported integration methods and components, such as APIs, event-based integrations, messaging, batch interfaces, data streaming, interoperability frameworks, and integration middleware. Please describe the platform's integration architecture, extensibility model, lifecycle management capabilities, and the tools provided for monitoring, logging, tracing, alerting, troubleshooting, and governing integrations in production environments.		Please elaborate on your response here.
			20	Does the platform provide API-based access for all data and functionality within the system?		
			21	Can information be updated in the system via CRUD APIs? Please add/provide API references.		
			22	Does the system support multiple medical data-transfer standards? Please specify which standards are supported (FHIR, HL7, DICOM, REST API)		Please elaborate on your response here.
			23	Does the system includes a monitoring and control tool for outgoing and incoming interfaces, including errors handling?		
			24	Can interfaces - both data exchange and thrid party application integration - be added without vendor intervention? I.e. setting up a web service base on the system's APIs, including trigger based interface embedded into system's workflows?		
			25	Is there a configurable workflow that can mandate validating and approving data from patient self-measurements or wearable devices prior to incorporation into the clinical record?		
		Third-Party Systems Integration	26	What integration patterns does the system support for enabling third party tools and applications, including UI embedding, contextual launch, and SSO and support for maintaining user and clinical context ("stickiness") across systems? Please describe supported configurations and constraints.		Please elaborate on your response here.

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
			27	Are there any integration tools used to intergrate the system with medical devices for bi-directional data exchange?		
			28	Does the system support context aware deep linking from third party systems, enabling users to authenticate and be routed directly to a specific form, view, module, or workflow?		
		Raw Data Access	29	Are all system data elements (including clinical data, metadata, and audit logs) accessible for investigation and extraction in both batch and real time?		
		Backward compatibility	30	Please describe how backward compatibility is maintained for APIs, integration interfaces, and data extraction mechanisms across platform upgrades. What compatibility guarantees are provided, and what changes or adaptations, if any, are typically required from customer organizations when upgrading to a new version of the platform?		Please elaborate on your response here.
	Product Lifecycle & Upgrades	**Upgrade & Release Management**	31	Does the platform support controlled or phased version upgrades, allowing pilot deployments for selected users or units before full rollout?		
			32	Does the system architecture support modular and independent upgrades, allowing specific modules to be upgraded while the rest of the system continues to operate unchanged?		
			33	Please describe your product release management approach, including release frequency, release types (major, minor, hotfix), customer notification processes, and support timelines. Please explain how customers influence the product roadmap, what types of enhancements are typically included in releases (e.g., functionality, AI, interoperability, security, and performance improvements), and how customers can assess release impacts and control the adoption and deployment of new capabilities.		Please elaborate on your response here.
		Environments (Dev / Test / Prod)	34	Does the platform provide built in mechanisms for anonymizing or masking production data before it is used in lower environments (e.g., development or testing)?		
			35	Does the platform enable integration of organization developed capabilities into its workflows (e.g., as workflow steps, embedded components, or triggered actions)?		
		Change Request Management	36	Please describe the vendor's change request management process, including how customer enhancement requests are submitted, prioritized, tracked, and communicated. What SLAs exist for responding to and implementing customer-requested changes?		Please elaborate on your response here.

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
F	**Product Flexibility & Customization**	**End-User & Organization Level (Personalization)**	37	How does the system support UI personalization and customization for different user roles and organizational contexts (user, organization, institution)? Please describe supported capabilities and constraints and whether these changes are performed using a dedicated customization tool		Please elaborate on your response here.
			38	Does the system support context aware UI customization, allowing screen components to change based on user context (e.g., mobile vs. desktop)?		
			39	Can the user workspace be configured at the personal (user) and organizational levels including creating personal shortcuts?		
			40	Does the system allow the organization to create and manage organizational level forms, referrals, letters, and templates?		
			41	Does the system support defining automated personal, departmental, and organizational workflows or protocols, including AI based automation?		
		System Administration (Low-Code / No-Code)	42	Does the system provide system administrator (Low Code/No Code) capabilities for system maintenance and configuration, such as table and reference data maintenance?		
			43	Does the system provide monitoring and alerting for system health and user experience?		
G	**Security, Privacy & Compliance**	**Standards & Regulatory Compliance**	44	Please list the information security and privacy standards, certifications, and regulatory compliance frameworks that the system complies with.		Please elaborate on your response here.
			45	Does the solution support digital signatures and versioning of consent forms?		
			46	How does the vendor ensure ongoing compliance with Israeli Ministry of Health regulatory requirements? Please describe the process for implementing required system updates, timelines for compliance, and how customers are informed and supported during regulatory adaptations.		Please elaborate on your response here.
			47	Which information security standards, certifications, and regulatory frameworks does the platform comply with or support?		Please elaborate on your response here.
		Identity & Access Management (IAM)	48	Which autherization method does the system support, i.e. Does the system support hybrid identity management (cloud system with on prem IAM)?		Please elaborate on your response here.
			49	Does the system support role based access control at multiple levels, including patient, encounter/visit, organizational unit, clinical record, and field level within a record?		
			50	Does the system support role based or policy based access control for AI agents, including restriction, monitoring, and auditing of their actions?		

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
			51	Does the system support managing and enforcing access rights based on the care relationship between a patient and a healthcare provider or care team?		
			52	Does the system support structured management and enforcement of patient consent for accessing, sharing, and using clinical information?		
H	**Future Readiness - AI & Decision support capabilities**	**AI & GenAI Capabilities**	53	Please describe the system's roadmap for evolving from AI assistants to autonomous AI agents capable of executing actions and orchestrating integrations across multiple system modules.		Please elaborate on your response here.
			54	Does the system automatically surface context-aware clinical information, textual and graphical, at the start of an encounter or admission, based on the patient's medical history and the clinical event, including AI-driven insights that highlight "movement around the edges", meaning subtle but significant changes in patient data?		
			55	Does the system support AI based, aggregated search across the entire patient record?		
			56	Does the system support ambient listening for automatic transcription and summarization of clinical encounters, including support for Hebrew and mixed Hebrew–English medical terminology?		
			57	Does the system generate context aware clinical recommendations (diagnoses, referrals, medications, etc.) based on the patient's medical background and the current clinical context, including the ability to use oraganization protocols and applying ?		
			58	Can the system leverage insights, best practices, or outcome data derived from other organizations using the platform to enhance clinical recommendations and decision support? If yes, please describe the approach and associated governance mechanisms.		Please elaborate on your response here.
			59	Does the platform support predictive analytics and preventive medicine based on patient history and population-level data, including prediction of clinical risks, disease burden or population health trends? Please distinguish between built-in capabilities and capabilities enabled through external platforms or integrations.		Please elaborate on your response here.
			60	Does the system include monitoring and governance capabilities for AI covering model quality and performance, security and compliance risks, and economic usage and cost management?		
			61	Does the platform support the execution of organization developed models or third party models and the use of the output within EHR workflows, in a manner that preserves the vendor's end to end SLA and operational accountability for the platform?		

	Topic	Subtopic	#	Proposed RFI Question	Response	Comments
			62	What is the update cadence of the platform's built in AI models, and how does the platform support organizational validation of model accuracy on local data prior to approval and deployment? Please describe the vendor supported model approval and governance process.		Please elaborate on your response here.
			63	Does the platform provide an application marketplace or extensibility ecosystem for clinical, operational, and AI-enabled applications? Please describe: Availability of vendor-provided and partner-developed applications Availability of AI-powered applications and services The ability for customers to develop and deploy their own applications Governance, certification, and lifecycle management processes for marketplace applications Support for SMART on FHIR and other standards used to integrate third-party applications into the platform The ability for external applications to be embedded within clinical workflows and user interfaces		Please elaborate on your response here.
			64	Does the system support AI agent integration via standardized protocols (e.g., Model Context Protocol – MCP), enabling communication with the system using LLMs and execution of system workflows or actions through AI tools?		

Chapter 4: Functional Requirements - Medical Centers

This section defines the functional requirements supporting day to day clinical work in medical centers, with a focus on user interaction, core inpatient clinical modules, and clinical decision support.It examines how the system enables efficient clinical documentation, medication and diagnostic workflows, patient safety mechanisms, and operational continuity across inpatient settings. The objective is to assess the solution's ability to support high acuity hospital environments while improving usability, safety, and clinical efficiency.

	Topic	Subtopic	#	Question	Response	Comments
A	User Interface & Interaction Layer	General Usability	1	Does the solution provide full, responsive usability across desktop, tablet, and mobile for clinical workflows? Please indicate any device-specific functional limitations.		Please elaborate on your response here.
			2	Does the system include free text search using natural language?		
		User Productivity & Documentation Support	3	Which tools does the system provide to reduce manual data entry (e.g., ambient listening, context-aware text completion)? Please specify which capabilities are native and which require integration.		Please elaborate on your response here.
		Customization of User Interface	4	Can users customize their dashboard or interface layout without vendor intervention?		
			5	Does the system include patients dashboards that includes summarized data and alerts?		
			6	Does the system include patient timeline view, that includes patient interactions and visits?		
		Document Handling & Notes	7	Can external forms be uploaded, edited, and printed within the system?		
			8	Does the system show visible indication of documentation versions?		
			9	Does the system allow uploading scanned documents (PDF, images) with editing and metadata management?		
			10	Does the system allow multiple signatures on documents created and saved in the system?		
		Role-Based Navigation	11	Does the system provide role based navigation tailored to different user groups (clinical, administrative, etc.)?		
		Clinical Settings	12	Does the system support acute and inpatient clinical workflows? Please list supported clinical units and provide examples of production deployments in medical centers.		Please elaborate on your response here.
			13	Does the system support multi-diciplinary care teams?		

	Topic	Subtopic	#	Question	Response	Comments
B	Basic Clinical Modules	**Medication Management**	14	Describe the system's capabilities for prescribing and managing the full range of medication orders, including routine and complex orders such as PRN, STAT, one-time, loading and maintenance doses, continuous and intermittent infusions, titration and tapering, weight/BSA-based dosing, dose adjustments based on clinical parameters, multi-ingredient and compounded preparations, and other specialized medication orders.		Please elaborate on your response here.
			15	Describe the system's advanced capabilities for intelligent medication prescribing, including protocol-based ordering and treatment plans, and the ability to recommend or pre-populate medication orders based on the individual patient's clinical context, such as diagnosis, age, weight, renal/hepatic function, laboratory results, current medications, and other relevant clinical data. Please highlight AI-enabled or other advanced capabilities currently available in clinical practice.		Please elaborate on your response here.
			16	Please describe how the platform integrates medication management workflows with ERP and supply chain systems. Can medication treatment plans be used to support forecasting, inventory management, procurement, and medication availability planning?		Please elaborate on your response here.
		Diagnostic Test Orders	17	Does the system support end-to-end diagnostic test workflows for inpatients, including order entry, status tracking, and result retrieval for laboratory and imaging tests?		
			18	Can the system create, route, and track internal referrals to diagnostic departments (e.g., radiology, laboratory) for hospitalized patients?		
		Care Documentation	19	Does the system allow documentation of inpatient visits, including vital signs and clinical notes? including vital signs and clinical notes?		
			20	Can the system maintain a comprehensive inpatient care history for each patient? Please describe patient history management and access		Please elaborate on your response here.
			21	Does the system support clinical wound photography with measurement tools, timeline tracking, and integration into the patient record for wound care management?		

	Topic	Subtopic	#	Question	Response	Comments
		Intensive Care	22	Does the solution provide monitoring and documentation interface - for example for ICU - that captures critical patient parameters (e.g., ventilator settings, infusion rates, vital signs, fluid balance) and generates automated alerts for abnormal values?		
			23	Does the system support integration across devices, and enable bidirectional/closed-loop feedback with medical equipment where applicable? Please elaborate on which devices support this ability.		Please elaborate on your response here.
		Specialty care modules	24	Does the system support mental health procedures (i.e., ECT)?		
D	**Clinical Decision Support & Patient Safety**	**Clinical Alerts & Reminders**	25	Can CDS rules, alerts, workflows, and guidelines be configured at the organizational level without custom development?		
			26	Does the system support managing (based on laboratory results) and alerting of patients with detected infectious disease?		
		Clinical Decision Support Features	27	Does the system provide CDS functionality integrated into clinical workflows (including dose checks, interactions and contraindications)?		
			28	Does the solution work with third-party CDS tools that are integrated into the clinical workflows? If so, please elaborate on which.		Please elaborate on your response here.
			29	Does the system provide access to clinical guidelines and protocols within the workflow?		
			30	Describe the system's medication-related Clinical Decision Support (CDS) capabilities beyond standard drug–drug interaction, allergy, duplication, and dose alerts. How does the system provide patient-specific, context-aware and actionable recommendations, prioritize clinically significant risks, minimize alert fatigue, and proactively identify opportunities to optimize medication therapy and prevent medication-related harm? Please provide examples of advanced capabilities currently in clinical use		Please elaborate on your response here.
		Audit & Quality Control	31	Does the system maintain audit logs of clinical activity (e.g., access logs, deleted encounters)?		
			32	Does the system track and alert on missing clinical actions (e.g., unsigned notes, unreviewed labs) and reporting of irregular events?		
		Patient Safety & Care Continuity	33	Does the system allow comprehensive patient summary views (problem list, medications, allergies, adverse events)?		

	Topic	Subtopic	#	Question	Response	Comments
C	Administration	**Appointment Scheduling**	34	Does the system support creating, scheduling, canceling, and managing patient appointments, including scheduling guardrails settings?		
			35	Can the system send automated appointment reminders to patients?		
			36	Does the system allow rescheduling and waitlist management for appointments?		
		Patient Identity & Registration	37	Does the system support patient registration and admission workflows, including demographic and insurance data collection?		
			38	Does the system support the management of unidentified or anonymous patients, including temporary identifiers, later reconciliation, and linkage to a confirmed patient identity once available?		
			39	Does the system support capturing, storing, and using patient photographs for identification and verification purposes, subject to organizational policies and privacy controls?		
			40	Does the system support patient record merge and reconciliation processes, including unifying multiple records into a single longitudinal patient record (e.g., for patients initially registered as anonymous and later identified)?		
		Financial & Billing Workflows	41	Does the system support documentation of patient billing and payments, including payment collection, management of billing disputes or appeals, and additional financial workflows related to patient care?		
			42	Does the system support integration between clinical care plans, medication management, ERP, and financial systems to enable automated costing calculations for procedures, treatments, and hospitalizations? Please describe how clinical, administrative, logistics, inventory, and resource-consumption data are used to support cost allocation, charging, and financial reporting.		Please elaborate on your response here.
		Patient Flow & Operations	43	Does the system support operational patient flow management within the medical center, including patient transport, meal distribution, and tracking of patient movements between units, departments, diagnostic tests, and procedures?		
			44	Does the system support assigning and managing care providers associated with a patient (e.g., attending physician, consulting physicians, nursing staff, and other care team members)?		

	Topic	Subtopic	#	Question	Response	Comments
		Emergency & MCI Management	45	Does the system support mass casualty incident (MCI) management, including rapid patient registration, triage, tracking, and coordination of clinical and operational resources during emergency events?		
		Discharge Management	46	Does the system support discharge workflows, including documentation of the accompanying team in the transfer process to other facilities or departments?		
			47	Can the system generate discharge summaries for patients leaving care?		
			48	Does the system support end to end deceased patient management workflows, including generation of a Ministry of Health compliant death notification and reporting to relevant authorities?		
		Bed & Resource Management	49	Does the system support bed allocation and management for inpatient settings?		
			50	Can the system track bed availability and occupancy in real time?		
			51	Does the platform provide predictive analytics and forecasting capabilities to support planning and optimization of healthcare resources and capacity? Please describe supported use cases, such as forecasting demand for services, length of stay, bed occupancy, operating room utilization, appointment demand, and other constrained resources, including capabilities for both short-term operational planning and longer-term capacity planning.		Please elaborate on your response here.
		Administrative Task Management	52	Does the system support group-based permission models for administrative tasks (e.g., doctors, nurses, lab staff)?		
		Master Data Management	53	Does the system support management of the organization's master data, including organizational structure, service and procedure codes, units, departments, care programs, and other reference data required for clinical and operational workflows?		
E	**Virtual Care & Remote Patient Monitoring**	**Telehealth Encounters**	54	Does the system support documenting and managing telehealth encounters using secure video consultation functionality?		
			55	Does the system support management of virtual care units (for example: home hospitalization, including remote patient monitoring via medical devices and structured patient care plans and questionnaires?		
			56	Can clinicians and patients share and view documents during telehealth sessions?		

	Topic	Subtopic	#	Question	Response	Comments
		Remote Patient Monitoring	57	Does the system support remote monitoring workflows and data capture?		
			58	Can the system integrate with home based medical devices for real time data?		
F	**Patient Portal**	**Portal Access**	59	Does the system include a secure web based patient portal, including health records access?		
		Features & Functionality	60	Can patients schedule and manage appointments online and view laboratory results and imaging reports on the portal?		
			61	Does the portal allow family members viewing permissions to allow supporting patients with digital access limitations?		
			62	Does the portal allow patients to view their care plans?		
			63	Can patients upload documents or images securely?		
		Reporting & Notifications	64	Does the portal provide notifications for appointments and test results?		

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Chapter 4: Functional Requirements - Community

This section outlines the functional and operational requirements of the system in primary care and community care settings.
It focuses on supporting day to day clinical and administrative workflows, multidisciplinary team collaboration, patient access and communication, scheduling and triage, virtual and remote care, and continuity of care.
The objective is to assess the solution's ability to scale effectively in community environments while ensuring efficiency, patient safety, and a high quality user experience.

	Topic	Subtopic	#	Question	Response	Comments
A	User Interface & Interaction Layer	General Usability	1	Is the system fully usable and responsive across desktop, tablet, and mobile devices, including accessibility for vision-impaired users?		
			2	Does the system provide an accompanying mobile application for clinicians and staff? Please elaborate if there are additional or subset mobile applications that accompany the core system.		Please elaborate on your response here.
		Customization of User Interface	3	Can organizations configure individual user preferences (e.g., creating treatment plan, generating referrals, follow-up on test results) without vendor intervention - at the organization level and user level?		
		Document Handling & Notes	4	Can external forms be uploaded, edited, and printed within the system with conversion into structured system components?		
			5	Does the system allow uploading scanned documents (PDF, images) with editing and metadata management with automatic extraction and indexing of content from scanned or uploaded files for search (OCR)?		
			6	Does the system allow exporting medical documents to be transferred to external organizations?		
			7	Does the system support versioning of clinical documentation for auditing or clinical purposes?		
		Accessibility & Navigation	8	Does the system provide role based navigation tailored to different user groups (clinical, administrative, etc.) and role-specific views?		

	Topic	Subtopic	#	Question	Response	Comments
			9	Does the system allow advanced filtering, multi parameter search across patient records (e.g., date, provider, specialty) and Google-like natural language search across the patient record for data viewing purposes?		
B	Basic Clinical Modules	**Clinical Settings**	10	Does the system provide functionality for primary care patient management?		
			11	Please list the different clinical specialties that the system supports.		Please elaborate on your response here.
			12	Does the system support community-based care (e.g. public health, chronic patient management)?		
			13	Does the system support community home-care and task management, care-plan management?		
			14	Does the system support community care workflows? I.e., Between different professions (e.g. physician-nurse workflows) and patients group session. Please elaborate on the workflows the system supports.		Please elaborate on your response here.
			15	Does the system support medical fitness assessments and the issuance of fitness-for-service / fitness-for-duty certifications, including recording assessment results?		
		Medication Management	16	Does the system support digital signatures for prescriptions and two-way communication with private pharmacies?		
			17	Does the system provide a rule-based engine to determine patient eligibility for prescriptions and services?		
			18	Does the system provide clinical decision support alerts during prescribing?		
			19	Can the system manage medication dispensing and administration records?		
		Diagnostic Test Orders	20	Does the system support ordering and tracking of diagnostic tests (e.g., lab, imaging)?		
			21	Can the system manage referrals for diagnostic services and specialty care, including sending referrals to external healthcare providers?		
			22	Does the system alert clinicians of new diagnostic results within the patient record?		

	Topic	Subtopic	#	Question	Response	Comments
		Care Documentation	23	Does the system allow documentation of patient visits, including vital signs and clinical notes?		
			24	Does the system maintain a comprehensive care history for each patient?		
		Specialty Care Modules	25	Does the system support creating new records for existing and new specialties without vendor intervention? (e.g., counseling, treatment plans)?		
C	**Public Health & Preventive Programs**	**Patient Education**	26	Does the system support patient education features (e.g., educational materials, health tips)?		
			27	Can the system provide personalized education content based on patient conditions?		
		Patient Groups Management	28	Does the system support various patient groups (chronic disease, public health and preventative medicine) workflows (i.e. provides alerts and care plan, follow-up scheduling)?		
			29	Does the system support on-site configuration of patient group workflows without vendor intervention?		
D	**Administration**	**Appointment Scheduling**	30	Does the system support creating, scheduling, canceling, and managing patient appointments?		
			31	Can the solution send automated appointment reminders to patients and collect their responses?		
			32	Does the solution support appointment calendar management at the level of an individual user, a facility/site, and the overall organization? Please describe the calendar configuration capabilities, including appointment calendar definitions, appointment types, provider availability, clinic operating hours, scheduling templates, and booking rules.		Please elaborate on your response here.
			33	Does the solution support appointment rescheduling, prioritization, resource optimization, and waitlist management?		
			34	Does the system support active no show management, including prediction, prevention, and mitigation mechanisms (e.g., reminders, confirmations, overbooking rules, waitlists, or dynamic slot reallocation)?		

	Topic	Subtopic	#	Question	Response	Comments
			35	Does the system support operational or clinical triage prior to appointment scheduling, in order to assess urgency, appropriateness of care setting, and recommended appointment type (e.g., in person, virtual, nurse led, physician led)?		
		Task & Workflow Management	36	Does the system support creating drafts of clinical artifacts (e.g., prescriptions, referrals, letters) and routing them as tasks to other team members for completion, review, or approval?		
		Registration & Admission	37	Does the solution support patient registration and admission workflows, including collection of demographic and insurance information?		
		Patient Consent Documentation	38	Please describe the workflow of documenting electronic consent management for treatments, tests, and clinical trials, including configuration options and auditability.		Please elaborate on your response here.
E	**Clinical Decision Support & Patient Safety**	**Clinical Alerts & Reminders**	39	Does the system provide reminders related to long-term care and preventive care (e.g., immunizations, antenatal care)?		
			40	Are alert rules configurable according to organizational policies and be created by the organization itself?		
		Clinical Decision Support Features	41	Does the system provide CDS functionality or connect to an existing rule-based functional integrated into clinical workflows (including alerting on irregular test results, overdue tests, etc.)?		
			42	Can CDS rules, workflows, and guidelines be customized at the organizational level?		
			43	Does the system provide access to clinical guideline and protocol best practices within the workflow?		
		Audit & Quality Control	44	Does the system maintain audit logs of all the actions performed in the medical record (e.g., documentation, access logs, deleted encounters)?		
			45	Does the system track and alert on missing clinical actions (e.g., unsigned notes, unreviewed labs) on various organizational levels (clinic, region, etc.)?		
		Patient Safety & Care Continuity	46	Does the system maintain comprehensive patient summary views (problem list, medications, allergies, adverse events) that can be configured per clinical area, role, encounter, etc?		

	Topic	Subtopic	#	Question	Response	Comments
F	Virtual Care & Remote Patient Monitoring	Virtual Encounters	47	Does the solution support secure, synchronous telemedicine encounters with integrated video consultation, including a mechanism for unambiguous patient identity verification and in-record documentation/management of the encounter?		Please elaborate on your response here.
			48	Please describe the telehealth platform capabilities, including end-to-end workflows (e.g., virtual waiting rooms and appointment scheduling) and integration capabilities.		Please elaborate on your response here.
			49	Can the user view both the medical record and the patient during tele-health visits? Please provide screenshot		Please elaborate on your response here.
		Remote Patient Monitoring	50	Does the solution support remote patient monitoring workflows and data capture, including sending and collecting patient questionnaires?		
			51	Can the solution integrate with home-based and wearable medical devices (including future device types) to ingest real-time data via secure, FHIR-based channels?		Please elaborate on your response here.
G	Patient Portal	Portal Access	52	Does the solution provide a secure patient portal (web and mobile) that allows patients to access their health records?		
			53	Please list and describe the self-service processes available to patients in the patient portal.		Please elaborate on your response here.
			54	Please describe the patient portal's accessibility and personalization capabilities for patients of different ages, disabilities, and cultural backgrounds.		Please elaborate on your response here.
			55	Can patient self-service workflows in the portal be configured at the organizational level without vendor involvement (e.g., via native APIs)?		
			56	Please describe the ways patients can request or submit information through the portal, including questionnaires (e.g., PROMs) and connections to home monitoring devices.		Please elaborate on your response here.

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Chapter 4: Laboratory, Imaging, and Medical Devices Connectivity

This section addresses the system's capabilities for integrating laboratory systems, imaging and radiology workflows, and medical device connectivity.
It focuses on end to end clinical workflows, device and system interoperability, structured results management, quality controls, and clinical consumption of data within the patient record.
The objective is to assess the platform's ability to support safe, efficient, and scalable diagnostic and device driven care.

	Topic	Subtopic	#	Question	Response	Comments
A	Laboratory Information System (LIS) Integration & Capabilities	Order Management & Workflow Execution	1	Does the system support the full laboratory workflow from order entry \ referral → sample collection → processing → validation → result availability?		
			2	Does the system allow clinicians to create & select order sets, panels, and commonly used laboratory templates?		
			3	Does the system support sample tracking across all workflow stages (collection, transport, accessioning, testing, storage)?		
			4	Does the system support reflex testing rules and automatic follow up test generation?		
			5	Does the system allow receiving through interface tests results documented in external systems and updating the order status accordingly?		
			6	Does the system validate required clinical information at order entry (e.g., fasting status, pregnancy status), order level data (e.g., sample collection site, collection conditions) and alert users when mandatory data is missing?		
		Laboratory Coverage	7	Which clinical laboratory domains are currently supported natively by the system? Please list the supported types: Clinical chemistry; Serology/Immunology/Virology; Hematology; Microbiology (incl. culture tracking); Endocrinology; Pathology (histology & cytology); Blood bank (inventory & cross matching), Genetics Laboratory		Please elaborate on your response here.
		Laboratory Workflow	8	Please describe the system's end to end laboratory workflow capabilities (pre analytic, analytic, post analytic), including quality controls and alerting mechanisms (e.g., critical values, delta checks, workflow exceptions).		Please elaborate on your response here.

	Topic	Subtopic	#	Question	Response	Comments
		Device connectivity	9	Can laboratory equipment automatically transmit data into the system? If yes, which protocols are supported (HL7, FHIR, etc.)?		Please elaborate on your response here.
			10	Does the system include device quality control monitoring?		
		Results Management	11	Can clinicians view structured test results both in tabular view and graphical view, including reference ranges, flags, units, and result trends over time (timeline view) within the patient's record?		
			12	Does the system support critical result reporting workflow and alerts with escalation pathways, including configuration of the escalation pathway according to the organization structure?		
		Pathology & Cytology	13	Does the system support grossing workflows, specimen tracking, block/slide management, and structured pathology reporting?		
			14	Does the system integrate with various image processing tools, particularly for digital pathology, including integration with AI tools?		
	Imaging &	**Imaging Orders & Preparation**	15	Does the system support electronic imaging order entry with test and modality specific fields (CT, MRI, US, X ray, PET CT)?		
			16	Does the system provide real-time visibility of examination status and ensure compliance with predefined imaging protocols?		
			17	Does the system provide decision support prompts for imaging appropriateness, including the ability to define test-specific questionnaires (e.g., pregnancy warnings, MRI questionnaire)?		
		Imaging Scheduling & Procedure Execution	18	Does the system support imaging appointment scheduling that takes device availability into consideration?		
			19	Does the system support documentation of patient preparation and reporting of sensitivities and adverse reactions, including the documentation of clinical procedures such as anesthesia and image guided biopsies?		
			20	Does the system allow imaging technicians to document procedure notes, urgency, initial interpretation that requires a radiologist's approval, test completion, modifications, or complications?		
		Imaging Viewing, Interpretation & PACS Integration	21	Does the system integrate with various PACS applications or allows uploading of tests from external sources (online, CD, etc.) using DICOM and additional standards?		
			22	Does the system support a central interpretation platform with a radiology worklist, including remote connection, to allow users from different locations to perform interpretations?		

	Topic	Subtopic	#	Question	Response	Comments
B	**Radiology Integration**		23	Can imaging results be viewed directly within the electronic record via a native viewer or embedded PACS viewer? Including the ability to view and compare previous tests?		
			24	Does the system support efficient navigation between imaging reports and associated images, including retrieval of key images/thumbnails and relevant metadata and linking a single interpretation to multiple related studies, and embedding or referencing key images within radiology reports and the patient record?		
		Imaging Reporting, Interpretation & Workflow Management	25	Can radiologists upload or dictate imaging reports within the system?		
			26	Does the system support creating interpretation templates per unit, per user, etc.?		
			27	Does the system differentiate between preliminary, amended, and final reports, including the ability to view various versions of the report?		
			28	Does the system support imaging workflow management to allow monitoring ongoing processes, including task management for clinical and administrative personnel?		
			29	Does the system allow sharing images to internal and external users?		
			30	Does the system support critical results alerts to ordering providers?		
			31	Does the system include integration with radioilogy AI tools?		
C	**- - Medical Device & Point of Care**	**Bedside Monitoring Devices**	32	Does the system integrate with medical devices such as bedside vital signs monitors (e.g., heart rate, BP, SpO2) and respiratory devices, infusion pumps, dialysis machines, anesthesia machines, feeding pumps, obstetric ultrasound systems and other devices without vendor intervention, including incoming data validation process?		Please elaborate on your response here.
			33	Does the system support monitoring and alerts based on abnormal device readings according to clinical thresholds? Can the thresholds be configured per organization / condition / patient?		Please elaborate on your response here.
		Point of Care Diagnostic Devices	34	Does the system support efficient onboarding and association of medical devices to patients and also for disconnecting a patient from medical devices?		

	Topic	Subtopic	#	Question	Response	Comments
	(POC) Integration		35	Does the system allow simple and quick integration with point of care testing devices (e.g., glucometers, ABG analyzers, rapid tests)?		
			36	Does the system capture and incorporate textual outputs, structured measurements, images, and PDF reports from diagnostic devices into the patient record? Please describe support for specialty diagnostic devices (e.g., ophthalmology devices such as OCT)		Please elaborate on your response here.
		Physiological & Functional Diagnostic Devices	37	Does the system capture structured results from ECG, ECT, spirometry, or pulmonary function devices (or any other devices that generate graphical outputs), including both the graphical output and the structured data?		

Chapter 4: Functional Modules

For each module please indicate their availability and the healthcare settings in which it is currently deployed. Please include only modules that are an integral part of the proposed platform and are provided, maintained, and supported by the respondent.

Please provide relevant clarifications, including the expected availability date for modules under development.

Please identify any additional modules or functional areas that are an integral part of the proposed platform but are not included in the list below. For each additional module, please provide the same information regarding its current status, healthcare setting, and any relevant comments.

Clinical Module	Availabillity	Healthcare Setting	Comments
Ambulatory Care			
Inpatient Care			
Emergency Department			
Critical Care (ICU/NICU)			
Trauma Care			
Gynecology			
Sexual Assault Response Unit			
Pregnancy Termination Committee			
Maternity, Labor & Delivery			
High-Risk Pregnancy Clinic / Maternal-Fetal Medicine (MFM)			
Neonatal Care			
IVF			
Pediatrics			
Child Development Center			
Behavioral Health / Mental Health			
Physiotherapy			
Rehabilitation			
Respiratory Care			
Perioperative Care			
Operating Room			
Anesthesia			
Recovery Unit (Post-Anesthesia Care Unit - PACU)			
Cardiovascular Care			
Cardiac Catheterization Laboratory (Cath Lab)			
Oncology			
Nephrology / Dialysis			
Gastroenterology / Endoscopy			
Transplant Management			
Home Care			
Hospice & Palliative Care			

Clinical Module	Availabillity	Healthcare Setting	Comments
Pharmacy			
Laboratory Information System (LIS)			
Pathology			
Microbiology			
Blood Bank & Transfusion Medicine			
Molecular Diagnostics			
Radiology Information System (RIS)			
Interventional Radiology			
Nuclear Medicine			
Radiation Oncology			
Infection Prevention & Control			
Clinical Genetics & Genomics			
Clinical Trial Management			
general surgery			
orthopedic			
Ear Nose and Throught			
Neurology			
Neurosurgery			
Urology			
Ophthalmology			
Dermatology			
Rheumatology			
Pulmonology			
Infectious Diseases			
Endocrinology			
Obesity Management and Bariatric Clinic			
Hematology			
Vascular Surgery			
Plastic & Reconstructive Surgery			
Thoracic Surgery			
Oral & Maxillofacial Surgery			
Pain Management			
Burn Care			
Nutrition			
Psychology			
Social Work			
Occupational Therapy			
Speech and Language Therapy/Audiology			
Allergy and Immunology Clinic			
Geriatrics			
Travel Medicine Clinic			

Clinical Module	Availabillity	Healthcare Setting	Comments
Medical Tourism Services			
Occupational Health Clinic / Employee Health Clinic			
Module	**Availabillity**	**Healthcare Setting**	**Comments**
CRM - describe the relevant modules the system support, including OmniChannel options			
ERP - describe the relevant modules the system supports			

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Chapter 5: Operational Requirements

This section outlines the essential operational requirements for a successful EHR implementation, including recommended deployment strategies, timelines, vendor support, contingency planning, success measurement, training frameworks, and ongoing support models.

	Topic	Subtopic	#	Question	Response
A	Implementation	**Implementation strategy**	1	Describe your recommended implementation strategy for an EHR deployment for the scope described in chapter 2 Your response should address, at a high level:	Please elaborate on your response here.
			i	Preferred deployment approach (e.g phased, big-bang, hybrid) and key considerations for choosing this implementation strategy.	
			ii	Is the respondent able to employ alternative implementation strategies depending on the needs of the organization?	
			iii	How does your solution facilitate the transition from existing digital systems to the new EHR, what is your recommended workflow for the transition?	
		Implementation timeline	2	Based on your experience with large-scale EHR implementations and your recommended implementation strategy, please provide indicative timelines and describe the roadmap for the following phases:	Please elaborate on your response here.
			i	Initial setup and configuration phase	
			ii	Go-live preparation phase (please refer to projects that include primary, community and acute care settings)	
			iii	Implementation phase per medical center \ community organization (please specify the organization's size - number of beds, number of clinicians, etc.)	
		Support during implementation phase	3	What type of dedicated support is offered during the implementation and go-live phases? Please briefly indicate:	Please elaborate on your response here.
			i	The structure of the implementation support team	
			ii	Whether support is provided on-site, remotely, or both	
			iii	The typical duration of enhanced implementation support	
			iv	The SLA for support requests during implementation	
			v	Which resources are required from the organization in order to execute the proposed implementation plan?	

	Topic	Subtopic	#	Question	Response
		Contingency plans	4	Please describe the measures typically undertaken by the vendor to mitigate potential impacts on clinical capacity and operational workloads during EHR implementation and go-live. Your response should address at a high level:	Please elaborate on your response here.
			i	Actions taken by the vendor to minimize disruption to clinical workflows and service delivery	
			ii	How potential impacts on operational capacity are anticipated, monitored, and managed during implementation?	
			iii	The types of contingency plans or fallback arrangements typically put in place to support service continuity during the transition period	
		Implementation Success Measurement & KPIs	5	Does the vendor define KPIs to measure EHR implementation success? If yes, please describe at a high level	Please elaborate on your response here.
			i	The types of indicators or criteria typically used	
			ii	How the transition from implementation to steady-state operations is assessed?	
		Changes during implementation	6	Does the vendor support structured change management during implementation (e.g., handling new requirements, scope changes, governance)? If yes or partially, please describe at a high level	Please elaborate on your response here.
B	**Deployment**	**Deployment strategy**	7	Please describe your recommended deployment and operating model for a multi-organization EHR program involving independent healthcare organizations.	Please elaborate on your response here.
			8	How does your solution support organizational autonomy while enabling collaboration, and what mechanisms are available to ensure that each organization maintains ownership, control, and access only to its authorized data?	
		Training framework	9	Briefly describe your recommended training framework for successful implementation and maintenance of the EHR.	Please elaborate on your response here.
			10	Does the vendor support a 'Train the Trainer' methodology? If yes, please describe how trainers are certified, supported, and kept up-to-date following system updates	Please elaborate on your response here.
		Role-specific training	11	Is role-based training supported as part of your EHR implementation and adoption approach? If yes, please indicate which of the following user groups are typically included in the training process:	Please elaborate on your response here.

	Topic	Subtopic	#	Question	Response
C	Training		i	End users	
			ii	Super users	
			iii	Administrative / managerial users	
			iv	IT / System administrators	
			v	Data / analytics users	
		Training delivery methods	12	Which training delivery channels are typically supported? Please indicate which channels apply:	
			i	In-person training	
			ii	Virtual / remote training	
			iii	Hybrid approach	
			iv	On-demand or self-paced training	
			v	Does the vendor offer various tools for digital training (videos, e-learning, digital guides) with mechanisms for user feedback integration, updates following system or regulatory changes, and in-application contextual guidance? i.e. user authorization lab, training status dashboards, etc.	
			vi	Other	
		Instruction in other languages	13	Please elaborate whether trainings can be delivered in languages other than English (i.e. Hebrew)	
		Ongoing training	14	Do you offer ongoing or refresher training following initial implementation? If yes, please briefly indicate at a high level:	Please elaborate on your response here.
			i	Typical triggers for refresher training (e.g., new releases, new users)	
			ii	Whether refresher training is delivered on a scheduled or ad-hoc basis	
			iii	What is the training strategy for new users who have not completed the initial training?	
		Training Success Measurement & KPIs	15	Do you have defined KPIs for assessing the success of the EHR training initiative? If yes, please briefly describe:	Please elaborate on your response here.
			i	The types of indicators or criteria typically used	
		Support model	16	Please describe your support model for an enterprise EHR solution at a high level. Your response may include, as applicable:	Please elaborate on your response here.
			i	Structure of support (e.g., tiered support)	
			ii	Roles of vendor vs. local or national teams.	

	Topic	Subtopic	#	Question	Response
D	**Support**		iii	Types of support provided (technical, functional, user support)	
		Support Responsiveness and Feedback Mechanisms	17	What is your SLA for urgent versus non-urgent issues?	
			18	Do you have mechanisms in place to collect feedback on support services and track recurring issues? If yes, please briefly describe how feedback is typically collected and used.	Please elaborate on your response here.