

**Attachment C, D, E Responses  
Costs  
USCG Electronic Health Record Acquisition RFI  
Solicitation Number: EHRA\_RFI\_USCG**

**Suncoast RHIO Inc. and OpenEMR Collaborative  
June 2, 2017**

**Our costs estimates are based on labor and training, both for vendor and USCG staff.**

**We assume hardware already exists.  
There are no licensing costs.  
Help Desk is a function of labor estimates.**

**Implementation and sustainment costs are a result of labor hours at \$130/Hour vendor time and allocated USCG time. We include travel in our estimates.**

**Total \$800,000 to \$2,200,000 for 24 months all inclusive estimates.**

**Site implementation order is dependent on USCG. An advantage of the open source community and those vendors in the collaborative effort is that they are distributed to locations where the product is needed except on board. In those cases, USCG staff would support level 1 with level 2 availability by vendor.**

**We used Attachments E and F to determine costs as well as recent answers to questions.**

**These assume:**

**2300 to 2500 total providers and solution end users made up of:**

- 80-90 inpatient**
- 2200 to 2400 outpatient**
- 15 to 20 concurrent Inp users (applicable constraint only if hosted solution is choice.**
- 450-500 outpatient concurrent**

**Legacy Interfaces are estimated based on an average cost of \$15,000 per interface software and required labor to implement and maintain over 2 years.**

**Since our product uses existing USCG infrastructure, network, system, and operational constraints are a factor of USCG available cycles. OpenEMR, when loaded, utilize approximately 5 to 10% of CPU and Network.**

**Disk storage is based on size of patient records multiplied by number of patients. Patient records can vary in size based on complications.**

**Utilizing an estimated 50 PDF page chart per simple patient up to 400 PDF page for complex and multiplying page by 30K disk storage. (small for notes, large for radiology), plus pdf overhead.**