Republika e Kosovës

Republika Kosova - Republic of Kosovo

Qeveria – Vlada - Government

Ministria e Shëndetësisë - Ministarstvo zdravstva - Ministry of Health

Divizioni i Prokurimit/Divizia Nabavke/Procurment Division

Prishtine datë, 14.02.2024

Zyrtari Përgjegjës i Prokurimit i Ministrisë se Shëndetësisë, në mbështetje të nenit 108/A (paragrafi 10.1) të Ligjit per Prokurimin Publik nr. 04/L-042, i ndryshuar dhe plotësuar me ligjin Nr. 04/L-237, ligjin Nr. 05/L-068 dhe ligjin Nr. 05/L-092, duke u bazuar në nenin 63 të Rregullores per Prokurim Publik të aprovuara nga Komisioni Rregullativ i Prokurimit Publik, duke vendosur sipas **kërkesës për ri-shqyrtim** të datës **09.02.2024,** të parashtruar nga Operatori Ekonomik **VEPRO AG Germany,** lidhur me aktivitetin e prokurimit me titull: **"Furnizimi, implementimi dhe mirëmbajtja e sistemit Packs dhe RIS të SISH"** me nr. prokurimi 206-23-13309-1-1-1, nxjerr:

V E N D I M

1. **Pranohet,** si pjesërisht e pa bazuar kërkesa për ri-shqyrtim e Operatorit Ekonomik **VEPRO AG Germany,** e dt. 09.02.2024, lidhur me aktivitetin e prokurimit **"Furnizimi, implementimi dhe mirëmbajtja e sistemit Packs dhe RIS të SISH"** me nr. prokurimi **206-23-13309-1-1-1,** kundër Njoftimit për Kontratë te datës 30.11.2023;

2. Mbetet ne fuqi, Njoftimi për Kontratë i datës 30.11.2023, me sqarimet e dhëna;

3. Autoriteti Kontraktues, vazhdon me aktivitetin e prokurimit;

4. Ky vendim hyn në fuqi ditën e nënshkrimit dhe do të publikohet për të gjitha palët në platformën elekronike në adresën: https://e-prokurimi.rks-gov.net .

A r s y e t i m

Operatori Ekonomik VEPRO AG Germany me datën 09.02.2024, ka parashtruar kërkesë për ri-shqyrtim, lidhur me aktivitetin e prokurimit me titull: **"Furnizimi, implementimi dhe mirëmbajtja e sistemit Packs dhe RIS të SISH"** me nr. prokurimi 206-23-13309-1-1-1. Autoriteti Kontraktues, me datë 14.02.2024, ka shqyrtuar kërkesën në fjalë si më poshtë:

Dispozitat e LPP-së që supozohet të jenë shkelur nga AK sipas OE VEPRO AG Germany:

Article 28 of Public Procurement Law no 04/L-042- Technical Specifications

Article 53 of Public Procurement Law no 04/L-042- Providing additional information to candidates and tenderers

Article 71 of Public Procurement Law no 04/L-042- Groups of Economic Operators and Foreign Economic Operators

Pretendimet ankimore te OE ankues:

Through this Request for Review, we would like to address the uncertainties that were not enough clarified and requirements that we believe need to be changed, in order for a fair procurement procedure:

1. *Through the request for additional information, we have requested for the ISO certificates, if in case of Joint Venture, is enough for one of the partners to have the specific ISO certificate. We based our request on the interpretation published on the E-Procurement, by Public Procurement Regulatory Commission. As it is stated on this interpretation: "**Pursuant to Article 71 of the LPP, and Article 26.10 of the Regulation on Public Procurement, in the tender file and in the contract notice the CA will clearly specify the requirements that must be met by the members of the group (consortium) clearly defining the evidence to be provided by each member of the group along with their tender.**"*

   Considering that the PACS and RIS System project is quite complex and has a high budget for its implementation, it will be almost natural for the Economic Operators to submit their offers as groups of EOs/consortium. These groups of EOs will collaborate in a manner that they will divide responsibilities within the project based on their professionalism, and each OE within the group holds relevant certifications corresponding to their activities. Also, taking into account the fact that the certificates required above are separated for different fields, such as ISO 13485 is possessed by EOs that deal with software in the medical field and not EOs that deal with sales, installation, maintenance of hardware devices.
   Your answers sent on 30.01.2024 about ISO certification, it was not clarified enough as to who should have certain certifications in certain conditions. There is still room left for interpretation by economic operators or by contracting authority and this could give someone an unfair advantage or unfair treatment. For example, it was said that ISO 13485 is mandatory for the manufacturer of PACS, but it was not specified that in the case of PACS manufacturer being in a Joint Venture with a local company is this manufacturer still required to present only ISO 13485.

   Because of this and since PACS Manufacturers have expertise in this field and are willing to participate in this call for tender directly with the support of local companies, it would be beneficial from your side and to all parties to change this requirement for ISO certification and to allow that: "in case of PACS manufacturer being in a Joint Venture with a local company, PACS manufacturer is required to present only ISO 13485 and not the other ISO certificates. Other partners in a Joint

Venture should have the remaining certifications.

2. ***Regarding the request for "Voice recognition in Serbian and Albanian"***

We made a thorough market research and could only identified very little speech-to-text solutions in Serbian that are more consumer products and only available in the Cloud as a subscription model.
For these solutions we want to bring your attention to following problems:

a. ***Consumer Product means Missing Medical Vocabulary:***
Based on our experience a voice recognition software with a medical dictionary has an accuracy rate of 98 to 99 % in radiology reporting. On the other hand, a consumer product voice recognition software (in any language) we can estimate 80-90% accuracy due to lack of medical vocabulary recognition. This means for a radiology report with 300 words will have around 30 to 60 wrong words that must be corrected. If there are 800 reports per day you need full time medical typists to carefully listen the voice files and review each report and they must correct 48.000 words on a daily basis. Then such voice recognition brings no benefit but more cost and possibly lead to incorrect medical reports impacting patient care.

b. ***Cloud-Model***
The workflow for these solutions requires at first the physician to record his/her voice as an mp3 file. Then this file must be uploaded to a Cloud Server of the speech-to-text solution provider. As an output you get a text file which must be downloaded and copied to report editor in your Radiology Information System.
Based on your requirements we understood that you give very high importance to personal data protection. A medical report contains all kind of patient identification information and additionally a person's medical condition. In that sense you are sending your citizens sensitive data to servers in unknown countries, where nobody knows what happens with this data. Additionally, with the introduction of AI, deep fake is becoming a big threat. In case of a data breach from such cloud servers the doctors voice can be used for voice overs, creating fake content and worse case involved in criminal acts etc.

As we (and all other vendors) are unable to supply an on-premise solution, with cloud model your doctors always depend on internet for report creation. In case of internet breakdown there won't be any voice recognition function but only manual typing.

c. ***Subscription Model***
These products in general offer a pricing model per user "X number words" per month. There is no perpetual license. We can only offer such solutions during 36 months contract period and with a limitation of number of words converted from audio to text.

Is this quality and accuracy of work, level data protection, usage restrictions and being an experiment are acceptable for you – if not we propose a functional solution?

As clarified above, we request from you to allow the change of voice recognition requirement to digital voice dictation and transcription.

In this scenario doctors dictates the findings with a speech mike and medical typists listens the voice recordings of doctors then type reports directly on the RIS reporting editor. This

is a proven workflow for many other countries and realized by various PACS-RIS vendors. We also can try – if you really want to establish voice recognition as mentioned above – as an experimental solution in the workflow we described above – upload automatically doctors digital dictation for Speech to Text translation and the typist can copy and paste the result in the medical report. But note: based on quality, corrections are absolutely needed.

3. *Backup Device*

Minimum raw capacity on device should be 4TB
The device can be expanded up to 32TB of usable capacity
In addition to deduplication, the data stored on the device should be also compressed. At least lz, gz and gz fast compression algorithms must be optional to choose

With so less information, is unclear the requested backup concept, because we should know what should be backed up on this Backup Device. Please provide us with this information.

Based in our longtime experience, we propose that you should take in account, that in a modern PACS as VEPRO is, all images are just stored on the central server in lossless compression. Lossless compression means no medical data information is lost. With such a compression of medical images (please note that this is much different as e.g. compressing a database or text documents) you will reach in an average a ***compression ratio: 3:1*** *and not higher. This means that image data will be transferred always compressed over network to Backup Device.*

Any kind of additional compression trials with are mentioned in the tender specs ***will not increase the compression ratio*** *again.*

If you want to backup the entire main redundant server, please be not misleaded from nice marketing informations of vendors with no realistic performance statements.
We have never seen in a large PACS installation that a customer has tried to do so.
Instead the international standard for data safety works like this:

a) Main Server is full redundand – means if new medical data comes in, it is in realtime synchronized on both servers. There are always 2 times identical data information stored (Images and Databases)
b) During night there is a backup and migration job running which provides following: Data (Images) which are not any longer in process of users (mostly data which is 2 weeks older) are continously copied (Migration without duplication) to a Long Term Data storage (WORM). This is a device where data is completey protected and can not be modified or even deleted any more – In PACS Industry we call it LTA = Long term Archive.
All data which is currently under processing from Doctors – lets say the last 2 weeks of "newer" images will be backuped nightly together with the data base on a dedicated Backup Device – here 4 TB is sufficient. On the backup device the database and images are incremental stored – no duplication at least.
c) With this concept you can recover any database status or data environment of the last 4-n weeks, which is more than sufficient. Never the less you can increase the backup storage device up to 32 TB – but not needed.

With this concept you have:

- *on main servers 2 times all data information*
- *on backup device the databases of last 4 weeks, together with the image data which are not on the LTA stored and can be recovered at any time*
- *on the LTA Archive (WORM = Write Once Read Many) a 100% reliable copy of all data of main servers.*

All in all the data is 3 times available. On request we can deliver a second LTA WORM Archive where you can dualize the LTA Archive (but we dont see a need for this)

This concept is highly robust and practical, needs less technical network connections e.g. 2x 10 Gbit, is thousand times approved and eliminates the believes in performance promises of backup vendors which can not be fulfilled in reality.

We request to allow us to offer the proposed solution as an alternative to the described tender definition:

- *Delivering full redundant high availability Server as requested*
- *Daily migration of data which is not processed any more to a LTA WORM Archive*
- *Daily backup of not migrated data to the backup device together with databases in an incremental way to be able to recover any system status of the last e.g 4 weeks*

4. ***Regarding the document: "Pjesa II. Përshkrimi i Çmimeve_forma finale per ofertim.xlsx" there are discrepancy in Cache / Regional Servers Quantities vs. Installed Locations***

In the price schedule "Pjesa II. Përshkrimi i Çmimeve_forma finale per ofertim.xlsx" 8 installation locations are listed for Cache Servers, but only 7 Cache Servers are requested.

Nr.	Description	Installation location	Unit	Amount
5.	CACHE Tower SERVER WITH LOCAL ARCHIVE Including UPS, Monitor, keyboard, mouse Softwareand all associated licenses - as specified in technical requirements	UCCK 1 GH Prizren 2 GH Peje 3 GH Gjakove 4 GH Ferizaj 5 GH Gjilan 6 GH Mitrovice 7 GH Vushtrri 8	Piece	7

If there are 8 locations then the cache server amount should be corrected as 8. But if you expect us to supply 7 cache servers then the installation locations should be corrected accordingly.
We kindly ask your clarification on this or correct the price list, to match your request.

Since the abovementioned issues are essential to be clarified/changed, for a fair procurement procedure and a successfully implemented project that reaches your goal, we kindly ask you to consider our Request for Review and extend the submission date for another 2 weeks.

Dëmet materiale

Humbja e fitimit të parashikuar me kontratë, shpenzimet për përgatitjen e kësaj kërkese për rishikim.

Përgjigjet e Autoritetit Kontraktues ne lidhje me pretendimet ankimore

Based on the clarifications given by SISH professionals as the Request Unit, the answers of the CA-MoH regarding the complaints are as follows:

Answer 1: Based on the answers given on 31.01.2024 a consortium of Economic Operators each of EO in consortium must provide all ISO certifications required, except for ISO 13485, which must apply only to the PACS component of the solution and should be provided by a PACS Manufacturer..

Answer 2: Voice recognition options must be integrated with the solution. It is not acceptable to ship files or require manual handling of voice recognition. Cloud voice recognition services are acceptable if there is sufficient data protection in place, and they are integrated with the solution workflows.

Answer 3: Per the requirements 3.2.4, 'it must be described how the strategy for recovery is being considered and in which time frame a recovery can take place.' Your technical response can include a concept such as that which you have described, which can meet this requirement, and it will be assessed on this basis. Please keep in mind the requirements 3.2.8, 3.2.9, and 3.2.10 as described in the requirements.

Answer 4: UCCK is the central server location, excel will be updated. As central server is hosted at AIS. MOH will update excel file, UCCK should be placed at Central server – hosted at AIS at point 3 in excel.

Zyrtari Përgjegjës i prokurimit bazuar ne ato që u thane më lart ka vendosur si ne dispozitiv.

Këshilla juridike:

Kundër këtij vendimi, ankuesi mund të paraqesë ankesë pranë OSHP-së. **Ankesa prane OSHP-se duhet te dorezohet brenda 10 (dhjete) diteve pas pranimit te ketij vendimi.**

Vendimi i dorëzohet:

1. OE VEPRO AG Germany
3. Operatorëve ekonomik te interesuar.

Berat Marmullaku

Zyrtari përgjegjës i Prokurimit