Request for Proposal
for
Biomedical Management
and
Third Party Service Agreements

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PART 1 GENERAL INFORMATION

1-01 Purpose of Request for Proposal

Titus Regional Medical Center (TRMC) is a 174 licensed bed (8 ICU beds), Level III Trauma Center located in East Texas. Average daily medical census is approximately 70-90 (seasonal) including an 8 bed ICU that runs an ADC of 4-6, with occupancy increasing due to the recent addition of a cardiac cath lab, a certified stroke program, and additional primary care providers. TRMC also provides maternal and pediatric services, inpatient rehabilitation and geriatric behavioral health services that are not a part of this RFP. TRMC is a Level III lead trauma center seeing approximately 25,000 patients per year, with an inpatient admission rate of approximately 18%. Approximately 1,000 babies are born at TRMC each year and our community boasts the largest volume pediatric practice in the region.

TRMC is currently soliciting proposals from qualified Clinical Engineering Companies to service the main hospital and certain outlaying clinics. In addition, the vendor will be required to manage all existing 3rd party equipment service agreements.

1-02 Inquiries

We encourage inquiries and welcome the opportunity to answer questions from potential vendor applicants. Please direct your written questions to: reese.arnett@titusregional.com. Any oral communication shall be considered unofficial and non-binding with regard to this RFP.

1-03 Scope of Responses

Interested vendors must submit their responses to all sections of this RFP and include all requested information.

Proposals must include:

- Broken down annual pricing for non-corridor equipment in Exhibit "B". Propose cost, based on current coverage details in exhibit.
- Lump sum annual cost of coverage for remaining equipment excluding scope coverage
- Scope coverage to be broken out separately.

Vendor must submit Proposal to TRMC by emailing reese.arnett@titusregional.com. If vendor desires to submit an additional paper copy it must be in a sealed package that is clearly marked, ***Biomedical Management (RFP)***. Proposal must clearly outline vendor's Biomedical Management, scope of services. Vendors who wish to send additional materials are welcome to do so, but these materials may not be considered in the evaluation process. All correspondence prior to proposal submission must be submitted via email to reese.arnett@titusregional.com.

1-04 Confidentiality

Due to the competitive nature of this RFP, to the extent permitted by law, all vendor responses will be confidential.

1-05 Evaluation of Vendor Responses

The Hospital has established a working group to review the documentation received in response to this RFP. During this review process, additional information may be required of the vendors and some vendors will be invited to present and demonstrate their solution.

1-06 RFP Schedule

RFP Schedule	
Deliverable	**Date**
RFP Launch Date	March 20, 2020
Notice of Intent to Respond	March 27, 2020
RFP Due Date	April 3, 2020
Notification of Selection	May 1, 2020
Contract Start Date	June 1, 2020

1-07 RFP Administrative Conditions

Vendor applicants should note the following:

The issuance of this RFP does not imply an offer to do business with any RFP recipient. The right to accept any complete response, or portion thereof, or to accept none of the responses even if all the stated requirements are met is reserved by the requestor. Only the execution of a written contract will obligate the RFP requestor in accordance with the terms and conditions contained in such contract.

Submitted information packages that do not respond to all items in this RFP may be excluded from further consideration and alternative information packages will not be considered.

RFP requestors reserve the right to disqualify any vendor from review in the event the vendor submits the RFP response after the submission deadline.

RFP requestors reserve the right to amend or cancel this RFP at any time prior to the review of vendors, without any liability to the RFP originators if, in its sole determination, such RFP originator believes that its best interest is served by so doing.

RFP requestors will not be responsible for any costs incurred by an organization in preparing, delivering or presenting responses to this RFP. Once submitted, vendor responses will be the property of RFP requestors and will not be returned.

All responses to this RFP should be clear and concise. Responses of excessive length or containing excessive advertisement are discouraged and may not be reviewed.

The successful proposer shall be awarded a contract with the Hospital. Proposer shall submit proposal for both three and five year contract terms. Said contract may, by agreement of the Hospital and Awardee, be renewable for additional one-year periods. The Hospital, through the Purchasing

Department, will, if considering renewal, request a letter of intent to renew from the Awardee prior to the end of the current contract period (if necessary, the original contract will be extended 90 days beyond expiration date to accommodate renewal).

Option for renewal will only be exercised upon mutual written agreement and with all original terms, conditions and unit prices adhered to with no deviations. Any renewal will be subject to appropriation of funds by the Hospital.

By submitting an information package, the vendor represents that they have read and understand the RFP and are capable of fulfilling all requirements.

1-08 Proposal Submission

Proposals must be received before April 3, 2020 at 5:00pm Central

To be considered, proposals must be received by the Hospital prior to deadline. PROPOSALS DELIVERED AFTER THE ESTABLISHED DEADLINE WILL BE DELETED. Send completed proposal to the following address:

Titus Regional Medical Center

ATTN: Reese Arnett

2001 North Jefferson Ave

Mount Pleasant, TX 75455

The Hospital cautions respondents to assure actual delivery and receipt of any mailed proposal **prior** to the response deadline. **The Hospital will in no way be responsible for delays caused by *any* occurrence.**

The Hospital will **not** accept or consider proposals submitted via facsimile transmission.

1-09 Inquiries and Lobbying Restrictions

Respondents will carefully examine all documents included in this Request for Proposal (RFP) and shall make a written request to the Hospital for interpretation or correction of any ambiguity, inconsistency, or error herein. Any interpretation or correction will be issued as an Addendum by the Hospital. Only a written interpretation or correction by Addendum shall be binding. **Respondents are cautioned against relying upon any interpretation or correction given by any other method.**

All Requests for Interpretation (RFI), correction or other inquiries concerning the Request for Proposal process and/or the subject of this Request for Proposals must be made in writing and submitted to:

reese.arnett@titusregional.com

Contact with Hospital Staff, Physicians, Board Members and/or Committee Members regarding this

RFP shall be grounds for elimination from the selection process.

Lobbying consists of introduction, discussions related to the selection process, or any other discussions or actions that may be interpreted as attempting to influence the outcome of the selection process. This includes holding meetings thereof, engaging in the aforementioned prohibited lobbying and/or prohibited contact, which actions may immediately disqualify Respondent from further consideration for this project.

By submitting a proposal, qualifications or other response for this project, the entity certifies that it and all of its affiliates and agents have not lobbied or attempted to lobby Board Members, Committee Members, Staff, or physicians.

1-10 Proposal Withdrawal

Proposers may withdraw their proposals by notifying the Hospital, in writing, at any time prior to the proposal response time deadline. Proposers may withdraw their proposals in person or through an authorized representative. Proposers and authorized representatives must disclose their identity and provide receipt for the proposal. Proposals, once opened, become the property of the Hospital and will not be returned to the Proposers.

1-11 Proposal Disclosure

The Hospital reserves the right to make an award to the vendor offering a RFP in the best interests of the Hospital and meeting all the requirements of the specifications contained herein.

The successful proposer shall be awarded a contract for five years from the date of award. Said contract may, by mutual agreement of the Hospital and Awardee, be renewable for two additional one-year periods. The Hospital, through the Purchasing Department, will, if considering renewal, request a letter of intent to renew from the Awardee prior to the end of the current contract period (if necessary, the original contract will be extended 90 days beyond expiration date to accommodate renewal).

Option for renewal will only be exercised upon mutual written agreement and with all original terms, conditions and unit prices adhered to with no deviations. Any renewal will be subject to appropriation of funds by the Hospital.

1-12 Pre-Bid Site Visit

In order for proposers to get additional information about the equipment and services, an optional site visit can be scheduled. Contact information is as follows:

Hospital Contact: Reese Arnett (903) 577-6161

1-13 Delay

The Hospital may delay or modify scheduled event dates (Section 1-06) if it is to the advantage of the Hospital to do so. The Hospital will notify Proposers of all changes in scheduled due dates by direct correspondence to the primary contact identified by the proposer.

1-14 Revisions and Clarifications

If revisions or clarifications to the RFP become necessary, The Hospital will reach out to the primary contact identified on the proposal. All revisions and/or clarifications will be submitted back to the Hospital within 5 business days of initial request to proposer.

1-15 Oral Presentations and/or Interviews

At its sole discretion, the Hospital may invite short-listed respondents to conduct oral presentations or interviews. Presentations or interviews provide an opportunity for Proposers to clarify their proposals for the Hospital. An administrative contact from the Hospital will schedule any such presentations or interviews.

1-16 Acceptance or Rejections of Proposals

When an offer appears to contain an obvious error or otherwise where an error is suspected, the circumstances may be investigated and then be considered and acted upon. Any action taken shall not prejudice the rights of the public or other offering companies. Where offers are submitted substantially in accordance with the procurement document but are not entirely clear as to intent or to some particular fact or where there are other ambiguities, clarification may be sought and accepted provided that, in doing so, no change is permitted in pricing. The purpose of seeking clarification is to clarify existing information, not to allow additional information to be added.

The Hospital reserves the right to reject any and all proposals. The Hospital also reserves the right to cancel this RFP at any time and/or to solicit and re-advertise for other RFPs.

1-17 Basis for Rejection

In soliciting offers, any and all offers received may be rejected in whole or in part. Basis for rejections shall include, but not be limited to the following:

- The offer being deemed unsatisfactory as to quantity, quality, delivery, price or service offered.
- The offer not complying with conditions of the solicitation document or with the intent of the proposed contract.
- Lack of competitiveness by reason of collusion or knowledge that reasonably available competition was not received.
- Error in specifications or indication that revision would be to the Hospital's advantage.
- Cancellation or changes in the intended project or other determination that the proposed requirement is no longer needed.
- Limitation or lack of available funds.
- Circumstances which prevent determination of the lowest responsible or most advantageous offer.
- Any determination that rejection would be to the best interest of the Hospital.

1-18 Communication

From the time the Hospital advertises this RFP until it awards a contract to a successful Proposer, any Proposer (or any of its representatives or agents) is prohibited from any communication about this proposal with the Hospital Executives, Staff, Board of Directors, Finance Committee, Credentialed Physicians, or with anyone affiliated with the Hospital. This does not apply to oral presentations before evaluation/selection teams, contract negotiations, or public presentations made to the Hospital during any duly noticed public meeting. Violations of these provisions shall render any RFP proposal or RFP award to the violator void.

1-19 Conflicts of Interest

All Proposers must disclose the name of any elected official, appointed official or employee of the hospital who owns directly or indirectly, any interest in the Proposer's company or any of its branches.

1-20 Non-Collusion

By submitting and signing a proposal response, the Proposer certifies that their offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting an offer for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted, either with, prior to, or after any delivery of material or provision of services. Any violation of this provision may result in contract cancellation, return of materials, or discontinuation of services and possible removal from the Hospital's Vendor/Bid List(s).

1-21 Subcontracting

Vendors submitting proposals may subcontract portions of the engagement to outside companies. If this is to be done, that fact, and the name of the proposed subcontracting company must be clearly identified in the proposal. However, following awarding of a contract, no additional subcontracting or changes in subcontractors will be allowed without express prior written consent of the Hospital.

1-22 Licenses and Permitting

Proposers, both corporate and individual, must be fully licensed and certified for the type of work to be performed in the State of Texas or Titus County at the time of submittal of their response to this solicitation. Should the Respondent not be fully licensed and certified, its proposal shall be rejected.

1-23 Posting of RFP Award

The award recommendation will be communicated to the successful proposer by telephone or in person. The remaining short list proposers will be informed by communication methods including but not limited to telephone and email.

PART 2 PROJECT DESCRIPTION AND SCOPE OF REQUIRED SERVICES

2-01 Summary

The successful proposer(s) will provide all the Clinical Biomedical Equipment Program and maintenance required at the hospital and to operate the program as determined by the Hospital in accordance with recognized regulatory and professional standards.

2-02 Specific Requirements

The proposer will be required to:

- Inspect and repair of approximately 2400 pieces biomedical equipment
- Perform environmental testing of trace gases
- Perform safety Inspections on beds, anesthesia equipment, ventilators, and x-ray equipment, full service coverage on a range of sterilizer equipment. Provide a program that allows for clinical equipment to be added and removed from the management program when a cost-effective alternative is identified. The cost of significant additions or deletions to the equipment program may require a modification to the monthly maintenance program costs
- Provide the Hospital the ability to view inventory status electronically.
- Provide preventive maintenance on the basic biomedical equipment which follow the manufacture specifications and frequencies
- Provide repairs on equipment per contract
- Documentation of all work in accordance with manufacture's specifications and labeling in keeping with Joint Commission requirements
- Perform operational verification procedures on all general BIOMED equipment to assure that systems and sub-assemblies comply with manufacture specifications
- Perform electrical safety inspections in accordance with A.A.M.I. standards
- Provide and maintain a current biomedical equipment inventory and equipment history reporting
- Provide at a minimum, 1.5 Certified Biomedical Technicians, for 5 days a week coverage on site, between the hours of 8:00 AM to 5:00 PM, Monday through Friday and be available for billable emergency response outside the five-day coverage and on weekends. Parameters for emergency response time must be less than 30-minute call back and 2 hours on site
- Coordinate repairs with the hospital to include following hospital purchasing policies when billing separately for contractor purchasing repair parts. Provide consultation and assistance to departments on selection, replacement, or repair of clinical biomedical equipment
- Provide consultation and assistance in the selection and contracting for service and maintenance for other equipment or services
- Provide quality improvement reports and attend quality improvement meetings
- Provide an inventory tracking solution that allows clinicians to independently locate biomedical equipment
- Participate in the Environment of Care Safety meetings or others as assigned

- Perform annual environment testing for all trace gasses to ensure continued compliance with quality improvement standards
- Provide documentation for screening, competency evaluation, and training of staff as required by the Hospital, Joint Commission, and other regulatory agency standards
- Participate in the Equipment Recall and Safety Alert Program.
- Provide full service coverage of applicable equipment
- Provide clear documentation for roles and responsibilities of complex biomedical equipment
- Provide detailed information security strategy, management and compliance program
- Regular industry insight meetings that align with the biomedical needs
- Hiring of biomed technicians must be approved by the Hospital

PART 3 PROPOSAL REQUIREMENTS

The proposal must name all persons or entities interested in the proposal as principals. In each proposal by an individual or company, there shall be stated the name and address of every person having an interest in the proposal; in the case of a corporation, state the names and addresses of its officers. Proposals shall be signed by the person or member of the company making the proposal, and in the case of a corporation, by an authorized officer or agent subscribing the name of the Corporation and his or her own name. The proposal must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

3-01 Proposal Contents

Proposals must include the following at a minimum:

Vendor Background and Information

1. Vendor Company
    - Company legal name:
    - Public/Privately held:
    - State of incorporation:

2. Vendor Primary Contact
    - Name:
    - Title:
    - Office/Location Address:
    - Phone Number:
    - E-Mail address:
    - Organization's Internet Home Page

3. Identify the location of the following:
    - Corporate Headquarters:
    - Field Support Offices:
    - Application Support Personnel:
    - Programming/Technical Support Personnel:
    - Billing Services Personnel:

A Table of Contents providing a clear identification of the proposal's material by section and page number. A description and history of the make-up and composition of the company and relevant experience of the firm.

A list of three (3) or more references for which the company is currently performing similar work as well as a list of three (3) references of lost clients.

Identify the project team with an organization chart. For each team member include:

- Education – formal and relative to the project
- Experience
- Copy of applicable certifications
    - Describe the quality improvement program to ensure compliance with regulatory requirements, collaboration with hospital leadership, efficient and timely services, and customer satisfaction.
    - Promotional material regarding the proposer's company and/or staff is acceptable. However, promotional material submitted shall not be considered a proposal in and of itself; it shall be considered supplemental to the proposal and may be included as a separate attachment to the proposal.
    - Physical location of the company and number of personnel in that office who would be assigned to the Hospital.
    - Description of insurance coverage maintained by the company with copy of declarations page from current policies for each of the following types of insurances:
- Workers Compensation
- General Commercial Liability
- Errors and Omissions

Please provide complete details on how your company expects to be paid for services provided.

3-02 Current Equipment List

Biomedical Equipment List – Inventory Report 12/19/2019

Full list of Biomedical Equipment **(See Exhibit A)**

Mandatory Criteria

- The company has no conflicts of interest with the Hospital, Board of Directors, or Committees, nor with regard to any other work performed by the company for The Hospital.
- The company adheres to the instructions in this RFP document for preparation and submittal of a proposal Qualifications and experience of proposer service coverage cost

PART 4 EVALUATION PROCEDURES

4-01 Selection Process

The selection process described is subject to the Hospital Board and/or Finance Committee approval and may be changed as needed to accommodate the hospital's requirements.

Submitted proposals will be evaluated by a team comprised of at least four (4) staff members from the Hospital.

4-02 Review of Proposals

The Evaluation Team will use a consensus approach during the review process to rank proposals. The full evaluation Team will convene to review and discuss these evaluations and arrive at a consensus for each proposal.

4-03 Ownership of Proposals

The Hospital shall retain all proposals submitted and reserves the right to use any idea in a proposal regardless of the proposal that is selected. Further, all representation in the proposal of the successful Proposer shall be incorporated by reference into the engagement contract.

4-04 Evaluation Criteria

Proposals will be evaluated using two sets of criteria. The following represents the principal selection criteria which will be considered during the evaluation process:

1. What percent of revenue did your company expend for research and development on your proposed solutions during the last three fiscal years? What is budgeted for the current and next three fiscal years?
2. Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.
3. Please provide your most recently completed fiscal year's financial statements and annual report.
4. How long has your company been in the business of developing and marketing your solutions?
5. Please describe your alliances and partnerships.
6. Please provide details regarding on site coverage including holidays, vacation, unscheduled absences, etc.

7. Describe your compliance plans with the basic criteria listed below.
8. Provide specific examples of tangible benefits (Return on Investment) that can be documented by other users/clients of your proposed system. Include at least 3 case studies.
9. Management is a critical aspect to a successful Biomed program, if, as a customer we were to approach you and indicate dissatisfaction with the current leader/employee, how would you respond?
10. Customer service is a crucial function of the Biomedical Instrumentation department, how do you plan to exceed expectations and communication with end users to verify satisfaction? Does your company currently perform surveys/feedback mechanisms to its customers?
11. What response times do you guarantee for your customers (both on hours and off hours)?
12. How do you recruit and maintain skilled, educated and trained employees?
13. How do you continually update and expand the training of your technicians on the latest technology?
14. How will you provide coverage when the primary technician is gone for short or extended periods?
15. What is the role of the clinical engineer within your staffing structure?
16. How are your service costs set? What does the cost structure look like? Give examples.
17. How will you help our organization strategically plan for life cycle management, technology assessment, cost savings, etc… for the future?
18. What type of database do you use to track and maintain a current list and status of equipment?
    a) With this database, can end users review current equipment lists, monthly costs, PM schedules, service histories, and comments from the technician including status of current repairs?
    b) Does your database have a life cycle planning function, if yes, what does it look like and what criteria do you use to identify when equipment needs replacement (ex: maintenance costs) and if not how do you assist with identifying the life cycle of equipment?
19. At the Hospital we are looking for a proactive style of equipment management, how will you help us to achieve that goal? Please explain your process for each of the items listed below:
    a) Price quotes for maintenance and repair
    b) Communication/Notification of warranty expiration or service contract expiration with OEM vendor
    c) Service contract analysis, negotiations and management
    d) End of life equipment/life cycle management
    e) Preventative maintenance

20. What is your process for incoming new equipment?
21. How do you make sure that you are effectively communicating to end users --what does your feedback loop look like?

22. How do you work with other entities to ensure that the technical requirements and physical layout are met for incoming equipment (I.e. Information technology, Facilities, manufacturer, etc)?
23. How do you help to coordinate clinical equipment installation, including planning, scheduling and oversight?
24. What is your process for investigating/researching device incidents and equipment issues?
25. How do you ensure that the Hospital is fully compliant with local, state and national authorities with biomedical technologies?
26. What is your process to ensure Quality Assurance on medical equipment management?
27. What ways do you ensure availability of centralized part sourcing and prompt delivery of parts that are needed for equipment you maintain?
28. How do you incorporate HIPAA into your program?
29. What makes you different/unique from all other biomedical management companies?
30. If we had an idea for how we wanted our biomedical management team to work, would you be willing to try the model if requested?
31. Do you design your biomedical program around our organization or do you bring in your model that we must conform to?
32. If over time, we saw opportunities for changes in the program, are you willing to evaluate and make changes to your existing program?
33. What is your philosophy on “risk sharing”? What would you put at risk based on your performance and meeting performance goals?
34. What performance metrics would you commit to that we could track and would you allow us to help determine the metrics?
35. What type of information security program, biomedical devices have you developed? Describe the information security program in detail.
36. Provide an integrated biomedical engineering solution to the Hospital including but not limited to:
    a) Pre-purchase evaluations
    b) End-of-life analysis/Asset Disposal
    c) Equipment Recommendations
    d) Inventory Management
    e) Inspection of all incoming medical devices to the Hospital
    f) Life cycle planning
    g) Capital Equipment Budgeting
    h) Contract management
    i) User training
    j) Preventative maintenance and scheduling
    k) Tracking of medical assets for all stages of the product life

l) Recall identification
m) Uptime guarantees
n) Obsolescence notification
o) Demonstration of instances related to integration of devices with clinical systems

Exhibit A – See Attachment