# REQUEST FOR QUOTATION

# ACCELERATED

**RFQ# 22-0249**

May 18, 2022

TO: Valued Prospective Offerors

Kona Community Hospital (“KCH”) of the West Hawaii Regional Health Care System, a division of Hawaii Health Systems Corporation (“HHSC”) is soliciting quotations for:

**Breast Specimen Radiography System**

The term of the contract (equipment and preventative maintenance, if any) is expected to be for 5 years, from approximately July 1, 2022 through June 30, 2027, unless sooner terminated or extended. If no preventative maintenance is offered or purchased by KCH, the term of the contract shall be for the length of time to order, receive the equipment and complete user training.

If your company is interested in providing the products and services described in the Scope of Services attached in Attachment 1, please provide all bulleted items listed under Quotation Preparation:

**QUOTATION PREPARATION**

**Cost Quotation**:

* Firm fixed price;
* ALL potential costs must be identified.

**Technical Quotation**:

* Company qualifications & experience;
* Awards, if any, offered product has received;
* Assigned personnel’s experience;
* 3 References from hospitals of similar size;
* Proposed revisions to General Conditions, if any, (any request made after the quotation due date will not be considered);
* Any terms and conditions you will request HHSC to agree to;
* W-9;
* State of Hawaii General Excise Tax Number and Certificate.
* Completion of Specifications table

**TIMELINE**

|  |  |
| --- | --- |
| Public release of RFQ | Tuesday, May 18, 2022 |
| Questions due | Monday, May 23, 2022 by 2:00pm HST |
| Addendum release including answers to questions | Wednesday, May 25, 2022 |
| **Quotation Due Date** | **Wednesday, June 1, 2022, by 2:00PM HST** |
| Demonstrations | June 6 – 9, 2022 |
| Award of Contract | Week of June 20, 2022  |

HHSC is under no obligation to accept any quotations. The KCH CEO, or a designated representative, may execute a contract with the Company/Individual whose quotation is determined to be the best value to HHSC. The contract will be subject to the General Terms & Conditions referenced at <https://www.hhsc.org/wp-content/uploads/HHSC-General_Conditions-Purchase_of_Goods_and_Services_from_Non-HSP-Non-HRS_103D.pdf>. Include in your response any revisions your company requests to the HHSC General Conditions any request made after the quotation due date will not be considered.

# ADDENDA AND INTERPRETATIONS

Discrepancies, omissions, or doubts as to the meaning of specifications should be communicated in writing to the Issuing Officer listed below for interpretation. **These must be received no later than Monday, May 23, 2022 by 2:00pm HST.**

Any interpretation, if made, and any supplemental instructions will be in the form of written addenda to the specifications, which will be made available to all prospective OFFERORS prior to the due date in accordance with the RFQ timeline. Failure of any OFFEROR to receive any such addendum or interpretations shall not relieve the OFFEROR from an obligation under his quotation as submitted. All addenda so issued shall become part of the contract documents.

**BASIS OF AWARD**

Cost is a major factor for award but is subject to review only after review of the technical proposal and the best qualified OFFEROR are determined. Contract award is based solely on HHSC’s determination of the best overall value to HHSC. HHSC reserves the right to further negotiate.

**ISSUING OFFICERS**

The Issuing Officer or her designee is responsible for administrating/facilitating all requirements of the RFQ solicitation process and are the **only points of contacts** for OFFEROR from date of public announcement of the RFQ until the selection of the successful OFFEROR. Failure to adhere to this may result in disqualification from this RFQ. The Issuing Officer will also serve as the Contract Manager responsible for contractual actions throughout the term of the contract. The Issuing Officer is:

|  |
| --- |
| **West Hawaii Region** Yvonne S. Taylor, Sr. Contracts ManagerEmail ytaylor@hhsc.orgDirect (808) 322-4442Fax (808) 322-4488*AND*Michelle Gray, Contracts Assistant IIEmail mgray@hhsc.orgDirect (808) 322-5830 |

**NOTICE OF AWARD**

Once the quotations are reviewed and demonstrations completed, a notice of award shall be issued to successful OFFEROR and contract preparations shall commence.

ATTACHMENT 1

Scope of Services

COMPANY NAME:

**Background**

Historically, the process for imaging breast tissue that has been excised, involves the use of a runner between the surgical suite and the x-ray department.

The process begins with the patient having clips inserted by a radiologist. While the patient is in the OR under anesthesia, the surgeon removes the tissue the sample. The tissue sample carried from the surgical suite to the x-ray department, where it is imaged. The radiologist reviews the image and determined if the entire mass has been taken out.  The current imaging equipment is not designed for precise breast tissue analysis; the radiologist is only able to comment that the metal clip are seen or not seen in the sample. The radiologist then alerts the surgeon that the metal clips have been removed and the procedure can be ended.

This process depends on many factors working in rapid succession for the results to get to the surgeon quickly to keep the time on anesthesia for the patient to a minimum.  The current system is slow and if there is a breakdown in timing the results may not get to the surgeon in an acceptable time frame. Despite working with the equipment vendor to make the images as diagnostic as possible with the currently available technology at KCH, the level of diagnostic accuracy is no longer felt to be acceptable for our patients.

Intraoperative imaging of the tissue sample will allow the image to be taken directly from the patient and placed in the imaging device specifically designed to so high resolution and detailed images of the sample allowing the surgeon to immediately view the sample and see not only the marker clips, but the calcified borders of the mass in question. The image can be sent directly to the PACS and viewed by the radiologist eliminating the need for the sample to be transported to the imaging department. We believe this change in modalities will result in improved patient care, safety, and satisfaction by increasing diagnostic accuracy while decreasing the length of time that the patient is under anesthesia. Moreover, we would attain a much higher degree of confidence that the entire mass has been removed.

**Objectives**

By adding the breast specimen imaging equipment KCH will;

1. Decrease the intraoperative time for the patient
2. Be able to provide diagnostic quality images for interpretation on a system that is specific to breast tissue, allowing for location of calcified boarders around masses.
3. Allow the surgeon to view the imaged sample immediately after excision.
4. Increase positive experience for patient and surgeon.
5. Decrease wait time for specimen to be transferred to lab for processing.

**Instructions**

Place an ‘X” in the appropriate column next to the listed feature. Any clarification or additional information should be written in the Comments column. Attach supporting product information as either requested by KCH or determined to be necessary by OFFEROR. Additional Sheets must be labeled clearly.

**Quotation**

HHSC participates in Vizient GPO and all OFFERORS are urged to provide such pricing, or better, if your company holds a Vizient contract. HHSC also welcomes quotations from OFFERORS that do not participate in Vizient GPO. OFFERORS’ quotation form must be concise and easy to understand.

**Specifications Table (fill out and return with your quote)**

|  |
| --- |
| Product Details |
| Feature | YES | NO | Comments |
|  HD Breast Imaging Quality |  |  | Explain: |
|  Fuji PACs compatible? |  |  | Explain: |
|  Able to image tissue size from 2cm-15cm |  |  | Explain: |
|  Ease of cleaning |  |  | Explain: |
|  Low maintenance |  |  | Explain: |
| Willing to do on-site demo with surgeon |  |  | Indicate which dates are preferable: |
| Service agreement available? |  |  | Explain and state what time zone: |
| Software upgrade support |  |  | Explain and state if additional charge: |
| Applications support |  |  | Explain and state if on/off site: |
| Training for max 6 techs |  |  | Explain and state if on/off site: |
| Lead time ARO  |  |  | Explain: |
| Proposed product on Vizient? |  |  |  |

**DEMONSTRATIONS**

Each OFFEROR will have the opportunity to demonstrate (“demo”) its equipment with approximately 6 personnel including 2 physicians that will use the equipment. KCH wants to ensure that everything is ready for each demo so we request the OFFERORS send via electronic mail a list or worksheet of everything that KCH must have ready and available.  KCH also requests each OFFEROR provide as much information as possible regarding preparation for the demo as well as the demo itself.  At a minimum, the information KCH is interested in is:

1. What dates are each OFFEROR available for demos?
2. What is the agenda for the demo?
3. What electrical/data is KCH required to provide?
4. Will the equipment be sent direct to KCH for KCH to receive or will representative bring?
5. How will the equipment be sent back after eval is complete?
6. What is the demo schedule? How long should time be blocked out for?
7. Does OFFEROR require KCH to sign anything for the demo?  If yes, please provide for review.
8. Please provide a manufacturer’s cut sheet of the proposed equipment.
9. Each OFFEROR’s representative that will attend the demo must either provide proof of COVID-19 vaccination two weeks prior to the demo or a negative test result taken a maximum of 72 hours prior to arriving onsite. Please confirm your understanding of this requirement

Thank you for your interest in doing business with HHSC.