# REQUEST FOR QUOTATIONS

**RFQ# 21-0344**

March 1, 2021

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:

**Telesitting System**

The term of the contract (equipment, subscription and preventative maintenance) is expected to be for 5 years, from approximately June 15, 2021 through June 14, 2026, unless sooner terminated or extended.

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 Quote Preparation:

**QUOTE PREPARATION**

**Cost Quotation**:

* A fixed firm price for each line item on provided form (Attachment 2);

**Technical Quotation**:

* Company qualifications & experience;
* Assigned personnel’s experience;
* 3 References from hospitals of similar size;
* Proposed revisions to General Conditions, if any;
* Any terms and conditions you will request HHSC to agree to;
* W-9;
* State of Hawaii General Excise Tax Number and Certificate;

**TIMELINE**

|  |  |
| --- | --- |
| Public release of RFQ | Monday, March 1, 2021 |
| Questions due | Monday, March 8, 2021 by 2:00pm HST |
| Addendum release | Monday, March 15, 2021 |
| **Quote Due Date** | **March 29, 2021, by 2:00PM HST** |
| Discussions with Offerors (optional) |  |
| Award of Contract | Week of April 12, 2021 |

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.

# 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, March 8, 2021 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. 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 Manager Email [ytaylor@hhsc.org](mailto:ytaylor@hhsc.org) Direct (808) 322-4442 Fax (808) 322-4488  *AND*  Michelle Gray, Contracts Assistant II  Email mgray@hhsc.org Direct (808) 322-5830 |

NOTE: Yvonne Taylor will be out of the office from March 2, 2021 through March 16, 2021, or longer, with minimal access to email. OFFERORS must address all correspondence to both Yvonne Taylor and Michelle Gray

**NOTICE OF AWARD**

Your quotation will be reviewed and notice of acceptance or rejection will be provided electronically, as soon as practical.

Thank you for your interest in doing business with HHSC.

ATTACHMENT 1

Scope of Services

COMPANY NAME:

**Background**

The purpose of the Telesitter System is to use state of the art technology to ensure the Hawaii Health Systems Corporation provides the highest level of safe and quality patient care. The Telesitter System will provide the ability to have uninterrupted, remote monitoring and interactions with individual patients with integrated alarming measures and two-way instant communication.

**Objectives**

The Telesitter System purchase will provide new equipment for Kona Community Hospital. The system will be used with COVID-19 patients in isolation as well as with fall risk patients.

**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.

**Quote**

Use Pricing Summary (Attachment 2) as a template. Optional items must be on separate line items titled “OPTIONAL”. HHSC participates in Vizient GPO and all OFFERORS are urged to provide such pricing, or better, if your company holds a Vizient contract.

**Specifications**

**Product:** Ceiling Mounted units

**Quantity:** To Be Determined, estimated 10 quantity

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| --- | --- | --- | --- |
| Ceiling Mounted Units - Requirements | | | |
| Feature | YES | NO | Comments |
| Tamper proof |  |  |  |
| Ceiling installation compatible for solid and drop grid ceilings |  |  |  |
| Includes all required mounting components/brackets |  |  |  |
| Shall have capability for AC power or power over ethernet |  |  |  |
| Multiple monitoring capability. State how many patients per monitor station in the comments section. |  |  |  |
| Wipeable surface compatible with Oxivir TB Wipes |  |  |  |

**Product:** Mobile units

**Quantity:** To Be Determined, estimated 6 quantity

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Units – 1 way Requirements | | | |
| Feature | YES | NO | Comments |
| Wipeable surface compatible with Oxivir TB Wipes |  |  |  |
| Minimum 4 casters, with two lockable |  |  |  |
| Battery or line power |  |  |  |
| Battery life of 10-12 hours on full charge |  |  |  |
| Power cable length between 6-12 ft. Note length in comments section |  |  |  |

**Product:** Mobile units

**Quantity:** To Be Determined, estimated 2 quantity

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Units – 2 way Requirements | | | |
| Feature | YES | NO | Comments |
| Wipeable surface compatible with Oxivir TB Wipes |  |  |  |
| Minimum 4 casters, with two lockable |  |  |  |
| Battery or line power |  |  |  |
| Battery life of 10-12 hours on full charge |  |  |  |

**Product:** Equipment General Requirements (NOTE: KCH will purchase the CPUs and monitors for monitoring station)

|  |  |  |  |
| --- | --- | --- | --- |
| General Equipment Requirements | | | |
| Feature | YES | NO | Comments |
| High definition video and camera maneuverability (i.e. pan, zoom, tilt). Note the pan, zoom and tilt capabilities. |  |  |  |
| High quality speakers and microphone with headphone capability. |  |  |  |
| Easy to use interface to conduct virtual observations. |  |  |  |
| Different audible alerts for different patient safety risks. |  |  |  |
| Audit or reporting logs to document observer interactions. |  |  |  |
| Ability to activate a patient privacy setting should privacy be required. |  |  |  |
| All required hardware (excluding CPU and monitor), software and licenses. List all required items in comments section. |  |  |  |
| Wi-fi connectivity |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Pre and Post Installation Requirements | | | |
| Feature | YES | NO | Comments |
| All equipment must be delivered and installed within 60 days of signed contract |  |  |  |
| Onsite assembly of all equipment that requires assembly |  |  |  |
| Installation to include all cabling required |  |  |  |
| Clinical team for implementation and post installation support |  |  |  |
| Go-live support during Hawaii standard time hours |  |  |  |
| Onsite training sessions, possibly outside of normal working hours, for all applicable users |  |  |  |
| 90-180 days post installation onsite refresher training sessions, possibly outside of normal working hours |  |  |  |
| Online refresher training during entire ownership. |  |  |  |
| Comprehensive service agreement for 5 years. Include details – a separate sheet of paper or brochure may be used. |  |  |  |
| Instructions for Bio-med department to maintain equipment if service agreement is not desired. Please provide details on a separate sheet. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Optional Items – price as separate line items | | | |
| Feature | YES | NO | Comments |
| Prerecorded multi language messages. List what languages in comments |  |  |  |
| Nurse call integration. If yes, list in comments which systems. |  |  |  |
| Integrates with EMR.  If yes, list in comments which systems.  If yes, list in comments which HL7 segments are required? |  |  |  |

ATTACHMENT 2

# Pricing Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **PART #** | **PRICE PER UNIT** | **QTY PRICE BREAK?** | **VIZIENT CONTRACT # and COMMENTS, if any** |
| 1 way mobile |  |  |  |  |
| 2 way mobile |  |  |  |  |
| Ceiling/wall mount |  |  |  |  |
| Software License |  |  |  |  |
| Monitoring Station |  |  |  |  |
| Installation |  |  |  |  |
| Training |  |  |  |  |
| Preventative & Software Maintenance |  |  |  |  |
| OPTIONAL: multi language |  |  |  |  |
| OPTIONAL: nurse call integration |  |  |  |  |
| OPTIONAL: EMR Integration |  |  |  |  |
|  |  |  |  |  |

NOTES:

If your company has additional items to add to the pricing summary, please add additional lines.

Pricing shall be inclusive, including any travel if necessary.

Pricing shall be exclusive of taxes.