



October 5, 2020

Addendum TWO to

RFP FY20 - Replacement of MHC Existing Nurse Call System

This Addendum Number Two is issued to provide answers to questions potential bidders submitted in writing to Maniilaq regarding RFP FY20 - Replacement of MHC Existing Nurse Call System. In addition, a correction to the RFP is provided on page 2 of this Addendum.

This Addendum is hereby made part of the RFP, and each bidder shall take this Addendum into consideration when preparing and submitting a proposal. It is the sole responsibility of the bidder to be knowledgeable of all addenda related to this procurement.

Q.1) The RFP specifies that additional system parts be provided for stock in-house. Please indicate how many spare parts are required for each type of nurse call device, or what percent of supplied devices should be provided as spares.

A.1) Dependent on the design of the system, it deems the parts most used or which might have a higher failure rate; but at minimum, the following shall be provided: 4 patient stations, 2 Duty Stations, 1 Code Blue button, 1 power supply, 1 Master Station

Q.2) Please indicate quantity of rooms to be upgraded from duty stations to patient stations in the ER. It appears there are at least three ER rooms with duty stations at this time.

A.2) There are 3 stations in ER that need the upgrade to patient stations for the use of a call button.

Q.3) It appears there are 11 outpatient exams rooms with exiting duty stations. Should these remain duty stations or be modified to patient stations or other? Exam rooms typically only require call buttons.

A.3) In Outpatient, there are 22 Duty/Staff Stations total, of which 15 are Exam Rooms and 1 Duty Station and 1 Patient Station in the Procedure room. Other rooms have been modified to office space. If just a call button for location is bid, per requirements, that is fine.

Q.4) Are there existing patient tracking systems (wander management or infant protection)?

A.4) The wander management system we have is not tied into the NCS and is outdated. No Infant Abduction system either. That additional option can be shown as an addition in the Inpatient side with all related costs.

Q.5) What is the existing EHR system that would be used for ADT interface?

A.5) Cerner is utilized at Maniilaq Health Center.

Q.6) Do you have an existing wireless telephone system for providers/caregivers? If not, should one be provided as part of this RFP?

A.6) In the Dukane system, a telephony card was added, but it was never utilized with an in-house system. That can be shown as an additional option with all related costs.

Q.7) What is the timeline for project completion upon notice of award?

A.7) Completion timeline shall be six (6) months from awarded contract. However, specific timeline and date can be negotiated with selected vendor during contract development.

Q.8) Please confirm that the system must meet UL-1069 listing requirements for nurse call systems in hospitals, and requirements of the FGI guidelines for hospital nurse call systems.

A.8) The system must meet UL-1069 requirements and any requirements according to the 2018 FGI guidelines for nurse call systems.

Q.9) What is the deadline for submission of questions related to this RFP?

A.9) A week before as to adequately provide all questions and answers on the website.

Q.10) Since the existing system is to remain in operation during installation of the new system, how many rooms will be available for conversion at any given time?

A.10) We will work with patient flow, schedule each department, and strive to accommodate up to 4 rooms per day, dependent on location and department. Project schedule will be coordinated with vendor.

RFP and Plans Correction:

It has been discovered that the counts in the RFP do not align with the counts in the provided as-builts. So please bid to the count in the as-builts, shown below:

| ITEM | NEEDED |
|-----------------|--------|
| Patient Station | 46 |
| Staff Station | 29 |
| Duty Station | 46 |
| Panic Station | 1 |
| Master Station | 6 |