SPECIFICATIONS FOR
TENDER #0171-0953
SUPPLY OF HOSPITAL CRITICAL CARE BEDS
FOR WESTERN HEALTH

CLOSING DATE: 20 November 2009
Invitation to Tender for Hospital Critical Care Beds

1.0 General Provisions

1.1 Intent

The Western Regional Integrated Health Authority is inviting bids for critical care hospital beds. Interested companies are to provide bids in a sealed envelope for the supply of beds, including mattresses, which meet the specifications enclosed in this tender document.

Sealed tenders clearly marked will be received up to 11:00 A.m. (Newfoundland time) on November 20, 2009 and will be publicly opened in the Dining Room Boardroom 1st floor Western Memorial Regional Hospital, Corner Brook, Newfoundland.

Bidders must indicate the brand of product they are bidding on and include product specifications, and warranty information/brochure and service representation.

This Tender is concerned with the acquisition of Critical Care hospital beds for Western Health facilities in western Newfoundland with consideration of the following:

- Ongoing service and maintenance support.
- All manuals, documents and initial supplies.
- The right to reproduce any printed materials supplied with the product for the purpose of using the product.
- Training and training manuals. Vendors must be able to supply full training to user staff for the proper operation and functioning of the equipment.
- Future enhancement availability.

1.2 Western Health reserves the right to order additional units at the same price for a period up to and including 31 December 2010.
1.3 **Client Background**

The Western Regional Integrated Health Authority was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region of Newfoundland.

1.4 **Vendor Response**

1.3.1 Vendor’s tender must contain an Executive Summary which shall contain:

1.5 A brief description of the product being quoted.

b. The name, title and address of the Vendor’s representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars, FOB health facilities in western Newfoundland. All Tenders will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

1.6 **Communication During Tendering**

1.4.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. John Piercey  
Regional Director, Materials Management  
Western Health  
P.O. Box 2005  
Corner Brook, Newfoundland  
A2H 6J7  
Tel: (709) 637-5511  
Fax: (709) 634-2649  
Email: jpierc@healthwest.nf.ca
1.4.2 Western Health may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.

1.4.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health’s Materials Management Department no later than Five days following the Tender closing date.

1.7 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Purchasing Department, Western Regional Integrated Health Authority (Western Health), Western Memorial Regional Hospital, Lower Level, Corner Brook, NL A2H 6J7.

1.4.5 Bids submitted by electronic transmission (e-mail) will not be accepted.

1.4.6 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.

1.4.7 In order to contribute to waste reduction and promote environmental protection, the Western Regional Integrated Health Authority (Western Health) will endeavour to acquire goods and services that support these principles, therefore, product(s) quoted should include:

- maximum level of post-consumer waste and/or recyclable content
- minimal packaging
- minimal environmental hazards
- maximum energy efficiency
- potential for recycling
- disposal costs
- must not reduce the quality of the product required or affect the intended use of the product
- must not significantly impact the acquisition cost
1.5 **Tender Acceptance**

Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.

1.5.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.

1.5.3 Any Tender may be accepted in whole or in part. The lowest price Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

1.8 **Warranty**

The Vendor shall warrant that the product supplied to Western Health shall equal the published specifications.

The Vendor shall provide no less than a 2-year complete warranty on the bed units parts. The Vendor agrees to provide free of charge all parts and labor necessary to repair the system during the first year of operation.

2.0 **Product Specifications**

2.1 All equipment supplied to Western Health must be compatible with building infrastructure.

2.2 Critical Care Electric Bed

2.2.1 The beds must be designed and approved for use in critical care departments in Canadian Hospitals. They must be fully motorized electric units **which meet CSA/UL standards** and is so labeled. Yes ___ No____

2.2.2 The beds must be capable of being adjusted for full therapeutic positioning and controls must be present to permit the following and controls must be present to permit the following bed movements:

- a. Independent head and knee elevation. Yes ___ No____
b. Variable head height with low cycle time of 25 seconds or less.
   Yes ___   No____

c. Trendelenburg/Reverse Trendelenberg.
   Yes ___   No____

2.2.3 The beds must have 30 degree head of bed positioning and alarm to notify caregivers if the positioning has changed. Yes ___   No____

2.2.4 Controls must have individual lock out switches for patient controls.
   Yes ___   No____

2.2.5 Patient controlled knee and head elevation controls must be of the rail embedded type on the inside of the rail and utilize large graphic symbol.
   Yes ___   No____

2.2.6 Nursing controls must be located on both side rails and the foot end panel of the bed and be permanently affixed.         Yes ___   No____

2.2.7 Safety side rails shall be half length type. Rails must store to provide a zero transfer gap for surface transfer. Side rails shall have heavy durable plastic covering or solid plastic suitable for this application. The gap between the side rails to be less than 60mm.
   Yes ___   No____

2.2.8 Side rails release mechanisms shall be easily accessible, highly visible and provide no pinch points to users. Yes ___   No____

2.2.10 Beds shall have central breaking and steering system with minimum 5.5” double ball bearing swivel casters. Brake control to permit locking of caster(s), must be located on both sides of the bed. Casters must be non-marring material. Yes ___   No____

2.2.11 The bed must be able to function in the event of a power failure.
   Yes ___   No____

2.2.12 Roller bumpers should be located at foot end of the bed.
   Yes ___   No____

2.2.13 Drainage bag holders must be located on both sides of the bed.
   Yes ___   No____

2.2.14 Under bed clearance must be permit the proper use of Fluoroscopy equipment and mechanical patient lifts.
   Yes ___   No____

2.2.15 Head and foot panels shall be constructed either solid plastic, formed plastic with built in handles. Yes ___   No____
2.2.16 Head and foot end panels must be easily removable with no tools.
   Yes ___   No____

2.2.17 The bed shall have 2 permanent IV poles attached.
   Yes ___   No____

2.2.18 The bed platform shall have a radiolucent litter top to permit regular
   fluoroscopy functions to be performed.
   Yes ___   No____

2.2.19 Bed dimensions and functions to be as follows:
   - High position (floor to top of pan):         33-34”
   - Low position (floor to top of pan):         14-16”
   - Overall Length including bumpers:         90” Approximate
   - Overall width – with safety sides up:      41 1/2” Approximate
   - Overall width – with safety sides down:  361/2 “ Minimum
   - Minimum Sleep surfaces size:          35” x 84”
   - Minimum head elevation                60 degrees
   - Minimum Foot elevation                16 degrees
   - Minimum trendelenburg/
     Reverse trendelenburg:             11 degrees
   -Minimum 500 lb patient weight capacity
     Yes ___   No____

2.2.20 Weight scales and exit Alarm – The bed must have build in weight
   scales and bed exit alarm system. The exit alarm system which shall
   provide both independent alarm and integration with the existing nurse
   call system. A full description of the system shall be provided with the
   bid. The system is to provide maximum fall prevention warning versus
   patient bed exit notification. Assessment of alarm options provided
   will take into account this functioning aspect of the system for the
   intended usage area. The weight scale system must be able to record
   patient weight history.
   Yes ___   No____

2.2.21 The bed must have Cardiac Chair positioning, CPR release and be
   movable in all height positions._Yes ___   No____

2.2.22 The bed must have a motorized drive which permits easy transport of
   patients and has very intuitive control system.   Yes ___   No____

2.2.23 The bed must have minimum of three extra 110 volt auxiliary outlets
   which provide easy use by nursing staff. Yes ___   No____
2.2.24 There is a requirement for various types of mattresses to be used depending on the treatment requirements of patients. The bed must function with regular foam mattresses and with various air support surfaces that are designed to prevent/treat skin breakdown, assist in pulmonary treatments and assist the caregivers in turning the patients on their sides – we will purchase up to 4 beds with these functions. The controls for the air surfaces must be able to be easily integrated into the bed controls. The bed and air surfaces should function such that patients remain in proper position when the bed is adjusted. The patients should not slide forward when the bed is raised into the seat position or HOB 30 degree Yes ___ No____

Please list all optional surfaces and pricing that is available with the bed you are bidding.

2.2.25 The bed should be extendable. Yes ___ No____

2.2.26 The bed must have line management system Yes ___ No____

2.2.27 The bed must have oxygen bottle holders. Yes ___ No____

2.2.28 The bed must have nurse call. Yes ___ No____

2.2.29 Bidders must be willing to provide a bed evaluation if deemed necessary by ICU nurse manager. Yes ___ No____

3.0 GENERAL CONDITIONS

3.1 Please state delivery time from date of purchase order: __________

3.2 Does your product contain latex? Yes ____ No ___
   If yes, please state amount of latex content and describe ______
   ______________________________________________________________________________________

3.3 Please state price FOB Western Newfoundland health care sites.

All bids must be sent in a sealed envelope clearly marked with
Tender Name and Number to:

Regional Manager of Purchasing
Western Health Authority
P. O. Box 2005
1 Brookfield Avenue
3.4 Bids submitted by electronic transmission (e-mail) will not be accepted.

3.5 This Corporation will not be held responsible for any damages or liabilities incurred by companies who submit their bids by fax. Companies submitting bids by fax are doing so at their own risk, since the prices and relevant information they submit are visible to any person(s).

3.6 Companies submitting fax bids are doing so at their own risk and the fax bid must be at the public opening as specified in the tender information. This Corporation will not be responsible for in-house courier services if companies submit bids by fax machine.

The time stated on the fax bid will become null and void since it is the responsibility of the company placing the bid to have their bid at the public opening, therefore, this Corporation will not be responsible for any damages or liabilities.

3.7 The lowest price or any tender not necessarily accepted.

3.8 In order to contribute to waste reduction and promote environmental protection, the Health Care Corporation of Corner Brook will endeavor to acquire goods and services that support these principles, therefore, product(s) quoted should include:
- maximum level of post-consumer waste and/or recyclable content
- minimal environmental hazards
- maximum energy efficiency
- potential for recycling
- disposal costs
- must not reduce the quality of the product required or affect the intended use of the product
- must not significantly impact the acquisition cost

3.9 Does the medical device(s) you are quoting on comply with Health Canada's Licensing Regulations?

Yes ___ No ___ Not Applicable ___

3.10 Please state your Canadian Medical Device License Number for the devices quoted on requiring licensing in Canada ____________.
3.11 Please state Medical Devices Establishment License Number if your Company is a dealer or distributor ________________.

3.12 International Sale of Goods Act does not apply in this tender or any potential future purchases applying to this tender. Only Canadian Business Laws and Canadian Sales of Goods Act will apply.

3.13 Tender evaluation and award of contract for this item will be done in accordance with the procedures outlined in the latest revised Public Tender Act and the associated regulations.

3.14 Policy criteria application and procedures will be as established under related legislation and guidelines.

3.15 Prices quoted must be in Canadian currency, F.O.B. user site(s) Corner Brook, NL with H.S.T. exempt and all other duties and levies included.

3.16 Western Regional Integrated Health Authority will have right to cancel orders and/or eliminate a bid if any significant safety issues or concerns with the operation of the beds become evident during the assessment or term of the standing offer.

4.0 Presentation / Training / Service

4.1 Presentation

A presentation of the Tender and / or a demonstration of the product / system shall be provided, if requested, at the Vendor’s expense.

4.2 Training

The Vendor shall provide on-site training to staff in the use of the BEDS. All costs associated with this training shall be included in the total Tender price. The length of such training shall be what is reasonably required to train the users of the equipment and shall be documented. The vendor should be able provide optional training intended to train Facilities staff on the complete operation and maintenance of the bed.

4.3 Service

The Vendor shall confirm in writing that Parts and Labour will be available for the quoted system for not less than nine (9) years after the warranty period.
4.3.1 The Vendor shall provide all Service and Parts manuals required to service the equipment.

4.3.2 Please state delivery lead time required to deliver beds to Western Health for beds when ordered.

Product History and Vendor Reputation

4.4 The Vendor shall provide a list of three (3) organizations where a similar Unit has been installed. Include a contact person for each organization.

5.0 Financial Considerations

5.1 Please indicate your pricing with all required functions and list optional

5.2 All applicable taxes shall be indicated separately in the Tender.

5.3 All costs for training shall be included in the Tender. This includes any travel, meals and accommodation.

5.4 Terms of Payment

The Authority agrees to pay the full invoiced amount within 30 days following acceptance of the installed units by Western Health. Acceptance testing will be completed within 30 days following the complete installation of the system.

6.0 Vendor Confirmation (please sign)

I confirm that our Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Signed

Title

Company Name

Tender 0171-0953
Tender bid price:

ICU bed as per specifications:__________________________________

Mattress Options: ____________________________________________
TENDER CHECKLIST

TENDER # 0171-0953

DID YOU INCLUDE

HAS TENDER SUBMISSION BEEN SIGNED  Yes ☐  No ☐

COPY OF REQUIRED TENDER DOCUMENTS  Yes ☐  No ☐

COPY OF BROCHURES (IF REQUESTED)  Yes ☐  No ☐

COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED)  Yes ☐  No ☐

COPY OF PROOF OF INSURANCE (IF REQUIRED)  Yes ☐  No ☐

AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM  Yes ☐  No ☐

NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER “NO” TO ANY OF THE ABOVE QUESTIONS.