



**SPECIFICATIONS FOR**

**TENDER # 0571- 1705**

**SUPPLY OF ONE WANDERING MANAGEMENT SYSTEM FOR  
SIR THOMAS RODDICK HOSPITAL**

**CLOSING DATE: March 17<sup>th</sup>,2017**

**CLOSING TIME: 2:00 PM (Newfoundland Time)**



## **Invitation to Tender for**

### **1. General Provisions**

#### **1.1. Intent**

This invitation to Tender is intended to obtain one Wander Management System complete with installation and commissioning for the Western Regional Health Authority (Western Health) at Sir Thomas Roddick Hospital.

This Tender is concerned with the acquisition of Wander Management System for **Sir Thomas Roddick Hospital** 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.
- Future enhancement availability.
- Installation and commissioning

1.1.1 Western Health reserves the right to order additional units at the same price for a period up to and including 31 December 2018. Other health boards within Newfoundland and Labrador may avail of this tender as needed.

#### **1.2. Client Background**

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

## Vendor Response

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

- a. 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 Western Memorial Regional Hospital. 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.

## 1.4 Release of Information

### 1.4.1 While Tender is Open:

The names of individuals or companies who have picked up the tender documents will **not** be released.

### 1.4.2 At Tender Opening:

Only the names of the bidders will be read out.

### 1.4.3 After Tender Opening:

1. No further information will be released until after the contract is awarded.
2. After award, only the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.

### 1.4.4 FYI, Statements that are included as part of our Tender calls:

While bidders are welcome to attend the public opening, please be advised that it is not our policy to release bid information. Only the names of the bidders will be released.

## 1.5 Communication During Tendering

- 1.5.1 All communications with Western Health with respect to this invitation to tender must be directed in writing to the attention of:

Mr. Paul Wight  
Regional Director, Materials Management  
Western Health  
1 Brookfield Ave.  
Corner Brook, Newfoundland  
A2H 6J7  
Tel: (709) 637-5000 ext 6429  
Fax: (709) 634-2649  
Email: paulwight@westernhealth.nl.ca

- 1.5.2 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.
- 1.5.3 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** working days following the Tender closing date.
- 1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Materials Management Department, Western Health, Western Memorial Regional Hospital, 1 Brookfield Ave., Corner Brook, NL A2H 6J7.
- 1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.
- 1.5.6 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.
- 1.5.7 In order to contribute to waste reduction and promote environmental protection, the 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

## 1.6 **Tender Acceptance**

- 1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.
- 1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.
- 1.6.3 Any Tender may be accepted in whole or in part. The lowest 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.

## 1.7 **Warranty**

- 1.7.1 The Vendor shall warrant that the product supplied to Western Health shall equal the published specifications.
  - 1.7.2 The Vendor shall provide no less than a 2 year warranty on the complete system with parts and labor included and 5 years on parts only.
  - 1.7.3 Warranty start date shall start after system commissioning.
  - 1.7.4 Vendor shall indicate who will be providing the service and the nearest service location.
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## 2. Product Specifications

- 2.1. System must be standalone operating in a wireless frequency that does not interfere with current hospital 802.11 Wi-Fi devices, and must be approved by Industry Canada. Please state the Industry Canada IC Certification Number.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.2. System must interface to magnetic locks and lock those doors upon resident entering coverage area.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.3. The current installed magnetic locks are \_\_\_\_\_. Does the quoted system interface to these magnetic locks? If no please state the approved magnetic locks on the bid sheet appendix B.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.4. System must be supplied with a minimum of 6 patient transmitters. Please state the price and battery life of these transmitters. List all available transmitters in appendix B  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.5. Two door monitoring and patient transmitter testing devices must be supplied with the system. Please state additional pricing in appendix B  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.6. System must be expandable to show patient location within the unit. This expanded software must also show patient transmitter ID information, log all egress alarm activity, and have reporting software. Please state pricing model for this upgrade.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.7. System must alarm at the egress door and the two nursing stations. Each nursing stations must be equipped with an annunciator showing the location of the door in alarm  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.8. System must incorporate active patient transmitters  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.9. System must have capability of using passive infrared (PIR) hallway monitors  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.10. System must have alarm suppression at the door for patient escorts.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_

- 2.11. System must have the ability to change security codes by system administrator  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.12. System must incorporate a battery backup to work in the event of a power failure  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.13. System must have dry contact outputs for connection to nurse call systems and other monitoring systems  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.14. System must be user programmable for different modes of operation for select time of day  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.15. System must have the programing ability to arm & disarm alarm points at specified times  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.16. System must be Programmable to lock a door 24/7  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.17. System must have a receiver located at each egress exit location as indicated on the floor plan in appendix A  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_
- 2.18.

### 3.0 **Presentation / Training / Service**

#### 3.1 **Presentation**

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

#### 3.2 **Training**

3.2.1 The Vendor shall provide on-site training to staff in the use of the **WANDERING MANAGEMENT SYSTEM**. 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.

3.2.2 The Vendor shall agree to provide pricing for factory training for One employee, employed by Western Health, for the purpose of maintaining the **WANDERING MANAGEMENT SYSTEM**. Such training shall be equal to the training provided to the Vendors own service staff. All costs associated with this training, including travel, accommodations, meals and tuition shall be included in the Tender price.

All special tools to properly service the system must be included in the bid.

All diagnostic software licenses and associated costs must be included in the bid for the life of the equipment while it is supported by the manufacturer.

### 3.3 Service

3.3.1 The Vendor shall confirm in writing that Parts and Labor will be available for the quoted system for not less than seven (7) years after the warranty period.

3.3.2 The Vendor shall provide as an option, pricing for an additional one-year and five-year Service Contract including all parts and labor.

3.3.3 The Vendor shall provide a minimum of 2 copies of the Operating, Parts and Service Manuals which must accompany the equipment when shipped.

## 4.0 Installation

A. Are there utility requirements:

1. Electrical Voltage: \_\_\_\_\_ Amperage: \_\_\_\_\_

Other: Yes  \_\_\_\_\_

Specifics: \_\_\_\_\_

B. If the device contains a battery, state the battery type and typical life cycle (hours of operation and charging time). State additional systems or work required to maintain the battery.

\_\_\_\_\_

\_\_\_\_\_



- C. The equipment (except if solely battery operated) must comply with all applicable C.S.A. standards and be certified by an organization accredited by the Standards Council of Canada.  
Yes  No
- D. Equipment that requires on site certification to meet CSA Standards must be completed by an accredited testing organization. The cost of this must be covered by the supplier.  
Yes  No
- E. Will any site preparation be necessary? Yes  No   
If yes, explain \_\_\_\_\_
- F. All supplies required for the initial start up and/or commissioning of the equipment shall be included.  
Yes  No
- G. Will this equipment require any unloading equipment to make safe receipt at time of delivery? Yes  No
- H. If installation is involved, the Vendor shall coordinate the delivery and installation of the equipment.  
Yes  No
- I. CSA standard CSA Z317.13-12 *Infection control during construction, renovation, and maintenance of health care facilities* must be adhered to at all times during system installation. All costs associated to install the system to meet these guidelines will be the responsibility of the vendor.  
Yes  No

#### 4.4 Evaluation

**No contract shall be awarded unless:**

- a. The system or any of its accessories has been previously used and deemed to be satisfactory, or
- b. The system or any of its accessories has been pretested and found to be satisfactory prior to submission of quotes, or
- c. The system or any of its accessories which is the low or preferred bid is evaluated before award of any contract to purchase.

**5.0 Product History and Vendor Reputation**

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

**6.0 Financial Considerations**

6.1 All applicable taxes shall be indicated in the Tender.

6.2 The cost for installation, initial set-up and programming shall be included in the Tender price.

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

**6.4 Terms of Payment**

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

**7.0 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 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Base Tender Price \$ \_\_\_\_\_ Tax Extra Yes \_\_\_\_\_ No \_\_\_\_\_**

## TENDER CHECKLIST

TENDER # 0571-1705

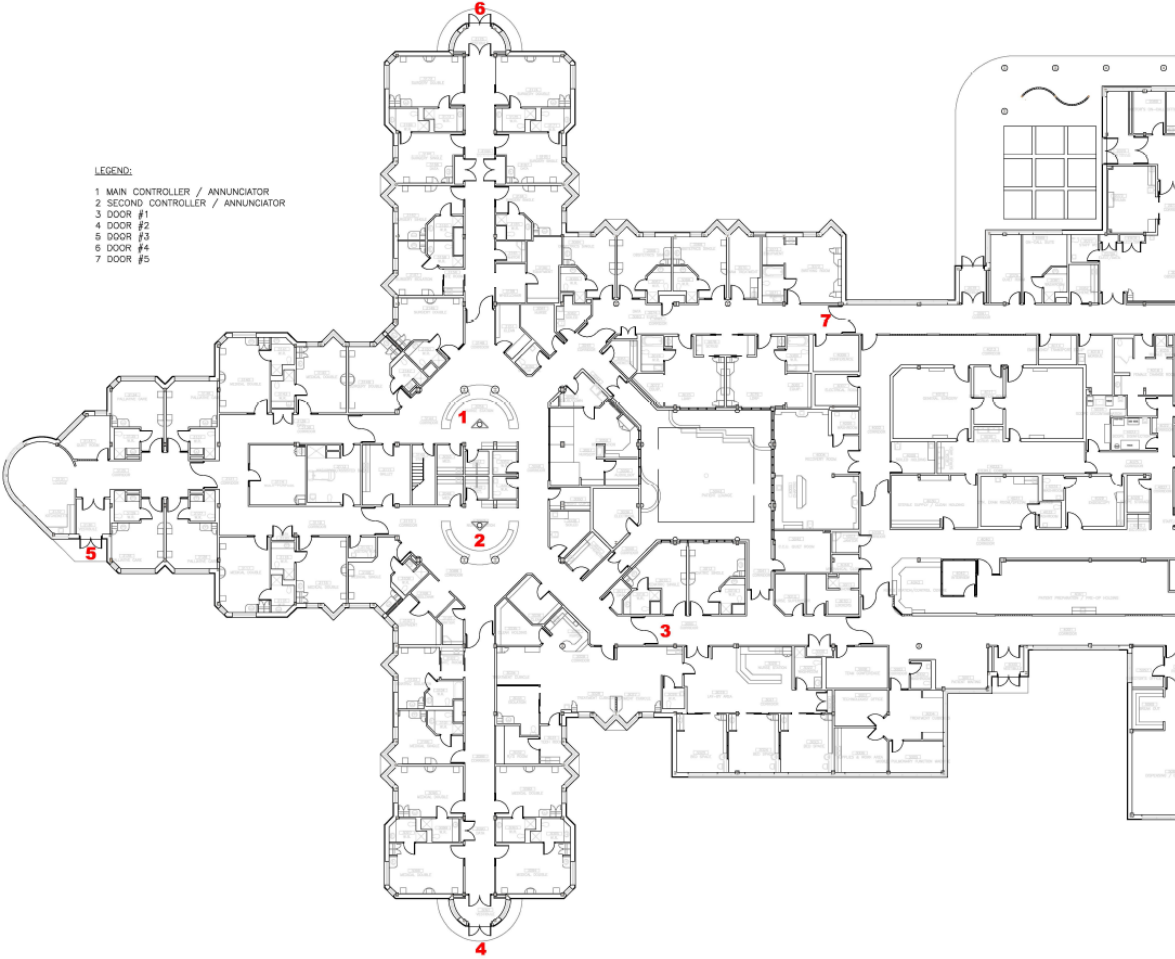
DID YOU INCLUDE

HAS TENDER SUBMISSION BEEN SIGNED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF REQUIRED TENDER DOCUMENTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF BROCHURES (IF REQUESTED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF PROOF OF INSURANCE (IF REQUIRED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPTIONAL PRICING FOR TRAINING INCLUDED	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Appendix A

Floor plan of coverage area.



APPENDIX "B"  
TENDER PRICE TABLE

<i>Sections</i>	<i>Description</i>		<i>Amount (\$)</i>	
<b>C1</b>	<b>Base Tender –</b>			
<b>C2</b>	<b>Separate Prices</b>			
	1	Magnetic locks for system – 5 doors		
	2	Upgrade to RTLS for patient location including installation (non 802.11 frequencies)		
	3	PC cost for RTLS and alarms if required		
<b>C3</b>	<b>Unit Prices</b>		<i>Quantity</i>	<i>Unit Price (\$)</i>
	1	Transmitter (state life of transmitter)	ea	
	2	Transmitter (state life of transmitter)	ea	
	3	Transmitter / Door testing device	ea	
	4	Door monitor	ea	
	5	Annunciator	ea	
	6	Magnetic lock	ea	