



SPECIFICATIONS FOR
REQUEST FOR PROPOSAL 0671-1905
SUPPLY OF OCCUPATIONAL THERAPY SERVICES
AT DR. CHARLES L. LEGROW HEALTH CENTRE
PORT AUX BASQUES

CLOSING DATE: ***April 12th, 2019***

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



Invitation to Tender

1.0 General Provisions

1.1 Intent

Western Health is currently seeking qualified and experienced *Occupational Therapist(s)* to provide services and programs at the following site in the western region: *Dr. Charles L. Legrow Health Center*.

1.2 Client Background

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

1.3 Vendor Response

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

- a. The name, title and address of the Vendor's representative responsible for the preparation of the Tender. A brief description of their qualifications.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars. 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.

Amendments may be made to the tender and potential bidders will need to check the web site to ensure they are fully informed of changes.

1.4.2 At Tender Opening:

1. The names of the bidders, and overall bid price(s) will be read out.
2. Where the overall bid price(s) cannot be readily determined, no pricing will be released.

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.
4. Successful Awards will be posted on Web Site.

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 of Materiel's Management
Western Health
1 Brookfield Avenue
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 637-5511
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 proposals must be sent in a sealed envelope clearly marked with Tender Name and Number to:

Tender No 0671-1905

Materials Management Department, Western Health, Western Memorial Regional Hospital, First Floor, 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
- Without:
- reducing the quality of the product required or affecting the intended use of the product
 - significantly impacting 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.

2.0 Service Specifications

The Vendor must be able to provide the service according to the following:

2.1 The contract service must be done by individuals who are qualified and experienced *Occupational Therapist(s)*. The *Occupational Therapist will be required to* participate as a team member with other professional Western Health staff to help ensuring optimal care and outcomes by providing a comprehensive range of *occupational therapy* services to patients / clients / residents receiving services in acute care, *long term care and in the community*. Primary responsibilities will be to assess patients / clients, formulate treatment goals, develop a treatment plan, and provide treatment to assigned patients / clients / residents. Direction of treatment may include delegating tasks to *Occupational Therapy* Support personnel.

Service Specifications:

- The service provider must be an experienced and qualified *Occupational Therapist*. *The service provider must hold current registration with NLAOT (Newfoundland and Labrador Association of Occupational Therapists) and current licensure with NLOTB (Newfoundland and Labrador Occupational Therapy Board).*
- The *Occupational Therapist* will work in collaboration with other members of the interdisciplinary team, to effectively plan and provide therapeutic interventions based on patient goals.
- The Therapist provides preventative, diagnostic and therapeutic services aimed at maximizing an individual's functional abilities, preventing or alleviating disability, maintaining function and preventing undue deterioration.
- Must hold appropriate professional liability insurance, workers compensation coverage for each and every employee providing services to Western Health.
- Must be willing to comply with all Western Health policies and procedures.
- Service provision should occur over a consecutive block of time (ie. 8:00 am – 12:00 pm or 1:00 pm - 4:00 pm).

Expressions of Interest are requested for the provision of services as follows:

Dr. Charles L Legrow Health Centre

Occupational Therapy service provision is required for clientele across the full continuum (or any part thereof) up to a maximum of five (5) days per week, Monday to Friday, 8:00 am – 4:00 pm. The continuum includes:

Acute Inpatients, 14 Beds: assessment and intervention to maximize independence in daily occupations following illness or injury with a view to facilitating safe and timely discharge to home or alternative destination

Acute Outpatients: assessment and intervention such as management of acute hand injuries, splinting, etc.

Long Term Care Residents, 30 Beds: assessment and intervention to maintain optimal participation in daily occupations in the long-term care setting such as recommendations for self-care, specialized seating, skin integrity management etc.

Community Clients: Assessment and intervention in client homes to maximize safety and independence in their home environment via environmental adaptation, equipment prescription, activity adaptation etc. This clientele requires significant communication with stakeholders such as the community health team, government agencies such as NLHC, NIHB, SAP-E, WHSCC, Private Insurance agencies etc. The geographical catchment area for Dr. Charles L. Legrow Health Center is from Rose Blanche to Codroy and Burgeo/LaPoile.

The work can be effective immediately or as soon as can be agreed by both parties. Western Health will consider proposals that include limited availability for any qualified individuals who can partially meet some of the needs.

Proposal Responses:

In responding to the Expression on Interest please include the following:

1. Hourly Rates to be charged including all applicable taxes.
2. Any other fees or costs to be charged under this proposal (i.e. mileage, gas)
3. Hours and days of the week that you would be available to provide service.
4. Current evidence of registration in good standing with the *Newfoundland and Labrador Association of Occupational Therapists and Newfoundland and Labrador Occupational Therapy Board* for all therapists who will provide services under this proposal.
5. Resume for any therapists who will provide services under this proposal.
6. Current certificate of conduct in good standing.

Any proposal may be accepted in whole or in part. There is no obligation to accept offers and the lowest proposal may not be accepted.

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.

4.0 **Product History and Vendor Reputation**

4.1 The Vendor shall provide a description of their qualifications and list references. Include a contact person for each organization.

5.0 **Financial Considerations**

5.1 All applicable taxes shall be indicated in the Tender.

5.2 **Please indicate a charge per hour for service provided within the facilities. The cost of travel from main sites to secondary sites should be indicated as PER KM Rate. The travel distance must be greater *than* 10 KM to be charged.**

5.3 **Terms of Payment**

Western will agree to pay approved invoices submitted every two weeks on the regular accounting cheque run. 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.

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.

Contact Name _____

Signed _____

Title _____

Company Name _____

Address _____

Phone _____

Please indicate which sites you are proposing to provide service:

Tender Price Per Hour within the facility:

Tax Extra **Yes** _____ **No** _____

DCLHC Rate per HR _____ Per KM rate _____