

TOWN OF HILTON HEAD ISLAND, SC

**REQUEST FOR PROPOSAL**

(RFP 2016-0002)



**Cardiac Monitors/Defibrillators and  
Equipment**

**TOWN OF HILTON HEAD ISLAND**  
**REQUEST FOR PROPOSAL**  
**(RFP 2016-0002)**

The Town of Hilton Head Island (Town) is soliciting sealed proposals from qualified vendors to provide cardiac monitor/defibrillators and equipment (monitors) described in the Detailed Specification and Questionnaire, Exhibit (1). Monitors shall be warranted and include annual preventative maintenance and user training in full compliance with Page 2 of this RFP.

The Town also desires to receive a trade allowance for our existing inventory of cardiac monitors and equipment reflected in Exhibit (2).

The Proposal Tabulation Form provided in Exhibit (3) should be used to record your detailed proposal cost.

Responses are due no later than 1:30 pm on Tuesday, February 23, 2016. Six (6) copies of the sealed proposal(s) should be hand carried or delivered by traceable means (i.e. FedEx) to Tom Fultz, Director of Administrative Services for the Town of Hilton Head Island, at 1 Town Center Court, Hilton Head Island, SC 29928. Ensure that proposals are labeled on the outside of the envelope or package with the following:

**RFP 2016-0002 Cardiac Monitors/Defibrillators and Equipment.**

Proposals will be opened in the Town of Hilton Head Island Government Center on the same day and only the name of the vendor will be made public at that time. Inquiries regarding this solicitation and the trade-ins should be directed during normal business hours (daily, 8:30am - 4:30pm EST) to Ed Boring, Deputy Fire Chief (843-682-5100).

The Town reserves the right to refuse any and all responses and to waive any technicalities and formalities.

This solicitation does not commit the Town to award a contract or to pay for any costs incurred in the preparation or submission of a proposal.

The Town reserves the right to negotiate with all qualified vendors and to cancel in part or in its entirety this request if it is in the best interest of the Town to do so.

The proposal must be firm for a period of at least 120 days from the due date of the proposal.

The proposal must be signed by an official of your company authorized to commit to and enter into a formal contract for good or services.

The Town does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of goods and services.

## **Equipment to be Purchased**

- Twelve (12) cardiac monitors/defibrillators; see Detailed Specification and Questionnaire, Exhibit (1).
- Ten (10) cardiac monitor ambulance transport mounts; CAAS compliant.
- Warranty and service agreement (see below).
- User and maintenance training (see below).

## **Warranty, Maintenance Agreement, and Training**

### **1. General Warranty**

The Town desires a comprehensive, complete, all-inclusive warranty for all components, accessories, chargers, software, and hardware for a minimum of five (5) years from acceptance.

Please respond to this request in the form of an Executive Summary regarding the specific warranty period, inclusions, exclusions, and any requirements to maintain the warranty. Information regarding how and where warranty repairs are performed and provisions for loaner units shall also be included.

### **2. Maintenance Agreement**

The Town desires factory routine preventative maintenance to be performed on all monitors, chargers, and accessories annually for a period of at least five (5) years. This preventative maintenance shall include, but not be limited to, complete operational check-out, software and hardware updates, and certification of proper operation upon completion of preventative maintenance.

Please respond to this request in the form of an Executive Summary regarding the specific preventative maintenance period, inclusions, exclusions, and any requirements on the part of the Town. Information regarding how and where preventative maintenance is performed and provisions for loaner units shall also be included.

### **3. User and Maintenance Training**

The Town requests end-user and user training for its personnel. Approximately 125 Fire Rescue personnel will require user training.

The objective of this training is to:

- Thoroughly train end-users in daily operational checks, user maintenance, routine and normal operations of the specified monitors and equipment.
- Thoroughly train Fire Rescue Information Technology personnel and supply staff on

all connectivity processes and in-house troubleshooting of the equipment.

- Thoroughly train specialty users on process and procedure to transfer data to repositories to include but not be limited to Life Net, Cares Registry and Code Stat or its equivalent.

Please respond to this request in the form of an Executive Summary regarding the specific training provided.

### **Selection Criteria**

The following selection criteria will be used to evaluate all proposals:

#### **1. Compliance with Specifications and Requirements**

Your proposed equipment will be measured and evaluated against our stated specifications and requirements to include a field test of your equipment.

Offerors must provide for testing by the Town one (1) cardiac monitor/defibrillator and equipment as specified and configured as per this RFP. Shipment or delivery of cardiac monitor will be coordinated and occur at a mutually agreeable time.

#### **2. Product Quality / Product Warranty / Quality of Customer Service and Support**

Your proposal will be measured on the ability to provide a comprehensive warranty for a minimum of five (5) years, as well as the ability to cost-effectively and efficiently provide the Town warranty, routine, and emergency repair. The proposal will also be measured on your ability to provide an adequate stock of repair parts, loaner or replacement equipment and turnaround time for our monitors when out of service for repair.

Provide a list of **three (3)** customers for whom you have provided these monitors (same make and model) in the past two years, including current point of contact and valid phone number for each. Those customers level of satisfaction with the product and product support will be assessed.

#### **3. Price**

Total cost of your proposed product to include all equipment as specified, applicable South Carolina sales tax, shipping and trade allowance for the Town's present cache of equipment.

### **Proposal Format:**

The Town desires to have a detailed but focused response to this RFP. Your proposal should include a brief executive summary of your firm and your firm's experience in providing this type of equipment. You must fill out completely the Detailed Specification and Questionnaire, Exhibit (1) and Proposal Tabulation Form, Exhibit (3).

**Insurance:**

The Contractor is required to maintain appropriate levels of insurance for both Workers Compensation coverage and for automobile liability. The contractor is required to maintain One Million Dollars in general liability insurance. Prior to award, the contractor must provide the Town a Certificate of Workers Compensation and general liability; the Town shall be named as an additional insured.

**Business License:**

The Contractor will be required to obtain a Town Business License. For information regarding the procedures and cost the contractor should contact the Town's Business License Office at 843-341-4623.

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**General Cardiac Monitor/Defibrillator and Equipment Requirements**

The purpose of this specification is to establish the minimum requirements for cardiac monitors/defibrillators and associated equipment used by the Town of Hilton Head Island.

**The attached performance requirements are, in the opinion of the Town, the ideal cardiac monitors/defibrillators. These requirements are determined by the Fire Rescue Cardiac Monitor Selection Committee.**

**Provide cardiac monitors/defibrillators and equipment in the quantities noted.**

Cardiac monitor/defibrillators (monitors) shall adhere to the attached specifications and meet all current applicable and relevant regulations, guidelines, and standards. These include, but are not limited to: American Heart Association (AHA); American National Standards Institute (ANSI); American Society for Testing and Materials (ASTM), Association for the Advancement of Medical Instrumentation (AAMI), ECRI Institute, National Fire Protection Association (NFPA) and the United States Food and Drug Administration (FDA).

**Below are twenty-five (25) requirements of the Town for cardiac monitor/defibrillators. Please respond by indicating your compliance with each requirement and answering the questions associated with each requirement. Deviations from the requirements must be clearly documented in the space provided below.**

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**1. Cardiac monitor, complete: Each complete unit shall include:**

- **cardiac monitor/defibrillator**
- **standard complement of batteries for operation**
- **same amount of spare batteries**
- **(1) battery charger**
- **(1) carrying case with strap**
- **(1) therapy cable**
- **(1) 3-lead ECG cable**
- **(1) 12-lead ECG cable**
- **(1) spO2 sensor with cable**
- **(1) set of temperature monitoring cables**
- **(1) set of fast patches**
- **(1) set of equipment required for CPR feedback, whether separate or integral to the monitor**
- **(1) capnography filter**
- **(1) pack of electrodes**
- **(1) blood pressure cuff w/ cable (1 for each age/size patient).**

**2. 12-Lead ECG: Unit SHALL perform and analyze 12-lead ECG. Acceptable 12-lead interpretive algorithms include Philips DXL, Invoice, and Glasgow.**

- What algorithm is used?
- Does the monitor notify the user if it sees a change in rhythm? How?
- Does the monitor have the ability to compare the initial 12-lead rhythm with the live or current 12-lead?

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**3. Defibrillation/Cardioversion: Monitor SHALL Perform defibrillation/cardioversion:**

- Does the monitor perform defibrillation in both 'AED' and manual modes?
- Does the monitor perform synchronized cardioversion?
- Is the monitor capable of administering energy (joules) levels in accordance with ACLS standards?

**4. Pacing: Monitor SHALL perform cardiac pacing:**

- Does the monitor have the ability to perform cardiac pacing?
- Is pacing performed with defibrillation/cardioversion pads (fast patches)?
- What, if any additional components are required for pacing?

**5. Capnography: Monitor SHALL monitor ETCO2. Monitor SHOULD indicate and/or rectify an obstructed filter line.**

- Are the results displayed as a waveform?
- Are the results displayed numerically?
- Are the readings recorded for retrieval later?
- Is there an apnea alarm?
- Can the user control the volume?
- Can the user silence the alarm and if so, for how long?
- Does the monitor indicate and/or rectify an obstructed filter line?

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**6. CO/spO2 Monitoring- Unit SHALL monitor carbon monoxide levels, pulse rate, and oxygen saturation.**

- Can the monitor perform the monitoring of CO/spO2/CO?
- Can this be accomplished through one sensor?
- Can the readings be viewed as waveform and with numeric values?
- Does the monitor record these readings for later retrieval?
- Does the monitor alert the user to low spO2 and/or high CO readings?
- Are the waveforms and numeric values viewable simultaneously?

**7. Temperature Monitoring- Unit SHALL monitor temperature with oral disposable sensors or sensor covers:**

- List the other methods available for temperature monitoring.

**8. CPR Feedback: Unit SHALL provide information on CPR quality. Optimal CPR feedback is desired by Fire Rescue and shall provide immediate audio/visual prompts and coaching retained with the incident data and transferable into Zoll RescueNet PCR.**

- Does CPR Feedback include real time coaching of the CPR provider?
- Does it show the underlying rhythm separate from the CPR impedance channel?
- Does the monitor include a metronome or compression per minute coaching feature?
- Is the CPR feedback device integrated with and does it communicate with the monitor?
- How is CPR feedback provided?

**Exhibit 1**  
**Detailed Specification and Questionnaire**

9. **Cellular Modem: Unit SHALL have remote connectivity through cellular service for the purpose of transmitting patient side data including 12-lead ECG to Hilton Head Hospital, Life Net, Code Stat, or its equivalent and local data repositories determined by Fire Rescue. This is the preferred primary method for transmitting patient side data. The modem shall be a minimum of 3G and be external and upgradable and must provide automatic failover to Fire Rescue Cradle Point Modems:**

- Is the cellular adaptor internal or external?
- Is it upgradable and fully supported by the manufacturer for the life of the monitor?
- What cellular carrier services are available?
- Please indicate what cellular technologies are available?

10. **Wi-Fi: Unit SHALL have Wi-Fi connectivity through Fire Rescue Cradle Point Modems to transfer patient side incident data to Zoll Rescue Net PCR. This includes 12-lead ECG data transmission to Hilton Head Hospital, Life Net, Code Stat or its equivalent. Wi-Fi shall be the primary means to move incident data to Zoll Rescue Net PCR and shall be the automatic backup for patient side data transmission to Hospital in the event of cellular failure:**

- Is the monitor's Wi-Fi adapter 802.11 A/B/G/N/AC compatible?
- Will the monitor automatically switch between preferred connections? For example, Wi-Fi to cellular and vice versa?
- If not automatic, describe the steps.
- Describe limits as far as range, location, etc.

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**11. User Interface: The screen SHALL be durable, with a simple user interface, and no smaller than 6.5 inches in size:**

- Is the interface customizable?
- Are waveforms and text/numbers easily read and visible from a distance of 3-6 feet?
- What is the screen size?
- Describe the screen's durability.

**12. Outside Visibility: The screen of the unit SHALL be visible in all forms of light, particularly bright sunlight.**

- Describe the screen resistance to glare.
- Describe the screen visibility in bright sunlight.
- Describe the adjustable brightness method.
- Is there a high contrast or similar viewing mode?

**13. Durability (H2O, sand, etc.): Unit SHALL be highly durable and water resistant:**

- Thoroughly describe the monitor's durability; please reference industry standards met or exceeded.

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**14. RescueNet PCR: Monitor SHALL be compatible with Zoll systems RescueNet PCR and include the ability to download all necessary call data to include, but not limited to, 3-lead / 12-lead data, vital signs, code summary data, real time CPR data, and associated time summary.**

- Describe the data that is transferred to RescueNet PCR
- Describe the method available for data movement (cellular adaptor, Wi-Fi, etc.).
- Can the same function be achieved via USB?
- Describe the number of “button pushes” necessary to perform data transfer for each function.

**15. LifeNet Transmission: SHALL be compatible with PhysioControl LifeNet system and include the ability to efficiently transfer (in a minimum number of steps) all necessary call data to include, but not limited to, 3-lead / 12-lead data, vital signs, code summary data, real time CPR data, and associated time summary to hospital based system.**

- Describe the methods and process(s) required to transmit data. Include the number of steps or “button pushes”.
- Are there connection logs to assist in trouble shooting?
- Does the monitor continue to attempt transmission until successful?
- If transmission is unsuccessful, does the monitor notify the user? How?

**16. Medtronic PhysioControl LifePak 500 / 1000 /CR Plus AEDs:**

- Is the monitor compatible with PhysioControl LifePak 500 / 1000 /CRPlus AEDs with ability to plug AED pads into the monitor or via plug in adaptor?

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**17. CodeStat or Equivalent: SHALL have the ability to transfer cardiac arrest / CPR data to PhysioControl CodeStat program. If the not compatible, the vendor shall provide a product of similar quality and scope for the same intended purpose as CodeStat:**

- If not compatible, vendor SHALL provide an equivalent type program to manage patient data.
- Vendor shall describe alternative product.
- Vendors SHALL include license fees and any other associated costs.

**18. Data Storage:**

- Do you have an option for onsite long term storage?
- Does the monitor have onboard storage for case data?
- Indicate the number of cases the unit will store and for what length of time they will remain in the monitor's memory.
- Is there a fail-safe/backup?

**19. Strip Quality:**

- Does the monitor print legible, industry standard full-length and size 3-lead/12-lead waveform ECG strips?
- What paper size options are available?
- What paper colors are available?
- Are the strips modified in any way, such as with QRS cropping, etc.?
- If they are modified, are there options to correct this?

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**20. Size/Weight: Fire Rescue desires the lightest weight as practical.**

- What is the product weight, to include the carrying case and standard compliment of cables and disposable items as listed in the monitor description at the beginning of this document.
- Provide the product dimensions.

**21. Battery/Chargers: As noted above, each monitor SHALL include a standard complement of batteries for the monitor as specified and an equal number of spare(s) batteries, as well as a charger suitable for charging all of the spare batteries supplied.**

- Describe the standard battery type.
- Is it memory forming?
- What is the recharge time?
- How are the batteries charged and conditioned?
- How many batteries are required to run the monitor?
- What is the charger voltage?

**22. Service Life (Tech Life Cycle): Manufacturer SHALL provide parts and service and SHALL guarantee support of software and data transfer for 10 years. Provide plan information.**

- Is the software/firmware upgradable?
- Where is the product in its tech life cycle?

**Exhibit 1**  
**Detailed Specification and Questionnaire**

**23. Name-brand replaceable vs. generic items:**

- What add-on items such as, but not limited to: BP cuffs, O2 sat cable, combi-pads, electrodes, and batteries, can be obtained from third party vendor?
- Which have a generic brand substitute available?
- Which add-on items are proprietary?
- Can we purchase name-brand consumables from the vendor? At what discount?
- Can we lock in pricing? For how long?

**24. Storage and Accessories: Each unit SHALL include the following:**

- Heavy duty carrying case with accessory storage compartments: describe.
- Applicable mount for monitor to hang from ambulance stretchers: describe.

**25. Monitor transport mounting/docking: Mounting/Docking stations SHALL be CAAS compliant transport mounts. Provide ten (10) mounting/docking stations. Pricing SHALL be separated from the monitors and provided on Proposal Tabulation Sheet, Exhibit (3).**

- Provide make and model and include descriptive literature.
- Total number of docking stations will be ten (10).
- Transport mounts will be installed by Fire Rescue.

**Exhibit (2) Trade-Ins**

**Trade-in Inventory**

All Cardiac Monitors were serviced annually and unless otherwise noted below are serviceable. All Trade-in Inventory is "as is where is" with no warranties expressed or implied.

**Cardiac Monitors**

<b><u>Serial Number</u></b>	<b><u>Type</u></b>
11763395	Physio-Control LP 12
11763396	Physio-Control LP 12
11763416	Physio-Control LP 12
11763426	Physio-Control LP 12
11763427	Physio-Control LP 12
11763430	Physio-Control LP 12
11763436	Physio-Control LP 12
11814253	Physio-Control LP 12
12324982	Physio-Control LP 12
33825048	Physio-Control LP 12
36529953	Physio-Control LP 12

**Cardiac Monitor Accessories**

<b><u>Min. Qty</u></b>	<b><u>Item Description</u></b>
11	LP12 Carrying Case
11	Standard External Defib Paddles
11	Defib Paddle Pediatric Adaptors
11	5 Lead Cables
11	Precordial Lead Cables
11	Re-Usable SPO2 Finger Probe
11	Re-Usable Pediatric BP Cuff
11	Re-Usable Adult BP Cuff
11	Re-Usable Large Adult BP Cuff
11	BP Cuff Extension Tubing
33	LP12 Battery
16	LP12 Recording Paper
12	CAPNO Filter Lines
12	HEARTSYNC Pediatric Defib Pads

**Exhibit 3**  
**RFP 2016-0002 Proposal Tabulation Sheet**

Please fill out the Tabulation Sheet completely and sign

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide total NET PRICING for the below items specified including; but not limited to shipping, operator and maintenance training, warranty services and applicable SC taxes and certification/documentation.

**Item 1: Twelve (12) new cardiac monitor/defibrillators and associated equipment as specified in Exhibit (1).**

*Total Net cost*  
*(please enter as a number as well as in text form)* \_\_\_\_\_

**Item 2: Ten (10) CAAS compliant transport mounts for installation by Fire Rescue in their ambulance fleet.**

*Total Net cost*  
*(please enter as a number as well as in text form)* \_\_\_\_\_

**Item 3: Comprehensive warranty and service agreement for a period of no less than five (5) years as described on Page 2 of the RFP.**

*Total Net cost*  
*(please enter as a number as well as in text form)* \_\_\_\_\_

**Item 4: User and maintenance training as described on Page 2 of the RFP.**

*Total Net cost*  
*(please enter as a number as well as in text form)* \_\_\_\_\_

**Trade-in value of the Town's current inventory of cardiac monitors, related equipment, and spare parts. See Exhibit (2) for specific quantities and condition.**

*Total Net credit*  
*(please enter as a number as well as in text form)* \_\_\_\_\_

**Exhibit 3**  
**RFP 2016-0002 Proposal Tabulation Sheet**

**Total net cost of items 1, 2, 3, and 4 less specified trade-in.**

*Total Net cost*

*(please enter as a number as well as in text form \_\_\_\_\_)*

**References** Provide three (3) customer references that the vendor has provided the requested products and services for. Customer references should, to the extent possible, be representative of organizations similar in size and scope to the Town's operation. Valid points of contact, including phone number, shall be included below.

Contact Name

Contact Phone Number

Contact Place of Business