



UNIVERSITY OF THE PHILIPPINE MANILA
The Health Sciences Center
8/F PGH Central Block Bldg., Taft Avenue Manila

INVITATION TO BID

The University of the Philippines Manila, through its Bids and Awards Committee 2 (BAC 2), invites interested contractors to submit proposal for the hereunder contract:

Name of Contract: **THIRD PARTY PROVIDER OF CRITICAL CARE EQUIPMENT AT PHILIPPINE GENERAL HOSPITAL**
Brief description: Please refer to the attached Terms of Reference
Contract Duration: Three (3) Years

Prospective bidders should possess licenses/permits applicable to the contract, have completed a similar contract with a value of at least 50% of the projected gross income and have key personnel and equipment available for the prosecution of the contract. BAC 2 will use non-discretionary pass/fail criteria in the Eligibility Check as well as the Preliminary Examination of Bids. BAC 2 will conduct post-qualification of the lowest calculated bid.

The schedule of bidding activities is as follows:

Activities	Schedule
1. Issuance of bid documents to eligible bidders Payment should be made for UP Manila Cashier.	Starting on 30 June 2017 Office of the BAC 2 Secretariat (BAC Office, 8/F PGH Central Block Building, Taft Avenue, Manila)
3. Ocular/Site Inspection (Note: Prospective bidders who opt to conduct their own ocular/site inspection shall coordinate with the end-user (CCU-MAT, PGH)	11 July 2017, 10:00 a.m. , at CCU-MAT, PGH
4. Pre-Bidding Conference	11 July 2017, 1:30 p.m. at the 8/F Social Hall, PGH Central Block Building, Taft Avenue Manila
5. Dropping of bids	25 July 2017 not later than 11:30 a.m. at the Internal Audit Office 8/F, PGH
6. Opening of bids	25 July 2017, 1:30 pm at the 8/F Social Hall, PGH Central Block Building, Taft Avenue Manila

The University of the Philippines Manila assumes no responsibility whatsoever to compensate or indemnify bidders for any expenses incurred in the preparation of their bids.

The University of the Philippines Manila reserves the right to reject any or all bids, to waive any formality or defects therein, or to accept such bids as may be considered most advantageous to UP Manila.

All inquiries shall be directed to the Office of the BAC2 Secretariat: c/o Ms. Elena M. Venturina/Lalaine C. Salaysay/Ronald C. Cabigting.

APPROVED BY:

(SGD.)ROMEO R. QUIZON, MSc, Eng'g
BAC 2 Chair

NOTED:

(SGD.)ARLENE A. SAMANIEGO, M.D.
Vice Chancellor for Administration

Publication: The Philippine Star: 30 June 2017
Posting: UPM Website
BAC2 Bulletin Board

**TERMS OF REFERENCE FOR THIRD PARTY PROVIDER OF CRITICAL CARE
EQUIPMENT AT PHILIPPINE GENERAL HOSPITAL**

1. Submit documentary proof and/or certifications of the following:
 - a) Company Organizational Chart complete with names of persons in key positions;
 - b) Proof of a functional Human Resources Department;
 - c) Affidavit that it has no derogatory record with any UP Units or facility as well as with other government and private agencies.
 - d) Certificate of Good Performance as a critical care equipment service provider and/or manager from a government and a private hospital
 - e) Service capability:
 - At least three years in operation in this particular field
 - At least one tertiary government and ten private tertiary hospital contract/s from 2013 onwards, including contracts awarded but not yet started
 - Active provision of machines and services in a 1,000 bed capacity government hospital
 - Can deploy a complement of at least 5 certified respiratory therapists (RTs) per 12 hour shift 24 hours per day, seven days a week
 - With experience in managing at least 100 patients needing critical care equipment daily with at least 40 of these hooked to mechanical ventilators
2. Shall provide all necessary government permits in relation to the operation of the business.
3. Provide all technical qualification certificates from the manufacturer/distributor/dealer of the machines certifying to capability of providers personnel to operate, use and perform repairs/maintenance on the machines.
4. Only licensed and trained respiratory care practitioners shall be assigned to actually handle, set up, operate, monitor, adjust, record, trouble shoot the machines. All respiratory care practitioners shall have the responsibility of trouble shooting every machine when needed. These personnel shall provide routine care and maintenance of all critical care equipment and their alarm system.
5. There shall be at least five Respiratory Therapists per twelve hour shift, seven days a week and should be capable to serve the following primary functions:
 - a) Initial set-up and hooking to patients of ventilators and other equipment.
 - b) Troubleshooting of equipment to ensure optimal synchrony with patients.
 - c) Regular monitoring of equipment to ensure proper functioning.
 - d) Training of ICU staff as well as other clinical areas on the basic operations of these machines in coordination with the CCUMAT.
 - e) Submission of daily reports to the PROVIDER documenting the utilization of these machines and any incident in relation to their use and action/s taken. These may be requested by the CCUMAT.
6. There shall always be at least one on-call Engineer/Biomedical Technician that can be readily available within the premises of PGH with the following functions:
 - a) Regular check-up and maintenance of all equipment.
 - b) Submission of monthly reports to the PROVIDER and CCUMAT on the service and operational status of these machines.
 - c) Training of appropriate hospital personnel (i.e., OETS) on the maintenance of these equipment.
 - d) Calibration of all equipment every three months, proof of which should be made available upon request of CCUMAT.

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7. Submit police clearances and medical permits issued by qualified medical authorities of all its personnel who shall be working at PGH annually.
8. All personnel/employees of the provider shall wear the proper uniform and ID at all times
9. The provider, shall make available the following minimum number of medical equipment for rent/lease of patients at PGH during their hospitalization which shall be stored within PGH premises for easy access:

At least 30 Patient Monitors with minimum features specified in

Appendix A:

- a. At least 50 Pulse Oximeters
 - b. At least 30 Infusion pumps with minimum features specified in Appendix A
 - c. At least 30 Mechanical ventilators capable of all modes of ventilating pediatric/adult patients with minimum features specified in Appendix A (While for the ICU with the graphics as the requirement if requested by the Attending Physician).
 - d. At least 15 neonatal mechanical ventilators
 - e. Provisions for back-up bag valve mask (ambu bag) for each ventilator
 - f. Supplies, consumables for all the medical equipment
 - g. Other medical equipment as may be needed by PGH upon request by the CCU-MAT
10. Be solely responsible for ensuring the safety/security of all of its machines.
 11. Make all identified medical equipment available to PGH patients 24 hours a day, seven days a week, including all holidays.
 12. Ensure presence of sufficient machines at all times for use by needed PGH patients.
 13. Ensure that there shall always be machines available for any patient in need/or who requests for a machine, taking into account instances of mechanical or technical failure.
 14. Regularly monitor all machines while they are deployed/in use by patients to ensure their optimal performance during use. All data/information gathered during the monitoring of the equipment shall be recorded, including all adjustments made to the settings or the set up. The daily data gathered shall be duly compiled into a monthly report to be submitted to the CCU-MAT and the CENICU
 15. Mechanical ventilators shall be inspected and settings documented at least every four (4) hours when used in the ICUs or other service areas in the hospital, after every mechanical ventilator parameter change, after adverse reaction by the patient, after a power failure and after patient transport, and after every unusual event that would potentially affect its performance.
 16. Within 30 minutes from notification of non functioning or damage the medical equipment shall be repaired or replaced.
 17. Shall be solely responsible for all damages resulting from the malfunction, unavailability of the machines, or the commission of error, neglect, or deliberate act, oversight of any its employees.
 18. Conduct its operations from the CCU-MAT premises located at the 2nd floor, beside the CENICU area within which to store the medical equipment and for use as administrative space. From this area, 39.74 square meters shall be allocated for the storage of the machines, 12.71 square meters will be allocated for the administrative office space, and 11.00 square meters for the reception area.


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19. Undertake any needed renovation and/or repair of the CCU MAT premises and the machine storage area shall be for the account of the Provider.
20. Pay for the electrical consumption of the CCU-MAT and shall be responsible to maintain the electrical infrastructure of the whole CCU-MAT area.
21. Install and maintain a telephone line within the CCU-MAT which shall be the main communication devise for requests for medical equipment use. It shall devise and set up its own communications system/protocol for immediate and easy relay of requests for use of medical equipment in coordination with the CCU-MAT and in compliance with existing policies of PGH.

Pay for all costs of utilities, (electrical, telephone, water and air condition) including the disposal of the provider' hazardous and toxic wastes.
22. Pay 3% interest for late payments of fees for disposal of hazardous wastes.
23. Inform patients/relatives of advisability of purchasing new tubing every seven (7) days. Change of purchased tubing upon patients/relatives/hospital's request shall be done free of charge. Disinfection of backup tubings shall likewise be free of charge.
24. The rental fees for the machines shall be approved by PGH. All rental payments shall be divided between the provided and PGH, with PGH receiving at least 40% of the share.
25. All rental fees shall be paid directly to PGH. In turn, PGH shall pay the provider its share equivalent to utmost 60% of the paid rental fees every end of the month.
26. Charge a special discounted rate for all PGH charity patients the amount as determined by PGH.
27. All policies and procedures of the provider shall be consistent with the protocols established by the CCU-MAT and PGH.
28. The contract for the operation of the third party provider of mechanical ventilators, supplies, and other monitoring equipment shall be for three (3) years, and renewable for one (1) more year subject to the following conditions: (1) mutual agreement by both parties and (2) a satisfactory performance that should be supported with rating documents.
29. Priority of the PGH Administration that their equipment and consumables shall be utilized first over the outsource company.


Ma. Rita B. Peilla

