

*Contracts Management*

Date: July 3, 2013  
To: Potential Offerors  
From: Gary L. Callahan, Senior Contracts Manager  
Re: **Solicitation Addendum # 3 to RFP 13-0637 / East Hawaii Region  
Design-Build Turnkey Angiography Suite**

This correspondence serves as Addendum # 3 to the subject Request for Proposals (“RFP”). Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the *“Submission Deadline for Questions & Clarification Requests”* is being changed by this addendum below to:

**3:00 PM, HST, Wednesday, July 31, 2013**

The Request for Proposals shall be amended to include the following changes:

- 1. The Procurement Timeline, Section 1.2 on page 4, is hereby deleted & replaced with the following:**

ACTIVITY	SCHEDULED DATES
1. RFP Issued & Public Announcement	May 14, 2013
2. <b>MANDATORY</b> Pre-Proposal Meeting including Site Visit	May 29, 2013
3. Closing Date for Receipt of Questions	July 3, 2013
4. Addendum - HHSC Response to Offerors’ Questions (if needed)	July 8, 2013
5. <b>Closing Date for Receipt of Proposals</b>	<b>July 31, 2013 - No Later than 3:00 PM, HST</b>
6. Mandatory Requirements Evaluation	July 31, 2013
7. Proposal Evaluations	July 31- August 9, 2013
8. Proposal Discussions & Presentations <b>(optional)</b>	August 2 - 9, 2013,
9. Select Site Visits <b>(optional)</b>	August 12 – 16, 2013
10. Best and Final Offers <b>(optional)</b>	August 19 - 21, 2013
11. Contractor Selection/Award Notification (on/about)	August 22, 2013
12. Contract Tentative Award Date	August 22, 2013
13. Contract Tentative Start Date	August 26, 2013

2. There will be a Question & Answer Conference Call held on **Wednesday, July 10, 2013**, in an attempt to address additional questions, and questions that arise from these responses. The call is scheduled to take place beginning at **2:30 PM HST**, and will run until **4:00 PM HST**. The conference call number and password will be issued to all interested vendors via an e-mail no later than close of business, Wednesday, July 3, 2013.

3. The following questions or comments have been received since the issuance of the RFP, Hilo Medical Center's responses are included below:

1. Please list all procedures (or at least detailed types) and quantity or percentage of use that will be performed in the proposed suite? This will help determine the type of equipment, features, options etc. required that will determine the design and construction/facility support that is necessary.

Note: If HMC does not have a dedicated Cardiac Cath lab or cardiac services department/unit elsewhere in the hospital, and Cardiac Cath procedures will be performed in the new suite, it is our experience and best practice that the most prudent (and technically within FGI Guides) approach is to design and build this suite as a Cath lab that can/will support vascular and IR (interventional radiography) instead of an Angio/Specials/IR/Vascular Lab that will support occasional Cardiac Cath procedures.

See below:

## 2.0 INTRODUCTION.

“The Hilo Medical Center (HMC) is looking to replace their existing angiography suite with a multipurpose suite that will serve **neurology, cardiology, vascular and interventional services**. The design intent for the room is best described as a **cardiac-cath lab with anesthesia capabilities and Operating Room ventilation** as defined under the Facility Guidelines Institute (link to read-only copy below) and published by the American Society for Healthcare Engineering (2010 Edition). The design parameters for the ventilation will match FGI guidelines for OR room, with the minimum outdoor of four (4) air changes per hour and the minimum total of twenty (20) air changes per hour. The required station outlets for oxygen, vacuum and medical air systems will be 2 / 4 / 1 / 1 pursuant to the anesthesia related FGI Guidelines. An area has been identified in the hospital for the room. It has also been determined to request the manufacturing vendors of the required equipment to provide a turn-key design-build multipurpose suite in that space. The CONTRACTOR must be able to demonstrate experience with similar design-build projects and proven compliance with all of the project's federal, state, and county requirements.”

2. General Space Planning: The use of existing or need for new space(s) will be identified in functional programming below, but the following spaces are needed for main and support areas for Cardiac Cath (or only portions for Angio only):
- Treatment/Exam – Has to have
  - Control Room – Has to have in more space
  - Equipment Room/Enclosure – Has to have in more space
  - Image Viewing / Reading – Remote & existing
  - Clerical Offices/Spaces – Remote & existing
  - Medical Staff Offices/Work Stations –Existing & remote (4 stations minimum)

- g. Medication Storage –In control room, bigger size
- h. Consultation Area –Existing & remote
- i. Patient Dress –ADA Compliance
- j. Patient Prep – Utilize current short stay
- k. Patient Holding -Existing flow/projecting flow
- l. Patient Recovery - Utilize current short stay
- m. Staff Scrubs/Clothing Change Areas - Existing
- n. Scrub Sink areas – In room
- o. Clean and Soiled Workrooms - Evaluate & construct if required
- p. Environment Services (Janitor Closet) -Existing

**For issues noted, below, if no response is provided, please provide a specific question or clarify the intent of the section or subsection, mahalo.**

3. To properly address design requirements, has a Functional Programming Outline (FGI 2010 Section 1.2-2) been prepared to provide direction on overall and specific purpose/use of the suite? Summary outline as follows:
  - a. Functional Program Requirements – The healthcare provider shall supply a functional program for each facility project.
  - b. Functional Program Outline - Purpose of the Project
    - i. Required Services
    - ii. Environment of Care Components
    - iii. Delivery of care model (concepts)
      1. Definition
      2. Functional program shall support delivery of care model to allow the design of the physical environment to respond properly.
    - iv. Facility and Service Users (people)
    - v. Systems Design
    - vi. Layout/Operational Planning- Standard use of Angio Suite with remote site & pre/post recovery.
    - vii. Physical Environment – Key Elements
      1. Light and Views
      2. Clarity of Access (way finding) – Dual able doors with magnet
      3. Control of Environment
      4. Privacy and Confidentiality
      5. Safety and Security
      6. Finishes
      7. Cultural Responsiveness
      8. Water Features
    - viii. Design and Process Implementation – Groups/Departments affected by and integral to the design shall be included in the planning and implementation process.
  - c. Functional Requirements
    - i. Projected Operational Use and Demand
    - ii. Relevant operational circulation patterns.
    - iii. Departmental Operational Relationships.
    - iv. Patient, staff and family/visitor needs.

- v. Communication and information operational needs.
  - vi. Space and Equipment Needs
    - 1. Size and function of each space and any other design feature.
      - a. Project Occupant Load
      - b. Project numbers of procedures for treatment areas.
      - c. Required adjacencies for each space.
      - d. Space for dedicated storage.
    - 2. Furnishings, Fixtures and Equipment Requirements
      - a. Building Service Equipment
      - b. Fixed and Movable Equipment
      - c. Furnishings and Fixtures
      - d. Storage Requirements
    - 3. Circulation Patterns
      - a. Staff, Patients, and the public.
      - b. Equipment and Clean and Soiled Materials
      - c. Features that are a function of Infection Control.
  - vii. Short and Long Term planning applications
    - 1. Future Growth - 10% Annually
    - 2. Impact on Adjacent facilities - 0
    - 3. Impact on existing operations and departments - positive
    - 4. Flexibility - Contingent on workflow
    - 5. Technology and equipment - 7 year life cycle
4. Ancillary Equipment/Specialties:
- a. Catheter Storage Units -
    - i. How many? - 4 Existing 2 Addition
    - ii. Preferred manufacturer(s)? - Pyxis
    - iii. Who furnishes? - Contractor to obtain utilizing hospital Pyxis lease contract
    - iv. Who installs? - Contractor
  - b. Hemodynamics / Physiological Monitoring Systems
    - i. How many different types? - 2 Types
    - ii. Preferred manufacturer(s)? - Philips and Senses
    - iii. Control Only or Control and Exam Monitoring Stations? - Both
    - iv. Who furnishes? - Contractor through preferred vendor
    - v. Who installs? - Contractor
  - c. Medical Gases
    - i. Oxygen: How many outlets?. Piped or bottle? Floor, Wall or Ceiling mounted or combination of each? - 1 holding area (wall mounted),1 exam room (ceiling): Total 2
    - ii. Air: How many outlets? Piped or bottle? Floor, Wall or Ceiling mounted or combination of each? - 1 holding area (wall mounted),1 exam room (ceiling): Total 2
    - iii. Vacuum: How many outlets? Piped or bottle? Floor, Wall or Ceiling mounted or combination of each? - 1 holding area (wall mounted),1 exam room (ceiling): Total 2

- iv. Nitrogen: How many outlets? Piped or bottle? Floor, Wall or Ceiling mounted or combination of each? - 0
  - v. Nitrous Oxide Piped or bottle? How many outlets? Floor, Wall or Ceiling mounted or combination of each? - 1 in exam room pipe ceiling
  - vi. WAGDS (Waste Anesthesia Gas Disposal System: How many outlets? Floor, Wall or Ceiling mounted or combination of each?- 1 exam room ceiling
  - vii. Ceiling Mounted OR Booms. Who provides booms? Who Installs booms? We anticipate this will be part of the design and proposal from the vendor.
  - viii. For Med Gases? Post site visit
  - ix. For additional/optional monitors? Who will provide monitors? Who will install monitors? - Selected Vendor provides monitor. Contractor installs. Mounted on the wall (head of the feet of patient) and have a Boom. Total Monitors: 3 (1 patient monitor, 1 Fluoro monitor on boom, 1 working monitor). Vendor for Boom and Contractor for wall mounted. Single boom multi monitor. Final Decision pending site visit.
  - x. For additional/optional surgical/OR lights? Who will provide surgical/OR lights? Who will install surgical/OR lights? - Skytron lights, Contractor to install.
  - xi. For Emergency Power Outlets?- 2 in control room, 4 exam room, 1 in patient area-Total 7. Rolling to meet FGI guidelines
  - d. Ceiling or Table mounted Contrast Injector? Table
  - e. Will PYXIS or similar drug, catheter, sterile supply or other electronic inventory systems be used in the suite? - Yes
  - f. Cath lab/suite audio/stereo/music system? - Contractor to present options
  - g. Intercom System Control to Exam Room and Holding.
5. Radiation protection
- a. Who will design radiation protection? Facility physicist or will contractor be responsible? - Radiation Physicist will do pre and post building assessment/contrition engineer. Rolling lead shields
  - b. Are as-built floor plans available of spaces and floor material/thickness above and below proposed suite? - No, we will provide the cad drawings that we have; however those are old and not accurate to the current space.
6. Safety, Security and Comm.
- a. What nurse call (inter-department) be required? - Hill Rom Nurse Call System
  - b. What is the current Code Blue system and/or who is the current manufacturer/vendor for the system? - Hill Rom nurse call System/Code Blue reset table stop watch.
7. Power
- a. Does emergency generator power exist? - Yes
  - b. If e-power exists, is there one branch or separate branches? i.e. Critical, Life Safety and Equipment. Main power (manual switching) Outlets emergency power on selected circuits.
  - c. Is there a recent power quality and power load study available for the emergency generator branch? No, not to our knowledge

- d. Is it known whether UPS or Power Conditioning will be required for the new equipment in the suite? - **Yes- Vendor to provide and Contractor to install.**
8. HVAC Systems
- a. Is there a preferred location for a new exterior DX condensing unit for a new dedicated HVAC system for the suite? - **No**
9. What is the reason for Biplane? - **See Response to Question 1**
10. What procedures will the physicians are doing in this room?- **See Response to Question 1**
11. Based on the procedures being done (previous question), what are the estimated percentages for each procedure type? - **Approximately 10% annually increase**
12. What is most important to the physicians/clinicians as they evaluate Angio systems?  
**Individual specific physicians need.**
13. What Physicians will be involved with the decision making process? - **Yes**
14. Do the physicians want a large display monitor for both wall and boom? - **No**
15. Do you wanting an integrated UPS for the Angio system? - **Yes**

**Regarding the mobile C-arm:** HMC currently has two (2) GE OEC 9800 mobile C-arms in House; Serial #'s 82-0573 and 82-3006.

16. Would you like to trade in one or both? - **No trade**
17. If so, do you want to:
- Upgrade both mobile C-arms; One as an Ortho & Vascular configured machine? or
  - Upgrade both as configured? Or
  - Upgrade one machine? If so as a vascular machine? - **See # 16**
18. If you do want a vascular configuration (last bullet above), do you want:
- 8 Frame cine or 15 frame cine? - **Include options**
  - “MTS” configured and/or a motorized C-arm? (We can add Motion Tolerant Subtraction if that is your preference)? - **Include available options in proposal**
19. If you want an Ortho machine AND a Vascular machine, would you consider a monoblock C-arm for the Ortho application, or do you prefer a rotating anode? - **Vascular**
20. In general - what are you trying to accomplish with the C-Arm? - **OR Vascular cases**
21. Is the C-Arm a temporary solution while you get to a fixed lab? - **No**
22. Are wireless capabilities important for transmitting to PACS? - **Yes**

23. Are you doing pediatric exams? - No
24. Are you going to use the C-arm for Pain Management? - No
25. Are you going to use the C-arm for Orthopedics? - Yes, but primary vascular
26. Are you going to use the C-arm for Vascular Procedures? – What procedures specifically? - Yes, Aortic aneurysm, Lower, intravascular peripheral procedure, pace makers, carotids.
27. Are you going to use the C-arm for Cardiac Procedures? – What procedures specifically? Yes, Pace makers
28. Do you need a printer? - No- Everything downloaded to PACS (electronic)
29. Do you need a DVD recorder? - No- Download to PACS
30. Estimated total patient procedures a day for the unit? - 2-3
31. Do you need a table quoted? - Yes
32. Is there going to be a Trade in with the current Angio imaging system? - Yes  
32.a. If so, can we please get specific information as to age of equipment, model, and serial number? - Siemens, Axiom Multistar
32. Will HHSC require bonds be issued on their own bond forms? If yes, can you please provide copies? - Yes, we will provide the State forms.
33. Regarding the scope of the turn-key portion of this RFP. Is Philips being asked to complete the design of the new room only? Section 2.5.1.C seems to indicate that HHSC will solicit separate bids for the construction work. - Turnkey project
34. Pre/Post prep area
- a. The existing space has a Bed, Patient Monitors and a Blanket warmer, who will provide this equipment for the new space, and where do the monitors interface to? Will not relocate
35. Delivery
- a. What is the delivery route? And will after hours delivery be required? -- Receiving area, ground floor up to service elevator to first; or after the removal of the doors at the Physician's entrance, that may be used, directly down the hallway.
36. Anesthesia Readiness
- a. What does anesthesia ready mean? Does that mean just having the gasses in place? Or do you expect the Contractor to provide the Anesthesia equipment also? That we have capable of doing general anesthesia procedures in the suite. All anesthesia gasses provided

### 37. Surgical Lights

- a. How many and what size surgical lights do you want? - Skytron
- b. Skytron has an updated version of the in-ceiling lights that you currently have, did you want the same configuration? The angio tech stated that they liked the existing Skytron lights; however the RFP suggests more of a surgical light. What type of light do you want? - It is anticipated we may be able to use the existing Skytron lights

### 38. Carts and storage

- a. What kind of surgical carts and storage systems did you want? - Pyxis Storage bins

## Angiography System

39. Has the size of detectors requested for Bi-Plane system been determined? Example FD20/FD20 or FD20/FD10 - Physician's preference

40. PACS expansion & interface & remote need, 2-6 remote access

## Hemodynamic Monitoring

41. Will you be utilizing your VM environment? - Yes, understanding VM to mean Visual Monitoring.

- a. If so, We will need you to complete a VM Questionnaire - Yes, please provide.
- b. Will you be providing the workstation hardware outside the procedure and control room? - Not at this time, No.

42. How will you want the CONTRACTOR to deliver the Physician's Final report to Meditech? - Interface electronic reports into Meditech/EMR. Eliminate hard copies.

- a. URL link -
- b. PDF-
- c. HTML

43. Are the current interfaces sufficient? - No

- a. Will you be submitting to ACC? Who will be the ACC submission vendor Cerderon or Lumedx? - Please clarify this question.

44. What is your plan for archiving the Cardiac Images, Vendor? - PACs storage for all, plan to eliminate DVD's and CD's.

45. What is the timing for this Project? - To be determined



***The following questions are presented to help identify specifics for configuring the correct Imaging system quotation.***

46. Is this to be a hybrid room/hybrid OR room? - [No. Anesthesia ready / Cardio Angio suite.](#)
47. Does the hospital have contracts with certain vendors for lighting, monitors, etc. for an OR environment? - [Monitor \(Philips\)](#)
48. For the contrast injector, do you want a table, ceiling or pedestal mount system or would you prefer something like an ACIST device that is a complete fluid system? Is there a vendor preference for the injector? - [Table- Medrad](#)
49. For the hemodynamics, do you have a vendor preference? We have quoted McKesson but we are vendor agnostic so you can choose whichever system they would prefer, rather than go with what we quoted? - [No preference](#)
50. Is a full blown cardiology hemodynamics system overkill for you and maybe you are just looking for anesthesia monitoring? - [No](#)
51. How many monitors and sizes do you want to go with in your room? Are you looking at something like an Olympus system, Steris, Stryker, etc? - [3- \(boom, wall mount procedure room, desk top control room\)](#)
52. On the biplane system itself, if the neuro physician is going to do the primary amount of work in this room, would a 1212/1212 system be more appropriate or will there be a variety of physicians ([neuro, cardiology, radiology, vascular surgery, etc.](#)) using the system? We offer flat panel detectors in a 8"x 8", 12"x 12" and a 12"x16" sizes. - [IR position to determine. Small flat panel & standardized panel. Need to have discussion.](#)
53. Do you require a tilting/cradling table or would a standard, non-tilt table be sufficient? [Physician's preference, Physicians to determine. Present options.](#)
54. If a tilting table, do you want a traditional angio table or are you looking at a surgical table, e.g. Maquet Magnus? - [Traditional Angio Table. Present options.](#)
55. What are the actual room dimensions? - [This may vary depending on design.](#)
56. Will you plan on doing "open" procedures, e.g. open craniotomies, TAVR, etc.? - [No](#)
57. Do you want a second control for the system to move around the room for operation flexibility? - [Yes](#)

58. Do you want 3-D Roadmap included or as an option? - **Yes include as an Option**
59. Do you want 3-D Fusion Roadmap included or as an option? - **Yes, as Option**
60. Do you want an Endovascular Stent Planning program? Option? - **Yes, as Option**
61. Do you need a Ceiling Mounted Equipment Boom for ancillary equipment? Option? **No**
62. Would you like Radial Approach access for either side of the table? **Yes**
63. How many Technologists should be trained? **2-3 techs, 4-5 nurses**