



**SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
PURCHASING DEPARTMENT**

525 N. Main, Suite 823 ~ Wichita, KS 67203

Phone: 316 660-7255 Fax: 316 383-7055

<http://sedgwickcounty.org/finance/purchasing.asp>

**REQUEST FOR PROPOSAL
RFP #15-0117
PATIENT SIMULATORS**

November 23, 2015

PURPOSE

Sedgwick County, Kansas will be accepting proposals for one (1) each of new Adult, Pediatric and Infant Patient Simulators. The County may select more than one vendor for these purchases. It is anticipated that an official contract or purchase order will be issued after Board of County Commission approval of the recommended proposal. It should be noted, however, that the County cannot guarantee the purchase of services/products described herein.

SUBMITTALS

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) complete original and two (2) copies of the Proposal Response Form, Minimum Specifications and Pricing Information Form with any supplementary materials to:

ATTN: Joe Thomas
Sedgwick County Purchasing Department
525 N. Main St., Suite 823
Wichita, KS 67203

SUBMITTALS are due NO LATER THAN 1:45 p.m. CST, Tuesday, December 8, 2015. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at opening, which will occur at 2:00 p.m. CST on the due date.

QUESTIONS AND CLARIFICATIONS

All requests for clarifications of the RFP process and document content should be directed to Joe Thomas at e-mail Joseph.Thomas@sedgwick.gov. Questions are due **in writing** no later than 5 p.m. CST on November 30, 2015. Any questions of a substantive nature will be responded to in addendum form to be sent to all vendors no later than 5 p.m. CST on December 1, 2015.

Joe Thomas

Joe Thomas, CPSM, C.P.M.
Purchasing Director

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1. ABOUT THIS DOCUMENT

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the County is seeking a solution, as described on the cover page and in the following background information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 65, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The County will thoroughly review all proposals received. The County will also utilize its best judgment when determining whether to schedule a pre-proposal conference before proposals are accepted, or meetings with vendors after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

2. BACKGROUND

Sedgwick County, located in south-central Kansas, is the most populous of Kansas' 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the County is a Commission/Manager entity, employs nearly 2,800 persons, and provides a full range of municipal services; e.g., public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

3. MINIMUM MANDATORY REQUIREMENTS

The following specifications are for the procurement of patient simulators. Proposals submitted must reflect in detail their inclusion and the degree to which they can be provided.

- A. Bid amount must include delivery to Sedgwick County EMSS, 4343 N. Woodlawn Blvd., Wichita, Kansas 67220. All transportation charges shall be prepaid to the destination and absorbed by the vendor. Prices must be guaranteed during the contract period not to exceed the bid price.
- B. After award and prior to delivery, an appointment must be made to deliver equipment to 4343 N. Woodlawn Blvd., Wichita, KS 67220, contact Malachi Winters at 316-660-7984 or Malachi.Winters@sedgwick.gov
- C. Vendor will conform to all relevant Federal, State and Local hazardous material codes, regulations and laws that are relevant.
- D. A contact person and a minimum of one back-up person shall be identified within the vendor's company. This person will be responsible for any and all details in regard to the execution and administration of this contract.
- E. Provide all warranty information requested.

4. MINIMUM SPECIFICATIONS

All requirements and specifications are intended to be minimum specifications and any additions, deletions, or variations from the following specifications must be noted by the vendor on the Proposal Response Form.

Vendor shall indicate in the “Yes/No” column if their bid complies on each specific item. **Any additions, deletions, or variations from the following specifications should be clearly identified and detailed in response using the corresponding specification number.**

	Yes	No
ADULT HIGH FIDELITY PATIENT SIMULATOR		
ELECTRICAL		
1. Electric: AC adaptor input		
2. Battery backup with 2-hour battery life		
WIRELESS OPERATION:		
1. Remote operation via Bluetooth or Wi-Fi network		
2. Must be able to run wireless from separate room.		
ARTICULATION		
1. Neck		
2. Shoulders		
3. Hips		
4. Knees		
5. Mandible		
EYES, EAR, MOUTH, NOSE		
1. Blinking eyes		
2. Reactive pupils (optional)		
3. Nasotracheal intubation/nasopharyngeal airway compatible		
AIRWAY		
1. Oral intubation compatible		
2. Cricothyrotomy compatible		
3. Swollen tongue		
4. Laryngospasm		
5. BVM Supported		
PULSE SITES (All bilateral/variable strength):		
1. Carotid		
2. Radial		
3. Brachial		
4. Femoral		
5. Pedal		

	VASCULAR ACCESS	Yes	No
	1. Tibial IO access		
	2. IV cannulation arm (unilateral)		
	BLOOD PRESSURE		
	1. Unilateral auscultation of blood pressure		
	RESPIRATORY		
	1. Simulated breathing with chest rise and fall		
	2. Breath sound auscultation		
	3. Simulated airway resistance		
	CARDIAC		
	1. Interface with real ECG monitor		
	2. Pacing compatible		
	3. Defibrillation/Cardioversion compatible		
	4. Auscultate heart tones		
	SYSTEM FEATURES		
	1. Convulsions/seizure		
	2. Instructor able to simulate patient's voice remotely		
Comparable models: Laerdal SimEssentials, Laerdal SimMan 3G, CAE Metiman and CAE iStan			

	Yes	No
PEDIATRIC HIGH FIDELITY PATIENT SIMULATOR		
ELECTRICAL		
1. Electric: AC adaptor input		
2. Battery backup with 2-hour battery life		
WIRELESS OPERATION:		
1. Remote operation via Bluetooth or Wi-Fi network		
2. Must be able to run wireless from separate room.		
ARTICULATION		
1. Neck		
2. Shoulders		
3. Hips		
4. Knees		
5. Mandible		
EYES, EAR, MOUTH, NOSE		
1. Nasotracheal intubation/nasopharyngeal airway compatible		
AIRWAY		
1. Oral intubation compatible		
2. Cricothyrotomy compatible		
3. Swollen tongue		
4. Laryngospasm		
5. BVM Supported		
PULSE SITES (All bilateral/variable strength):		
1. Carotid		
2. Radial		
3. Brachial		
4. Femoral		
VASCULAR ACCESS		
1. Tibial IO access		
2. IV cannulation arm (unilateral)		
BLOOD PRESSURE		
1. Unilateral auscultation of blood pressure		
RESPIRATORY		
1. Simulated breathing with chest rise and fall		
2. Breath sound auscultation		
CARDIAC		
1. Interface with real ECG monitor		
2. Pacing compatible		

		Yes	No
	3. Defibrillation/Cardioversion compatible		
	4. Auscultate heart tones		
	SYSTEM FEATURES		
	1. Convulsions/seizure		
	2. Instructor able to simulate patient's voice remotely		
Comparable model: Laerdal SimJunior			

		Yes	No
	INFANT HIGH FIDELITY PATIENT SIMULATOR		
	ELECTRICAL		
	1. Electric: AC adaptor input		
	2. Battery backup with 2-hour battery life		
	WIRELESS OPERATION:		
	1. Remote operation via Bluetooth or Wi-Fi network		
	2. Must be able to run wireless from separate room.		
	ARTICULATION		
	1. Neck		
	2. Shoulders		
	3. Hips		
	AIRWAY		
	1. Oral intubation compatible		
	2. BVM Supported		
	PULSE SITES (All bilateral/variable strength):		
	1. Brachial		
	VASCULAR ACCESS		
	1. Tibial IO access		
	2. IV cannulation arm (unilateral)(optional)		
	BLOOD PRESSURE		
	1. Unilateral auscultation of blood pressure		
	RESPIRATORY		
	1. Simulated breathing with chest rise and fall		
	2. Breath sound auscultation		
	CARDIAC		
	1. Interface with real ECG monitor		
	2. Pacing compatible		
	3. Defibrillation/Cardioversion compatible		
	4. Auscultate heart tones		
	SYSTEM FEATURES		
	1. Convulsions/seizure		
	2. Instructor able to simulate patient's voice remotely		
	Comparable model: Laerdal SimBaby		

5. SELECTION CRITERIA

The selection process will be based on responses to this Request for Proposal and any interviews or product demonstrations that may be required to verify the ability of respondents/products to meet the requirements in accordance with this document. The committee will base its decision on the following:

- A. Ability to meet all Request for Proposal Mandatory Requirements and Minimum Specifications as outlined herein and the clarity, completeness and comprehensiveness of the proposal.
- B. Proposing the products and services which will best address the county's objectives, requirements and specifications as set forth in this document.
- C. Proposing the solution at the most advantageous cost to the county.
- D. Providing references verifying product quality and service levels.

Those submitting proposals do so entirely at their own expense. There is no expressed or implied obligation by Sedgwick County to reimburse any individual or firm for any cost incurred in preparing or submitting proposals, providing additional information when requested by Sedgwick County or for participating in any selection interviews.

NO NEGOTIATIONS, DECISIONS OR ACTIONS SHALL BE INITIATED BY ANY COMPANY AS A RESULT OF ANY VERBAL DISCUSSION WITH ANY COUNTY EMPLOYEE PRIOR TO THE COMPLETION OF THE REQUEST FOR PROPOSAL PROCESS, OTHER THAN THE EMPLOYEES IDENTIFIED IN THIS DOCUMENT. SUCH ACTIVITY MAY BE CAUSE FOR DISQUALIFICATION OF CONSIDERATION FOR AWARD OF THIS PROJECT.

Sedgwick County, Kansas reserves the right to select the service/provider which best meets its required needs, budget constraints, quality levels, and administrative expectations. Sedgwick County also reserves the right to not award this contract.

6. PAYMENT TERMS

Payment for all specified services or products to the successful vendor will be made following:

- Delivery of requested product(s)
- Receipt of invoicing, emailed to ap_invoices@sedgwick.gov or faxed to 316-941-5127.
- All payment and invoice provisions can be found at:
http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

7. TENTATIVE TIMELINE

The following dates are provided for informational purposes and are subject to change without notice. Contact Joe Thomas, Joseph.Thomas@sedgwick.gov, to confirm any and all dates.

Distribution of Request for Proposal to interested parties	November 23, 2015
Clarification, Information and Questions submitted in writing by 5:00 p.m. CST	November 30, 2015
Addendum Issued	December 1, 2015
Sealed proposals due before 1:45 p.m. CST	December 8, 2015
Evaluation Period	December 8-9, 2015
Board of Bids and Contracts Recommendation	December 10, 2015
Board of County Commission Award	December 16, 2015

8. REQUEST FOR PROPOSAL CONDITIONS

In submitting a response to this Request for Bid, vendors hereby understand the following as applicable:

[Request for Proposal Conditions](#)

9. GENERAL CONTRACT PROVISIONS

In submitting a response to this Request for Bid, vendors hereby understand the following as applicable:

[General Contractual Provisions](#)

**PRICING INFORMATION
RFP #15-0117
PATIENT SIMULATORS**

Qty	Description	Unit Price	Extended Price
1 ea.	Adult High Fidelity Patient Simulator	\$	\$
	Model:		
1 ea.	Pediatric High Fidelity Patient Simulator	\$	\$
	Model:		
1 ea.	Infant High Fidelity Patient Simulator	\$	\$
	Model:		
Additional Warranty Coverage and Cost per Simulator:			
		Grand Total	\$
Delivery Date(s):			

PROPOSAL RESPONSE FORM
RFP #15-0117
PATIENT SIMULATORS

The undersigned, on behalf of the Proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a bid on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the County, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ E-MAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

LLC _____ LLP _____ Not For Profit Corporation _____ Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority Owned Business: _____ Minority-Owned Business: _____ Certification # _____

African American _____ Asian _____ Hispanic _____ Native American _____ Other _____ Woman-Owned Business _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature _____ Title _____

Print Name _____ Dated _____