



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
Purchasing Division
Joseph Thomas, Purchasing Director
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316 383-7055
<http://sedgwickcounty.org/finance/purchasing.asp>

**MEDICAL SERVICES FOR SEDGWICK COUNTY DIVISION OF CORRECTIONS
#17-0004
ADDENDUM 1**

January 31, 2017

The following is to ensure that vendors have complete information prior to submitting a response. Below are some clarifications regarding Publication of Legal Notices:

Questions and/or statements of clarification are in bold font, and answers to specific questions are italicized.

1. Is the county interested in retaining the current medical staff?

Answer: No

2. Can you provide the current licensure of the staff and length of service at the facilities?

Answer: APRN and LPN

3. Does the current staff have a non-compete clause?

Answer: Not in the County's contract

4. Are the JAIC, JDC, JRF and SCYP located on the same campus? If not, how far apart are the facilities?

Answer: All facilities are on the same campus, with the exception to SCYP. SCYP is 3 miles away.

5. Would the residents of the JRF and SCYP be transported to JDF for sick call visits and assessments? Or are sick calls and assessments conducted on site at each facility separately?

Answer: Conducted on site

6. Please define the licensure level required of a "Physician-Extender."

Answer: MD

7. May a Registered Nurse, trained by a physician or physician-extender complete the physical exam?

Answer: No, MD Only

8. Please provide a copy of the Kan-Be-Health screening.

Answer: Please see attachment

9. Are the nurse and practitioner expected to visit each facility? If so, how often and approximately how many hours is preferred at each facility?

Answer: The APRN and LPN currently work 8-5pm Monday-Friday. The MD comes once a week and oversees all operations. JRF and SCYP are checked once a week.

10. Who is responsible for ordering medication (new and refills) from the pharmacy?

Answer: Medical staff orders the prescriptions and corrections staff administer

11. Who sets-up and then who passes the medications in each facility?

Answer: Corrections staff administers

12. Is TB testing required on every resident within 10 days or only those who answer positively to the screening questions?

Answer: All residents and staff are tested

13. About how much time does it take for the facility to complete a criminal back ground and adult registry check for potential applicants?

Answer: 2 weeks

14. Please provide a copy of the current staffing schedule. If that is not possible, please describe the hours and scope of service (physician, practitioner, RN, LPN, CMA) of each position.

Answer: See question 9

15. Do you believe the current staffing levels are sufficient to meet the facility's needs? If not, what type of improvements would you recommend?

Answer: Yes

16. Who is the current medical vendor?

Answer: KU Medical

Firms interested in submitting a *proposal* must respond with complete information and **deliver on or before 1:45 p.m. February 7, 2017**. Late *proposals* will not be accepted and will not receive consideration for final award.

“PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE *PROPOSAL* RESPONSE PAGE.”



Kara Kingsley
Purchasing Agent

| Immunization: | Record date of each dose received (mm/dd/yy) | | | | | *Required | **Recommended | | | |
|---------------------------------------|--|-----|-----|-----|-----|---------------------------------|---------------|--------|-----|-----|
| | 1st | 2nd | 3rd | 4th | 5th | | 1st | 2nd | 3rd | 4th |
| DPT (Diphtheria, pertussis, tetanus)* | | | | | | MMR (Measles, Mumps, Rubella) * | | | | |
| Td/DT * | | | | | | HBV (Hepatitis B) ** | | | | |
| OPV or IPV (Polio) * | | | | | | TB (Skin Test) * | Date | Result | | |

PHYSICAL EXAMINATION: To be completed by health care provider approved to perform health assessments.

Height _____ Weight _____ Hgb or Hct _____
Pulse _____ Blood Pressure _____ Lead _____
Urinalysis _____ Sickle Cell _____ Other _____
Tuberculosis _____ Head Circumference _____

| Code Each Item as Follows: 0 = No significant findings 1 = Significant findings | Code | Description of Findings |
|---|------|-------------------------|
| General Appearance | | |
| Integument | | |
| Head - Neck | | |
| EENT | | |
| Oral - Dental | | |
| Thorax | | |
| Breasts | | |
| Cardiovascular | | |
| Abdomen | | |
| Musculoskeletal | | |
| Genitourinary | | |
| Neurological | | |

SCREENING

1. Nutritional Evaluation (all ages - each screen) (✓ if applicable)

Enrolled in WIC Receiving Vitamin Supplement with iron Without iron Fluoride Supplement

Nutrition/WIC Questionnaires available from (785) 296-0092.

Food intake review. Results:

milk/milk products (breast-fed/type of formula) _____
fruit/vegetables _____
meat, beans, eggs _____
breads, cereals _____

Type of screen _____

2. Development _____ Result _____
3. Speech _____ Result _____
4. Hearing _____ Result _____ Date of last screen _____
5. Vision _____ Result _____ Date of last screen _____

Significant Assessment Findings:

Anticipatory Guidance: (circle those discussed)

- | | | |
|--------------------|---------------|----------------|
| 1. Safety/poisons | 8. Lifestyle | 9. Development |
| 2. Nutrition | 10. Behavior | |
| 3. Parenting | 11. Sexuality | |
| 4. Family Planning | 12. Dental | |
| 5. Discipline | 13. Other | |
| 6. Immunizations | | |
| 7. Hygiene | | |

Recommendations: (include referrals)

Comments:

Follow Up:

Additional Information may be attached

Signature of Licensed Physician or Nurse approved to perform health assessments

Date