SCOTLAND COUNTY HOSPITAL

Request for Proposals for Anesthesia Services

RFP #2015-007-01

July 15, 2015
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1 Introduction

1.1 Purpose

The purpose of this Request for Proposal (RFP) is to invite prospective vendors to submit proposals to supply anesthesia services to Scotland County Hospital (“SCH”).

1.2 Acceptance or Rejection of Proposals

SCH reserves the right to reject any and all proposals for any reason. SCH reserves the right to decide not to enter into any contract, or to add, modify and/or delete elements of the scope of work in this RFP at any time without prior notification and without any liability or obligation of any kind or amount. SCH reserves the right to waive any minor irregularities and to accept the proposal determined most responsive and responsible and best meeting its needs. SCH also reserves the right to either or both cancel this RFP at any time and solicit and re-advertise for other proposals.

2. General Information

2.1 The Hospital

SCH is a rural Critical Access Hospital (“CAH”) located in Memphis, Missouri. The hospital serves a five county area in extreme Northeast Missouri near the Iowa border. SCH has 25 licensed beds, 2 operating rooms, a Women’s Center (with 3 labor and delivery rooms and 2 postpartum rooms), and 1 endoscopic and other procedure room. SCH is a full service hospital with Emergency, Orthopedics, Obstetrics and Gynecology, Cardiology, Oncology, Rheumatology, Pediatrics, General Surgery, Radiology, Laboratory, ENT, Podiatry, and Endoscopy services. SCH is a nonprofit governmental hospital district organized under Missouri Revised Statutes Chapter 206.

2.2 Schedule of Events

The following is a tentative schedule that will apply to this RFP, but SCH may change or modify the schedule in SCH’s sole discretion, for any reason. Changes will be communicated by e-mail to all invited bidders and those who return the “Notice of Intention” form with SCH. See Schedule A.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuance of RFP</td>
<td>July 15, 2015</td>
</tr>
<tr>
<td>Technical Questions/Inquiries Due</td>
<td>August 15, 2015</td>
</tr>
<tr>
<td>Responses Due</td>
<td>August 31, 2015, 5:00 pm CDT</td>
</tr>
<tr>
<td>Final Award Notification</td>
<td>September 30, 2015</td>
</tr>
</tbody>
</table>
2.3 On-Site Visits, Interviews, and Presentations

SCH may either invite or require respondents to schedule a visit to the hospital in order to conduct an on-site inspection of the facility, participate in interviews, make oral presentations, or provide an opportunity to clarify their proposal.

3. Proposal Preparation Instructions

3.1 Communication

Verbal communication shall not be effective unless formally confirmed in writing by a specified SCH procurement official in charge of managing this RFP process described in Section 3.3.1 below. In no case shall verbal communication govern over written communication.

3.1.1 Vendors’ Inquiries. Inquiries, questions, and requests for clarification related to this RFP are to be directed in writing to:

Scotland County Hospital
Attn: Randall Tobler, M.D., CEO
450 East Sigler Avenue
Memphis, MO 63555

Fax: (660) 465-7417
E-mail: hydek@scotlandcountyhospital.com

3.1.2 Inquiries and Other Comments. Questions concerning this RFP must be submitted in writing and be received prior to August 15, 2015, 12:00 noon, CDT.

3.1.3 Addenda. SCH will make a good-faith effort to provide a written response to each question or request for clarification that it believes, in its sole discretion, requires an addendum. All addenda will be shared with those who file the “Notice of Intention” form with SCH. See Schedule A.

SCH will not respond to any questions or requests for clarification that are received by SCH after August 15, 2015, 12:00 noon, CDT. All addenda will be posted to SCH’s Web site at: www.scotlandcountyhospital.com.

3.2 Proposal Submission

Proposals must be delivered sealed to:

Scotland County Hospital
Attn: Randall Tobler, M.D., CEO
450 East Sigler Avenue
Memphis, MO 63555
on or prior to August 31, 2015, 5:00 pm CDT. SCH shall not accept proposals received by fax or e-mail.

Vendors are to submit one (1) original copy of their proposal marked “Original” and seven (7) copies of their proposal, marked “Copy.” Each original and copy must be individually bound.

3.3 Criteria for Selection

The evaluation of each response to this RFP will be based on the vendor’s demonstrated competence, compliance, format, and organization. The purpose of this RFP is to identify those providers that have the interest, capability, and financial strength to supply SCH with all anesthesia services identified in the Scope of Work.

Evaluation Criteria:

1. Responsiveness and overall quality of the proposal
2. Provider experience level and ability to deliver reliable, stable, high quality service
3. Price
4. Feasibility/sustainability of proposal
5. Adequate financial resources to provide services
6. Demonstrated understanding and experience with safety net populations
7. Community presence
8. Financial stability of vendor
9. Clinical leadership demonstrated by a commitment to engage actively in the hospital community
10. Ability to effect an orderly transition of services with minimal impact to patients; start-up timeline
11. EHR experience
12. Additional Services proposed

3.4 Selection and Notification

Vendors determined by SCH to possess the capacity to compete for a contract to provide anesthesia services to SCH will be selected to move into the negotiation phase of this process. Written notification will be sent to these vendors. Those vendors not selected for the negotiation phase will not be notified.
4. **Scope of Work, Specifications & Requirements**

4.1 **Anesthesia Services**

4.1.1 Administration of general and regional anesthesia services together with appropriate preoperative, postoperative and recovery services to patients. Administration of monitored anesthesia care utilized in the performance of surgical and special procedures and assisting treating providers with administration of monitored anesthesia care where the provider has properly scheduled service. The anesthesia techniques will encompass general anesthesia, sedation, regional anesthesia and peripheral nerve blocks when indicated for post-operative pain management, and chronic non-surgical pain management.

4.1.2 Anesthesia consults performed at the request of attending and referring providers.

4.1.3 Postoperative and post-procedural pain management.

4.1.4 Provision of the following services and assistance as requested:

   a. Administration of IV Access
   b. PICC Line insertion
   c. Ultrasound Guided Vascular Access
   d. Lumbar Puncture
   e. Difficult Airway Management
   f. Emergency Airway Management
   g. Emergency Department Critical cases
   h. Supervision and mentoring of EMT, Paramedic and other allied healthcare students and practicums

4.1.5 **Staffing:**

   a. All positions must be staffed with Certified Registered Nurse Anesthetists (CRNA) who each have a minimum of five (5) years of full time experience including significant independent or solo experience.

      (i) Recruit and provide sufficient number of qualified anesthetists to meet the needs of patients at SCH, 24/7/365.

      (ii) Participate in Quality Improvement committees and other hospital committees as required by SCH and/or medical staff. Provide for the overall clinical and administrative functions of the anesthesia department including but are not limited to QI monitoring and evaluation, utilization reviews, development, implementation, and evaluation of
anesthesia policies and procedures consistent with SCH’s established policies and procedures.

(iii) Provide on-site anesthesia coverage for every procedure day (Monday-Friday) during SCH’s normal business/operating hours. Provide on-call coverage outside of SCH’s normal operating hours.

(iv) Start time for anesthesia shall be thirty (30) minutes prior to the scheduled procedure or surgery, or as may be sooner required at the discretion of anesthesia provider or as directed by the attending surgeon.

(v) Conduct approved in-service education for its associates and assistants and for employees of SCH.

(vi) Have an anesthetist immediately available at all times that there are patients of SCH on the hospital premises requiring anesthesiology services, or at least until all patients on the hospital premises have been discharged from immediate postoperative recovery.

4.2 On Call Services

4.2.1 Provide a minimum of one (1) CRNA from 5pm to 7am Monday through Friday and 24 hour coverage on Saturday, Sunday and Holidays who is on call for all services described in Section 4.1 of this RFP. CRNA must have a response time to the hospital of ten (10) minutes or less for obstetrical emergencies and other nonbusiness hour surgeries.

4.2.2 Provide a proposal for additional on-call response in the event of unusually high volumes during weekdays or demand for multiple urgent/emergent after hours on-call responses.

4.3 Other

In consultation and coordination with primary care and other providers, assess and treat chronic and acute pain in all patient populations. Minimum treatments to include, but not limited to: steroid and narcotic injections, nerve blocks, prescription management, radiofrequency ablation, physical modalities, recommendations for additional therapies and consultations and other resources as appropriate.
5. Vendor Qualifications & References

Responses to this RFP must contain the following information:

1. A description of the vendor company including: (a) full legal name of the company; and (b) year business was established; and (c) number of people currently employed; and (d) income statement and balance sheet for each of the two most recently completed fiscal years; and (e) a summary of any litigation filed against the vendor in the past three (3) years that relates to services that vendor provides in the regular course of business. The summary shall state the nature of the litigation, a brief description of each case, and the outcomes or projected outcome of each case.

2. A description of the services the vendor company currently provides; and a description of the vendor company’s geographic reach and market penetration.

3. Information on vendor company’s current clients, including: (a) total number of current clients; and (b) a list of clients with needs similar to SCH and for whom the vendor currently provides services similar to those it proposes to provide to SCH; and (c) evidence of successful performance of services for another hospital of similar size and complexity to SCH.

4. A detailed discussion of how the vendor proposes to provide the services described in the Scope of Work.

5. Evidence of professional liability coverage insuring against any and all claims that may arise as a result of the services contemplated in this RFP in an amount not less than One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) aggregate per policy year through responsible insurance companies authorized to do business in Missouri.

6. References: Contact information for three references for whom the vendor company performed or performs services similar in scope to those proposed. Also provide a brief description of their implementation.

7. The Vendor Certification on page 11 must be completed, signed and returned with the proposal.

8. All proposers must disclose with their proposal the name of any officer, director, or agent who is an elected or appointed official or an employee or officer of SCH. Proposers must disclose the name of any elected or appointed official of or employee or officer of SCH who owns directly or indirectly, any interest in the Proposer’s firm.

9. Each proposal must contain the following certification: Proposer certifies that this offer has been made without prior understanding, agreement, or connection with any corporation, firm or person submitting an offer for the same services and is in
Proposer acknowledges that no premiums, rebates or gratuities are permitted either with, prior to or after any provision of services. Proposer agrees that any violation of this provision may result in contract cancellation and discontinuation of services.

10. Describe the adequacy of your financial resources to staff and provide the services in your proposal.

11. Vendors may recommend to SCH in their responses to the RFP any services enhancements, which they believe might be in SCH’s best interests.

6. Pricing

Proposals must contain a cost breakdown for providing the anesthesia services as described in this RFP taking into account the categories described below. The vendor must agree to keep these prices valid for a three year period.

6.1 Anesthesia Services

Please list and the compensation you propose for Anesthesia Services. Please itemize all costs including for On Call Coverage and Other Services described herein.

6.2 Other Costs

Please list any other costs, fees or charges SCH would be expected to pay to you or on your behalf.

7 Additional Terms & Conditions

7.1 No Assumption of Costs by SCH

The RFP does not obligate SCH to pay for any costs, of any kind whatsoever, which may be incurred by a respondent or any third parties, in connection with response to this RFP. All responses and supporting documentation shall become the property of SCH.

7.2 Intellectual Property

Respondents shall not use any intellectual property of SCH including, but not limited to, logos, trademarks, or trade names of SCH, at any time without the prior written approval of SCH.

7.3 Respondent’s Responses

All responses shall become the property of SCH and will not be returned.
7.4 Governing Law

This RFP and the respondent’s response shall be governed by the laws of the State of Missouri.

7.5 No Liability

SCH shall not be liable to any respondent, person, or entity for any losses, expenses, costs, claims or damages of any kind: (a) arising out of, by reason of, or attributable to, the respondent responding to this RFP; or (b) as a result of the use of any information, error, or omission contained in this RFP document or provided by SCH during the RFP process.

7.6 Entire RFP

This RFP, any addenda to it, and any attached schedules, constitute the entire RFP.
8. **Vendor Certification**

This certification attests to the vendor’s awareness and agreement to the content of this RFP and all accompanying schedules.

The vendor must ensure that the following certificate is duly completed and correctly executed by an authorized officer of vendor’s company.

**CERTIFICATE**

This proposal is submitted in response to RFP #2015-007-01 issued by Scotland County Hospital. The undersigned is a duly authorized officer, hereby certifies that:

_______________________________________________________
(Vendor Name)

agrees to be bound by the content of this proposal and agrees to comply with the terms, conditions, and provisions of the referenced RFP and any addenda thereto in the event of an award. Exceptions are to be noted as stated in the RFP. The proposal shall remain in effect for a period of 180 calendar days as of ____________, 2015.

The undersigned further certify that their organization (check one):

☐ IS
☐ IS NOT

currently debarred, suspended, or proposed for debarment by any federal entity including the OIG and/or CMS. The undersigned agree to notify SCH of any change in this status, should one occur, until such time as an award has been made under this procurement action.

Person[s] authorized to negotiate on behalf of this firm for purposes of this RFP are:

Name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________

Name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________

**Signature of Authorized Officer:**

Name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________
NOTICE OF INTENTION REGARDING REQUEST FOR PROPOSAL

There may be one or more addenda to this Request for Proposal. To receive notices of any such amendments, you must provide the information requested below to SCH.

From: ____________________________________________

[VENDOR ORGANIZATION NAME]

_______________________________________________________

[AUTHORIZED REPRESENTATIVE]

_______________________________________________________

[TELEPHONE NO.]

_______________________________________________________

[FAX NO.]

_______________________________________________________

[E-MAIL]

Please state your intention with regard to the Request for Proposal #2015-007-01 by selecting one of the following:

[ ] Intends to respond to Scotland County Hospital’s Request for Proposal

[ ] Does not intend to respond to Scotland County Hospital’s Request for Proposal

TO:    Scotland County Hospital
       Attn:  Randall Tobler, M.D., CEO
       450 East Sigler Avenue
       Memphis, MO 63555
       Fax:  (660) 465-7417
Schedule “B” Hospital Data

RFP #2015-007-01

The following is a list of information and statistics regarding historical volumes for certain services covered by this RFP.

| IV Starts: | | |
| YEAR | QTY. |
| 2014 | 48 |
| 2013 | 28 |
| 2012 | 39 |
| 2011 | 18 |

| Pain Clinic Visits: | | |
| YEAR | QTY. |
| 2014 | 60 |
| 2013 | 63 |
| 2012 | 10 |
| 2011 | 0 |

| PICC Lines inserted: | | |
| YEAR | QTY. |
| 2014 | 0 |
| 2013 | 0 |
| 2012 | 0 |
| 2011 | 0 |

| Surgery Case #’s: | | |
| YEAR | QTY. |
| 2014 | 212 cases of which 205 were outpatient |
| 2013 | 303 cases of which 285 were outpatient |
| 2012 | 326 cases of which 293 were outpatient |
| 2011 | 135 cases of which 121 were outpatient |