

## NOTICE INVITING

### EXPRESSION OF INTEREST (EOI)

#### **SUPPLY, INSTALL AND MANAGEMENT OF 4, 8, 10 & MORE THAN 10 BEDDED INTENSIVE CARE UNIT (ICU) IN GOVERNMENT HOSPITALS AND MANAGEMENT OF THE EXISTING ICU IN VARIOUS DISTRICT HOSPITAL OF BIHAR UNDER PPP MODE**

Expression of Interest (EOI) is invited from reputed agencies for supply, install and management of 4, 8, 10 & more than 10 bedded Intensive Care Unit (ICU) in various government hospitals and management of the existing ICU in various district hospitals under PPP mode. The broad details of requirement, terms & conditions may be downloaded from website (<http://www.statehealthsocietybihar.org/>). A pre-bid meeting is scheduled at 11:30 A.M. on 12/03/2014 in the Conference Hall of State Health Society, Bihar, Pariwar Kalyan Bhawan, Sheikhpura, Patna-800014. Based upon the pre-bid meeting discussion, terms and conditions can be modified. Competent interested agencies are requested to submit the details to the undersigned on or before 5.00 P.M. on 24/03/2014 by post (Registered/Speed) to The Executive Director, State Health Society, Bihar (SHSB), Parivar Kalyan Bhawan, Sheikhpura, Patna- 800014, Bihar. All the applications received by due date will be opened at 11:00 A.M. on 27/03/2014 in front of bidders or their representatives. Based on the eligibility criteria as mentioned in EOI, firms will be short listed. The shortlisted agencies will be issued RFP against which firms will be required to submit technical and financial bid in sealed cover.

For any further clarifications, please contact Mr. Gaurav Kumar, Deputy Director-MCH, SHSB on mobile no: 9431005972 during official working hours only.

Secretary Health cum Executive Director  
State Health Society Bihar

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## **EXPRESSION OF INTEREST (EOI)**

### **SUPPLY, INSTALL AND MANAGEMENT OF 4, 8, 10 & MORE THAN 10 BEDDED INTENSIVE CARE UNIT (ICU) IN GOVERNMENT HOSPITALS AND MANAGEMENT OF THE EXISTING ICU IN VARIOUS DISTRICT HOSPITAL OF BIHAR UNDER PPP MODE**

#### **1. INTRODUCTION**

In order to provide health care “to the last household and to the last person of the state”, Government of Bihar seeks to provide quality dedicated access to quality care for all the people of the state. Towards this effort, GoB wants to provide clean and hygienic Intensive Care Unit (ICU) in all Government Hospital in Bihar.

State Health Society, Bihar (SHSB) invites Expression of Interest (Eoi) from reputed agencies for supply, install and management of Intensive Care Unit (ICU) in all government hospital of the state. The applicants may be supplier of equipments/ running hospitals/ nursing homes/ individuals who have the capability to supply equipment, support staff and manage the whole ICU.

#### **2. PURPOSE**

Purpose of this EOI is intended to identify firms/ individuals that have the capacity to supply, install and manage ICU services in hospitals in 38 districts of Bihar. The selected private partner will provide support services to government Doctors & nurses for better care to patients. The Private Partner/ Service Provider shall also provide day to day support staff for smooth functioning of the ICU.

#### **3. SCOPE OF WORK**

There are two components under the ICU management:

##### **A. Set Up new ICU:**

The selected partner is expected to invest in all required equipments, provide skilled manpower for functioning of the ICU. The selected partner will have to procure equipment, ICU beds, mattress, linens, maintenance of all infrastructure including water & electricity, refurbishment of existing infrastructure, toilet cleanliness, etc. The ICU beds will be 4, 8, 10 and more than 10 beds depending upon the available infrastructure and patient load. The details will be shared at later stage. A typical concept of ICU services is at **ANNEXURE – I**.

##### **B. Management of Existing ICU:**

The selected partner is expected to bring in all required support staff for maintenance of existing ICU in various hospitals.

**Applicants are free to apply for any of two or both of the services. They have to apply separately for each service.**

#### **4. SCOPE OF SERVICES**

1. Running cost of all facilities including staff salary to be borne by the Service Provider.
2. They must provide emergency care for patients throughout 24 hours.
3. They must provide training to the hospital staff as required by the Hospital Administration without any condition or any other obligation.
4. They must submit the required reports and duty roster to the Hospital Administration as will be agreed to in the MOU.
5. They should use the space provided only for the purpose of care of patients.
6. They must issue Identity cards and uniforms to their staff, workers and patients. It must also be seen that staff and workers stick to the dress code. The service providers should ensure timely payment to all staff. The service providers will be required to disclose the details of each staff with the SHSB.
7. Service provider will ensure remedial measures with regard to any deficiency in services pointed out by the hospital administration.
8. Posting of round the clock security staff at entrance for security of facility.
9. Provisions of housekeeping services to maintain the hygiene within the facility.
10. They must maintain duty roster accessible to hospital administration and submit weekly report to hospital administration.
11. The staff to be recruited should be skilled and dedicated towards the care of patients.
12. **The selected partner must put special emphasis on decent behaviour & attitude of their staff.**

#### **5. GENERAL TERMS & CONDITIONS**

1. The tenure will be for a period of 3 (three) years initially extendable by another 2 (two) years on satisfactory performance.
2. A dedicated contact number with name of the person for managing, coordination & complaint about the services to be provided by the selected agency.
3. Selected agency will operate and maintain these centres as per the requirement specifications to be laid down in the MoU document.
4. Agency may bid for establishing centre at single or multiple locations. MoU shall be decided separately for each location.
5. Services to be provided as per standard treatment guidelines prescribed by the Government.

6. An appropriate committee would be appointed by SHSB to monitor the quality and delivery of services.

## 6. PERIOD OF SERVICE

- i. Initially 3 (three) years, thereafter extendable for every 2 (two) years on negotiated terms and conditions.
- ii. No subletting of part or whole of the process/infrastructure/services shall be allowed.
- iii. Before submitting an EOI, the bidder will be deemed to have satisfied themselves by actual inspection of the site and locality of the works that all conditions liable to be encountered during the execution of the works are to be taken into account.
- iv. Firm will be short-listed based on documents furnished in this EOI. The short listed firm will be then required to make a presentation and shall be issued an RFP for submission of bid. The qualified agency shall be required to sign an MOU for the execution of the proposal.
- v. The State Health Society Bihar reserves all rights to reject any or all the EOI/tender without assigning any reason.

## 7. ELIGIBILITY CRITERIA

The Bidder can be a company/ individual/ management companies/ HR agencies with capability of providing the required services along with dedicated staff on their own within the set time lines. The interested party should have an office or capable of opening the same within one month from the date of signing of the contract. **Preference will be given to service providers who have experience of running the same type of services.**

## 7 LEGAL

1. SHSB will have the full power and authority and full legal capacity to enter into an agreement for performing defined obligations by the Service Provider.
2. The Service Provider will be given access to other areas of the hospital after showing identity card.
3. Service Provider will be authorized to make changes in civil work, fittings, cablings etc. as per requirement for smooth operation of ICU Services.
4. No modifications of permanent structure will be allowed.
5. Force Majeure clause will be added in the agreement.
6. Any medico-legal issues arising in the course of or out of treatment of patients will be the responsibility of Service Provider.
7. Any difference or disputes will be submitted for arbitration as per MoU to be entered into.
8. Provisions of Consumer Protection Act and RTI Act are applicable to the Service rendered by Service Provider.

9. All the Laws of land including Minimum Wages Act, EPFO Act etc. are applicable to Service Provider.

## 8 SPECIAL TERMS AND CONDITIONS

### **Commencement of the Center: The Center shall have to be commissioned within 2 (two) months of the peaceful handover of the site.**

Penalty Clause: The agency will be bound to provide hygienic and clean environment to the patients. The penalty clause will be:

- a. **Poor service delivery, dereliction of duty, insufficient staff, rude behavior and breach of protocol of the wards:** A penalty of 0.5% of the security deposit per week will be imposed subject to a maximum of 25% of the security deposit. The penalty will be decided by the DHS upon the complaint received either through suggestion box or online and not addressed within one week time by the selected partner.
- b. **Non-submission of monthly report:** The selected partner will have to submit the monthly report for each month before 5<sup>th</sup> day of the next month to the concerned authority. The report should contain details about the all staff, consumables, etc. On failure of same, a penalty of 0.5% of the security deposit per week will be imposed subject to a maximum of 25% of the security deposit.

## 9 SUBMISSION REQUIREMENTS

Interested Agencies wishing to undertake the above task on behalf of State Health Society Bihar, may submit their application in a sealed envelope marked "EOI for Managing ICU Services in Government Districts in PPP Mode" Interested Agencies wishing to undertake the above task on behalf of State Health Society Bihar, may submit their application in a sealed envelope marked "**EOI for Management of ICU in Various District Hospitals of Bihar under PPP mode**". Inside outer envelope, the applicant should submit their proposal separately for (i) **A. Set Up new ICU;** and/or (ii) **Management of Existing ICU;** if applying for both, in separate envelopes clearly marked as above. Applicants can apply for both or any one of the above two services.

Agency is required to clearly indicate the relevant page number against each of the submission requirements mentioned below in your cover letter/application accompanying the EOI.

The offer should be complete in all aspects as mentioned below. The offer shall be prepared in Duplicate. The Original Copy should be marked Original on top right and the duplicate copy shall be marked Copy on top right of the envelope. Offer must be submitted along with following documents.

1. EOI Form as per **ANNEXURE- II.**
2. Details of the bidder in the format given in **ANNEXURE - III.** Copy of the Consortium agreement entered should be attached.

3. The instruments such as power of attorney as per **ANNEXURE – IV** authorizing an officer of the tenderer and nominating a responsible person of the tenderer to transact the business with the Authority.
4. Affidavit on non-judicial stamp paper of Rs.100/- regarding the firm has not been found guilty of malpractice, misconduct, or blacklisted/debarred either by Public Health Department, Govt. of Bihar or by any local authority and other State Government/Central Government's organizations in the past three years as per **ANNEXURE – V**.
5. A non-refundable fee of INR 1,000/- in the form of bank draft on a scheduled bank in favour of State Health Society, Bihar payable at Patna.

## **10 EVALUATION OF PROPOSAL**

1. After opening of offer, on the scheduled date, time and venue, the committee shall examine the contents of the EOI along with all prescribed mandatory documents.
2. The committee shall also analyze that there is no collusive or fraudulent practice involved in the entire process amongst all the EOI received.
3. Any EOI during the evaluation process do not meet the EOI conditions laid down in the EOI document will be declared as not acceptable and such EOI shall not be considered for further evaluation.
4. EOIs which are in full conformity with EOI requirements and conditions shall be declared as Eligible EOI
5. The proposals of the eligible EOIs will then have to be presented to the committee.
6. The short listed firm will be required to give a presentation.
7. Thereafter RFP shall be issued to the shortlisted bidder who would be required to submit their proposal.

## **11 DEADLINE FOR SUBMISSION OF EOI**

For Submission of EOI tenderer must submit the complete sealed EOI on or before 5:00 PM by 24/03/2014 by post(Registered/Speed) at the below mentioned address.

The Executive Director  
State Health Society, Bihar (SHSB)  
Parivar Kalyan Bhawan, Sheikhpura, Patna-800014, Bihar

Offers not submitted within time will not be accepted under any circumstance. The decision of the State Health Society Bihar shall be final, and no enquiries, or application for review, shall be entertained. The State Health Society Bihar reserves the right to modify the terms & conditions partially or wholly or cancel the EOI without assigning any reason.

For any further clarification, please contact – Mr. Gaurav Kumar, Deputy Director-MCH, SHSB on phone 9431005972 during official working hours.

Secretary Health cum Executive Director  
State Health Society Bihar

## ANNEXURE – I

### ICU SERVICES ON PPP MODE – CONCEPT, EQUIPMENT, MANPOWER

#### **A. ICU Service comprises (Level II Critical Care Centers):**

ICUs have the responsibility to provide services and personnel that ensure optimal care to critically ill patients. But Level II Centers are unable to provide critical care for specific areas of expertise. For example, level II centers may lack neurosurgical expertise, a cardiac surgical program, or a trauma program.

**1. Services provided in unit:** An ICU has the capability of providing monitoring and support of the critically ill patient. To do, so the ICU is prepared to provide the following:

- A. Continuous monitoring of the electrocardiogram (with high/low alarms) for all patients.
- B. Continuous arterial pressure monitoring (invasive and non invasive).
- C. Central venous pressure monitoring.
- D. Transcutaneous oxygen monitoring or pulse oximetry for all patients receiving supplemental oxygen.
- E. Equipment to maintain the airway, including laryngoscopes and endotracheal tubes.
- F. Equipment to ventilate, including ambu bags, ventilators, oxygen, and compressed air.
- G. Emergency resuscitative equipment.
- H. Equipment to support hemodynamically unstable patients, including infusion pumps, blood warmer, pressure bags, and blood filters.
- I. Beds with removable headboard and adjustable position, specialty beds.
- J. Adequate lighting for bedside procedures.
- K. Suction.
- L. Hypo/hyperthermia blankets.
- M. Scales.
- N. Temporary pacemakers (transvenous and transcutaneous).
- O. Temperature monitoring devices.
- P. Pulmonary artery pressure monitoring.
- Q. Cardiac output monitoring.
- R. Continuous and intermittent dialysis and ultrafiltration.
- S. Peritoneal dialysis.
- T. Capnography.
- U. Fiberoptic bronchoscopy.



V. Intracranial pressure monitoring.

W. Continuous electroencephalogram monitoring capability.

X. Positive and negative pressure isolation rooms.

Y. Immediate access to information: medical textbooks and journals, drug information, poison control centers, personnel phone, personnel schedules, patient laboratory and test data, and medical record information.

**2. Pharmacy services requirements:** Critical care pharmacy and pharmacist services are essential in the ICU.

**3. Laboratory services:** A clinical laboratory should be available on a 24-hr basis to provide basic hematologic, chemistry, blood gas, and toxicology analysis.

**4. Radiology and imaging services:** The following diagnostic and therapeutic radiologic procedures should be immediately available to ICU patients, 24 hrs per day. Portable chest radiographs affect decision making in critically ill patients and Duplex Doppler ultrasonography.

## **B. EQUIPMENT FOR ICU:**

- High end monitor
- Ventilator
- O2 therapy devices
- Deep Vein Thrombosis prevention devices suction
- Infusion Pumps
- Pipe line of O2, suction and compressed air

Common facilities required in ICU:

- Ultrasound for invasive procedures – one
- Defibrillator - one
- Arterial Blood Gas (ABG) Analysis machine- one

## **C. MANPOWER REQUIREMENTS**

- 1 Nurse for EACH bed
- 1 Departmental Sister/Asst. Nursing Supdtd. for 3-4 units

**ANNEXURE - II**  
**EOI Form Affidavit**  
**(on stamp paper of min. INR 100 value)**

To  
The Executive Director  
Bihar Health Society  
Patna  
Bihar

Dear Sir

- 1) Having examined the EOI document for **“EOI FOR MANAGING ICU SERVICES IN GOVERNMENT DISTRICTS IN PPP MODE”**, the receipt of which is hereby acknowledged, we, the undersigned, offer to provide our equipment and services under the above-named Contract in full conformity with the said EOI document.
- 2) We submit our interest for the following locations:.....
- 3) The information, documents, data of financial status and credibility, details of operational experience etc. furnished along with the EOI are true and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my EOI at any stage besides liabilities towards prosecution under appropriate law.
- 4) I have appraised myself fully about the job to be done during the period of agreement and also acknowledge to bear consequences of non-performance or deficiencies in the services on my part.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

In the capacity of \_\_\_\_\_

Duly authorized to sign this bid for and on behalf of \_\_\_\_\_

**Signature & stamp of tenderer**

**Note:**

- **This form must be signed & stamped in original to be submitted to this office along with EMD**

## ANNEXURE III

### DETAILS OF THE BIDDER

DATE OF OPENING:

NAME OF THE BIDDER...

(To be attached with Technical bid documents.)

1	Name Of Tendering Hospital/Institution	
2	Name Of Owner /	
3	Full Particulars Of Office	
	A) Address	
	B) Contact Telephone Nos.	
	C) Fax No.	
	D) E-Mail	
4	Registration Details:	
	(A) PAN / GIR NO.	
	(B) Service Tax Registration No.	
	C) ESI	
5	Details Of Non Refundable fee	
	A) Amount (INR.)	
	B) D.D. / P.O. No. and date	
	C) Drawn On Bank	
6	Name Telephone and Mobile No. of the dealing representative:	
7	Any other information.	

N.B Submit similar details of consortium partners also in case it is a consortium

Signature of authorized signatory

Name:

Place:

Seal

**ANNEXURE - IV**

**Power of Attorney**

**Format for Power of Attorney for Signing of Application**

*(On a Stamp Paper of relevant value)*

**Power of Attorney**

Know all men by these presents, We M/s .....  
(name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms..... (name and residential address and PAN), duly approved by the Board of Directors in their meeting held on (Copy of board resolution enclosed), who is presently employed with us and holding the position of ..... as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for "EOI for Managing ICU Services in Government Districts in PPP Mode" including signing and submission of all documents and providing information / responses to the State Health Society, Bihar, representing us in all matters before State Health Society, Bihar in all matters in connection with our bid for the said Project. We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

Dated this the ..... day of 2014

For \_\_\_\_\_

(Name, Designation and Address)

Accepted \_\_\_\_\_

(Signature)

(Name, Title and Address of the Attorney)

Date : \_\_\_\_\_

**ANNEXURE V**  
**Format for Affidavit**

**Format for Affidavit certifying that Entity/Promoter(s) / Director(s)/Members of Entity are not Blacklisted (On a Stamp Paper of relevant value)**

**Affidavit**

I, M/s..... (Sole Applicant / Lead Member / Member/Affiliate), (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s) /director(s) are not barred by State Health Society, Bihar/ or any other entity of GoB or blacklisted by any OTHER state government or central government / department / organization in India from participating in Project/s, either individually or as member of a Consortium as on the \_\_\_\_\_(Date of Signing of Application).

We further confirm that we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period and the amounts paid till date shall stand forfeited without further intimation.

Dated this ..... Day of ....., 2014.

Name of the Applicant

Signature of the Authorized Person

Name of the Authorized Person

Note:

*To be executed separately by all the Members in case of Consortium.*