ADDENDUM NO. 3

UNIVERSITY OF NEW MEXICO HOSPITALS
PURCHASING DEPARTMENT
933 Bradbury Dr. SE, Ste. 3165
ALBUQUERQUE, NM 87106

Date:	October 9, 2017
Request for Proposal:	RFP P373-17 Clinical Engineering Services
Procurement Specialist:	Justin M Ayala

This Addendum becomes a part of the original document and modifies, as noted below, the original Request for Proposal.

NOTE: Updated Procurement Specialist Contact Information:
Tarah Santana
tsantana@salud.unm.edu
505-272-9861

Vendor Questions
UNMHSC Answers – indicated in RED

1) **QUESTION**: There does not appear to be any mention in the RFP as to when this contact award would become effective. Can you please let me know the effective date of when the contract would start?
   - **UNMHSC Response: It is anticipated to have the new agreement start on July 1, 2018**

2) **QUESTION**: Will you be providing a list of equipment that currently have service agreements not to be included for full service with parts?
   - **UNMHSC Response: The Excel Spreadsheet (ITEM A) attached to Addendum represents UNMHSC's current understanding.**

3) **QUESTION**: Are we to assume that all line items are NOT under an alternate/current service provision? Is there a separate list containing line items under extended service agreement(s) that will strictly be managed by Offeror?
   - **UNMHSC Response: Please refer to ITEM A**

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4) "*The Clinical Engineering Department is responsible for managing manufacturer's service agreements and expenses for equipment under warranty, leased or otherwise covered under multi-year service agreements at no additional cost*." **QUESTION: Please provide a complete list of all clinical engineering assets currently covered by a manufacturer or other outside vendor including type of coverage, contract start and end dates.**
   - **UNMHSC Response: See ITEM A. Contract start and end dates are not available.**

5) **QUESTION**: Please indicate which devices or systems are under vendor service contracts. Please provide expiration dates.
   - **UNMHSC Response: See ITEM A. Contract start and end dates are not available.**

6) **QUESTION**: In evaluation of the inventory we have identified several devices that are outside of manufactures useful life or support. According to UNMHSC in-house staff, in ballpark terms, how accurate is the inventory provided in exhibit's i and j?
   - **UNMHSC Response: To the best of our knowledge, this inventory is accurate.**

7) **QUESTION**: Are there any medical devices included in the inventory that are under a reagent rental, consumable product, fee per use, or lease where service is included in the agreement? This may include Flexible Scopes, Laboratory Analyzers, Surgical Robotic Systems, CT's, Infusion Pumps, SCD's, etc.
   - **UNMHSC Response: Yes, we have some leased equipment, however the vast majority of all equipment is owned by UNMHSC. Nevertheless UNMHSC will work with vendor to identify and track all equipment. The awarded vendor will be allowed to view the agreements at a later date.**

8) **QUESTION**: Are there any clinical departments or devices that are sub-contracted and the equipment is owned and serviced by the vendor, (i.e. Dialysis, Laboratory, Central Sterile, Laser, etc.)?
   - **UNMHSC Response: Yes, Tricore is a sub-contracted vendor for laboratory services. Most of the equipment is provided by Tricore, however UNMHSC provides some equipment for Tricore's operation.**

9) **QUESTION**: Should we use the "Install Date" on the inventories to determine warranty end dates, assuming 1 – year warranties? Do any of these devices have extended warranties (some devices carry 5 year warranties) or Point-of-Sale service agreements?
   - **UNMHSC Response: Yes**

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10) **QUESTION:** Does UNM Hospitals own the test equipment on the inventory?

- **UNMH Response: Yes. However, it is our desire for the awarded vendor to provide test equipment.**
- **SRMC Response: No and it is our desire to continue this practice moving forward.**

11) **QUESTION:** Can you please verify the model number of item below? It does not match in our search for it.

1219659	PEDIATRIC CARDIOLOGY	I	DIGITAL IMAGING SYSTEM/ ANGIOGRAPHIC/ CARDIOVASCULAR	SIEMENS MEDICAL SYSTEMS INC	CWS NF620	10090221

- **UNMHSC Response: Model Number – KINETDX 3000 CARDIOL**

12) **QUESTION:** UNM Staffing (Number of employees and equipment they are competent with repairs and planned maintenance?

UNMH Response:

A. UNMH Clinical Engineering Staff

Position	Years of Service	Areas of Expertise
1. MED EQP2	18	Surgery equipment, Covidien ventilators, Phoenix dialysis equipment
2. MED EQP2	17	Nurse call systems, Rauland-Borg, nurse call systems
3. MED EQP2	11	Nurse call systems,Audio/visual systems
4. MED EQP2	10	Steris sterilizers, Medivator sterilizers
5. MED EQP2	10	Steris sterilizers, Coviden ventilators
6. MED EQP2	9	Alcon vision systems
7. MED EQP2	4	Arrow pumps
8. MED EQP1	1	Laser equipment, Rauland-Borg nurse call systems
9. MED EQP2	1	Medivator sterilizers

All staff is trained on Trophon disinfection equipment.

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B. UNMH Bed Repair Staff

Position	Years of Service	Areas of Expertise
1. MEDEQ BD	34	Hill-Rom bed repair
2. MEDEQ BD	29	Hill-Rom bed repair

SRMC Response:

A. SRMC Clinical Engineering Staff

Position	Years of Service	Areas of Expertise
MED EQP	31	B Braun Infusomat Space pumps, B Braun Syringe pumps, West Call Nurse Call System, Draeger Fabius, Draeger Fabius MRI, Draeger Apollo, Steris Amsco Eagle 3000 Sterilizers, Steris Century Sterilizers, Steris System 1E, Steris 444 Washer, and Steris Reliance Synergy washers Medfusion 3500 Syringe Pumps, B Braun Infusomat Space Pumps, Verathon 3000/9400 Bladder Scanners, Philips Intellivue Monitoring, PIIC and Telemetry Systems, Medtronic Puritan Bennett 840 Ventilators, Nihon Kohden PSG-1100 Sleep Systems, Medgraphics Elite PFT Booth and Spirometers.
MED EQP	13	B Braun Infusomat Space pumps, B Braun Syringe pumps, West Call Nurse Call System, Draeger Fabius, Draeger Fabius MRI, Draeger Apollo, Steris Amsco Eagle 3000 Sterilizers, Steris Century Sterilizers, Steris System 1E, Steris 444 Washer, and Steris Reliance Synergy washers Medfusion 3500 Syringe Pumps, B Braun Infusomat Space Pumps, Verathon 3000/9400 Bladder Scanners, Philips Intellivue Monitoring, PIIC and Telemetry Systems, Medtronic Puritan Bennett 840 Ventilators, Nihon Kohden PSG-1100 Sleep Systems, Medgraphics Elite PFT Booth and Spirometers.

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13) *Currently, UNMH Clinical Engineering Department employs 8 Med Equipment II, 1 Med Equipment I, and 2 Med Equipment Bed technicians. The Department operates out of 7,837 square feet in multiple areas at UNM Hospitals and maintains approximately 17,500 pieces of equipment. SRMC Clinical Engineering Department employs 2 Med Equipment technicians while operating out of 550 square feet and maintains approximately 2,200 pieces of equipment.*
QUESTION: If these individuals are to stay employees of UNMH, how do we account for their expenses if we are required to price every single piece of equipment they are responsible for maintaining?
- **UNMHSC Response: UNMHSC pays the salaries and benefits of staff assigned to the Clinical Engineering Department. UNMHSC considers this staff to be a substantial resource to be managed by the successful offeror.**

14) **QUESTION: Also, what specific equipment in the RFP inventory are they capable of servicing?**
- **UNMHSC Response: See UNMH Clinical Engineering Staff information listed above.**

15) **QUESTION: What are the holidays recognized by UNMH?**
- **UNMH Response: Currently UNMH recognizes the following holidays; New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve. UNMHSC anticipates the successful offeror will comply with UNMHSC calendar, without impacting annual fees, as calendar may change from time to time.**
- **SRMC Response: Currently SRMC recognizes the following holidays; New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day. UNMHSC anticipates the successful offeror will comply with UNMHSC calendar, without impacting annual fees, as calendar may change from time to time.**

16) **QUESTION: There is no mention of your current work force being unionized. Is your Clinical Engineering staff union?**
- **UNMH Response: Yes, they are under the District 1199 NM, National Union of Hospital and Health Care Employees, AFSMCE, Support Staff Unit Collective Bargaining Agreement**
- **SRMC Response: Clinical Engineering Department staff are not part of a union**

17) **QUESTION: Is it your intention to maintain the union?**
- **UNMH Response: UNMH employs District 1199 employees in the Clinical Engineering Department**
- **SRMC Response: See question 16 above**

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18) **QUESTION: Will additional staff be required to join the union?**
- **UNMH Response: District 1199 CBA covers all UNMH Clinical Engineering staff**
- **SRMC Response: Not applicable**

19) **QUESTION: Please provide the CBA for your union staff ASAP?**
- **UNMH Response: This information will be provided prior to final negotiations with the successful vendor**
- **SRMC Response: Not applicable**

20) **QUESTION: Will the workforce (union & non-union) convert to the awarded vendor or stay on UNMH payroll?**
- **UNMHSC Response: All Clinical Engineering technicians employed by UNMH are covered by the District 1199 CBA. Our current CE vendor has non-union employees**
- **SRMC Response: Not applicable**

21) **QUESTION: What are the salaries of your current staff?**
- **UNMH Response: The UNMH FY18 budget for Clinical Engineering department total salaries, including benefits, for staff referenced in question 12 above, is $973,142.**
- **SRMC Response: The SRMC FY18 budget for Clinical Engineering department total salaries, including benefits, for staff referenced in question 12 above, is $181,350.**

22) Offerors are encouraged to submit proposals for the services stated in the SOW as currently state and/or as an all-inclusive proposal in which Offeror will fully staff the Clinical Engineering Department. **QUESTION: Are the current UNMH in-house technicians members of an organized union?**
- **UNMH Response: Please see response to Question 16 above**
- **SRMC Response: Please see response to Question 16 above**

23) "*The Clinical Engineering department shall provide emergency repair services outside of standard coverage as necessary to respond in no more than one hour after receiving a service request.*" **QUESTION: Is this for all equipment or just mission critical/high acuity equipment?**
- **UNMHSC Response: It is for mission critical/high acuity equipment**

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24) *"Non-covered equipment – is UNMHSC medical equipment, which the vendor will not be responsible to maintain. This equipment will be maintained by outside vendors and the contractor will manage these contracts as set forth in V referenced below."* ***QUESTION:*** **Since the SOW stipulates no fee may be assessed for the management of these contracts. Will the awarded vendor be given a fair opportunity to bid for the service of the devices which they are capable of servicing?**

- **UNMHSC Response: Yes, the vendor will be provided this opportunity**

25) "The Clinical Engineering Department must maintain an inventory of parts to support the required completion metrics." **QUESTION: Please define the "completion metrics"**

- **UNMHSC Response: The completion metrics identified include:**
    - **Preventive Maintenance completion rate for Life Support equipment = 100% within the scheduled month**
    - **Preventive Maintenance completion rate for Non-Life Support equipment = 95% within the scheduled month**
    - **Parts Delivery, and Repair Turn Around Time = within 24 hours (Life Support Equipment) and best effort within 48 hours for all parts**
    - **Repair Turn-Around Time = 5 Days on Average**

26) "*The Clinical Engineering Department shall repair any equipment determined to be "abused", "misused" or damaged through "user error" by Hospital staff at no additional charge.*"

- **QUESTION: Please define UNMH's interpretation of "abused"? –**
    - **UNMHSC Response: Abused equipment is considered equipment that is deemed to be broken or faulty due to user negligence whether intentional or not, but still repairable**
- **QUESTION: Please define UNMH's interpretation of "misused"? –**
    - **UNMHSC Response: Misused equipment is considered to be in need of repair because of user error resulting in equipment being broken or faulty**
- **QUESTION: Is this to include obvious negligence and destruction of property? –**
    - **UNMHSC Response: Yes**
- **QUESTION: What is UNMH's current abuse/misuse occurrence? (What percentage of corrective maintenance work orders are attributed to abuse and misuse?)**
    - **UNMHSC Response: Abuse and misuse occurs more than infrequently. UNMHSC is an academic teaching institution; therefore medical students are using equipment they may not be familiar with.**

- **QUESTION: What is the average amount spent on repairing abuse/misuse equipment for the past 3 years?**
    - **UNMH Response: UNMH estimates over the past 12 months it has incurred an average cost of $65,000 per month in abuse/misuse costs**
    - **SRMC Response: SRMC estimates over the past 12 months it has incurred an average cost of $32,000 per month in abuse/misuse costs**

27) **QUESTION:** Is UNMHSC able to provide a list, by item, of items that were deemed abused/user error/etc.? If not, what percentage of repairs were deemed abused/user error/etc.? (Pg. 6, Section IV and Pg. 7, Section V) Covered equipment and Non Covered equipment.
- **UNMHSC Response: UNMH averages $65,000 per month in abuse/misuse costs**. No breakdown is available
- **SRMC Response: SRMC estimates over the past 12 months it has incurred an average cost of $32,000 per month in abuse/misuse costs**. No breakdown is available

28) The service contractor shall repair any equipment determined to be "abused", "misused" or damaged through "user error" by Hospital staff at no additional charge. **QUESTION: How can we be expected to enforce another service contractor that UNMH has direct contract with if that service contractor's agreement excludes repair of any equipment determined to be "abused", "misused" or damaged through "user error" by Hospital staff?**
- **UNMHSC Response: If UNMHSC has, via service contract, waved repair of abused/misused equipment, the clinical engineering vendor would not be expected to overcome the waiver. Prospectively, UNMHSC would like the clinical engineering vendor to advise on service contracts.**

29) **QUESTION: How does UNMH currently determine equipment life cycle?**
- **UNMHSC Response: Life Cycle Management at UNMH means managing the life of medical equipment from acquisition planning, selection/procurement, installation, use and maintenance/monitoring up to decommissioning. Maintenance Cycle Management involves inspecting and monitoring individual items of medical equipment, and ensuring their reliability and safety. Spare Parts Cycle Management means going through cycles of prediction, estimation, procurement, stock control and use of kinds and quantities of spare parts that are needed in the lifetime of equipment.**

30) **QUESTION: What metrics do UNMH use for this determination?**
- **UNMHSC Response: UNMHSC will work in collaboration with the selected Vendor to establish these metrics**

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31) **QUESTION: How does UNMH determine equipment's status in the life cycle?**
- **UNMHSC Response: UNMHSC is requesting the Vendor to describe their approach to life cycle management as a part of this RFP.**

32) **QUESTION: What is considered the responsibility of IT vs. the responsibility of the CE department in all things IT?**
- **UNMHSC Response: UNMHSC's intent is to establish clear roles and responsibilities with regard to UNMHSC IT and the CE Vendor. UNMHSC's intent is to keep a sharp focus on servicing equipment such as preventative maintenance and routine security patches. UNMHSC wants the CE Department to notify UNMHSC of software updates for security, and to work with UNMHSC IT to install these patches. The Clinical Engineering Department should proactively identify and monitor who is responsible for updating equipment**

33) Emergency service costs shall be covered by the standard contract and UNMHSC shall not be charged for emergency repair services. **QUESTION: Does this mean that UNMH wants 24/7/365 coverage included in our pricing?**
- **UNMHSC Response: This coverage should be included for mission critical/high acuity equipment.**

34) Additional personnel required for emergency service response, departmental equipment projects, installation or moves and equipment accreditations shall be provided within the standard agreement cost structure. **QUESTION: Can UNMH be more specific in defining what is entailed in departmental equipment projects, installation or moves, so that we have a better understanding of the workload involved?**
- **UNMHSC Response: Planned projects for FY18 and FY19 include 1) replacement of the Nurse Call System in the BBRP and portions of UH Main hospitals; and 2) replacement of the Patient Monitors in both hospitals.**

35) It is the expectation that all parts needed to meet the required 5 day turnaround time will be inventoried on-site at the expense of the Clinical Engineering department. **QUESTION: Is this an "expectation" or a "requirement"? As long as the required 5 day turnaround time can be met without parts inventoried on-site, is that acceptable?**
- **UNMHSC Response: This is an expectation. The means and methods of meeting the 5 day turnaround requirement are to be determined by the vendor.**

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36) SITE FAMILIARITY. The Seller shall be responsible for thoroughly inspecting the site and work to be done prior to submission of an offer. The Seller warrants by this submission that the site has been thoroughly inspected and the work to be done and that the offer includes all costs required to complete the work. The failure of the Seller to be fully informed regarding the requirements of this Request will not constitute grounds or any claim, demand for adjustment or the withdrawal of an offer after the opening.

SITE INSPECTION. The site(s) referenced in this RFP are available for inspection. Arrangements may be made by contacting the individual listed on the cover sheer.

QUESTION: Addendum No. 1 dated 9/13/17 stated "At this time UNMHSC will not be scheduling site visits." How can we agree with the requirement above if site visits are not allowed?

- **UNMHSC Response: This condition will be removed from the RFP; it is no longer a requirement. However, UNMHSC reserves the right to schedule site visits for finalists at its sole discretion.**

37) **QUESTION:** Non-Covered Equipment, will vendor be expected to service, provide parts, or provide on-call support under "current state" or "fully staffed?" (Pg. 6, Section II)

- **UNMHSC Response: Vendor is expected to oversee, monitor and direct the service on this equipment in either case.**

38) **QUESTION:** TJC and CMS require 100% completion on non-life support equipment, UNMHSC requires 95% completion on non-life support equipment, please clarify? (Pg. 6, Section III)

- **UNMHSC Response: The higher standard shall prevail.**

39) **QUESTION:** Without clarification on "Covered" and "Non-covered" equipment we have great difficulty determining service and replacement parts coverage. Once, questions 1 and 2 (above) are answered can UNMHSC provide parts expenditure for 2016? (Pg. 6, Section IV / Pg. 7 Section)

i. CT Detectors
ii. Digital Imaging Detectors
iii. Glassware

- **UNMHSC Response: The majority of this equipment is covered under a service contract. The successful offeror will be granted opportunity to review these service contracts.**

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40) "a. The Clinical Engineering Department is responsible for managing manufacturer's service agreements and expenses for equipment under warranty, leased, or otherwise covered under multi-year service agreements at no additional cost." **QUESTION:** Will the Clinical Engineering Department be using the funds of UNMHSC or the Vendor to be responsible for service contract expenses mentioned above? (Pg. 7, Section V)
   - **UNMHSC Response: UNMHSC will pay the expense of these contracts. The Vendor is responsible to manage these contracts and advise on strategic alternatives.**

41) **QUESTION:** What is the cycle of expiration for existing service agreements? (Pg. 7, Section V)
   i. CT/MRI
   ii. Flexible Scopes
   iii. Sterilizer
   iv. Other contracts over $100,000 Annually
   - **UNMHSC Response: The selected vendor will be given the opportunity to review existing service agreements.**

42) **QUESTION:** Is it the intent of UNMHSC to have the Vendor provide a system wide CMMS as part of the both "Current State" and "Fully Staffed" solutions?
   - **UNMHSC Response: Yes and it is expected that access to the software will be provided to UNMHSC staff on an as requested basis.**

43) **QUESTION:** What CMMS software is currently utilized by the Clinical Engineering Department?
   - **UNMHSC Response: Philips Healthcare InfoView**

44) **QUESTION:** Is it the desire that the current CMMS remain in place?
   - **UNMHSC Response: No, there is no expectation to keep the current CMMS in place. The expectation would be to transfer, add, and update information as necessary to perform services and meet AHJ requirements from Philips Healthcare InfoView to the new CMMS software**

45) **QUESTION:** Are other CMMS utilized by UNMHSC and would they be a preference?
   - **UNMHSC Response: UNMHSC uses TMA Systems in Facilities. The TMA Clinical Engineering module is compatible.**
   - **SRMC Response: SRMC uses Facility Dude. The Clinical Engineering module is available, but not currently in use.**

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46) **QUESTION:** Equipment that is deemed obsolete or beyond useful life by the OEM, what is the obligation of the vendor for support of these items?
- **UNMHSC Response: The Vendor is expected to notify UNMHSC of this equipment, identify the costs to replace, create a budget for replacement , and make best effort to service and support these items in the period before they can be replaced.**

47) **QUESTION:** How does UNMHSC define "Fully-staffed?" (Exhibit K, UNMH Fully Staffed)
- **UNMHSC Response: All staff is provided by the Vendor as reasonably necessary to perform services**

48) **QUESTION:** Under "UNMH Fully Staffed," is "non-covered equipment" to be serviced by the contractor? (Exhibit K, UNMH Fully Staffed)
- **UNMHSC Response: Non-covered equipment would be covered under a third party service agreement. However, Vendor shall manage all equipment.**

49) **QUESTION:** Can UNMHSC provide a list of vendors currently supporting the Clinical Engineering Department?
- **UNMHSC Response: Philips Medical is the primary vendor supporting this department. Additional vendors that support the department are noted in ITEM A.**

50) **QUESTION:** How many bids does UNM expect to receive?
- **UNMHSC Response: UNMHSC anticipates receiving multiple competitive bids**

51) **QUESTION:** Please confirm if line item pricing is required, or if the Exhibit K's are the only pricing requirements?
- **UNMHSC Response: Exhibit K is the only pricing required. However, you can add additional information you deem relevant to your pricing**

52) **QUESTION:** If line item pricing is required, where and how is it to be provided?
- **UNMHSC Response: Line item pricing is not a requirement**

53) **QUESTION:** Please provide additional clarification of what pricing you want identified under the fully staffed IV. Exclusion section of Exhibit K's
- **UNMHSC Response: Please identify any and all exclusions not covered by pricing given. This shall include all other costs UNMHSC will be expected to pay for.**

54) **QUESTION:** Pg. 15, 4.2.10.5 – "Describe the process for measuring vendor's employee performance subcontractors".
- **UNMHSC Response: Regular use of customer satisfaction surveys and rounding on customers and monthly rounding on all Clinical Engineering Department staff.**

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55) **QUESTION:** We would like to confirm whether you are looking for our performance metrics used to measure our employees or the subcontractors we may work with?
- **UNMHSC Response: We are looking for both. We want to understand how our Vendor is monitoring the performance of its employees and the subcontractors in the eyes of the end users.**

56) Your request for proposal requires that our proposed program include emergency repair services, special parts handling, 24x7 management of biomedical equipment at no additional cost. **QUESTION:** We are happy to provide pricing for this type of coverage for you. However, often this type of model can result in higher cost and unnecessary coverage for low-criticality or redundant systems. There is a cost-savings opportunity (while still minimizing variance in monthly billing), which we would like to propose as a third option for UNM to consider. Would your organization be willing to explore an alternative model that provides our recommended balance between cost savings, risk, and predictability?
- **UNMHSC Response: Yes**

57) **QUESTION:** For your "Current State" model: In a scenario where we manage your in-house team, we can offer a capitated model (no additional charges as you described) for parts & shipping, with any overtime costs associated to labor managed by UNM. Is this the type of capitation you are looking for?
- **UNMHSC Response: UNMHSC anticipates there may be a number of acceptable pricing models, including this model**

58) **QUESTION:** Do we provide a full service price on systems that are currently under a direct contract between UNM and an OEM in our RFP response
- **UNMHSC Response: No, but we are not opposed to alternate business models**

59) **QUESTION:** Does the capitated request cover the out of contract billables for a direct contract currently in place between UNM with an OEM
- **UNMHSC Response: No, but we are not opposed to alternate business models.**

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60) **QUESTION:** For the listed items below, can you please confirm if these are dual or single-detector systems?

Serial #	Cost Center	Facility Name	Legacy Asset #	Device #	Dept Name	Line Item #	Vendor ID	Room ID	Equipment
15000015	75300	UNIVERSITY NEW MEXICO HOSPITAL	93106	64294199	RADIOLOGY-NORTH VALLEY CLINIC	2066	PHILIPS HEALTH CARE	DigitalDiagnost Release 3.1	PHILIPS DIGITAL DIAGNOST
12000106	75000	UNIVERSITY NEW MEXICO HOSPITAL	83634	54738887	RADIOLOGY - GENERAL	4448	PHILIPS HEALTH CARE	DIGITALDIAGNOST RELEASE 3	PHILIPS DIGITAL DIAGNOST
12000001	75000	UNIVERSITY NEW MEXICO HOSPITAL	83117	54738886	RADIOLOGY - GENERAL	4772	PHILIPS HEALTH CARE	DIGITALDIAGNOST RELEASE 3	PHILIPS DIGITAL DIAGNOST
09000137	75085	UNIVERSITY NEW MEXICO HOSPITAL	73816	42670972	OSIS RADIOLOGY	8177	PHILIPS HEALTH CARE	DIGITALDIAGNOST SINGLE DETECTOR	PHILIPS DIGITAL DIAGNOST
602603	75000	UNIVERSITY NEW MEXICO HOSPITAL	00000064292	546514	RADIOLOGY - GENERAL	11010	PHILIPS HEALTH CARE	DigitalDiagnost	PHILIPS DIGITAL DIAGNOST
702009	75000	UNIVERSITY NEW MEXICO HOSPITAL	00000064291	546515	RADIOLOGY - GENERAL	11012	PHILIPS HEALTH CARE	DigitalDiagnost	PHILIPS DIGITAL DIAGNOST
259993	75000	UNIVERSITY NEW MEXICO HOSPITAL	00000067254	534596	RADIOLOGY - GENERAL	13324	PHILIPS HEALTH CARE	EASYDIAGNOST ELEVA	PHILIPS EASYDIAGNOST ELEVA
259563	75000	UNIVERSITY NEW MEXICO HOSPITAL	00000068741	534600	RADIOLOGY - GENERAL	13325	PHILIPS HEALTH CARE	EASYDIAGNOST ELEVA	PHILIPS EASYDIAGNOST ELEVA
259564	75000	UNIVERSITY NEW MEXICO HOSPITAL	00000068740	534599	RADIOLOGY - GENERAL	13326	PHILIPS HEALTH CARE	EASYDIAGNOST ELEVA	PHILIPS EASYDIAGNOST ELEVA
105956	34530	UNIVERSITY NEW MEXICO HOSPITAL	00000046697	105956	ORTHOPAEDICS FACULTY CLINIC	13745	PHILIPS HEALTH CARE	BUCKYDIAGNOST TS	PHILIPS EASYDIAGNOST ELEVA
492192/SN12000028	75000	UNM - Sandoval Regional Medical Center	CAP7616	54677449	Radiology - General	20734	PHILIPS HEALTH CARE	DIGITALDIAGNOST RELEASE 3	PHILIPS DIGITAL DIAGNOST
492004/SN12000022	75000	UNM - Sandoval Regional Medical Center	SRMC000254	54677454	Radiology - General	20738	PHILIPS HEALTH CARE	DIGITALDIAGNOST RELEASE 3	PHILIPS DIGITAL DIAGNOST

- **UNMHSC Response: Please refer to ITEM A**

61) **QUESTION:** We understand that UNM reserves the right to award to multiple vendors. For the purposes of offering the most preferred pricing possible, is the intention of this RFP to be a full award to as single vendor?

- **UNMHSC Response: It is our intention to award the contract to a single vendor. However, we reserve the right to award separate contracts by facility for UNMH and SRMC**

62) **QUESTION:** If there is a strong possibility or intention of multiple awards, what would a partial award look like?

- **UNMHSC Response: A partial award would be one Vendor for UNMH and one Vendor for SRMC.**

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63) **QUESTION:** In order to provide the best pricing for the "Current State" option, we would like to better understand which specific imaging systems the in-house biomed technicians service today. Is there a way to obtain an overview on which make/model or modality of imaging equipment they are currently trained to service directly? For example, if they are currently trained to take service calls on the Philips Pulsera C-arm today, we would provide pricing for parts support rather than a full labor and parts support model, which would reduce the overall pricing.
   - **UNHSC Response - To clarify 90% of small imaging items are on contract with current Clinical Engineering vendor. So the first call we do on off contract is limited. Usually during cases when the vendor can't respond promptly. Clinical Engineering does first look on a limited basis for other vendors to assist with small issues on such as injectors c arms and ultrasound. Clinical Engineering does not currently do so with MRI or CT.**

64) **QUESTION:** Our understanding of UNM's current in-house team is that they are a unionized workforce. If so, will this affect the possibility of a "Fully Managed" (or outsourced) option?
   - **UNMHSC Response: See response to union workforce questions above.**

65) **QUESTION:** Does UNM have an existing Dose platform today? If so, what solution do you use?
   - **UNMHSC Response: Yes, we use Radimetrics**

66) **QUESTION:** Does UNM have an existing RTLS platform today? If so, what solution do you use?
   - **UNMHSC Response: We do not currently utilize real-time locating systems for Clinical Engineering equipment**

67) **QUESTION:** What is UNM's current solution around cyber security for clinical devices today?
   - **UNMHSC Response: The Health Sciences Center (HSC) has implemented a standardized IT Security review process to assure consistency across UNMHSC in completing required security reviews prior to the purchase of clinical equipment, software and IT services. These security reviews assess the ability to assure and protect sensitive and protected data. The first steps are the development of proposals by the requesting UNMHSC department in collaboration with the appropriate IT services provider, and gathering of documentation prior to the initiation of the purchase.**

ALL OTHER PROVISIONS OF THE RFP AND ALL TERMS AND CONDITIONS SHALL REMAIN UNCHANGED.

Acknowledge receipt of this Addendum in the space provided on the Authorized Signature Page (Exhibit B). Failure to do so may cause your proposal to be considered non-responsive and your response rejected.

(End of Addendum)