



**Government of Jamaica  
Ministry of Health and Wellness  
Enhancing Healthcare Services Delivery Project**

**REQUEST FOR PROPOSAL**

**Issued on: \_\_\_\_\_**

**For**

**PROCUREMENT OF SURGICAL SERVICES FOR ELECTIVE SURGERIES**

## **A. Introduction**

The Ministry of Health & Wellness is implementing the Enhancing Healthcare Services Delivery Project, designed to improve access to services provided at public health facilities. This initiative reaffirms the Government of Jamaica's commitment to the abolition of user fees in public health facilities and builds on previous efforts to reduce wait times for services and will result in shorter wait times for admissions as well as shorter hospital stays. The project is being implemented under three components: (i) Diagnostic Radiology services (ii) Elective surgeries (iii) removal of social cases from hospitals.

The Ministry of Health and Wellness requires private firms to undertake elective surgeries for patients registered in public healthcare facilities and are currently awaiting these surgeries for a period of between six months and three years. The areas of focus for the elective surgeries component as it relates to specific surgeries are the treatment of:

- **Inguinal Hernias**
- **Hemorrhoidectomy**
- **Lithotripsy**
- **Gallstones**

## **B. Eligibility Requirements and Technical Response**

1. **Eligibility Requirements:** The firm must submit the following documents in order to be considered eligible:
  - Tax Registration Number
  - A valid Tax Compliance Certificate or valid Tax Compliance Letter
  - Evidence of a minimum of at least 3 years' experience in providing the services being proposed
  - Certificate of Incorporation
  - Facility License issued under the Nurses Homes Registration Act.
  - Requisite medical malpractice insurance or other relevant insurance coverage
  - Able to demonstrate that personnel/staff are (i) registered with the appropriate professional regulatory body (i.e. current practicing certificates, licenses from the Medical Council, Nursing Council etc.); and (ii) possess the appropriate qualifications, experience, skills and competencies to perform the duties required of them. Curriculum Vitae of each team members is to be submitted.
  - Detailed Infection Prevention and Control Measures
  - Detailed Emergency Contingency Plan
  - Detailed Quality Assurance Program
2. **Technical Proposal:** Firms are required to submit a technical proposal which outlines among other things the following:
  - a. **Technical Approach, Methodology** for the delivery of services including the scheduling of surgeries, treating with emergencies, proposed service delivery wait times and post-operative care. Explain understanding of the objectives of the assignment as outlined in the Technical Specifications outlining the technical approach and the methodology to be adopted for implementing the tasks to deliver the expected outputs (ii) Organization of the

Consultant's/Firm's team describe the structure and composition of your team. The response excluding the Work plan and CVs should not exceed five (5) A4 size pages.

- b. **Work Plan and Staffing.** This should outline the plan for the implementation of the main activities/tasks of the assignment, their content and duration, phasing and interrelations, milestones and tentative delivery dates of services and reports. The proposed work plan should be consistent with the technical approach and methodology, showing understanding of the Technical Specifications and ability to translate them into a feasible working plan and work schedule showing the assigned tasks for each team member. A CV for each of the team member proposed should be provided using the format provided.
- c. Comments on the Technical Specifications - suggestions should be concise and to the point, and incorporated in Proposal.
- d. Capacity for services (standard operating hours, facilities/locations being proposed, number and types of surgeries to be conducted, pre and post-operative care).
- e. Cost Schedule per surgery providing a breakdown of fees – professional fees per team member, consumables, equipment costs, operating theatre costs. This should be inserted in the template provided.

## TECHNICAL SPECIFICATIONS

### Performance Specifications / Standard Operating Procedures

#### A. Standard Operating Procedures

1. The MOHW will utilize two modalities for the conducting of elective surgeries: This Technical Specification will detail **modality 1**, the outsourcing of the full suite of services for the completion of elective surgeries to private providers. The specifications for **Modality 2**, the completion of services in Public Hospitals will follow at a later date.
  - **Modality 1- Outsourcing to private firms the full suite of services for the conducting of elective surgeries.** The service provider will be required to provide *inter alia* surgical team and anesthetic and nursing services, pre and post operation visits, operating theatre and equipment required for the successful completion of the elective surgery as well as necessary post-operative care. Interested Firms must submit a Proposal including information requested in advertised Request for Proposal. The MOHW will negotiate with participating firms a standard rate for the completion of each type of surgeries. This rate will be standard across all contracted service providers for the specific surgeries. All facilities to be used must be registered by the Standards and Regulations Division of the MOHW.
2. All patients accessing services must be registered within the Public Health Care system and possess a registration number issued by the institution. Additionally, patients must complete a consent form and be referred through the Enhancing Healthcare Services Delivery Project
3. The Service Provider shall provide timely reporting of the surgeries performed including Operating notes, anesthetic notes, post-operative instructions and follow up plan as agreed in the Framework Agreement. A minimum six-week period for post op visits must be facilitated by the Service Provider. Any matter of urgency must be verbally communicated to the Consultant in a timely manner to facilitate early intervention.
4. Patient Reports/Files/Documents must be returned to the requesting health facility in the agreed format.
5. Service Providers are required to provide reports in the following formats:
  - a. Electronically to the designated person at the Health Facility where applicable
  - b. Hard copy, sealed and returned to Health Facility where applicable
6. The Service Provider shall designate a contact person available by phone and email.

#### B. Performance Specifications

1. The Services shall be provided in accordance with generally accepted medical and legal standards, consistent with prevailing medical ethics governing the Service Provider.
2. The Service Provider shall employ only competent and satisfactory personnel and shall provide a sufficient number of employees to perform the required services efficiently and in a manner satisfactory to the Client. The Service provider must submit along with Proposal details of the qualifications and professional registrations of all members of the team that will perform the surgeries. The proposed team must meet the following requirements

No	Team Member	Minimum Qualification	Minimum Experience	Required Registration/Certification
1	Surgeon	Graduate from an Accredited University Medical School	3 years active surgical experience in General Surgery post completion of surgical training	1. Medical Council of Jamaica
2	Assistant Surgeon	Graduate from an Accredited University Medical School	3 years active surgical experience in General Surgery post completion of surgical training	1. Medical Council of Jamaica
3	Anesthesiologist	Graduate from an Accredited University Medical School	3 years active surgical experience in General Surgery post completion of surgical training	1. Medical Council of Jamaica
4	Certified Registered Nurse Anesthetist	Bachelor's Degree in Nursing	Two years' operating theatre experience	1. Nursing Council of Jamaica
5	Operating Room Nurse/Circulating Nurse	Bachelor's Degree in Nursing	Two years' operating theatre experience	1. Nursing Council of Jamaica
6	Surgical/Scrub Technician	Graduate from an accredited Training Programme	1 year experience	None

3. The Service Provider and its personnel shall exercise independent professional judgment and shall assume professional responsibility for all services to be provided under this Agreement.
4. The Service Provider shall be responsible for the quality and quantity of services performed under this Agreement.
5. The Service Provider shall store, use and maintain all equipment necessary to provide the Services strictly in accordance with the manufacturer's instructions and with good practice in relation to infection control. All operating theatres must have appropriate facilities in general – recovery facilities, resuscitation equipment, ambulance services for emergency situations, standby generator in the event of power outages, additional water storage facilities and must be registered under the Nursing Homes Registration Act.
6. The Service Provider warrants that any of the Service Provider's consumables or equipment utilized by the Service Provider are in safe and proper working order and suitable for the purpose, and all equipment is adequately and appropriately insured.

7. The Service Provider shall have sufficient appropriately registered, qualified and experienced medical, nursing and other clinical and non-clinical personnel to ensure that the Services are provided in all respects and at all times in accordance with this Agreement.
8. The Service Provider's personnel shall:
  - a. if applicable, be registered with the appropriate professional regulatory body;
  - b. possess the appropriate qualifications, experience, skills and competencies to perform the duties required of them and be appropriately supervised managerially and professionally; and
  - c. be covered by adequate insurance for the provision of the Services.
9. The MOHW retains the right to monitor the quality of services furnished by the Service Provider. The Service Provider shall be required to permit visits from the MOHW's Standards and Regulations Branch and or Health Services Planning and Integration Branch.
10. The Service Provider shall maintain as confidential all medical records of patients in accordance with medical ethics and the law. The Service Provider shall counsel its personnel, and subcontractors on their obligation to ensure that such information remains confidential.
11. The MOHW shall provide copies of the medical records of Patients participating in the Project for initial assessments. A referral letter will be sent from referring Doctor/Hospital to the service provider inclusive of relevant tests and investigations that have been completed. The Service Provider shall return patient files to Patient's Doctor within the Public Health System upon completion of assessment when it is deemed case is not fit for surgery. Service Providers shall also return patient files upon completion of surgery and discharge of patients from their care.
12. In the cases where additional diagnostic tests are required after the review of patient file, patient should be referred back to Public Health Facility for the completion of Diagnostic test under Enhancing Health Care Services Delivery Project.
13. The Service Provider shall have in place and outline an appropriate Emergency Contingency mechanism that will be triggered in the event that there are complications during the performance of a surgery – this is inclusive of complications with the actual surgery that may require transport to Hospital and admission, loss of electricity, natural disaster etc.
14. In the event of a death of a Patient while in surgery, the Service Provider is required to provide the Ministry with all relevant information, statements from all persons involved in the surgery, Report on the case and if necessary participate in Court Proceedings on behalf of themselves or the MOHW. The MOHW standards and Protocols will apply in the case of this eventuality.
15. The Service Provider shall allow for a period of at least thirty (30) days or at least six (6) follow up visits before the discharge of a patient.
16. The Service Provider shall:
  - a. Ensure that the services are performed in a safe and effective manner;
  - b. Ensure confidentiality of patient information;

- c. Have in place and maintain a Quality Management System acceptable to the Ministry of Health;
- d. Be certified in accordance with applicable laws and regulations and should possess current licenses and permits to operate
- e. Ensure compliance with all applicable laws and regulations; and
- f. Make available to the MOHW a copy of its Standard Operating Procedures.

### **C. Payment Schedule**

Payments shall be made according to the following:

- a) The Service Provider shall submit monthly invoices for Services completed and provided to Patients during that month.
- b) The invoices shall indicate:
  - The patient identification number/registration number/ name
  - Details of surgical services provided for each patient including pre op and post op visits
  - Date each surgery was requested
  - Rates per surgical services provided in accordance with the agreed Rate Schedule
- c) The Service Provider shall submit the Request for Services Form issued by a Designated Official as a condition of payment.
- d) To maintain confidentiality, the Service Provider in agreement with the Health Facility shall assign each patient with a Registration Number for identifying patients otherwise than by name. This Patient Registration Number shall be included on all correspondence pertaining to the patient.
- e) The Service Provider shall maintain medical records, test results, discharge form and other documents that may be required by the Client as evidence of the Services provided. The Client may delay payments to the Service Provider if such documentation is not maintained and provided on request in order to validate invoices.

## BIDDING FORMS

**Please complete ALL forms.**

- a. Bidder Information Form
- b. Priced Activity Schedule
- c. Method Statement
- d. Work plan
- e. Facility Specifications
- f. Key Personnel
- g. Curriculum Vitae



## BIDDER INFORMATION FORM

*[The bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.]*

Date: *[insert date (as day, month and year) of bid submission]*

RFB No.: *[insert number of bidding process]*

Page \_\_\_\_\_ of \_\_\_\_\_ pages

1. bidder's Legal Name <i>[insert bidder's legal name]</i>
2. In case of JV, legal name of each party: <i>[insert legal name of each party in JV]</i>
3. bidder's actual or intended Country of Registration: <i>[insert actual or intended Country of Registration]</i>
4. bidder's Year of Registration: <i>[insert bidder's year of registration]</i>
5. bidder's Legal Address in Country of Registration: <i>[insert bidder's legal address in country of registration]</i>
6. bidder's Authorized Representative Information Name: <i>[insert Authorized Representative's name]</i> Address: <i>[insert Authorized Representative's Address]</i> Telephone/Fax numbers: <i>[insert Authorized Representative's telephone/fax numbers]</i> Email Address: <i>[insert Authorized Representative's email address]</i>
7. Attached are copies of original documents of: <i>[check the box(es) of the attached original documents]</i>
<input type="checkbox"/> <b>Articles of Incorporation/ Certificate of Incorporation or Registration of bidder's legal name named in 1, above,</b> <input checked="" type="checkbox"/> <b>In case of JV, letter of intent to form JV or JV agreement</b> <input checked="" type="checkbox"/> <b>Tax Registration Number</b> <input checked="" type="checkbox"/> <b>A valid Tax Compliance Certificate or valid Tax Compliance Letter</b> <input checked="" type="checkbox"/> <b>Evidence of a minimum of at least 3 years' experience in providing the services being proposed</b> <input checked="" type="checkbox"/> <b>Facility License issued under the Nurses Homes Registration Act.</b> <input checked="" type="checkbox"/> <b>Requisite medical malpractice insurance or other relevant insurance coverage</b> <input checked="" type="checkbox"/> <b>Evidence of registration with the appropriate professional regulatory body (i e current practising certificates, licenses from the Medical Council, Nursing Council etc);</b> <input checked="" type="checkbox"/> <b>Curriculum Vitae of each team members</b> <input checked="" type="checkbox"/> <b>Detailed Infection Prevention and Control Measures</b> <input checked="" type="checkbox"/> <b>Detailed Emergency Contingency Plan</b> <input checked="" type="checkbox"/> <b>Detailed Quality Assurance Program</b>

## PRICED ACTIVITY SCHEDULE<sup>1</sup>

The price activity schedule must include all resources required to be provided by the Service Provider to perform the services, including but not limited to labour, supplies, equipment, and facility costs.

Date: _____						
Page N° _____ of _____						
1	2	3	4	5	6	7
Service N°	Description of services	Unit	Delivery Date	Quantity and physical unit	Unit price	Total Price per Service (Col. 5*6)
<i>[insert number of the Service]</i>	<i>[insert name of services]</i>		<i>[insert delivery date at place of final destination per Service]</i>	<i>[insert number of units]</i>	<i>[insert unit price per unit]</i>	<i>[insert total price per unit]</i>
<b>Total bid Price</b>						

Name of bidder *[insert complete name of bidder]* Signature of bidder *[signature of person signing the bid]* Date *[insert date]*

<sup>1</sup> Objectives

The objectives of the Activity Schedule are

- (a) to provide sufficient information on the quantities of Services to be performed to enable bids to be prepared efficiently and accurately; and
- (b) when a Contract has been entered into, to provide a priced Activity Schedule for use in the periodic valuation of Services executed.

In order to attain these objectives, Services should be itemized in the Activity Schedule in sufficient detail to distinguish between the different classes of Services, or between Services of the same nature carried out in different locations or in other circumstances which may give rise to different considerations of cost. Consistent with these requirements, the layout and content of the Activity Schedule should be as simple and brief as possible.

## METHOD STATEMENT

**Technical Approach, Methodology, and Organization of the consultant's/Firm's team.**

*Please explain your understanding of the objectives of the assignment as outlined in the Technical Specification, the technical approach, and the methodology you would adopt for implementing the tasks to deliver the services; the degree of detail of such output; and describe the structure and composition of your team.*

## **WORK PLAN**

*Please outline, as best as possible, the plan for the implementation of the main activities/tasks of the assignment, their content and duration, phasing and interrelations, milestones (including interim approvals by the procuring entity), and tentative delivery dates of the reports. The proposed work plan should be consistent with the technical approach and methodology, showing understanding of the Technical Specification and ability to translate them into a feasible working plan and work schedule showing the assigned tasks for each team member.*

## FACILITY SPECIFICATIONS

- i. **Facility Description:** Provide a detailed description of the facility, including facility accessibility for public patients to be referred under this Project.
- ii. **Current Capacity:** Provide a realistic estimate of the available capacity within your facility during the term of the anticipated agreement to include a) number of fully equipped and functioning operating theatres; b) hours of operation per each operating theatre per day; c) number of theatres that will be utilised to deliver the services; and d) number of recovery rooms and patient capacity per room.
- iii. **Equipment and Supplies:**
  - a. Do you presently have all of the equipment required to perform the Services listed in the RFP? If not, please list the equipment that is required and your plan for acquisition?
  - b. Are medical, surgical, and anesthetic equipment and supplies, and pharmaceutical and linen supplies appropriate for the patient population to be served? If not describe how you will meet the requirements for the services to be performed.
  - c. Describe your equipment preventative maintenance program and include a sample report, if available. Include evidence of any biomedical service agreements with external companies.
- iv.

## KEY PERSONNEL AND SUBCONTRACTORS

The titles, job descriptions, minimum qualifications, and estimated periods of engagement in the carrying out of the services of the Service Provider's Key Personnel are to be described here.

*List under:*

*C-1 Titles [and names, if already available], detailed job descriptions and minimum qualifications of foreign Personnel to be assigned to work in the Government's country, and staff-months for each.*

*C-2 Same as C-1 for Key Foreign Personnel to be assigned to work outside the Government's country.*

*C-3 List of approved Subcontractors (if already available); same information with respect to their Personnel as in C-1 or C-2.*

*C-4 Same information as C-1 for Key Local Personnel.*

## Curriculum Vitae (CV)

To be completed for each team member.

<b>Position Title and No.</b>	<i>[e.g., , TEAM LEADER]</i>
<b>Name of Expert:</b>	<i>[Insert full name]</i>
<b>Date of Birth:</b>	<i>[day/month/year]</i>
<b>Country of Citizenship/Residence</b>	

**Education:** *[List college/university or other specialized education, giving names of educational institutions, dates attended, degree(s)/diploma(s) obtained]*

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**Employment record relevant to the assignment:** *[Starting with present position, list in reverse order. Please provide dates, name of employing organization, titles of positions held, types of activities performed and location of the assignment, and contact information of previous clients and employing organization(s) who can be contacted for references. Past employment that is not relevant to the assignment does not need to be included.]*

<b>Period</b>	<b>Employing organization and your title/position. Contact information for references</b>	<b>Country</b>	<b>Summary of activities performed relevant to the Assignment</b>
<i>[e.g., May 2005-present]</i>	<i>[e.g., Ministry of ....., advisor/consultant to...  For references: Tel...../e-mail.....; Mr. Bbbbbb, deputy minister]</i>		

**Membership in Professional Associations and Publications:**

**Language Skills (indicate only languages in which you can work):**

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**Adequacy for the Assignment:**

<b>Detailed Tasks Assigned on single-source consultant's Team of Experts:</b>	<b>Reference to Prior Work/Assignments that Best Illustrates Capability to Handle the Assigned Tasks</b>
<i>[List all tasks in which the Expert will be involved]</i>	

**Experts contact information:** *[address ....., e-mail....., phone.....]*

**Certification:**

I certify that I have been informed by the firm that it is including my CV in the quotation for the *[name of project and contract]* and that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience. I confirm that I will be available to carry out the assignment for which my CV has been submitted in accordance with the implementation arrangements and schedule set out in the quotation. I understand that any misstatement or misrepresentation described herein may lead to my disqualification or dismissal by the procuring entity, and/or sanctions by the Government.

*[day/month/year]*

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Name of Expert  
Date

Signature  
*[day/month/year]*

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Name of authorized  
Date

Signature

Representative of the single-source consultant  
*[the same who signs the Proposal]*

	<b>Yes</b>	<b>No</b>
(i) I am employed by the procuring entity	<input type="checkbox"/>	<input type="checkbox"/>
(ii) I was part of the team who wrote the terms of reference for this consulting services assignment	<input type="checkbox"/>	<input type="checkbox"/>

OR

*[If CV is signed by the firm's authorized representative and the written agreement attached]*

I, as the authorized representative of the firm submitting this quotation for the *[name of project and contract]*, certify that I have obtained the consent of the named expert to submit his/her CV, and that I have obtained a written representation from the expert that s/he will be available to carry out the assignment in accordance with the implementation arrangements and schedule set out in the quotation.