



**Government of Odisha,
Department of Health & Family Welfare.**

**Directorate of Medical Education & Training, Odisha
Heads of Department Building, Unit-V, Bhubaneswar-751 001, Dist-Khordha**

1st Corrigendum to

REQUEST FOR PROPOSAL FOR

**Selection of Agency for
Integration of Ambulance Services
(Public and Private)**

For

**Golden Hour Management in Trauma Patients
in the State**

Tender Description: RFP FOR SELECTION OF AGENCY FOR INTEGRATION OF AMBULANCE SERVICES (PUBLIC & PRIVATE) FOR GOLDEN HOUR MANAGEMENT IN TRAUMA PATIENTS IN THE STATE
Tender / RFP No. 9481 Dated: 20.07.2021

Sr. No.	RFP Document (Clause and Page no)	Content of RFP requiring clarification(s)	Clarification Requested by different Bidders	Clarifications / Modifications made by the TIC
1	Page no.4 Objectives: Bullet-2 & 3	GPRS integrated vehicle monitoring system To maintain a GIS based database of all Hospitals and private Ambulances in the State	1.Details of the GPS integrator required with Portal 2. Required Data base details for ambulance	The call Centre operator will provide the GPS device and maintain the same. Capex for the device with service facility for the contract period will be reimbursed by the TIC. The GPS will be procured through a transparent tender process by the integrator and will be monitored by the TIC
2	Page no.4 SCOPE OF WORKFOR RFP FOR THE PUBLIC AND PRIVATE AMBULANCE INTEGRATION	To establish and operate new call center which would operate round the clock (24/7) for management of response of private ambulances in giving service to the road accident trauma patients in the state. The service shall also include any trauma other than the road traffic accident.	1) Can graduate be considered for hiring call centre executives. 2) Need clarity on the total number of call centre seats. 3) Will the new call centre and existing call centre will be centralised one. Need clarity ?	1.Qualification of call Centre executives - graduate with basic knowledge of computers. 2.The new trauma care call Centre to be established separately. The space for the call Centre will be provided by the TIC. The integrator will provide the call Centre IT solutions (can be a mix of on-premise and cloud based solutions) in consultation with the TIC. The total cost of the IT solution and equipment will be reimbursed by the TIC.
3	Page no.5 Second Bullet Point.	All necessary IT infrastructure & systems, communication systems, hardware, software and licenses to operate and manage integrated call centre shall be proposed and procured by the applicant.	What is the proposed number of seats per shift in the call center?	The call Centre will be operational 24*7. The operator is free to decide on the shift wise manpower allocation based on the call load. The desired manpower. structure is provided in HR FORMAT-A (Annexed)
4	Page no.5 Last Bullet Point.	Business Continuity Plan (BCP) in place to ensure call centre is operational for a week time during any untoward incidents or natural calamities	1) Should the DR site for BCP be within the state, outside the state. 2) If outside state, how many kms away should be the DR site. 3) Kindly elaborate the detailed scope of BCP department is expecting? 4) Is it similar to Disaster recovery site only or fully functional 2 nd line operation including Disaster recovery site. 5) How many seats should be reserved for BCP centre and How will the costing linked with the project for it?	Not required. Point dropped

5	Page no.5 Scope of Work: Objectives	Make available Emergency Specialist Doctors at the centralized call centre round the clock for providing on call guidance to EMT in the private Ambulance when they require advanced medical assistance. Emergency Specialist Doctor should have Post Graduate I Diploma in Emergency Medicine.	Doctors having post graduate degree or diploma in emergency medicine are difficult to recruit as they are comparatively few in numbers and most of them will be working full time in Casualty or I.C.U.s. Can doctors having sufficient experience of working in casualty, I.C.U.s, surgery dept., orthopaedic dept.or trauma dept. be considered? Will all private ambulances have EMT? What is the educational qualification and training criteria MBBS doctors having working experience in emergency department of hospitals would eligible or not.	MBBS Medical officers allowed.
6	Page no.5 Scope of Service	Mapping and defining of strategic Placing of ambulances	Whether there will be fixed base location of the private ambulances. What will be the qualifying criteria of Private ambulances to be part of this service. What will be the team composition of each ambulance?	The location, manpower model and rate of reimbursement for the private ambulances to be integrated will be decided by the successful bidder in consultation and under the supervision of the TIC.
7	Page no.5 Scope of Services	Mapping and defining of strategic positioning of the ambulances with route maps, motorable points, nearest catch points in case of non-motorable locations. The Service Provider shall source these documents/ information.	Kindly specify from which agency this information can be stored. Kindly specify in the processes where route maps need to be created. With 1400 ambulances, and multiple govt and private hospitals, the number of route maps will be very huge. Is there any departmental data available as a base data, accordingly rest data can be sourced?	Not required
8	Page no.5 Scope of Work: Objectives	Recruit and train qualified manpower required for operation and maintenance of all services including call centre operation, transportation and other operations or activities as per recognized norm duly approved by the Government.	Clarification about manpower & maintenance of services excluding call centre. 1. Type of Manpower 2. Manpower qualification	Please refer HR Format-A (Annexed)
9	Page no.5 Bullet Point-15	Specialist Doctor presence of 24*7	Should the Doctor be available on call or be physically present in the Call Center	Medical officer to be present physically from 10 AM to 5PM. However, MO to be available on call 24*7

10	Page no.5 Fifth Bullet Point.	The Ambulance Integrator is required to set up and run the call centre with adequate capacity in commensuration with workload.	1) Please share the numbers of operation seats or projected call volume of new call centre for Capacity planning? 2) What is meaning of adequate capacity? 3) How to assess Adequate capacity? 4) Is there any trend data? 5) Who will provide data to assess Adequate capacity?	Please refer HR Format-A (Annexed)
11	Page no.5 Scope of Services	The Applicant is required to submit a detailed plan for new call centre operation to address both jurisdictional and technical issues	What is the proposed number of seats per shift in the call center? Kindly elaborate Jurisdictional and Technical issue pertaining to Golden hour management	Please refer HR Format-A (Annexed)
12	Page no.5 Bullet Point-3	The application should develop multiple communication systems like telephone, mobile, SMS, mail etc with stakeholders	What is the purpose?	SMS to be sent to beneficiaries on ambulance dispatch & Toll free number should be available for calling by beneficiary
13	Page no.5 Scope of Services	The bidder needs to Install IT and communication infrastructure, if any, required for the integrated call center including vehicle tracking, call management, performance monitoring and reporting. Computer telephony integration with the ability to log calls with GIS and GPRS integrated ambulance-monitoring system should also be installed.	Who will be provide CAPEX for establishment of Solution? Who will Provide GPS device cost of Private ambulances, will the Private Ambulance owner will provide the cost of device or Department will provide GPS device cost for all. Will the Private ambulance allow to install GPS and track the ambulance	Clarified in point-06
14	Page no.5 Scope of Services	The Service Provider is required to develop a technology platform to automate workflows and integrate diverse systems used by all stakeholders	Kindly clarify the key expectations of the workflow automation and which diverse systems to be integrated	Not required. Point dropped
15	Page no.5 Scope of Work: Objectives	The Service Provider is required to setup and run a new Call Centre with optimal seating capacity required for smooth functioning.	What is Optimal seating capacity? How to asses Optimal Seating capacity. For 4 sassessment, call flow & trend data are minimum required accordingly 4 sassessment can be done for Optimal capacity of call center. Is there any provision of enhancing the number of seats if call volume goes up	Please refer HR Format-A (Annexed)
16	Page no.5 Scope of Services	Transparent, efficient and cost-effective procurement	where is the procurement involved in the project Kindly elaborate.	The space for the call Centre will be provided by the TIC. The integrator will provide the call Centre IT solutions (can be a mix of on-premise and cloud based

				solutions) in consultation with the TIC.
17	Page no.6 Work Flow	Can 108 ambulance attend within 10 minutes Private Ambulance to attend within 10 minutes Dispatch nearest Private ambulance Confirmation from Hospital 108 call centre will close the call Pickup time shouldn't exceed 15 minutes	What is the interpretation of attend. Is it Dispatch or reaching on-scene What is the interpretation of attend. Is it Dispatch or reaching on-scene Whether there will be provision of placing multiple ambulances in one location. Who will finalize the location of the ambulance. Please explain the interpretation of Confirmation What is the process of Job closing at Golden Hour Call Centre Pick-up starts from Call time or Ambulance assigned time	Once a call received from 108 call Centre, the trauma care call Centre will identify and dispatch a vehicle within in f10 mins from the time of call landing at trauma call Centre.
18	Page no.6 Typical Incident work Flow	If new Call centre will dispatched the amby ,they will collect information about ambulance, Hospital and then they will inform to 108 .	What is the proposed process?	All data related to dispatches done by the trauma call Centre will be maintained by the integrator electronically.
19	Page no.6 Typical Incident work Flow	In an event when 108 call Centre unable to dispatched an Ambulance within 10 minutes, the call will be transfer to new call centre	What is the proposed process?	Clarified in point- 17
20	Page no.6 Typical Incident Response Workflow (c)	c. New Call Centre will ascertain if it has any private ambulances available to reach the site within 10 mins.	Will the Private ambulance contact master data e supplied by government and How will the call centre agent deal in the Pvt. Ambulance charges?	Clarified in point- 06
21	Page no.6 Typical Incident Response Workflow (h)	h. Patient pick up lime for critical patient shouldn't exceed more than 15 minutes	Response should be different for Urban and Rural depends on the geographical condition.	No Change
22	Page no.8 Eligibility Criteria 1.2	Should have minimum two year of experience as on the last date of bid submission in successful operation and management the trauma patients in transportation to a Trauma Care Facility (TCF), coordination with call centers in forwarding the call to ambulances, training to first responders, stakeholders, medical and paramedical staff, maintaining a registry of details of patients like time of occurrence of incident, time taken to reach the Trauma Care Centre, outcome of the patient and discharge of patient etc.	Would the experience for 108 ambulances considered for the same?	108 experience will be consider

23	Page no.9 3.1.2 PART B (Technical Proposal)	Details of manpower (positions and reporting structure) to be engaged at each level (i.e. field operation, and project management) and their role and responsibility	Do we need to provide the details of all manpower of the organisation?	No change
24	Page no.14 6.5 State Government Responsibilities:	Facilitate mapping of all ambulances across the state of Odisha Facilitate mapping of all trauma centres and hospitals in the state of Odisha	Facilitate Mapping means only providing Ambulance & Trauma center data or Govt. will hold end to end responsibility of Mapping of Ambulance & Trauma centers in to the new solution? Does this include installation of GPS device to the ambulances or the Operator will install of his own. Who will look into the repair and maintenance of the GPS devices.	Clarified in Point No. 01, No.02 & No. 06
25	Page no.14 6.3.1	The period of Engagement shall be for a period of 04 years. The selected Ambulance Integrator (Agency) will be engaged initially for a period of 01 year from the date of signing of the Contract, which may further be extended by the Government, subject to satisfactory performance and on the same terms and conditions of the contract. However, detailed provision for modification or termination from the contract and related liabilities and penalties are stated in subsequent paras	Please consider the period of contract for 4 years from the date of signing the agreement which can be extendable for one more year based on mutual agreement	No Change
26	Page no.15 7.1	Payment shall be on fixed rate reimbursement basis in accordance with the provision of the agreement. Claims or reimbursements for operational expenditure shall be payable on quarterly basis on submission of statement of claim and invoice along with supporting documents by the Integrator. The Payment / Reimbursement flow chat mentioned under the section of Terms of Reference (TOR).	Request you to consider payment on monthly basis since most of the payments pertaining to contract will occurring monthly by service provider. Mostly private operators will work on monthly payment basis.	No Change
27	Page no.23 ANNEXURE 5: ORGANISATION PROFILE	Details of current commitments and contracts successfully executed for any Government Agency. To be furnished in the format given below along with the copy of Letter of Award/ Work Order/	Please provide the format for the same as no format is enclosed.	To be furnished in ANNEXURE-5 (FORMAT) along with the copy of Letter of Award/ Work Order/ Letter of Satisfaction.

		Letter of Satisfaction.		
28	Page no.29 ANNEXURE 10: Schedule of Rates	2 Cost of medicines or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilisation.	1.Fuel Cost, name and specification of the equipment 2.Required list of medicines to be procured & Who will procure??	All cost to be borne by the integrator. The list of medicines and other health care consumables will be decided by the successful bidder
29	Page no.29 ANNEXURE 10: Schedule of Rates	Integration of Ambulance Services Rate per KM covered for ALS & BLS	There may be disagreement in between the private ambulance operator and the integrator. Who will be the mediating body for resolution of the dispute?	The rate of reimbursement for the private ambulances to be integrated will be decided by the successful bidder in consultation and under the supervision of the TIC.
30	Page no.29 Annexure 10 Schedule of rates	Operation & management including (a) staff salary and allowances, recruitment & training, staff insurance, uniform & others, HR cost (b) Call centre operation and maintenance expenses including manpower cost, conveyance and travelling, asset insurance, communication PRI line, Internet etc. Rent of buildings (other than call centre/ control room). Electricity & water, housekeeping, ASMC of hardware/ software, software (application software)(, license fee, equipment etc. Postage & courier, printing and stationery and all other miscellaneous expenses, taxes, duties, fees etc. 2 Cost of medicines or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilisation.	The rate is required to be quoted as per KM whereas the KMS running will be done by private operator (third party ambulance vendor). The bidder will be managing the command center primarily. Hence it is our request to consider the some fixed amount per ambulance per month which will helpful if sufficient KMs run is not achieved.	Schedule of Rates Annexure-10 (Appendix-A) of RFP is revised as annexed.
31	Page no.32 4- Consideration	The mode of payment shall be as specified below: The payment shall be made quarterly on assessment of performances by the Committee concerned.	Which payment will be made quarterly? Is it OPEX or CAPEX after assesment of performance?	No Change
32	Additional Point	Job Closing	Is there any job closing activity? If yes what is the process?	All data related to dispatches done by the New call Centre will be maintained by the integrator electronically.
33		General	The office space is also required for support staff, who will be not the part of Call center. Like accounts,MIS,Electrician, Trainer & HR.	The space for the call Centre will be provided by the TIC

34		General	If there is any accident of the private ambulance during patient transfer, who will be responsible for the legal proceedings arising out of the accident.	No Change
35		General	Price Escalation provision should be there (As the project tenure is 4 years)	Price Escalation provision shall be decided by the Govt. in H & FW Department
36		General	What are the SLAs?Is there any penalty provision? If yes what are the penalty parameters?	No Change
37	Page No. 8 (1.2)	Should have minimum two year of experience as on the last date of bid submission in successful operation and management the trauma patients in transportation to a Trauma Care Facility (TCF), coordination with call centres in forwarding the call to ambulances, maintaining a registry of details of patients like time of occurrence of incident, time taken to reach the Trauma Care Centre, outcome of the patient and discharge of patient etc. Should have experience in the data analysis, report preparing for the suggestion in improvisation in Golden Hour Management for Emergency and Trauma Patient	We request you to permit any experience in the emergency care including providing Emergency Care Services (sales and support) / Emergency Response System Platform and managing the same for the emergency care services to be explicitly specified as acceptable pre-qualification criteria.	No Change
38	Page No. 9 (3.1.1.-iii)	A non-refundable amount of Rs.20,000/-(Rupees Twenty Thousand) only excluding GST only in shape of demand draft or pay order from any scheduled commercial bank drawn in favour of Director, Medical Education & Training, Odisha, Payable at Bhubaneswar towards Bid Processing Fee.	MSMEs bidders as sole bidder or the lead bidder of the consortium should be exempted from payment of bid processing fee and earnest money deposit also in line with the circular F.9/4/2020-PPD Dated 12.11.2020 of Procurement Policy Division of Department of Expenditure, Ministry of Finance, Govt of India	Exempted
39	Page No.11 5.1.3 (Sl. No. 1.i)	Year of Experience of the Bidder in Operation & management of ALS & BLS	Request keeping the maximum experience at 5 Years and 10 Marks	No Change
40	Page No.11 5.1.3 (Sl. No. 1.ii)	Nos. of ALS & BLS operated and managed by the bidder	Request keeping the criteria at less than and more than 500 ambulances and hence at 10 Marks	No Change
41	Page No.12 5.1.3 (Sl. No. 2 i & ii)	Experience of key personnel in fleet management & IT infrastructure etc.	Request deletion as it is the same experience repeated again and this contact center anyway would	No Change

			act as an auxiliary center to 108 contact center	
42	Page No. 12 5.1.3 (Sl. No. 4 i & ii)	Financial strength	Request deletion as criteria already covered under the re-qualification criteria should not be made QCBS criteria and net worth has no meaning a project where the Capex is being paid by the Government	No Change
43	Page No. 28 & 29 Annexure-10	Financial Proposal	The price bid must include a fixed cost towards the contact of minimum services to be rendered under this device.	Schedule of Rates Annexure-10 (Appendix-A) of RFP is revised as annexed.
44	Page No. 10 3.1.4.	The Key- Submissions (Part A), Technical Proposal (Part B) and Financial Proposal (Part-C) must inserted in separate sealed envelopes, along with applicant's name and address in the left hand of the envelope and super scribed in the following manner.	Requesting to kindly adopt E - tender system (online submission) as per Government of India guidelines, which will ensure surety in submission. During these time of Pandemic there is no certainty of the operations of courier or postal services(as there are many restrictions along with travel)	The proposal should be received through Courier, Speed Post, registered Post or By hand supporting with an authorizing letter from the Applicant.
45	Page No. 10 3.1.9.	The proposal shall be prepared in the manner as detailed in following paras. The bidder shall ensure that the pages are serially numbered with indexing and duly signed by the bidder or the authorized signatory. The proposal should be received through courier, speed post or registered post. Proposals received after the due date and time of submission shall be treated as late bid and be liable for rejection.	In the lieu of not adopting e-tendering/ online submission, kindly at least except the bid by hand delivery also.	Clarified in Point No. 44

REVISED

ANNEXURE 10: (Appendix-A)

Schedule of Rates

For

Integration, Operation and Management of Ambulance Services (Public and Private) For Golden Hour Management in Trauma Patients in the State

Sl. No.	Particulars	Price (in rupees) (inclusive all Taxes)
1	<p>1. Monthly Charges for operations of the trauma call centre inclusive of all expenses/costs towards:</p> <p>Operation and maintenance of the trauma call centre services including</p> <p>(a) call centre and all support staff (as per HR FORMAT) salary and allowances, recruitment & training, staff insurance, uniform & others HR cost.</p> <p>(b) Call Centre operation and maintenance expenses including manpower cost, conveyance and traveling, asset insurance, communication, PRI line, internet, etc., rent of buildings (other than call centre /control room), electricity & water, housekeeping, AMC of hardware/software, software (application software), license fee, equipment, etc., postage & courier, printing and stationary and all other miscellaneous expenses, taxes, duties, fees etc.</p> <p>2- Cost of medicines or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilisation.</p>	<p>Rs.....</p> <p>(In Figure)</p> <p>Rs.....</p> <p>(In Figure)</p>

Signature of the authorized signatory

Seal with Designation

Place_____

Date_____

HR FORMAT

HR required for operation and maintenance of all services including call centre operation, transportation and other operations / activities

Department	Designation	Suggested Number
Control Room	CDC Lead	1
	Team Leader	4
	CDC Dispatcher/Call tacker & Support desk	28
	CDC MIS	1
	Doctor	4
Total		38
Operation	Operations Lead	1
	Cluster Lead	10
	MIS Lead	1
	MIS Executive	5
Total		17
Quality	Manager	1
	Quality CDC Call Auditors	1
	Quality MIS	1
	Amby auditors	5
	Customer Feedback Calling	1
Total		9
Account	Head Account	1
	Sr. Executive - Accounts	5
Total		6
HR	Asst Manager (Recruitment & Generalist)	1
	Sr. Executive	2
	Electrician	4
Total		7
IT	IT Lead	1
	Executive IT	4
	GPS & IT MIS	1
Total		6

ANNEXURE-5 **FORMAT**

The information should be provided in the format given below for each reference assignment for which the applicant, was legally contracted by the client stated below.

Assignment Name:	
Location:	
Name of the Client: Address:	
Start date (Month/Year) to Completion Date (Month/ Year):	
Value of the Contract/ Work Order (in INR):	
Name of Associated Firms (s) if any:	
Brief Description of Project:	
Details of the assignment/works executed by the Applicant	