Response to Questions #2: ISI Professional Services
VA101-16-N-0217
10/14/16
Responder: Jaime Roberts

Response:

Question: What are the specific requirements for *d. Medical Equipment Consultant* and *f. Medical Facilities Equipment Consultant*? Is it intended that medical equipment manufacturer(s) be part of the Consultant's team? Is it intended that one of these consultants be a medical equipment planner and one be a technical representative from a supplier of medical equipment, or someone who supports the operations of medical equipment in a healthcare facility?

1.
a. Medical Equipment Consultant is an experienced medical equipment planner that is usually hired by the Architect/Engineer on design projects. Tasks that an equipment planner perform are creating equipment lists, medical equipment research, equipment cost estimating, and managing equipment on projects.

b. Medical Facilities Equipment consultant is a person experienced with owner facilities requirements. VA uses Biomedical, Activation, and Logistical personnel to procure, install, and manage equipment at the facilities level. Consultant or planner should have experience with VA facilities management of medical equipment.

Question: What is the full scope of services desired of *i. Training Facilitator*? Does this person conduct the training for VA staff on the use of the Medical Equipment Design Manual? Does VA staff provide the training while the facilitator procures the training site and hosts/supports the VA trainer(s)?

c. Training Facilitator shall conduct training of VA Staff on the concepts developed in the Medical Equipment Design Manual. This may include developing course material, PowerPoint presentations, and video presentation that can be shared electronically. This shall also include teaching a class at the sites stated in the SOW.

2. 3.0 Detailed Scope of Work: Task List: The Consultant Shall: A. Research . . . 2. Study/Research A/E and Medical Equipment consultant's operations and processes.

Question: While it appears that the Consultant shall conduct an industry survey of a minimum of 12 A/E firms on recent VA projects, these projects are not listed, so that the scope of these projects cannot be determined; can this information be provided?

2.

Four VA projects are identified in the Medical Equipment Design Manual under Chapter 7 Case Studies: Denver, Orlando, New Orleans, and North Las Vegas. The VA cannot mandate which firms will be willing to be surveyed as part of this project, so A/E firm names have been excluded from the SOW. The VA will provide a list of firms that have worked on VA projects at time of project award. The proposer may identify which A/E firms are willing to participate in an industry survey. It is anticipated that designers of VA, DoD, and private sector hospitals will be surveyed.

3. 3.0 Detailed Scope of Work: Task List: The Consultant Shall: A. Research . . . 7. Study/Research six completed VA projects to determine processes, procedures, and lessons learned. A/E shall interview responsible parties for each phase of the project. . . . A/E shall develop and document 'case studies' and 'lessons learned'.

Question 4: To thoroughly study all phases of the work (planning, design, construction, activations, and facilities maintenance) and interview responsible parties for each phase would include the owner (VA), their consultants (A/E, planners and medical equipment consultants), construction managers, general contractors, and others, which could be 10 or more people on each project. Is it VA's intent that this task include up to a total of 60 interviews with responsible parties on the six completed VA projects?

3.

a. There are indeed, many parties involve in Medical Equipment Design and Management, but interviews shall be conducted to add value and provide information to the Design Manual. It is expected that the proposer shall have the skill and experience to select the correct personnel for interviews, as related to the content of the Medical Equipment Design Manual. The "Case Studies" chapter may be renamed or rewritten to be "Lessons Learned" if this is more appropriate based on the research, and the chapter may focus more on processes rather than actual projects.

Question 5: It appears that six case studies are to be conducted under this SOW; four of which may be those included in the Draft Medical Equipment Design Manual (Denver, New Orleans, Orlando, and Las Vegas), leaving the present SOW requirement for two new case studies. The case studies in the draft manual were conducted by USACE and provide background material to document the need VA has for a Medical Equipment Design Manual. The USACE case studies provide a summary of actions taken and provide guidance for requirements that should be included in VA's Medical Equipment Design Manual, but do not list specific requirements for the manual. Does VA contemplate that the additional two case studies be conducted using the same methodology as the USACE used? Will the Consultant have access to the full documentation of the USACE studies? Are the studies to be incorporated into the final Medical Equipment Design Manual (as the USACE studies are in the Draft Manual), or are they to be used as background material to inform the requirements of the manual?

b. Case studies chapter may be renamed "Lessons Learned" and focus less on actual projects, and more on what was learned from these projects. USACE case studies and other research information used to write the draft shall be provided to the selected proposer at time of award. The proposer shall develop their own methodology and not use USACE processes. The case studies shall be incorporated into the Medical Equipment Design Manual as background research to inform "Lessons Learned".

4. B. Development 3. Appears to require additional case studies within VA, DoD, and the private sector.

Question 6: How many case studies are required by this SOW? And, similar to Question 5, how are these studies to be used? If it is anticipated that the information from the case studies be presented to VA leadership to facilitate their decision making regarding requirements for the Medical Equipment Design Manual, than additional time will be needed to complete this process.

4.

Many concepts developed in the Medical Equipment Design Manual require research or "case studies" into current and past processes, projects, and issues. Such research is intended to facilitate lessons learned with actual data. This data shall be used to develop and substantiate the concepts in the Design Manual. For example; how is an equipment list managed on a project? Is it managed in a shared Excel file, web-based equipment management program like Attainia or Bluebook, or is it managed through a BIM application like Revit? This must be researched both for VA processes, and private sector processes, and recommendations made to VA leadership as to the correct equipment list management process.

5. B. Development 6. Conduct VA "Stakeholder" meetings to develop manual content . . . includes 14 distinct groups of stakeholders.

Question 7: How will these meetings be conducted -- individually in small groups or large meetings with representatives of all 14 groups? How many meetings will be required?

5.

a. Stakeholder meetings shall be grouped as appropriate to the topic they are discussing. If planning issues are being discussed, then only stakeholders involved in the planning process should attend. The firm awarded the project shall develop a list of topics, and stakeholder meetings as appropriate to the work that needs to be developed in the Medical Equipment Design Manual. Simplistically, this may be thought of as the chapters in the Design Manual: Planning, Design, Construction, Activation, and Operations. The VA is not dictating the amount of meetings required to develop the content in the Design Manual.

Question 8: In conjunction with 3.3 Meetings, it appears there are six meetings in DC, not including the "Stakeholder" meetings in the question above, and three training sessions outside DC in the three CFM Regions. How many total meeting between the Consultant and VA are contemplated?

b. The onsite meetings are clearly delineated in section 3.3.2 Meetings. Teleconferences, meetings in the consultant's offices, or other meeting types are at up to the consultant, and the work that needs to be performed. If proposer has local D.C. offices it may be cost effective to have (non-onsite) meetings at their offices. If proposer is out of state, it may be cost effective to have teleconferences. As a minimum a bi-weekly (every two weeks) meeting shall be held as stated in 3.3.1. For the term of the contract

6. The SOW refers variously to the Medical Equipment Design Manual as a Manual and also as a Report.

Question 9: Please confirm that the product is to be a manual of requirements for the planning, design, activation, and management of VA medical equipment, or, if not, that the Consultant is to submit a report of recommendations for that manual. Is a final draft of the Medical Equipment Design Manual or a Report on that Manual the final product of this task?

6.

The deliverables are listed in section 4 of the SOW:

4.0 Deliverables

1. Preliminary Study Report: Medical Equipment Standards and Processes in the VA
2. Final Study Report: Findings and Recommendations for Medical Equipment Standards and Processes in the VA
3. Preliminary Report: Medical Equipment Design Manual
4. Final Report: Medical Equipment Design Manual
5. Training/Presentations Reports

Reports 1 and 2 are recommendations to the VA for the Medical Equipment Standards and Processes that may be incorporated into the Medical Equipment Manual upon the approval of the VA.

Items 3 and 4 are the actual Medical Equipment Design Manual.

Item 5 is presentations, and training material used for training staff.

7. 4.0 Deliverables

Depending upon the answers to the questions raised here, it is likely that the contemplated 148 days to complete the Scope of Work is not adequate. An estimate of the time needed to adequately perform the services of this task can be provided once we have more information.

7.

148 days shall be used to develop a proposal and hours for the cost estimate. If the proposer anticipates breaks in the schedule, (holiday break for example) or period of time required to receive information back from the various parties, these periods shall not be included in the 148 days, but may be added to length of the project at no cost to the government upon approval of the contracting officer.