

VILLAGE OF LOMBARD
REQUEST FOR BOARD OF TRUSTEES ACTION
For Inclusion on Board Agenda
BIDS AND PROPOSALS

TO: President and Village Board of Trustees
 FROM: David A. Hulseberg, Village Manager
 DATE: August 22, 2011 Agenda Date: September 1, 2011
 TITLE: **PURCHASE CARDIAC MONITOR DEFIBRILLATORS**

SUBMITTED BY: Michael J. Torrence, Fire Chief *mt7*

RESULTS:

Date Bids Were Published:..... Date Bidding Closed: N/A

Total Number of Bids Received N/A

Total Number of Bidders Meeting Specifications ☐ Yes ☐ No

Bid Security Required ☐ Yes ☐ No

Performance Bond Required ☐ Yes ☐ No

Were Any Bids Withdrawn ☐ Yes ☐ No

Explanation..... ☐ Yes ☐ No

If yes, explain:

Waiver of Bids Requested? ☒ Yes ☐ No

If yes, explain:

Award Recommended to Lowest Responsible Bidder ☐ Yes ☐ No

If no, explain:

FISCAL IMPACT:

Amount of Award \$77,949.00 to be awarded to Philips Healthcare, Andover, Massachusetts.

BACKGROUND/RECOMMENDATION:

Has Recommended Bidder Worked for Village Previously ☒ Yes ☐ No

If yes, was quality of work acceptable ☒ Yes ☐ No

Was item bid in accordance with Public Act 85-1295? ☐ Yes ☒ No

Waiver of bids - Public Act 85-1295 does not apply ☒ Yes

REVIEW (as needed):

Finance Director XX _____ Date _____

Village Manager XX _____ Date _____

NOTE: All materials must be submitted to and approved by the Village Manager's Office by 12:00 Noon, Wednesday, prior to the Board Agenda distribution.



TO: David A. Hulseberg, Village Manager

FROM: Michael J. Torrence, Fire Chief *MJ.T.*

DATE: August 22, 2011

RE: Monitor Defibrillator Purchase

Please place on the September 1, 2011, Board of Trustees' Meeting Agenda, the purchase of Monitor Defibrillators by Waiver of Bid Action.

All necessary documentation is attached to this memorandum.

MJT:lh

Attachments



August 18, 2011

To: Chief M. Torrence

From: Lt. Paul Di Rienzo, EMS Officer

Re: Purchase of Replacement Cardiac Monitor/Defibrillators

In April 2011 the Lombard Fire Department began to research vendors for purchase consideration for the replacement of our old cardiac monitor/defibrillators. These monitors are at the end of their life expectancy and no longer have technical support. The method of review and research are as follows.

INITIAL REVIEW OF VENDORS OF MONITOR/DEFIBRILLATORS THAT MET OUR SPECIFICATIONS FOR USE

The following three manufacturers of monitor/defibrillators met our needs for offering built in 12 lead ECG, pacing/defibrillation, SpO2, and capnography.

- Zoll Medical Corporation: Chelmsford, Massachusetts
- Philips Healthcare: Andover, Massachusetts
- Medtronic: Redmond, Washington

All three manufacturers have quality reputations and are used by departments in our area as well as hospitals throughout the area. Each vendor was contacted for initial product demonstrations and in-service training. Price quoting was also requested for budgetary reasons post training and field service study.

PRODUCT DEMONSTRATION TO FIREFIGHTER/PARAMEDICS

Each vendor presented a demonstration to all three shifts. Included was an in-service of their product. Once each shift was trained, a 6-week field study was done on each monitor for hands-on evaluation. This was split to three weeks per station. Upon completion of the field study, an evaluation form was to be completed by the firefighter/paramedics.

EVALUATION AND USE BY THE FIREFIGHTER/PARAMEDIC

A common evaluation form was used for each monitor/defibrillator used. The evaluation form is attached for your review. The results and comments included were used as a tool in decision making for our purchase process. Recommendation for purchase is based upon the results of the evaluation as well as price quotes.

RECOMMENDATION FOR THE PURCHASE OF THE CARDIAC MONITOR/DEFIBRILLATORS

Recommendation per the EMS Coordinator and the EMS Officers is based on the results of the field study and pricing as presented by the vendors. The overwhelming majority of the firefighter/paramedics preferred the Philips cardiac monitor citing ease of use and familiarity. It is the monitor that has been used for the previous five years on the front line ambulances and has been proven in the field. The current five year old monitors will be stepped down to the Fire Engines and Truck; this will make all monitor/defibrillators used by the Lombard Fire Department from the same manufacturer. It should be noted that Philips offered a tremendous value in honoring customer loyalty and wishing to ensure continuity in our monitor/defibrillator equipment.

The recommendation is for purchase of the monitor/defibrillator from Philips Healthcare, Andover, Massachusetts.

Equipment Pricing includes a trade-in value of \$1500.00 each (x 4) offered through a special Trade-in promotion from Philips Healthcare. Zoll Medical Corporation offered \$50.00 per unit and no trade-in value offered from Medtronics.

QUOTES OFFERED FROM VENDORS: Price is for four (4) cardiac monitor/defibrillators.

- Philips Healthcare - \$77,949
- ZOLL Medical – \$93,880.80
- Medtronics - \$90,192.00

attachment

Monitor / Defibrillator Evaluation Form

Name of Evaluator: _____ Level _____

The unit being evaluated is: ZOLL E-Series Biphasic w/Pacing, 12 Lead, SPO2, ETCO2, NIBP

Rate the following categories on a scale of Excellent (5) to Unacceptable (1)

| Portability | Excellent | Good | Average | Poor | Unacceptable | |
|------------------------------------|-----------|------|---------|------|--------------|-----|
| Storage in vehicle..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Ease in handling..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Ease of Use | | | | | | |
| Hook up to Patient..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Controls / Functions..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Screen Visibility..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Code Markers..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Reliability | | | | | | |
| Day to day use..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Extended calls..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Defib testing..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Batteries / Charging Unit | | | | | | |
| Ease of Use..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Testing Batteries (automatic)..... | 5 | 4 | 3 | 2 | 1 | N/A |
| AC Power..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Accessories | | | | | | |
| Cables / leads..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Multi-Function Pads..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Ease of hook-up..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall..... | 5 | 4 | 3 | 2 | 1 | N/A |

(OVER)

12 Lead Monitoring

| | | | | | | |
|---|----------|----------|----------|----------|----------|------------|
| Ease of Aquisition..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Quality..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Pulse Oximetry Overall..... | 5 | 4 | 3 | 2 | 1 | N/A |
| End Tidal CO2 Overall..... | 5 | 4 | 3 | 2 | 1 | N/A |
| Non-Invasive Blood Pressure..... | 5 | 4 | 3 | 2 | 1 | N/A |

**Rate the following product attributes based
on your level of agreement with the statement
(circle your response)**

| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|---|---------------------------|--------------|-----------------|------------------------------|------------|
| This unit has been extremely reliable and trouble free | x | x | x | x | x |
| The unit is simple to use and requires minimal training | x | x | x | x | x |
| I am happy with this unit's performance | x | x | x | x | x |
| Battery performance is adequate and does not limit the capabilities of the unit | x | x | x | x | x |
| Service from the company was excellent | x | x | x | x | x |

I believe this unit meets the needs of our facility YES / NO

Would you recommend this monitor / defibrillator? YES / NO

Additional Comments:

Name: _____
Paramedic Evaluator Signature

Date: _____