



**April 2010 Request for Proposals for:
Purchase, Storage, and Maintenance of Pharmaceutical Supply Caches for
Northwest Ohio Modular Emergency Medical System (MEMS) Planning**

**Funding Source: U.S. Department of Health and Human Services, Office of the
Assistant Secretary for Preparedness and Response (ASPR), C.F.D.A. 93.889,
through the Ohio Department of Health, to the Hospital Council of Northwest Ohio
RFP Award Amount: Up to \$65,000
Due Date: April 26, 2010**

The medical surge capacity planning and response of the northwest Ohio health care system depends on a network of partners. In particular, the regional hospitals can benefit from the implementation of the Modular Emergency Medical System (MEMS) components, to expand the capabilities and capacity of a local health care system to respond to mass casualty incidents.

For the past several years, the NW Ohio health care system has been planning for, training, and exercising the operations of regional alternate care centers (ACC) which could serve as low-level medical treatment facilities or evacuation sites for hospitals during mass casualty incidents. The region has purchased the necessary equipment and patient care supplies to support the regional sites however, the NW Ohio region does not have a cache of pharmaceutical supplies to support current MEMS plans. To this end, the Northwest Ohio Healthcare Systems Coordination Project, ASPR (Office of the Assistant Secretary for Preparedness and Response) grant, funded through the Ohio Department of Health to the Hospital Council of Northwest Ohio (HCNO), has made available to a vendor(s) **up to \$65,000 for the purchase of MEMS pharmaceutical supply caches.**

Successful proposals must outline a plan to purchase, store, and maintain a cache or multiple caches of pharmaceuticals suitable for the set-up and operation of one or more 50 bed ACCs for a three day initial operational period. Caches must be maintained by rotating and replacing stock prior to expiration. Each Cache must be ready for quick transport in the event of an emergency. Bids should include the cost associated with preparing each individual cache for emergency pickup, including organized transportable storage cases for the pharmaceuticals. A suggested list of possible pharmaceuticals has been included in Appendix A. Proposals should include all costs associated with the purchase, storage, and maintenance of the pharmaceutical cache(s) through June 30, 2010, and an estimate of the annual cost of storage from July 1 – June 30. **All funds must be spent by June 30, 2010.**

Proposals for any portion of the available funds must include:

- 1) A detailed narrative account of how the project will be approached.
- 2) A complete list of all proposed purchases.
- 3) Pictures and/or illustrations detailing how the pharmaceuticals will be stored for rapid and easy transportation to an ACC.
- 4) A detailed operating budget.
- 5) Estimated Annual storage costs.

Issued April 5, 2010

Upon completion of the work, a final program narrative report of associated activities and a final budget report must be submitted to Kathy Silvestri, Regional Healthcare System Coordinator **no later than July 9, 2010.**

All MEMS pharmaceutical supply cache bids are due electronically by **Monday, April 26, 2010.** Please send completed bids to Kathy Silvestri at: ksilvestri@hcno.org

All questions about the MEMS pharmaceutical supply cache request for bids should be e-mailed to Kathy Silvestri or Patrick Trejchel (ptrejchel@hcno.org) no later than **Monday, April 19, 2010.**

A Selection Committee of volunteers from the 2009/2010 NW Ohio Hospital Steering Committee (10 members including participants from NW Ohio hospitals and regional public health) will review all complete bids and will make the final selections using a quantitative scoring system. Successful proposal applicants will be notified no later than **Monday, May 3, 2010.**

Scope of Work

- 1) Within two weeks of the executed contract, work with a team of NW Ohio county planners and HCNO to finalize the ACC pharmaceutical supply cache contents and to determine the supply cache storage and maintenance requirements.**
- 2) By May 28, 2010, secure the cache storage site location(s), proper paperwork, and signatures necessary for the final delivery of the pharmaceutical supply cache(s).**
- 3) By no later than, June 4, 2010, place all orders for the pharmaceutical and supply caches.**

All applicants must be willing to comply with the grants administration responsibilities and duties as outlined in the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP), available upon request from the Hospital Council of Northwest Ohio or by accessing the ODH website.

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CONTACT INFORMATION

Please list an organizational address (not home address). All correspondence concerning the grant will be mailed to the address listed below:

Contact Person: _____

Organization: _____

Address: _____

Daytime Phone: _____

Fax Number: _____

E-mail address: _____

Total Amount Requested: _____

NW Ohio ASPR: _____
Hospital Partner

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SUMMARY SHEET

PROJECT NAME: _____

Applicant Organization / Agency: _____

Collaborating Groups / Agency (if applicable): _____

Brief Statement of Need:

Project Objectives: _____

Project Description: _____

Evaluation Activities and Measurable Outcomes:

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PROJECT NARRATIVE

To assist in the organization and development of your narrative, refer to the enumerated items below. The narrative provides the primary means by which your proposal is evaluated and ranked to compete with other applications for available funding. Supporting documents may be included if they will help to present information more clearly. Specific factual information and statements of measurable goals are of particular interest. Narratives will be evaluated on substance, not length. Pages should be numbered for easy reference.

All project information described in this section should relate directly to the budget information requested.

The project narrative should address the following:

- 1.) Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished for each activity indicated in the Budget. Cite factors that might accelerate or decelerate the work.
- 2.) List projected accomplishments and their target dates.
- 3.) Identify the types of data to be collected and maintained.
- 4.) List organizations, cooperating entities, consultants, or other key individuals who will work on the project. Include a short description of the nature of their effort/contribution.
- 5.) Describe how you will evaluate the results of your project. In addressing the evaluation of results, define how you will determine the extent to which the program has achieved its stated objectives. Explain the methods that will be used to determine if needs identified are being met.
- 6.) Complete a budget narrative. Identify any other sources of support you expect for the project, if any. In addition to the narrative, please complete the Budget Worksheet.

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BUDGET WORKSHEET

In Column A, describe expenses and estimate costs. NOTE THAT NONE OF THE FUNDING CAN BE ALLOCATED FOR WAGES AND/OR BENEFITS OR TO PURCHASE FOOD ITEMS. In Column B, indicate how much of the requested funding will be used towards this item.

Column A	Column B
<i>Item Description</i>	<i>Requested Funds</i>
Column Total: <i>(This is the total amount of funding being requested.)</i>	

Appendix A: Proposed ACC Pharmaceutical Cache List

50 Bed ACC/3 Days Formulary

	Item	Strength	Form	Unit Qty	Unit Description	Total Qty
Pain	Acetaminophen	500mg	Tab	1	1000 Tabs	1000
	Acetaminophen	160mg/5ml	Soln	1	100 x 5ml	100
	Acetaminophen	325mg	Supp	2	12 pack	24
	Feverall	120mg	Supp	2	6 pack	12
	Tylenol Drops	80mg/0.8ml	Susp	10	0.5oz	5oz
	Ibuprofen	400mg	Tab	1	500 Tabs	500
	Ibuprofen	100mg/5ml	Susp	1	100 x 5ml	100
	Childrens Ibuprofen	40mg/ml	Drop	15	15ml	225ml
	ASA	325mg	Tab	1	1000 Tabs	1000
	ASA	81mg	Tab	1	1000 Tab Bottle	1000
	ASA	81mg	Chew	2	36	72
	Ketorolac	30mg/ml	SDV	2	25 x 1ml	50
RT	Albuterol Sulfate	0.83mg/ml	Amp	30	25 x 3ml	750
	RACEPINEPHRINE (Aero)		0.5ml	1	30/Box	30
	Solumedrol	125mg	PWVL	5	25 vials x 2 ml	125
	Furosemide	40mg	Tab	1	100 Tab	100
	Furosemide	10mg/ml	SDV	1	25 x 10ml	25
Antibiotics	Ciprofloxacin Lactate	10mg/ml	SDV	150	40ml	150
	Ciprofloxacin Lactate	500mg	Tab	14	100 Tabs	1400
	Doxycyclinehyclate	100mg	Tab	2	500 Tabs	1000
	Doxycyclinehyclate	100mg	PWVL	15	10 vials	150
	Bactrim DS	800/160	Tab	2	100 Tab	200
	Bactrim Suspension	200/40	Susp	20	100 ml	1000ml
	Amoxicillin	250mg	Caps	1	100 caps	100
	Amoxicillin	100mg	Chew	1	100 cw	100
	Amoxicillin	250mg/5ml	Susp	1	100ml	100ml
	Orapred	15mg/5ml	MD	1	237ml	237ml
	Baclofen 10mg	10mg	tab	1	100	100
	Augmentin	200-28.5/5	PT	1	75ml	75ml
	Cephalexin	250mg/5ml	PT	1	100ml	100ml
	Metronidazole	500mg	tab	1	100 Tab	100tabs
	Azithromycin	200mg/5ml	PT	2	22.5ml	45ml
	Azithromycin	250mg/5ml	tab	1	50	50tabs
	Amox/Pot Clav	400-57	chew	2	20	40chew
	Sulfatrim - Ped	200-40/5	SS	1	100ml	100ml
	0.9NS	100ml	IVF	2	96 bags	192

	Item	Strength	Form	Unit Qty	Unit Description	Total Qty
Code/Resus	Amiodarone	50mg/ml	Amp	1	10 x 3ml	10
	Atropine Sulfate	0.1mg/ml	Syringe	1	10 x 5ml	10
	Calcium Chloride	100mg/5ml	Syringe	1	10 x 10ml	10
	D50	50ml	ANSY	1	10 x 50ml	10
	Epinephrine	0.1mg/ml	ABBJ	1	25 x 10ml	25
	D25	10ml	Syringe	1	10 x 10ml	10
	D10	5ml	Amp	1	25 x 5ml	25
	Sodium Bicarb 8.4%	1meq/ml	Syringe	1	10 x 50ml	10
	Atropine Sulfate	1mg/ml	SDV	1	25 x 1ml	25
	Sodium Thiosulfate	25%	SDV	1	50ml	1
	Vasopressin	20U/ml	MDV	1	25 x 1ml	25
	Lidocaine, 2%	5ml	Syringe	1	10 x 5ml	10
	Amidate (Etomidate)	2mg/ml	SDV	1	10 x 20ml	10
	Quelicin (Succ's)	20mg/ml	MDV	1	25 x 10ml	25
	Vecuronium	10mg	sdv	1	10 vials	10
	Magnesium	2gm	sdv	2	vials	2

Hydration	Promethazine	25mg/ml	Amp	10	25 pack	250
	Promethazine	25mg/ml	Supp	3	12 pack	36
	Zofran	2mg/ml	MDV	2	20ml	40ml

Misc	Digoxin	0.125mg	Tab	1	100 Tab	100
	Diphenhydramine	50mg/ml	SDV	1	25 x 1ml	25
	Humulin N	100u/ml	MDV	1	100U/ml, 10ml	10ml
	Humulin R	100u/ml	MDV	1	100U/ml, 10ml	10ml
	Novolin 70/30	100u/ml	MDV	1	100U/ml, 10ml	10ml
	Nitrostat	0.4mg	Tab	1	4 x 25 Tabs	100
	Naloxone	0.4mg/ml	Amp	1	10 x 1ml	10
	Naloxone	1mg/ml	Syringe	1	10 x 2ml	10
	Adenosine	3mg/ml	SDV	1	10 x 4ml	10
	Diltiazem	5mg/ml	SDPF	1	10 x 5ml	10
	No-Rad	65mg	Tab	5	20 Tabs	100
	Kaopectate	262mg	Susp	1	150 ml	1
	0.9ns	20ml	MDV	5	25 x 20ml	150
	Nitrobid 2%	1 gm	Packet	1	48 x 1gm	48

Refrigerated Items

NARC

Morphine	10 mg/ml				200
Diazepam Inj	10 mg/2ml				20
Lorazepam	2mg/ml				100
Lorazepam, tab	2mg po				40
Midazolam	1mg/ml				40
Tylenol w Codiene Susp	120mg/12mg/5ml				100
Vicodin	5/500				200
Fentanyl Citrate Inj	50mcg/ml				20