

कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला कोरबा छ.ग.

क./रेडकास/2013 44

कोरबा दिनांक 23/05/2013


निविदा आमंत्रण सूचना
(Tender Document For Lessee- Trauma Center Building Korba)

अधोसंरचनात्मक विकास के अंतर्गत कोरबा जिला चिकित्सालय परिसर में नवनिर्मित 51 बिस्तरीय ट्रामा सेंटर भवन (आकस्मिक चिकित्सा ईकाई) के संचालन हेतु 15 वर्षीय लीज अवधि की शर्तों पर लेवल -3 ट्रामा सेंटर संचालन के अनुभवधारी निविदाकर्ताओं से उच्चतम मासिक किराया का निविदा आमंत्रण दिनांक 25.06.2013 को सायं 5.00 बजे तक कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, रजगामार रोड जिला-कोरबा छ0ग0 में मुहरबंद निविदा आमंत्रित की जाती है। आमंत्रित निविदा ऑफर दिनांक 26.06.2013 को कलेक्टर/अध्यक्ष जिला रेडकास सोसायटी के समक्ष कलेक्ट्रेट कार्यालय कोरबा में सायं 4.00 उपस्थित निविदाकर्ताओं के समक्ष खोली जावेगी।

क.	भवन का नाम	क्षेत्रफल	न्यूनतम मासिक किराया	अमानत राशि
01	ट्रामा सेंटर भवन कोरबा	40500 स्क्वेयर फीट	1,80,000/-	1,00,000/-

निर्धारित निविदा अमानत राशि डिमांड ड्राफ्ट के माध्यम से चेयरमेन रेडकास सोसायटी कोरबा के नाम से देय होगा।

निविदा के संबंध में विस्तृत विवरण एवं अन्य शर्तें छत्तीसगढ़ शासन के वेबसाइट www.korba.gov.in में देखी जा सकती है एवं डाउनलोड किया जा सकता है।


मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला-कोरबा छ.ग.

**TENDER DOCUMENTS
FOR
LEASING OF 51 BED HOSPITAL BUILDING
FOR L 3 TRAUMA SERVICES
AT KORBA DIST. IN THE STATE OF CHHATTISGARH**

Notice no.

Dated:- 22/05/2013

(VOLUME- 1)-

**[SPECIAL CONDITIONS OF CONTRACT
&
TECHNICAL SPECIFICATION]**

**Chief Medical and Health Officer/ Secretary
Office of CMHO- Korba
Rajgamar Road,
District – Korba
CHHATTISGARH
Phone & Fax No. : 07759 226766
Email : rchkorba@rediffmail.com**

Tender document for Lessee-Trauma center building, Korba (C.G)

Tender document for Lessee-Trauma center building, Korba (C.G)

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Abstract

Deficiencies in the public sector health system in providing health services to the population are well documented. The inability of the public health sector has forced poor and deprived sections of the population to seek health services from the private sector. Evidence indicates that, in many parts of India, the private sector provides a large volume of health services but with little or no regulation. The private sector is not only India's most unregulated sector but also its most potent and untapped sector. To address the inefficiency and inequity in the health system, many state governments have undertaken health sector reforms. One of these reforms has been to collaborate with the private sector through Public/Private Partnership (PPP). State governments in India are experimenting with partnerships with the private sector to reach the poor and underserved sections of the population.

Collaboration with the private sector to provide health services to the poor has generated many challenges. These include the motives of the private sector, scope and objectives of partnership, policy and legal frameworks, benefits of such partnerships, technical and managerial capacity of governments and private agencies to manage and monitor such partnerships, incentives for the private sector, stakeholders perspectives towards partnership, and explicit benefits to the poor through such partnerships. Research evidence on these issues in India is scanty.

This research study, conducted by the authors under the Indo-Dutch Program on Alternatives in Development, compiled 16 in-depth case studies of public/private partnership projects from nine different states in India. The case studies examined issues such as type of partnership, scope and objectives for the partnership, services covered and special provisions for the poor, obligations of the public and private partners, mechanisms used for the selection of private partner, performance monitoring, payment mechanisms, incentives to the private provider, stakeholder/beneficiary perspectives, and the sustainability of the partnership. Each case study was exclusive in terms of the scope, coverage and the purpose of the partnership. Located in rural and urban areas, the health services studied include clinical care services as well as non-clinical support services, stationary establishments as well as mobile services. They specifically include diagnostic services, general curative care, maternal and child health services, community health financing, health promotion activities and ICT-based health service provision. Based on an analysis of the case studies and the functioning of the partnerships, this paper discusses whether PPP has been particularly designed to provide health services to the poor.

The study provides insights into how the partnerships originated, how they work, how the poor have been targeted, constraints and bottlenecks in the design, implementation and management of partnerships, and performance of these partnerships in reaching the targeted population. The paper argues that, if well designed and implemented in stages, PPP is an innovative mechanism that benefits the poor. It would be unfair to categorize PPP as privatization or marketisation because most of the partnerships that are designed to deliver health services (not the ancillary services) are either civil society organizations or from the non-profit private sector. However, some arrangements involve the private for-profit sector in PPP.

I. Ideology

It is widely accepted that the deficiencies in public sector health system can only be overcome by significant reforms. The need for reforms in India's health sector has been emphasized by successive plan documents since the Eighth Five-Year Plan in 1992, by the 2002 national health policy and by international donor agencies. The World Bank (2001:12,14), which has been catalytic in initiating health sector reforms in many states, categorically emphasized: *now is the time to carry out radical experiments in India's health sector, particularly since the status quo is leading to a dead end. . But it is evident that there is no single strategy that would be best option The proposed reforms are not cheap, but the cost of not reforming is even greater .*

Health Sector Reform (HSR) is defined as *a sustained, purposeful change to improve the efficiency, equity and effectiveness of the health sector* (Berman 1995). The World Health Organization (1997) defined health sector reform as *a sustained process of fundamental change in policy and institutional arrangements of the health sector, usually guided by the government. ..It is designed to improve the functioning and performance of the health sector and ultimately the health status of the people .* Reform strategies include (i) alternative financing (user-fees, health insurance, community financing, private sector investment); (ii) institutional management (autonomy to hospitals, monitoring and management by local government agencies, contracting); (iii) public sector reforms (civil service reforms, capacity building, productivity improvement); and (iv) collaboration with the private sector (public/private partnerships, joint ventures) (World Bank 1993; Thomason 2002; Abrantes 2003).

Partnership with the private sector has emerged as a new avenue of reforms, in part due to resource constraints in the public sector of governments across the world (Mitchell- Weaver and Manning 1992). There is growing realization that, given their respective strengths and weaknesses, neither the public sector nor the private sector alone can operate in the best interest of the health system. There is also a growing belief that public and private sectors in health can potentially gain from one another (ADB 2000; Bloom et al. 2000; Agha et al. 2003). Involvement of the private sector is, in part, linked to the wider belief that public sector bureaucracies are inefficient and unresponsive and that market mechanisms will promote efficiency and ensure cost effective, good quality services (WHO 2001). Another perspective on this debate is linked to the notion that the public sector must reorient its dual role of financing and provision of services because of its increasing inability on both fronts (Mitchell 2000). Under partnerships, public and private sectors can play innovative roles in financing and providing health care services. While reviewing the health sector in India, the World Bank (2001) and the National Commission on Macroeconomics in Health (2003, 2005) strongly advocated harnessing the private sector's energy and countering its failures by making both public and private sectors more accountable. The Tenth Five-Year Plan (2002-2007) envisioned in detail the need for private sector participation in the delivery of health services. Collaborating with the private sector and fostering a partnership for providing health services to the underserved sections of the population are particularly critical in the Indian context.

Tender document for Lessee-Trauma center building, Korba (C.G)

Due to the deficiencies in the public sector health systems, the poor in India are forced to seek services from the private sector, often borrowing to pay for them. India has one of the world's highest levels of private out-of-pocket financing (87 percent estimated in World Bank 2001). Out-of-pocket expense at the point of service use is about 85 percent (Kulkarni 2003). Such a mode of financing imposes debilitating effects on the poor. Hospitalization or chronic illnesses often lead to liquidation of assets or indebtedness. It is estimated that more than 40% of hospitalized people borrow money or sell assets to cover expenses, and 35% of hospitalized Indians fall below the poverty line because of hospital expenses. Out-of-pocket medical costs alone may push 2.2% of the population below poverty line in one year (Selvaraju and Annigeri 2001; Mahal et al. 2002). Approximately 29 percent of the Indian population (almost 300 million people) live below the poverty line and depend on free health services from the public sector. The inequities in the health system are further aggravated by the fact that public spending on health has remained stagnant at around one percent of GDP (0.9%) compared to the global average of 5.5%. Yet even the public subsidy on health does not automatically benefit the poor. The poorest quintile of the population uses only one-tenth of the public (state) subsidies on health care while the richest quintile accesses 34 percent of the subsidies (Mahal et al. 2002).

II. Introduction

Korba dist. is a fast growing dist. of Chhattisgarh and also it is known as the power city in India. Here in Korba currently there are 9 big industries registering their presence – 1. S.E.C.L, 2. N.P.T.C, 3. Prakash industries, 4. Vandana vidyut Ltd., 5. Aryan coal beneficiation Ltd. 6. S.B.power plant, 7. Dheeru power plant, 8. C.S.E.B and 9. Balco aluminium and power co.ltd. along with many small scale industries.

There are regular accidents and incidents taking place in such industries, also road accidents in Korba is at a higher rate in comparison to other cities due to its geographical structure. Korba citizens also suffer from severe diseases caused due to high rate of pollution in air, water and sound.

Korba being a big industrial city the employment opportunity is also high because of which people migrates from different states for employment and in result slums are increasing at higher rate and taking the health problems growing to higher level. Along with this patients from near by dist. like Korea, Jashpur, Raigarh, Sarguja and Janjgir are also been referred to Korba for critical medical services as travelling time to Bilaspur or Raipur becomes life threatening for the patient.

Due to all above and many more reasons the necessity of Trauma center in Korba dist. arises.

Therefore: The public sector of Korba dist. along with private sector has gone under public private venture and has come up with constructing a new 51 bed hospital building for level 3 trauma care to be sooner upgraded in to level 2 trauma center. The venture now wants to Lessee out this building after completion of fixed asset stage to a private organization to invest further on mobile assets and run the hospital and deliver the quality trauma services to the district.

Tender document for Lessee-Trauma center building, Korba (C.G)

Geographical presence of hospital premises:- The Trauma Center building is situated in the premises of Indira Gandhi dist. hospital, Rajgamar road, Korba dist., Chhattisgarh.

Total construction area :- 40,500 sft including of 6,000 sft basement and 11,500 sft of each ground, first and second floor. Excluding the ample parking space available.

Total investment done by venture on fixed asset :- Rs.8 crore.

III.Space provisions planned in building.

3.1– Basement – M.G.P.S. , electrical room, maintenance store , canteen and main store will be establish in basement and D.G. set will kept outside of the building, Mortuary will be common with established building of same in District hospital.

3.2– Ground floor – Entrance foyer and registration area, O.P.D waiting, pharmacy, treatment room, 6 O.P.D, 2 doctors toilet, plaster room, public toilet, E.C.G room, Ultra sound room, X-Ray room, Dental X-Ray room, C.T scan room with respective console rooms, pathology, emergency ward min.11 bed capacity, doctor room, staff room, minor O.T, store and 2 toilets.

3.3– First floor – 3 I.C.U of 7-9 bed capacity each with C.U and D.U, 2 isolation rooms one bed each with C.U and D.U, attendant waiting and retiring room with 2 toilets, O.T complex having 2 O.T, disinfection room, scrub area, separate male and female doctor retiring and change rooms with toilet, O.T store, Medicine store, O.T nurse station, Pre.op. and post.op., Staff retiring and T.S.S.U.

3.4– Second floor – 5 private rooms with attached toilet, 6 semi private rooms (2 bed) with attached toilets, Male general ward and Female general ward – 5 bed capacity each with C.U,D.U and toilet, male and female staff residence hall with capacity of 8 each with toilet, Admin. Area having cabins for H.R, purchase, A/C, marketing, records, administrator, support staff, conference hall, kitchen and dining space. There are too much section provided on second floor it can be rectified as per need with joint consultant and mutual understanding

3.5 Terrace: The use of Terrace will be need to prior approval of Authority.

3.6– Common – 2 visitor lift, 2 bed lift, stairs and ramp.

- Floor layout drawings attached for reference.

IV. Fixed asset provided by the authority.

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- 4.1 - **Structure** – Complete civil structure with plaster.
- 4.2 - **Tiling** –
 - 4.2.1 - Basement – Rectified tiles of 2’x2’ size on floor.
 - 4.2.2 - Ground floor, first floor and second floor – vitrified tiles of 2’x2’ size on complete floor except toilets having ceramic tiles on floor . Complete walls are Tiled with 12”x18” ceramic tiles till 7’ height throughout the three floors.
 - 4.2.3 - Stairs – Granite.
 - 4.2.4 - Ramp – Rectified.
 - 4.2.5 - Terrace – P.C.C.
- 4.3 - **Paint** – Internal walls finished with putty and coated with acrylic emulsion.
Exterior walls finished with putty and coated with snow sem.
- 4.4 - **Plumbing** – Complete plumbing work with internal pipes of C.P.V.C and drain of S.W.R grade, C.P bathroom fittings and standard ceramic sanitary.
- 4.5 - **Electrical** – Complete electrical work with F.R grade wires, modular switches, Standard luminaries, fans and exhaust, safety circuit breakers and electrical main panel.
- 4.6 - **False ceiling** – Complete building with gypsum false ceiling.
- 4.7 - **Air conditioning** – Completely air conditioned building with split A.C And Ductables As per need and both O.T provided with A.H.U along laminar air System.
- 4.8 - **M.G.P.S** – Complete M.G.P.S system in throughout building provided as per the need Of department.
- 4.9 - **Fire safety** – Complete fire fighting systems are installed including sprinkler, smoke detectors, etc.
- 4.10 - **Support services** – E.P.B.A.X wiring and instrument, C.C.T.V wiring, LAN wiring ,N.C.S wiring and fittings.
- 4.11 - **Water** – 2 submersible pumps with 20,000 ltr. Capacity overhead tank, one fire sump.
- 4.12 - **Solar water heater** – The building is provided with 1300 ltr. Solar water heater with It’s supply in every needed toilets for bath and other hospital use areas.
- 4.13 - **Power back up** – The building is provided with 2 silent D.G set of 200 KW each.

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- 4.14 - **Lift** – The building is provided with fully automatic 2 visitors and 2 bed lifts of Jhonson make.
- 4.15 - **Railing** – The ramp and stairs are provided with S.S railing.
- 4.16 - **Doors and windows** – Laminated flush doors are provided for all and Powder coated aluminum windows are provided by the authority.
- 4.17 - **Façade** – Exterior façade is well decorated with A.C.P as per design shown in drw.

V. Defining Level III Trauma Center.

PURPOSE:

To set out the scope of service/ work to be performed by the lessee for running level III Trauma Center .

POLICY:

A Level III Trauma Center is a licensed hospital and a designated Base Hospital which has met the State requirements and has successfully been designated as a Level III Trauma Center.

ROLE:

Level III Trauma Center will include equipment and resources necessary for initial stabilization, immediate operative intervention to control hemorrhage, and, in the case of identified critical injuries, stabilization before transfer to a higher level Trauma Center. A significant percentage of patients may remain at the Level III Trauma Centers if their injuries do not require transfer and the facility has the resources necessary to meet the needs of the injured patient.

TRAUMA PROGRAM:

Trauma programs shall provide for the implementation of the requirements specified in the Trauma Care Systems Module and provide for coordination with the State and local agencies. The Level III trauma program shall include the following:

1 Trauma Program Medical Director who is a board-certified surgeon, whose responsibilities include, but are not limited to, factors that affect all aspects of trauma care such as:

- A Recommending trauma team physician privileges;
- B Working with nursing and administration to support the needs of trauma patients (i.e., trauma call scheduling, diversion authorization process, etc.);
- C Developing trauma treatment protocols;
- D Having authority and accountability for the quality improvement peer review process. Attends and participates in the Regional Trauma Audit Committee meetings as scheduled;

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- E Correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet standards of the quality improvement program;
 - F Assisting in the coordination of the budgetary process for the trauma program.
 - G Having authority and accountability for the quality improvement peer review process.
-
- 2 Trauma Program Manager who collaborates with the Trauma Program Medical Director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program. See **Trauma Program Manager Policy** for further details.
 - 3 The capability of providing prompt assessment, resuscitation and stabilization to the trauma patient.
 - 4 The ability to provide treatment or arrange for transportation to a higher-level trauma center as appropriate.
 - 5 An emergency department with a designated Trauma Resuscitation Area of adequate size and necessary equipment to accommodate a multi-system-injured patient, and staffed so that trauma patient's are assured of immediate and appropriate initial care.

TRAUMA CENTER RESPONSE POLICIES AND PROCEDURES:

The designated Trauma Center will have policies and procedures for defining its response to the trauma patient. These will include:

TRAUMA CARE SYSTEM MODULE Level III Trauma Center Requirements.

- 1 Identification of appropriate staff/team(s) who are to be activated for trauma patients. Call schedules will identify individuals by name and will be date and time specific.
- 2 Individual (by position) responsible for activation (notification) of the resuscitation and trauma teams, including the trauma surgeon.
- 3 Procedure for activation (notification) of the resuscitation and trauma teams, including the surgeon.
- 4 Determining appropriate equipment and supplies for trauma care.
- 5 If applicable, tiered levels of response to trauma patients, as defined in regional policy.

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- 6 Maintaining surgical suite available for Critical Trauma Patients.
- 7 Notification of other surgical or non-surgical specialties
- 8 Procedure for documentation of compliance with this policy, including time surgeon paged and time of arrival of trauma surgeon in the trauma resuscitation area, as well as the response times of other trauma team members.
- 9 Identification guidelines of patients who should be transferred to a higher level Trauma Center or a Specialty Care Center.

TRAUMA TEAM AVAILABILITY:

- 1 Trauma Resuscitation Team: A multidisciplinary team responsible for the initial resuscitation and management of the trauma patient shall be ***immediately available***. In the case where the trauma surgeon is not present in the trauma resuscitation area on patient arrival, a Qualified Emergency Medicine Specialist shall direct the team until the arrival of the trauma surgeon.
- 2 Trauma Team: Shall have a trauma team that consists of a trauma surgeon, anesthesiologist, and operating room crew and SHALL be ***promptly available*** or respond as clinically indicated.

TRAUMA SERVICE AVAILABILITY:

- 1 Emergency Physician: A Qualified Emergency Medicine Specialist is in-house, immediately available at all times, 24 hours a day, and directs the resuscitation team until the patient is transferred out or until the trauma surgeon arrives.
- 2 Trauma Surgeon: A general surgeon capable of evaluating and treating adult and pediatric patients shall be on call at all times, 24 hours a day and shall be:
 - A ***Promptly available*** for Tier I Activations. A surgeon may be on call from outside of the facility provided that he/she is promptly available from the time the Trauma Notification is made or if a patient has greater than a thirty (30) minute ETA, the surgeon shall meet the Critical Trauma Patient upon arrival in the Trauma Resuscitation Area.
 - B ***Promptly available*** for Tier II Activations or as clinically indicated.
- 3 Anesthesiologists: Shall be ***promptly available***, with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives in the surgical suite.

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- 4 Surgical Service: The operating room must be adequately staffed and readily available in a timely manner. The criterion can be met by a team on call from outside the hospital. If an on-call trauma team is used, availability of the operating room personnel and the timeliness of starting operations must be evaluated by the hospital process and measures implemented to ensure optimal care.

OTHER SPECIALTIES RESPONSE TIMES/AVAILABILITY:

- 1 Surgical Services- which shall be ***promptly available***:
- A Orthopedic Surgical Specialists
 - B Neurosurgical Specialists - these services are to be provided 24x7.
- 2 Non-Surgical Services: These services may be provided through a written transfer agreement.
- A Burn Care
 - B Pediatric Care
 - C Rehabilitation services
- 3 Intensive Care Service:
- A The ICU will have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director.
 - B The ICU will have a qualified specialist to care for patients in the intensive care unit and be a member of the trauma team.
- 4 Other Service Capabilities:
- A Radiological service: The radiological service will have ***promptly available*** a radiological technician capable of performing plain film and preferably computed imaging.
 - B Clinical Laboratory service: A clinical laboratory service will be ***promptly available*** and have a comprehensive blood bank or access to a community central blood bank.
- 5 Additional Resources Needed: Written transfer agreements with Level II Trauma Centers shall be provided for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.
- 6 Outreach Program - This program shall include:
- A The capability to provide both telephone and on-site consultations with physicians in the community and outlying areas;
 - B Trauma Prevention for the general public.
- 7 Lessee can provide other service routine and Emergency other than trauma care.

TRAUMA EDUCATION:

- 1 Trauma Center Education –

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- A A minimum of eight (8) hours per year of trauma related CME/CE will be provided for staff physicians, staff nurses, staff allied health personnel, EMS personnel and other community physicians and health care personnel.
- B Nurses who are involved in the trauma program shall have their educational needs identified and served.
- C Cooperative arrangements with other facilities may enhance available educational programs and reduce unnecessary duplication.
- 2 Trauma Team Continuing Education:
- A Trauma Surgeons –
- Successful completion of the ATLS Course, at least once, is required for all general surgeons on the trauma team. It is suggested that current ATLS status is maintained.
 - Eight (8) hours of trauma-related CME shall be obtained annually and may be documented over a three year period. During this three-year period, one-half of the 16 hours should be obtained outside the surgeon's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.
- B ED Physicians –
- Emergency medicine physicians who are board certified in emergency medicine are not required by the local EMS agency to complete an advanced trauma life support (ATLS) course.
 - Physicians not board certified in emergency medicine must complete a ATLS course. It is suggested that ATLS status is maintained.
 - Eight (8) hours of trauma-related CME shall be obtained annually and may be documented over a three year period. During this three-year period, one-half of the trauma CME hours must be obtained outside the physician's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.
- C Emergency Department Trauma Nurses:
- Successful completion of the Trauma Nurse Core Curriculum (TNCC) or a national equivalent is required for all Emergency Department nurses within one (1) year of hire.
- (1) This national trauma certification shall be maintained by all nurses responding to the resuscitation of trauma patients from the field.
- (2) Upon renewal of the TNCC or the national equivalent, a nationally recognized trauma certification that exceeds this minimum certification may be maintained in its place.
- Current ACLS and PALS certification required within one (1) year of hire.
 - Six (6) hours of trauma-related continuing education shall be obtained

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annually and may be documented over a three year period of time. During this three-year period, one-half of these hours shall be obtained outside the nurse's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.

D Critical Care Nurses:

- Successful completion of the Trauma Nurse Core Curriculum (TNCC) or a national equivalent required for all critical care nurses within one (1) year of hire.
- (1) This national trauma certification shall be maintained by all nurses responding to the resuscitation of trauma patients from the field
- .
- (2) Upon renewal of the TNCC or the national equivalent, a nationally recognized trauma certification that exceeds this minimum certification may be maintained in its place.
- ACLS and PALS certification required within one (1) year of hire.
- CCRN recommended.
- Six (6) hours of trauma-related continuing education shall be obtained annually and may be documented over a three-year period of time. During this three-year period, one-half of these hours shall be obtained outside the nurse's own facility. Programs given by visiting professors, physicians and invited speaker.

VI. General terms and conditions.

❖ Time is of essence in relation to the performance of all obligations set out herein.

- 1.1** The applicant (Lessee) shall ensure that efficiently run level III Trauma Center and complies with our specification/ condition set out in section V of this tender document.
- 1.2** The trauma center will provide 24x7 services.
- 1.3** The trauma center will provide 24x7 services for the departments like orthopedics, general surgery, neurology and general medicine covering minimal cardiology.
- 1.4** The trauma center will provide services for neurosurgery 24x7.
- 1.5** The trauma center will have written agreement with level 2 and 1 trauma service providers in nearest of distance for the referrals along with the priority base treatments to be accommodated.

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- 1.6** The trauma center will have transport facility and tie – ups with other agency for making, in time transfers. The applicant shall provide the authority with adequate information prior to entering in to such arrangements and the authority has the right to approve/ disapprove such third party transport agencies if the same fails to meet the quality standards to be determined solely at the discretion of the Authority
- 1.7** The trauma center will have well qualified doctor for night duty to handle and stabilize trauma case till the specialist arrives.
- 1.8** The trauma center will have staffs qualified and in numbers complying with the level 3 trauma center needs and norms, also maintaining the shifts as per the local labor law.
- 1.9** The trauma center will maintain housekeeping as per the Diversy house keeping manual.
- 1.10** The trauma center will follow the BMW policy's as per the guidelines available for safety, collection, segregation, storage, transport and disposal (where ever applicable).
- 1.10** The trauma center will follow the emergency handling policy and procedure strictly Provided in NABH standards.
- 1.11** The trauma center will follow the uniform& dressing policy strictly for the nursing and housekeeping department, which shall be specified by the authority from time to time.
- 1.12** The trauma center will maintain all the emergency medicine stock as per the guidelines complying with level 3 trauma and local need.
- 1.13** The trauma center will maintain all the equipments needed to support level 3 trauma services along with time to time calibration and A.M.C reports and well updated in the quantity needed.
- 1.14** The trauma center will maintain all the instruments updated and upgraded as per the guidelines provided in the company manual of which the product is.
- 1.15** The trauma center will follow the guidelines strictly for sterile department as per the Good practices guidelines and keep the records.
- 1.16** The trauma center will follow the safety manual provided by W.H.O for infection control. (Compulsory for nursing staff and doctors where ever applicable).
- 1.17** The trauma center will conduct and maintain records for periodic training of disaster management, fire fighting, hygiene, safety and infection control and other up gradation program.

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- 1.18** The trauma center will conduct time to time staff medical checkups, take the needed action and keep the records.
- 1.19** The trauma center will submit a copy of all the S.O.P's medical and administrative complying with level 3 trauma center inclusive of stated above to the authority.
- 1.20** The trauma center will have 24x7 pharmacy services.
- 1.21** The trauma center will have 24x7 radiology services.
- 1.22** The trauma center will have 24x7 pathology services.
- 1.23** The lessee shall not undergo a "Change of control" without the prior written consent of the authority.
- 1.24** If there is any conflict in the various standards, set out in this document, the agreement to be executed between the applicant and the authority or any other industry standard incorporated herein by reference, the lessee shall comply with the highest standard set out in any of the aforementioned documents.
- 1.25** In case of any conflict between the agreement to be executed between the applicant and the authority and this tender document, the former shall override the issue. In case of conflict jurisdiction of the court will be local courts.
- 1.26** Clause of indemnity :- Any Recompense for loss, damage, or injuries; restitution or reimbursement arising during the tenure of the lease period will be barred by the lessee and no such obligations will be handled by / imposed on the authority. The lessee will be responsible for all the activities, incidents and accidents directly in relation to the premises leased.

Seal and signature of the applicant.

VII. Special terms and conditions.

- 1.1** This trauma center will have to be upgraded as level 2 trauma center (INCLUDE FULL TIME PLASTIC SURGEON AND Other Specialties) within 5 years i.e first Lessee tenure of this building.
- 1.2** The trauma center working will be time to time inspected and audited by the regulatory committee members which will consist of:- Korba dist. collector, Civil surgeon, C.M.H.O Korba and G.M of each donor of the venture. Also they can send a collective team of subordinates for the same and survey on reports. The applicant shall comply with all suggestions/ directions issued by such regulatory committee.

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- 1.3 The Trauma center will have to provide 20% off to the BPL card holders, 15% off to the Govt. Employees and will provide 15% off to the employees of the donor organization. The lessees may provide more rebate if he is capable lessees may have separate MOU with the organization along any time of additional rebate.
- 1.4 The trauma center will keep the rates competitive with other recognize higher level center other than T.P.A. Patients along with the jurisdiction of the Regulatory committee. The Lessee will offer the rates of the various Services according to class occupied. The rates of the Services will be finalized by core committee (Core Committee – The member of Authority and Lessee). The Revision of rates will be applicable for 1 year and it should be in citizen charter in proper display.
- 1.5 Parking of trauma center will be common.
- 1.6 The lessee shall maintain at its own cost insurance practices of adequate sums to ensure that the patients, employees and other personnel; the property equipments and premises are sufficiently protected/ insured against all damages arising out of fire, flood, any other natural disaster, theft or otherwise.
- 1.7 The lessee shall be solely responsible for compliances with all applicable laws in relation to the maintenance of the level III / level II trauma center and shall keep the authority indemnified against any claim, case, damages etc. that may be incurred by it due to the breach of the applicable laws or any terms in this document or the agreements between the lessee and the authority. If the authority deems that the additional insurance required by way of wider coverage / his her sums, this shall be taken out by the lessee.
- 1.8 In case of any technical Dispute Chairmen Red Cross Society Korba will have to Right to cancel the Tender Process.

Seal and signature of the applicant.

VIII. Lessee terms and conditions.

- 1.1 The Lessee period will be of 15 years.
- 1.2 The Lessee will get renewed in the same name after completion of tenure if the lessee wants to continue and fulfills all the criteria of the agreement.
- 1.3 The rent will increase by 20% in every 5 years of time period than of existing at that time.
- 1.4 The premises has to be used exclusively for the hospital services only. Commonly hospital services may be grouped as following:

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1. Clinical services example : Out-patient department, Accident and emergency department, Operation Theater, Blood bank, Intensive care unit, neo-natal ICU, Nuclear Medicine, Dialysis unit ,etc.
 2. Clinical Support Services example : Laboratory and Diagnostics, Pharmacy, Radiology and X-ray, Central sterile and supply department, Dietary services etc.
 3. Administrative services example : Enquiry and registration, Central billing department, Medical records department, General stores, Human Resources, Marketing Department etc.
 4. Non-clinical support services example : Housekeeping services, hospital engineering services, Laundry services, parking etc.
- 1.5** The monthly rent will be payable latest by 2nd date of each month in Advance for the next month , failing which lessee will have to pay penalty of an amount @ Rs.1,000 per day for the total days in default for the particular month.
- 1.6** In case the possession of the premises is taken by the lessee on or before 15th of the English calendar month, rent will be payable for that full month and the possession being taken after 15th, one half of the monthly rent will be payable by the lessee. The lessee will have to take possession within a reasonable period when called to do so. Reasonable period shall be determined by the authority and provided.
- 1.7** The lessee will Start the hospital services full fledge within 4 months of the agreement. Failing which lessee shall be liable to pay a penalty of Rs. 1000/- per day of delay.
- 1.8** All the electrical, water, property tax (if applicable), telephone bills will be paid directly by the lessee directly to the related department and a copy of receipt will be submitted half yearly to the regulatory committee.
- 1.9** Annual maintenance of the building including painting, plumbing, electrical, broken glasses, etc. will be taken care by the lessee in order to maintain building's and it's ancillaries life.
- 1.10** Annual maintenance of A.C, D.G set, Fire fighting equipment, M.G.P.S, E.P.B.A.X, N.C.S, Luminaries and other provided by the authority has to be taken care by the lessee.
- 1.11** The lessee will permit the access to the officers appointed by the regulatory committee In reasonable hours to see the status of maintenance of the same provided by the Authority.
- 1.12** The lessee shall not make, cause or permit the making causing of any addition to or Alteration in the permanent fixtures, fittings, designs or in the size or shape of the Premises or in the appurtenances that of and in case of his being so desirous, he shall Have the to take prior approval and sanction in

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written by the regulatory committee And shall have to complete the work at his own cost.

- 1.13** The lessee shall not sub – let or otherwise assign the premises demised hereby or any Part of that.
- 1.14** The lessee can out source the services like house keeping, etc and can make joint Ventures internally for the pharmaceutical, radiology or pathology services but cannot Lessee out the area of authority. Provided that the lessee shall not make any such joint venture without the prior written consent of the authority
- 1.15** Except to enjoy rights of easements, the lessee shall not in any way encroach upon The surrounding area of the premises demised here by.
- 1.16** Rent being due for three months, authority will have right to terminate this Lessee, On a15 days show cause notice to the lessee and there upon the require the vacant Possession of the premises.
- 1.17** Any failure to comply with this tender document or the agreement if discovered during inspection and not rectified within three notices issued in the gap of 10 days each, after 30 days from the first notice or 10 days from the third notice the Authority will have the right to terminate the Lessee.
- 1.18** At the expiration or sooner determination of the terms of this tenancy/Lessee, if not Renewed for the further term the lessee will peaceably surrender and yield up within Next 15 days to the authority to vacant possession of the premises together with all Additions , fixtures and fittings of the authority, in good tenantable repaired condition. The Renewal Can be extended for further tenure if the authorities find the services Satisfactory.
- 1.19** If the lessee shall at any time during subsistence of this Lessee make default in the Performance of any of the covenants of the agreement or will fully omits to comply With any of the obligations on his part arising out of the tenancy, the authority may Terminate this tenancy or that to extended one, after having served 15 days notice of its Intention to do so; and may require the lessee to deliver the vacant and a peaceable Possession of the premises.
- 1.20** Provided that when any cause of or right of termination of the Lessee and vacation arise And as above or under the forgoing provisions it shall be lawful for the authority, as the Consideration for the non- exercise of the right of termination and vacation to receive From the lessee a sum of money not exceeding three times of the cent of the premises Demised hereby, as the authority may fix, suitable in each case, sum within the time Fixed by the authority to exercise the right of termination under the foregoing provision.
- 1.21** The authority covenants with the lessee that the lessee payment the rent here by and Performing and observing the conditions here in contained, shall peaceably hold and Enjoy the premises during the said term, without any unlawful interruption or Disturbance by the authority or any person lawfully claiming under him.

Seal and signature of the applicant.

IX. Application format and details.

Fill the form in best and authentic of your knowledge and submit.

APPLICATION FORMAT

**APPLICATION FORMAT FOR LESSEE OF EXCLUSIVE PRIVATE
LEVEL 2 TRAUMA HOSPITAL BUILDING**

Details of APPLICANT

(enclose a scanned copy of relevant Certificate)

1. Name of the APPLICANT.

2. NAME OF FIRM/ ORGANISATION.

3. ADDRESS OF REGISTERED OFFIC

4. CONTACT INFO.

4.1 TELEPHONE NO.

4.2 MOBILE NO.

4.3 FAX NO.

4.4 E MAIL I.D.

4.5 WEB SITE.

5. D.D. DETAILS OF E.M.D.

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6. NAME OF HOSPITAL TIE UP FOR LEVEL 2 SERVICES.

6.1 ADDRESS OF HOSPITAL.

6.2 CONTACT INFO. OF SAME.

6.2.1 TELEPHONE NO.

6.2.2 MOBILE NO.

6.2.3 FAX NO.

6.2.4 E MAIL I.D.

6.2.5 WEB SITE.

7. NAME OF PERSONALS IN AGREEMENT.

7.1 ORTHOPEDIC SURGEON

7.2 GENERAL SURGEON

7.3 PHYSICIAN

7.4 NUEROLOGIST

7.5NUEROSURGEON

7.6 NIGHT DUTY DOCTOR

7.7 RADIOLOGIST

7.8 PATHOLOGIST

7.9 PHARMACIST

8. PAN NO. OF FIRM

9. BANK OF FIRM

10. MY BID FOR RENT IS

* HERE BY I HAVE READ ALL THE TERMS AND CONDITIONS AND I TAKE RESPONSIBILITY OF THAT ALL THE INFORMATION, CERTIFICATES AND AGREEMENT I AM PROVIDING ARE LEGAL AND CORRECT AT BEST OF MY KNOWLEDGE.

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SEAL AND SIGN. OF APPLICANT.

IX. APPLICATION FORM FEE

Application form LESSEE OF EXCLUSIVE Trauma Hospital can be downloaded from the web site of www.korba.gov.in . The form should be submitted along with an application form fee of Rs1000/- (One thousand only) in the form of **Demand Draft** drawn in the name of 'Pay & Accounts Officer, Chairmen, Red Cross Society, Korba from any Scheduled or commercial or Nationalized Bank.

X. Eligibility criteria

1. Applicant must have tie up with level 2 trauma service provider.
2. Applicant must have agreement with orthopedic surgeon, general surgeon, physician, trauma night duty doctor, radiologist, pathologist and pharmacist.
3. Applicant must have agreement with neurologist as visiting doctor.
4. Applicant must have experience in any of health service sector before for at least 2 years.

Seal and signature of the applicant.

XI. INSTRUCTIONS TO APPLICANTS

- 1 Hospitals must submit the rates for all procedures / services available with the hospital and charged by the hospital.
- 2 Hospitals must agree to accept and abide by the terms and conditions spelt out in the document. which should be read as part of the bid document.
3. Hospitals must certify that they shall charge as competitive to Korba local rates.
4. Hospitals must certify that they are fulfilling all special conditions that have been imposed by any authority .
5. **“ The BID set as lowest is Rs.1,80,000.00 per month” for rent.**
6. The Highest bid in the tenders fulfilling all the criteria will be considered as preferred first.
7. In condition of 2 applicants at same quote and eligible or in any other uncertainty the authority may call for further negotiation and discussion.

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**** LAST DATE FOR APPLYING**

The last date for submission of application **25th June 2013**.

XII. EARNEST MONEY DEPOSIT

The application shall be submitted with Earnest Money Deposit of Rs. 100,000/- (One lakh) in the form of Demand Draft from any Scheduled or commercial or Nationalized Bank, payable to 'Pay & Accounts Officer, Chairmen, Red Cross Society, Korba. The details of the draft are to be indicated in the application form at the prescribed space.

**** EARNEST MONEY REFUND**

- 1 In case the application is rejected on technical grounds Earnest Money would be refunded.
- 2 In case, the application is rejected after inspection on the grounds of submitting incorrect information then 50% of the Earnest Money would be forfeited and the balance would be refunded in due course.
- 3 In case, the applicant refuses to sign the Memorandum of Agreement, 50% of the Earnest Money would be forfeited.

Seal and signature of the applicant.

XIII. SUBMISSION OF APPLICATION FORMS

- A The Application must be submitted in duplicate along with a soft copy on a CD.
- B Application forms should be submitted in one sealed envelope super scribed as 'Application for hiring of exclusive trauma hospital building.
- C All the pages of Application and annexure (each set) shall be serially numbered.
- D Every page of application form and annexure need to be signed by the competent person. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
- E Applications must be submitted only at the office address provided.
- F The application is liable to be ignored if, the information given on eligibility criteria is not complete.

Seal and signature of the applicant.

XIV. SCRUTINY OF APPLICATIONS

- A Applications shall be opened at the office of the Collector Korba.
- B The application would be opened on 26th June 2013.
- C Every Applicant or his authorized agent can be present at the time of opening of the Application forms .
- D The Regulatory committee will examine the application to determine whether:
 - i they are complete,
 - ii. whether any computational errors have been made,
 - iii. whether Earnest Money Deposit has been furnished,
 - iv. whether the documents have been properly signed, and serially numbered and
 - v. whether the application is generally in order.
- E Applications that are found to be complete in all respects shall be forwarded for consideration of eligible.

**** INSPECTION OF HOSPITALS**

Team delegated by regulatory committee shall inspect the level 2 trauma service provider hospital with which the applicant has stated tie up.

Seal and signature of the applicant.

XV. MEMORANDUM OF AGREEMENT

The exclusive trauma hospital for which selected party will have to enter into an agreement with authority for Lessee .This MOA has to be executed on Rs.100/- non-judicial Stamp paper. MOA should be read as part of bid document.

XVI. PERFORMANCE BANK GUARANTEE

The party which has got the tender opened in it's favor after the assessment shall also have to furnish a performance Bank Guarantee valid for a period of 15 years to ensure efficient service and to safeguard against any default:

Exclusive trauma center Rs. 5.00 lac

XVII. CORRUPT AND FRAUDULENT PRACTICES

“Corrupt practice” means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official “fraudulent practice” means a misrepresentation of facts in order to influence E-Tender process or a execution of a contract to the detriment of authority, and includes collusive practice among bidding hospitals /authorized representative/service providers (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive authority of the benefits of the free and open competition; authority will reject a proposal for award if it determines that the party has engaged in corrupt or fraudulent practices authority will declare a firm ineligible, either indefinitely period of time, to be awarded a contract if it at any time determines that the bidding hospital has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract.

Seal and signature of the applicant.

XVIII. INTERPRETATION OF THE CLAUSES IN THE BID DOCUMENT

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In case of any ambiguity in the interpretation of any of the clauses in Bid Document, interpretation of regulatory committee of the clauses shall be final and binding on all parties.

Seal and signature of the applicant.

XIX. RIGHT TO ACCEPT ANY BID AND TO REJECT ANY OR ALL BIDS

Regulatory committee reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/ authorized representative/ service provider or any obligation to inform the affected hospital / authorized representative/ service provider of the grounds for his action.

Seal and signature of the applicant.

XX. LIST OF DOCUMENTS

Every application must be accompanied by copies of documents as listed:

Scanned Copies of the following documents are to be uploaded/attached along with Application:

- (a) Copy of tie up agreement with a level 2 & 1 trauma service provider at nearest.
- (b) Copy of audited balance sheet, profit and loss account for the last three years- (Main documents only- summary sheet).
- (c) Copy of legal status , place of registration and principal place of business of the proprietor or partnership firm, etc.,
- (d) A copy of partnership deed ,/ memorandum and articles of association, if any
- (e) Copy of agreement (min.1 year) with doctors, radiologist, pathologist and pharmacist who will provide service at here as co-relevant to asked above.
- (f) Photo copy of PAN Card.
- (g) Name and address of their bankers.
- (h) Copy of the list of rates for Hospital for various services/procedures to be provided by it.
- (l) Documents showing experience in health sector.

Note: Applications not containing the above particulars shall not be considered

Tender document for Lessee-Trauma center building, Korba (C.G)

Eligible .

Seal and signature of the applicant.

XXI. Authority contact info.

1. For information related to tender :-

Authority

Collector/Chairmen

District Red Cross Society – Korba

District – Korba ,C.G

Phone. :- 07759 222886

Email id :- korba.cg@nic.in

2. For visiting site :-

Chief Medical and Health Officer

District – Korba, Chhattisgarh

Phone. & Fax :- 07759 226766

Mobilie No : - 98271 11136

Email id.:- rchkorba@rediffmail.com

rchkorba12@gmail.com

3. For complains and compliances :-

Secretary

Red Cross Society

District – Korba, Chhattisgarh

Phone. & Fax :- 07759 226766

Email id.:- rchkorba@rediffmail.com

4. Official contact :-

Red Cross Secretariat

Office of the Chief Medical and Health Officer

District – Korba, Chhattisgarh

Phone. & Fax :- 07759 226766

Email id.:- rchkorba@rediffmail.com