

## ADDENDUM 1

DATE: June 3, 2016  
PROJECT: Food Services - HCPC  
RFP NO: 744-R1614 Food Services - HCPC  
OWNER: The University of Texas Health Science Center at Houston  
TO: Prospective Proposers

This Addendum forms part of and modifies Proposal Documents dated, May 6, 2016, with amendments and additions noted below.

### 1. **\* REVISION \* Pricing & Delivery Schedule – Section 6.1**

#### **Rates Per Patient Day:**

**Respondent is to quote a base rate per patient day.** *Per Patient Day* is defined as meals served, per physician order, three times per day based on a total of 222 patients and/or 666 meals per day.

### 2. **Questions & Answers**

#### **Question 1:**

The RFP references there is approximately 500 students that rotate annually through the hospital for educational purposes. Who pays for these students meals? Are they free/complimentary?

#### **Answer 1:**

Students pay for their own meals.

#### **Question 2:**

Do the menus for children and adolescent patients meet the child nutrition program regulations?

#### **Answer 2:**

It is the intention of HCPC to enter an agreement with a contactor having sufficient industry experience to guide HCPC management and to meet all applicable regulatory requirements as stated in sections 2.1.2 through 2.1.4.

#### **Question 3:**

Can you define the current clinical dietitian clinical activities?

**Answer 3:**

The current contactor provides 1.5 full time equivalent employees to meet the contractual obligations. One full time equivalent is a registered dietician, who ensures compliance with all regulatory requirements and clinical best practices. The dietician serves as a liaison with the medical and clinical staff and provides counselling services to the patients and the patient's family as needed. Current activities include completing orders for dietary consults and providing pediatric nutrition classes.

**Question 4:**

Can you provide copies of the current patient menu as well as the alternate menu?

**Answer 4:**

As part of the bidding process, we expect the contractor to provide a menu. The quality of the menu the bidder provides is part of the evaluation criteria.

**Question 5:**

If needed, can the proposed patient menu be altered after award of the contract, within approval by the on-site administrator?

**Answer 5:**

Yes.

**Question 6:**

Can you provide length of stay per patient population (children, adolescents, adults, and geriatrics)?

**Answer 6:**

The average length of stay for fiscal year to date breaks down as follows: 188 Adult Acute beds – 6.8 days; 20 -Child/Adolescent Acute beds – 6.4 days; 23- Competency Restoration Beds – 55 days; 21 Juvenile Probation Sub-Acute beds – 46 days; and Geriatrics– This is a new service we started 2 months ago. We have not calculated an ALOS for geriatrics. The geriatric unit consists of 6 beds. At this time, the geriatric service would not have a material impact on the bid in relationship with the institution's overall population. At some future date, the geriatric unit could potentially account for 20 – 22 beds, if fully occupied by geriatric patients.

**Question 7:**

What is the annual cost of supplements? Have you seen an increase in supplements used since the HCPC began admitting geriatric patients? Who currently purchases, stores, and delivers?

**Answer 7:**

The contract specifies that supplements are a pass through item. The costs of supplements are billed back to HCPC on a cost plus basis. We started seeing Geriatric patients this fiscal year quarter. We do not see enough geriatric patients to create a material impact on our purchases

of supplements. We only have 6 geriatric beds at this time. The contractor purchases, stores, and delivers the supplements.

**Question 8:**

Can you provide a list of approved supplements used?

**Answer 8:**

The contractor places an order based upon HCPC's request. The contractor bills HCPC back on a cost plus basis.

**Question 9:**

In reference to the pricing and delivery schedule, is there a price scale based on number of patients you would use – example, cost per patient day per 3 patient increments, 5 patient increments, etc. The rates per patient day modification states % adjustment for less than 222 patients and for more than 222 patients. What increment is the percentage change? By each additional or less patient.

**Answer 9:**

We will clarify this point. This is simply a cost/charge back per patient day. The contractor will charge a rate for every patient below 222 patients and a rate for every patient above 222 patients. The daily number of patients could potentially reach 253. We currently define the calculation as (#of patients x Daily Patient Charge x Volume factor). An example calculation for a day with a 250 patient census:  $(221 \text{ patients} \times \$10 \times 1.08) + (29 \text{ patients} \times \$10 \times .92) = \$2653.60$ .

**Question 10:**

Can you confirm the clinical screening criteria?

**Answer 10:**

It is up to the bidder to interpret clinical best practices and regulatory requirements. The contractor will discuss this interpretation with our medical and clinical staff and reach an agreement. If we describe our current interpretation, the bidder will be relying upon the interpretation of the current contract holder and the service level agreement we negotiated with the current contract holder.

**Question 11:**

Section 5.3.13 – Can you clarify what are the requirements for UTHealth, HCPC?

**Answer 11:**

The major components monitored by HCPC's HR Department or UTHealth's HR department include Job Description, Employee Application, Reference Checks, Licensure Verification, Degrees, Probationary Evaluation, Essential Staff Acknowledgement form, New Hire Orientation Checklist, Department Orientation Checklist, Information Resources Usage Agreement, Employee Self-Assessment, Semi-Annual Competency Tests for the Joint Commission, and

Annual Performance Reviews. It is understood the contractor would need to maintain documentation to ensure all regulatory requirements for equal opportunity laws, visas, and other federal and state required employment regulations are met. We also maintain an employee file summarizing mandated health tests such as tuberculosis screening.

**Question 12:**

When the patients eat in the dining hall, are the patients receiving meals already served and placed in trays or are those patients able to select the meals from the serving line?

**Answer 12:**

Patients are served from the meal options served from the lines. Beverage selections are pre-dispensed and do not include sodas.

**Question 13:**

Can you provide the last fiscal years' catering volumes/revenues? Are there recurring board meetings, medical staff meetings, etc.?

**Answer 13:**

We have both recurring and one-time events. The majority of the recurring events are for the medical staff. The expenditure for catering during Fiscal Year 2015 was \$31,875.

**Question 14:**

How many snacks are given per patient per day?

**Answer 14:**

This is a cost plus service as defined in the contract.

**Question 15:**

Can you provide an annual nourishment cost?

**Answer 15:**

According to the contract, this cost is billed back to HCPC on a cost plus basis.

**Question 16:**

Are there any free meals distributed? If so, how many meals per week?

**Answer 16:**

Free meals to employees, management, contractors, or anyone else affiliated with HCPC are not provided. All meals provided by the food services contractor to non-patients are either paid for by the individual being served or through a catering agreement.

**Question 17:**

Is coffee service delivered for each unit?

**Answer 17:**

Coffee service is provided at the units as requested and is charged back according to the terms of the contract.

**Question 18:**

Average number of patients that eat in the cafeteria and for which meals?

**Answer 18:**

Please refer to the chart in section 6.2 of the bid package.

**Question 19:**

Are patients admitted on Saturdays and Sundays?

**Answer 19:**

Yes, we do admit patients over the weekends, but at a significantly lower rate.

**Question 20:**

Does the clinical dietitian cover weekends?

**Answer 20:**

The Clinical Dietician is on call during the weekend.

**Question 21:**

Can you provide a current list of the modified diets?

**Answer 21:**

The list of modified diets includes: Regular, Low Fat, Bland/ Low Residue, Tyramine Restricted, Low Sodium/ No Added Salt, Low Vitamin K/Coumadin or Warfarin, Gluten Free, Liquid, Clear Liquid, Full Liquid, Puree, Mechanical Soft, and Soft.

**Question 22:**

Is there an EMR?

**Answer 22:**

Yes, we have an electronic medical record.

**Question 23:**

Can you provide the past years (3 if possible) of average plumbing maintenance cost?

**Answer 23:**

Plumbing repairs for Fiscal Year 2015 = \$7,354.00

**Question 24:**

Please provide the current cost per patient day?

**Answer 24:**

The University is unable to provide this information during the formal solicitation process.

**Question 25:**

Please provide the most recent Press Ganey food service satisfaction results.


**Answer 25:**

Score = 78.0 Rank = 57%

**Question 26:**

Please provide the referenced Appendix 2 – Sample Agreement. It is not located in the RFP issued.

**Answer 26:**

The document is posted on the Bid Opportunities webpage; just click on the  icon; it will expand to show all the associated documents for that bid.

**Question 27:**

On average, how many patients receive double portions or more?

**Answer 27:**

Total number of extra portions is unknown. Past practices regarding oversized portions provided the patient extra servings of vegetables. This is an opportunity for the bidder to differentiate his/her company from the competition by proposing a value added service.

**END OF ADDENDUM 1**